

Karmad Limited

# Respectful 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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out an announced inspection of the service on 3, 9 and 10 August 2017. Respectful Care is registered to provide personal care to people in their own homes. At the time of our inspection the service was providing the regulatory activity of personal care to 71 people. This was the service's first inspection since becoming registered with the Care Quality Commission.

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

People told us they felt safe when staff supported them within their homes. Staff arrived on time and stayed for the agreed length of time for each call. Risks to people's safety were assessed and reviewed, although assessments relating to people's medicines required further individualised detail. Staff had received safeguarding training and understood the processes for reporting concerns. Safe and robust recruitment processes were in place. People's medicine administration records were, in the majority of cases, accurately completed, but there were a small number of unexplained gaps on the records which were being addressed by the registered manager.

People were supported by staff who completed a detailed induction, received regular training and had their performance regularly assessed.

The principles of the Mental Capacity Act (2005) had been appropriately followed for the majority of decisions when people could not make decisions about their care. Detailed guidance for staff to communicate effectively with people living with dementia was in place. People were supported to maintain good health in relation to their food and drink intake. People's day to day health needs were met by staff.

People found the care staff to be kind, and caring; they understood their needs and listened to and acted upon their views. There was a strong emphasis on ensuring that people were always treated with dignity and respect. People enjoyed the company of the staff. People were involved with decisions about their care from when they first started using the service and this continued throughout. People were encouraged to lead as independent a life as possible. Staff had an excellent understanding of people's needs and this was used to protect those that were more vulnerable. Staff were provided with the training and the skills that ensured that all people, including those living with dementia were offered high quality, person centred care and support.

People told us they received care and support from a consistent team of staff and their personal preferences were always respected. People's support records were person centred and focused on what was important to them.

Quality assurance processes were effective in ensuring that people received a high quality service at all times. Staff were encouraged to develop their roles and to gain further skills to support them with continually improving the standard of the care and support for people. People felt the office staff as well as the registered manager were approachable and would address any concerns or complaints they had. The views of people, relatives and staff about how to improve and develop the service were welcomed and acted on. A dedicated registered manager was in place who received support from senior management when needed.

## 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.

People felt safe when staff supported them.

Risks to people's safety were assessed and reviewed, although assessments relating to people's medicines required further individualised detail.

Staff had received safeguarding training and understood the processes for reporting concerns.

Safe and robust recruitment processes were in place.

People's medicine administration records were, in the majority of cases, accurately completed.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who were well trained and supported to carry out their role.

The principles of the Mental Capacity Act (2005) had been appropriately followed for the majority of decision when people could not make decisions about their care.

Detailed guidance for staff to communicate effectively with people living with dementia was in place.

People were supported to maintain good health in relation to their food and drink intake.

People's day to day health needs were met by staff.

### Is the service caring?

Outstanding ☆

The service was very caring.

People found the care staff to be kind, and caring; they understood their needs and listened to and acted upon their

views.

People were always treated with dignity and respect.

People were involved with decisions about their care from when they first started using the service and this continued throughout.

People were encouraged to lead as independent a life as possible.

Staff had an excellent understanding of people's needs and this was used to protect those that were more vulnerable, such as people living with dementia.

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

**Good** ●

The service was responsive.

People told us they received care and support from a consistent team of staff and their personal preferences were always respected.

People's support records were person centred and focused on what was important to each person.

People felt the office staff responded to their complaints effectively.

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

**Good** ●

The service was well-led.

Quality assurance processes were effective in ensuring that people received a high quality service at all times.

Staff were encouraged to develop their roles and to gain skills to improve the standard of the care and support they provided.

People felt their concerns would be addressed by the management team.

The views of people, relatives and staff about how to improve and develop the service were welcomed and acted on.

A dedicated registered manager was in place who received support from senior management when needed.

# Respectful Care

## 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.

This inspection took place in two parts. The first part, on 3 August 2017 was carried out at the service's office. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager and their staff would be available.

