

Crescent Homecare Limited

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Inspection report

Quebec Street
Langley Park
County Durham
DH7 9XA
Tel: 0191 3731538

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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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Overall summary

This inspection took place on 2 & 5 November 2015 and was announced. The provider was given 48 hours' notice because the location provides personal care and support to adults in their own homes. Therefore, we needed to be sure that someone would be in office.

We last inspected this service in August 2013. At the time of our last inspection the service was meeting our regulatory standards.

Crescent Home Care provides services to some young adults but mainly to older people living in their own homes. They provide personal care and support and for some people, this also included social care in their community.

At the time of our inspection there were 137 people receiving a service from Crescent Home Care across six geographical areas of County Durham. We found the

Summary of findings

registered manager had mapped where staff lived and had considered the distances between each visit in order to maximise the quality time support staff could spend with people.

The service is a small family run agency that had been operating for over 20 years. During our inspection we saw lots of examples of how the service had sustained high standards and strived for continuous improvement over the years.

The service had a registered manager in post. A registered manager is a person who is 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.

We found the service to be very well led, leadership, management and governance of the service assured the delivery of high-quality, person centred care that supported learning and innovation, and promoted an open and fair culture.

We found every person had a personalised care plan and risk assessment in place. Staff were aware of these risks and worked on a multi-agency basis to minimise those risks.

We found the service had a positive culture that was person centred, inclusive and empowering.

We found regular quality monitoring of the service had been undertaken. In addition, to continuous self-monitoring, in July 2015 the agency had achieved the ISO 9001 CQS certified quality system award. This is an internationally recognised award as proof of their commitment to providing a quality service to people who they supported. This meant the provider was committed to self-monitoring and using a verifiable professionally recognised quality assurance system reflecting aims and outcomes for people that they supported in their own homes.

The provider had also achieved the Investors In People Award. The framework is a performance model that provides a pathway towards future progress, and a journey of continuous improvement.

The service had also signed up to the 'social care commitment'. This was made up of seven 'I will'

statements each of which had an associated task and focussed on the minimum standard required when working in social care. The service's promised to continually strive to deliver high quality care and invest in staff to ensure that people who used the service had confidence in the care and support the service offered.

The service worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. They strived for excellence through consultation and reflective practice. A care manager told us this was a very reliable and effective domiciliary service. The service regularly gathered feedback from people who used the service, relatives, friends, health care professionals, commissioners and used their feedback to help to drive improvement within the service. We spoke with a range of professionals, families and staff who all felt this was an excellent, enabling and inspiring service.

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. We saw staff had also received Mental Capacity Act and DoLS training as part of the 12 week Care Certificate induction training that was provided by New College Durham.

We also found the service worked within the principles outlined in the fundamental standards of the Human Rights Act 1998 to make plans and decisions involving each person and in their best interests

We found people's medicines were well managed so they received the treatments they had been prescribed. We found these were in line with the Royal Pharmaceutical Society Guidance.

On the second day of our inspection, we visited five people in their own homes. We observed staff speaking with people in kind, respectful and reassuring ways. We also viewed 15 satisfaction surveys from people who used the service, all were consistently very positive about the care and support they received,

People told us they felt their dignity and privacy were respected by staff. One person said, "The staff are just

Summary of findings

wonderful, and they have time to sit and have a chat, and they often take me shopping and we pop into the café for a cupper.” Another said, “If I have a hospital or doctor’s appointment, the staff will take me.”

Professionals who referred to the service told us they were very responsive and provided a flexible approach to meet individual needs in their own homes and the local community. One professional we spoke with said, “I had a client who displayed at times, very challenging

behaviours. The way the agency supported them was extremely impressive. Staff were professional, patient and very caring, which meant my client was able to remain living in the community for far longer than expected.”

Two relatives described the support their relative received before and during their end of life care as “Outstanding.” They told us, “The staff had been excellent, at times going far and beyond their call of duty. The care provided can only be described as first class.”

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There were systems in place to manage risks, safeguarding matters, staff recruitment and medication and this ensured people's safety.

People were safe because the service had an effective system to manage accidents and incidents and learn from them so they were less likely to happen again.

Good



Is the service effective?

The service was effective.

People were involved in the assessment of their needs. Care plans reflected people's current individual needs, choices and preferences.

Staff had the right skills and knowledge to meet people's assessed needs.

People's nutritional needs were assessed/monitored to identify any risks associated with nutrition and hydration.

Good



Is the service caring?

The service was very caring.

There were robust safeguards in place to ensure staff understood how to respect people's privacy, dignity and human rights. Staff knew the people they were caring for and supporting, including their personal preferences and personal likes and dislikes.

The service has a strong, visible person centred culture and was very good at helping people to express their views so they understood things from their points of view.

People told us they were treated with the utmost kindness and compassion and their privacy and dignity was always respected. We saw staff responded in a very caring way to people's needs and requests.

Relatives of people who used the service described their care as; Faultless, excellent, first class and outstanding.

Outstanding



Is the service responsive?

The service was responsive.

People, and their representative's, were encouraged to make their views known about their care, treatment and support needs.

People were involved in decisions and had their individual needs regularly assessed and met.

Emotional support was always available to people, their families and friends.

Good



Summary of findings

People told us they felt confident to express any concerns or complaints about the service they received.

Is the service well-led?

The service was very well led.

The management team had very robust and effective systems in place to assess and monitor the quality of the service, there was a professionally recognised quality assurance system in place to help to develop and drive improvement.

The vision and values of the service were imaginative and person-centred and these made sure people were at the heart of the service.

There was a strong emphasis on continually striving to improve. The registered manager recognised, promoted and regularly implemented innovative systems and had a commitment to lifelong learning in order to provide a high-quality service.

There were values that included involvement, compassion, dignity, respect, equality and independence. There was a well-defined emphasis on fairness, support and transparency and an open culture.

The service worked in partnership with other organisations to make sure they were following current practice and providing a high quality service. They strived for excellence through consultation and reflective practice.

Outstanding



Crescent Homecare Limited

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 registered 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 on 2 November and 5 November 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone would be in the office on the first day of our inspection.

The inspection was led by an adult social care inspector.

Before we visited, we checked the information we held about this service this included, inspection history, safeguarding notifications and complaints.

We also contacted professionals involved with people who used the service, including; Commissioners of services and Local Authority Safeguarding staff. No concerns were raised by any of these professionals. Prior to the inspection we

also contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work.

Before the inspection, we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service before an inspection. We saw that the registered manager worked in partnership with other professionals to make improvements to the service. During the inspection we asked the registered manager and staff about what was good about the service.

During our inspection, we spoke with five people who used the service and four relatives. We also looked at 15 service users' satisfaction surveys. reviewed four people's care records held in the office, and with people's permission, we looked at two held in people's own homes.

We looked at four staff recruitment files and checked staff supervision records. We spoke with six staff including the nominated individual and the registered manager.

Is the service safe?

Our findings

When we visited people in their own homes, they told us they felt very safe being supported by staff from Crescent Home Care. One person said, “I have the same core team who come in four times a day. They are all very experienced and I feel very safe with the help they give me.” Another said, “I have a key safe that the staff use to gain access, it makes me feel nice and secure and safe.”

During our visit we looked at four staff records in detail. In all of them we found important information had been checked to make sure those using the service were not at risk from staff that were unsuitable to work with people who may be vulnerable. For example, in all staff records we looked at there were references to verify people’s previous employment history and satisfactory evidence of their conduct in previous employment. Records also showed that during the interview people were asked questions relevant to the role for which they were applying. This included a record of people’s performance during the interview. This meant the provider could clearly