The inspection team consisted of one inspector and one Expert-by-Experience (EXE). The EXE is a person who has had personal experience of using or caring for someone who uses this type of care service. The second part of the inspection took place on 9 and 10 August 2017. Telephone interviews were conducted with people who used the service and their relatives. The EXE contacted 26 people to gain their views about the service. They spoke with a total of 14 people and 3 relatives.

Prior to the inspection we also sent questionnaires to 40 people who used the service, 40 relatives, 31 members of staff and 15 health and social care professionals. We received 15 responses from people who used the service, four from relatives, 10 from staff and one from the professionals. The results of these questionnaires along with the views of the people we spoke with on the phone were used to inform this inspection and are reflected within this report.

Before the inspection, the provider completed 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. We also reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

At the provider's office we reviewed the care records for six people who used the service. We also looked at a range of other records relating to the running of the service such as quality audits and policies and

procedures. We spoke with five care support workers, the deputy manager, the regional training manager, the registered manager and the chief executive officer. After the inspection we spoke with the director of the service.

# Is the service safe?

## Our findings

People told us they felt safe when staff supported them within their home. One person said, "I do feel safe. There is a key safe (to enable staff to access the person's home) and it is used correctly." Another person said, "I do feel safe with the staff, and when they take me out they make sure the seat belt is on in the car." A third person said, "I do feel very safe, the staff are considerate and respectful."

Guidelines were in place that were intended to keep people safe. This included the process staff should follow if a person was not in or did not answer their door when a member of staff arrived at their home. Guidelines were also in place that ensured any allegations of abuse or poor practice by staff was reported to the appropriate authorities such as the local multi agency safeguarding hub and the CQC. Staff spoke knowledgeably about this process and told us they were confident that the manager would act on any concerns raised.

Information about how to reduce the risk of injury and avoidable harm was available in people's support plans. Where risks to people's health and safety had been identified detailed risk assessments were in place to help support each person without unnecessarily restricting their freedom. These assessments were regularly reviewed. Staff spoken with were aware of people's needs and the support they required to reduce risk. We did note that whilst all risk assessments took into account each person's individual needs, some of the medicine risk assessments were not individualised and covered generic areas. The registered manager told us they would carry out an immediate review of these assessments to ensure they reflected people's individual needs.

People told us staff arrived on time, calls were not missed and staff stayed for the agreed length of time. One person said, "The staff have never missed me, they come in the mornings for about three quarters of an hour and they are very good." Another person said, "I have never been missed. I have regular staff on a rota of three or four." A third person said, "The staff arrive on time, stay for half an hour and then they come again at lunch for half an hour, I have not been missed."

The registered manager told us systems were in place that ensured people were introduced to new members of staff before they started to provide personal care for people. A shadowing system was in place for all new staff. New staff worked with an assigned mentor who worked with each new member of staff, ensuring they had met the people they would be supporting and were aware of any risks associated with their care and support needs.

People confirmed this process and felt it worked well. One person said, "They did do at the start, I was introduced. The carer said I have a man with me can he come in? And he came in and sat down and we had a chat." Another person said, "Any new staff come with the regular one and introduce themselves."

Processes were in place that ensured when an accident or incident had occurred, they were investigated thoroughly and where needed, preventative measures were put in place to reduce the risk of reoccurrence. Where further guidance or advice was needed, the director of the service or other registered managers from



within the provider's group of services were available.

Safe recruitment procedures were in place. Checks on staff suitability to carry out their role before they commenced work were carried out. This included checks to establish whether a potential member of staff had a criminal record, whether they had sufficient references and proof of identity. This reduced the risk of people receiving care and support from unsuitable staff. The registered manager explained that in addition to the documentary checks completed, staff were expected to reflect the values of the service and to show they understood the expectations of them to provide people with high quality care and support. The registered manager also said, "People on paper may look like the ideal candidate, however if we feel their character does not reflect what we expect here, then we won't employ them. Qualifications are important, but people's attitude and character is valued more here."

Many of the people we spoke with were able to manage their own medicines or were supported to do so by their relatives. For those that did require support from staff, they told us their experiences were positive. One person said, "There is a locked medication cupboard here that the carers have a key to. I don't have the key; I don't want that, the carers help me with the medication." Another person said, "The carer puts the medication out for me to take." A third person said, "With medication the carers just keep an eye on me, they check if I have taken the medication."

We looked at the medicine administration records (MAR) for five people who used the service at the time of the inspection. These are used to record when a person has taken or refused their medication. We noted the majority of these records were completed appropriately; however we did also identify some gaps, with no explanation recorded. The registered manager told us they requested the MAR be returned to the service every month to enable a review of the records to be completed. We could see from some of the records we looked at that the gaps had been identified and explanations from staff requested. The registered manager told us regular reviews of staff competency were carried out and they were confident that people received their medicines as prescribed, however, they agreed that they would ensure staff completed the records appropriately.

The staff we spoke with told us they had received training in the safe administration of medicines and had their competency in doing so regularly assessed. Records reviewed reflected this.

When people received 'as needed' medicines, protocols for the safe administration of these were in the majority of cases in place. These medicines are not given at set times of the day and are only administered if a person is showing signs that the medicines are needed, such as an increase in pain or agitation.

# Is the service effective?

## Our findings

People and their relatives spoke highly of the staff who supported them and told us they felt staff understood their needs and carried out their roles effectively. One person said, "Oh yes the staff are all very good." Another person said, "I really do feel the staff are trained and some are excellent at what they do." A relative said, "Respectful Care has provided a consistently high level of support for over a year now. I'd be lost without them and my relative's quality of health would be impacted very negatively." Another relative said, "I am happy with the way [name] is supported by the staff."

A detailed and comprehensive induction, training, supervision and appraisal programme was in place that ensured staff were given the skills they needed to carry out their role effectively. The provider had a regional training manager (RTM) in place who carried out training for the services within the provider group. This enabled a consistent approach to staff training across the provider group. We spoke with them during the inspection. They advised us all staff were fully supported from the moment they commenced their employment. All staff were expected to complete the care certificate. The care certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life. Also within the first month of staff supporting people with personal care, they received three competency assessments to assure the registered manager that the staff were able to complete their role effectively to the agreed standards of the provider. There was also on-going and effective supervision programme in place for all levels of staff that was designed to ensure high quality performance

Staff training was detailed and evolving. Mandatory training such as safe moving and handling procedures and safeguarding were up to date. Staff knowledge was further developed through additional courses such as first aid and safe storage of food, giving staff a wide range of skills to support each person with their individual needs. Staff development was encouraged and supported. Each new member of staff was assigned a mentor, who in turn had all completed a 'mentorship programme' to give them the skills to support new staff. The RTM told us this approach was effective in ensuring staff had immediate support where needed, but also gave more experienced staff the opportunity for career development. All of the staff we spoke with told us they felt supported by the registered manager, the RTM and other managerial staff that enabled them to carry out their roles effectively. One staff member said, "I have worked for this company now for [number of years] I have the support when needed and the management team are always available if I have any issue."

The people we spoke with did not raise any concerns in relation to staff doing things without their consent. One person said, "I decide on what I want doing, and the carers will say to me do you want this or that done." People's records showed before they commenced using the service the care and support to be provided had been agreed with them, with many people signing their care records to say they agreed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible. We checked whether the service was working within the principles of the MCA.

People's records contained examples where MCA assessments had been carried out where it had been assessed that people were unable to make certain decisions about their care. We noted where people required assistance with their personal care a MCA assessment had been carried out. The decisions made and the people involved were recorded, which ensured the decisions were always made in the person's best interests. However, we did note a small number of examples where MCA assessments for other specific decisions may have been needed. For example, we noted in two people's records that they lacked capacity to make decisions, such as managing their own medicines, but a MCA had not been carried out. We were reassured by the registered manager that decisions were made for people in their best interests, with the involvement of relatives where needed, but acknowledged in these specific examples a formal assessment was needed and would be completed.

People's care records contained guidance for staff that enabled them to communicate effectively with people who may have communication needs. This included guidance for staff when supporting people living with dementia. This guidance ensured staff were aware of people's individualised way of communicating and using people's past history and life experiences to engage effectively with them.

Many of the people we spoke with were able to manage their own meals or received support from relatives. Those who did receive support from staff were happy with the support they received. One person said, "The staff will make me a slice of toast if I want one." Another person said, "The staff will make me a breakfast and leave a sandwich in the fridge for my lunch."

People's day to day health needs were monitored by staff and any changes to people's health were recorded in their support records. Daily records were comprehensively completed by staff and were regularly returned to the provider's office for review. The registered manager told us this enabled them to monitor people's health and support needs and to address any concerns in a timely manner.

## Is the service caring?

### Our findings

People who used the service and the relatives we spoke with all felt the staff were kind and genuinely cared about them or their family members. One person who used the service said, "The carers are kind, very kind all of them." Another person said, "The carers are all respectful and we get on and have a good rapport." A third person said, "I have no complaints the carers are all very nice to me." A relative said, "The care worker [my family member] has is a very pleasant young person, nothing is too much trouble, they are very polite and trustworthy. They also help me which gives me a break."

A healthcare professional spoke highly of the staff. They said, "The managers and their carers are very professional at all times, and I have witnessed them going above and beyond when support is required." Another professional said, "The service users have given me positive feedback about the carers who attend to them. I have not had anything negative since my involvement with the agency. I hope they keep up the good work."

The provider had recently carried out a survey which asked people how they would rate the quality of the care and support provided by staff. 46 of the 48 people who responded stated the quality of the care was either 'good', 'very good' or 'excellent'. 43 of these people also stated they were 'completely satisfied' with all aspects of the service they received.

Other positive comments were made about this service. One person said, '[Name of staff] goes beyond the call of duty. I am more than happy with the service provided'. Another person said, 'Respectful Care has a fantastic team of carers who treat you with total respect, enabling you to live independently'. A third person said, 'I would highly recommend the company, if you ask the carers to do anything for you they do it.'

Other people we spoke with told us they would recommend Respectful Care to friends or family. One person said, "Yes I would the carers are very kind." A second person said, "Yes I would recommend the company. I have a nice rapport with the carers and the carers get on with my family members too." A third person said, "I would recommend them yes, the carers are good and have time for a joke."

Providing people with person centred, individualised care and support was a fundamental aim of this service. People and their relatives told us before their or their family members' support commenced they were involved with the planning of their support package. 93% of the people who responded to our questionnaire agreed. One person said, "I have a care plan. I made decisions about what I wanted." Another person said, "The care plan is here, the carers write in the book every day and I check it sometimes to see if what is written is correct and I am happy with what is written." A relative said, "There was a lot of information given and we talked about the care needed."

The service has a strong, visible, person-centred culture and helps people to express their views and those views were acted on. The registered manager told us they met every new person prior to them commencing using the service. They told us they personally met with people as they wanted to get to know the people the service would be supporting. They did this to ensure that people's individualised needs could be met. Once

the person had started using the service, if there were any issues with their support they told us they could act quicker to resolving them. The records the registered manager completed when meeting new people were thoroughly completed. They contained people's personal preferences about their daily routines, but also discussions were held with people about how they would like staff to support them with personal care. A healthcare professional said, 'I have visited a few service users with the manager and she has shown considerable compassion and empathy when required both towards service users and family and friends'.

People told us they were involved with reviews of their care and the service responded effectively to any changes they wanted made. One person said, "I would ring the office if I had a problem or wanted to change something and the office would help me." Another person said, "There was an assessment recently with the manager when we discussed the care." Records viewed showed reviews took place in a variety of formats. When people first commenced using the service, a number of reviews were carried out in the first few weeks and months to ensure that people were happy with the service they received. Once people were more established with the service, other reviews took place such as telephone interviews and face to face assessments.

Information was available for people about how they could access and receive support from an independent advocate to make decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care.

People spoke highly of the dignified care and support provided by the staff. A person told us that on days when they were supported with having a shower, only female staff were sent which they found respected their choice and dignity. Another person said, "The carer helps me have a wash and they are very respectful of my dignity at that time." A third person said, "I am treated with dignity and the carers are kind and gentle."

Staff spoke passionately about ensuring people's privacy and dignity was protected when providing them with personal care. One staff member said, "I try to make sure people look as nice as possible. I make sure they are clean, well dressed and help some of the ladies to put on their makeup if they want me to." Another staff member said, "I have a real passion for this job, it feels so good to help make a difference. I treat people respectfully and ensure their dignity is maintained at all times."

Promoting people's dignity and ensuring people received high quality, compassionate care was fundamental to everything the service aimed to achieve. This approach started at the recruitment stage. Prospective staff were expected to demonstrate how they would ensure people received, 'The 6 C's'. These are; high quality care that is compassionate, demonstrating strong communication skills, competence in their role, the courage to carry out their role effectively and commitment to improving the lives for all. In addition, staff were encouraged to consider the 'parent test'. The registered manager told us, that from the moment staff were interviewed to the moment they commenced their employment, staff were consistently reminded of their responsibility to ensure that if they would not be happy for their parent to be treated that way, then it would not good enough for the person they were supporting. In speaking with the staff, it was clear that staff were fully aware of these principles and used them in carrying out their role. One staff member said, "All of the staff are really kind here. Providing compassionate care is the number one aim for all staff."

Dignity champions were in place. Their role was to ensure that all people using the service were treated with dignity and respect at all times. These champions were also members of the National Dignity Council, which forms a nationwide network of individuals and organisations who work to put dignity and respect at the

heart of UK adult social care and to enable a positive experience of care. As a result of this membership, innovative ideas were used to educate staff on the importance of providing all people with dignified care and support. For example a 'Digni-tree' was in place in the provider's office. This gave staff the opportunity to make a promise to the people they supported about how they would ensure they received dignified care at all times. The registered manager told us this was then discussed during staff supervisions and team meetings, with staff held accountable for the promises they made.

The 'client guide' provided for people when they first started to use the service, informed people of the quality of care they should expect to receive from staff via Respectful Care's 'fundamental standards'. These were the standards by which staff would adhere to when supporting people. One of the key standards was, 'everybody will be treated equally'. The registered manager told us people's human rights and diverse needs were always respected and where people were living with a disability or dementia, they would not be discriminated against because of it. The registered manager also told us that all people who were living with dementia were given the same opportunities to lead a fulfilling and meaningful life as all others. Staff development, training and education was in place to ensure staff were able to provide people living with dementia with high quality care and support. One staff member said, "I've had dementia training, I can't believe how much it has helped me in my role."

The registered manager attends a regular 'dementia forum' within the local community where they speak with other provider's, service users and relatives who have been affected by dementia. They told us they use the learning from this forum to help inform their staff on how to continually strive to improve the quality of the care and support provided for all people living with dementia. Plans were in place to use the learning from this community based forum to introduce a dementia forum specifically for the people, family and friends associated with Respectful Care. The registered manager told us this would give people the opportunity to discuss what living with dementia meant to them or their family and friends and how the service can best support them.

The service was also members of an initiative designed to improve awareness of dementia. The PIR stated, 'We have registered our company with the Dementia Friends initiative to help drive a more dementia friendly workforce.' The Dementia Friends initiative was set up by the Alzheimer's Society and is to designed change people's perceptions of dementia. It aims to transform the way people think, act and talk about the condition. National events such as 'Dementia Awareness Week' were embraced by the service. With people, family and friends invited to a coffee and cake morning to raise money for the Alzheimer's Society. The registered manager was proud of the fact that people, staff and relatives came together and helped to raise £212. Plans were in place for similar fundraising events in the future. Staff told us they were proud of the approach of Respectful Care in improving awareness of dementia and felt this had had a positive impact on their ability to understand the condition and to improve the support they provided for people.

People told us they felt supported by the staff to lead independent lives. Support plans provided staff with guidance on how to ensure people were encouraged to do things for themselves. Innovative methods were in place to support people with remaining independent but also protecting them from the harm that comes from living alone. For example, a risk had recently been identified where people were receiving calls from sales people at their homes trying to persuade them to buy products, which in some cases they did not need or people could not afford. Therefore, a representative of Trading Standards was invited to attend a team meeting to give a presentation on 'Friend Against Scams' and the signs to look for, for vulnerable people living alone. This led to a member of staff identifying a person they supported being particularly at risk of buying products at their door. Support was offered to this person to reduce this risk and information was provided to Trading Standards. Records showed the local authority safeguarding team praised the approach of this staff member in significantly reducing the risk of the person experiencing avoidable harm.

The registered manager told us they were proud of the staff member involved having the confidence to highlight the risk and to protect the vulnerable person.

People's care records were treated respectfully when stored in the provider's office. Locked cabinets were used to ensure people's records could not be accessed by unauthorised people.

## Is the service responsive?

### Our findings

People's care records contained detailed information about their daily routines and preferences and how they would like support to be provided for them. This had been agreed with people or where relevant their relatives before staff started to support them. People's preferences for the time of their visits from staff, their preferred meals, personal care needs and support needed with getting up and going to bed, was just some of the information recorded.

The staff we spoke with could explain in detail how they supported people and ensured they did so in line with each person's personal preferences. One staff member said, "The support plans help. They give you all the information you need, but also talking with people helps. It helps seeing the same faces each day and you get to know what is important to them."

The majority of people told us they had a consistent staff team who visited their home to support them. One person said, "I do like it when the carers are regular." Another person said, "There is a mixture of four or five on the rota." A third person said, "I have one regular carer on most days." A fourth person said, "I have had regular carers more lately, but not always, sometimes it is whoever is free." We spoke with the deputy manager who, as part of their role, planned the visits for each staff member. They told us that as far as possible they tried to ensure people received the same staff members at their home. When staff were on holiday or were sick, they told us their flexible team of staff agreed to cover shifts for their colleagues, in order to ensure people still saw a familiar face when supporting them with their personal care. The staff we spoke confirmed they had regular visits and this enabled them to respond more effectively to people's care and support needs.

The provider information return sent to us prior to the inspection stated that 17 of the people using the service at the time of the inspection were living with dementia. We looked at the support plans for some of these people and found guidance was in place to support each person and to enable staff to respond people individual needs. Staff spoken with felt the information within the support plans was helpful in helping them to understand how best to support each person. One staff member said, "If a person has dementia, the support plans give you everything you need to help you to make informed decisions about their care." Records showed staff received dementia awareness training, which provided them with skills needed to respond to people's needs effectively.

People's religious needs were discussed with people before they commenced using the service and during subsequent reviews thereafter. If people needed support or had specific requirements when staff came to visit them in their homes, the registered manager told us they ensured all staff were made aware.

The majority of the people supported by the service did not receive assistance with their hobbies or interests as part of their support package. However, some people spoke positively about the staff, stating they took an interest in the things that were important to them. One person said, "I have three social outings a week. We don't go far, anywhere local, to a coffee shop and sit and have a coffee. The carers will take me to the shops if I want to go." Records showed that where people received social visits as part of the support



package this was provided in line with the requirements as recorded within their support plans.

People and their relatives were provided with the information they needed if they wished to make a complaint. 87% of the people who responded to our questionnaire told us they were aware of this process. The same percentage told us they were satisfied, when they made a complaint, with the way it was handled.

The people we spoke with were positive about the complaints process and how this was handled by the management at the service. One person said, "I do feel, if needed, I could raise a complaint and I would be listened to and it put right."

We saw people were provided with a service user guide that explained the process for reporting concerns internally, but also to external organisations such as the CQC or local ombudsman. We looked at the service's record of complaints and saw processes were in place to ensure that formal complaints were dealt with in line with the provider's complaints policy.

## Is the service well-led?

### Our findings

People, relatives and staff were supported to offer their views on the development of the service and where needed how things could improve. People told us they were confident that when they had suggested any changes to their care or any other aspect of the service, this has been acted on. 93% of the people who responded our questionnaire told us they knew who to contact to give their views. Records showed a recent survey had been completed by people, relatives and staff to offer formal feedback about the service. The results showed the majority of the feedback was very positive. Where suggested areas for improvement had been identified, we saw an action plan was in place.

Staff spoke positively and passionately about their role which contributed to a positive atmosphere and open culture within the service. One staff member said, "I gave up my previous career to do care. I enjoy my job. I love being there for people." Another staff member said, "You are helped here to do your best for people. I have a passion for making a difference to people's lives."

Staff felt valued; they felt their opinions mattered and believed they were offered the support and encouragement to develop their roles and build a career at the service. Initiatives in place included a mentorship scheme, designed to provide more experienced members of staff with the skills needed to support colleagues with their roles. Staff were offered the opportunity to take responsibility for lead roles in areas such as dementia, to help broaden their knowledge but also to be a reference for other staff if they had queries about a specific subject matter. Outstanding staff performance was rewarded via the employee of the month awards, where excellence was acknowledged and commended. A newsletter was also in place to inform staff, people and relatives of the achievements of the employee of the month and how they have had a positive impact on people's lives.

Regular team meetings were held and the registered manager ensured a new topic for discussion or debate, such as a change of company policy was discussed with staff, offering them the chance to give their views. On occasions the topics for discussion were included in the monthly newsletter, which portrayed an open and transparent approach to informing people and relatives about what was happening within the service. The service also has a strong social media presence, with people, relatives, staff and professionals invited to join and view important events, policy updates, or useful care related articles. Recent additions to the social media page included, details of the employee of the month and a television clip about families supporting people living with dementia.

The staff we spoke with were aware of the provider's whistleblowing policy and told us they felt comfortable in challenging poor practice if they needed to.

The service was led by a passionate, caring and dedicated registered manager. They were supported in their role by a director and chief executive officer, both of which we spoke with during the inspection process. All three spoke passionately about what they wanted to achieve for people using the service and support was provided that ensured the registered manager and their team managed the service in line with the provider's values. The PIR referred to staff as the 'Respectful Care Family' and staff we spoke with all felt

supported by the registered manager and the senior management team.

Staff and senior management clearly worked well together and this was reflected in the positive attitude from all of the staff we spoke with. Comments from staff included, "This is the best care company I have worked for," and, "The management really care about the people they support and the staff who work here." This approach was reflected in the PIR which stated 'We champion all our management and staff members in having an individual training and career progression programme that they are heavily involved in through support sessions and appraisals. We have no divides between managers and carers and we believe it's extremely important that staff believe in our ethos and values of being the best we can be'.

People, relatives, staff and healthcare professionals all spoke highly of the registered manager and felt they managed the service well. One person said, "I have met the manager they were very nice." Another person said, "The manager comes out to check if all is well." A staff member said, "[The registered manager] is great, she is very supportive. She makes you feel like you are part of a team." A healthcare professional said, "I have a very good relationship with the manager and when I have had some issues with care packages we have completed joint visits and reviews together."

Registered persons are required to notify CQC of certain changes, events or incidents at the service. Records showed that we had been notified appropriately when necessary and when action was taken to address these events, the CQC were regularly updated.

Robust and effective quality assurance systems were in place to help drive continued improvements at the service. Responsibility for the completion of a wide variety of audits was delegated to other members of staff, overseen by an effective registered manager. Daily, weekly, monthly and annual quality assurance processes were carried out. These included random support plan reviews, analysis of accidents and incidents, medication errors, complaints, safeguarding concerns and any late or missed calls. Immediate action was taken to address any areas of concern. For example, the registered manager had highlighted that when new people started to use the service, and their family members told the registered manager they had lasting power of attorney (LPA) with regards to decisions about their family members care and welfare, there was sometimes a delay in seeing evidence of this. This has now been addressed, with this documentation requested as part of the initial assessment process which ensured decisions made for people were made by the appropriate and authorised person. LPA is a legal document that lets people appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf.

The CEO told us they had instilled a culture of ensuring that the registered manager of this service and others within the provider's group of services worked together to identify any common themes or concerns where improvements could be made across the provider group. They told us and records confirmed that the registered managers met regularly with each other as well as with the CEO and this was an effective way of sharing good practice and discussing successes as well as areas for development.

The provider has signed up to the Social Care Commitment (SCC). The SCC is a voluntary agreement between employers and employees to improve the quality of care and support services and public confidence in these services. We found the values of this commitment were evident throughout all that Respectful Care does for the people they support.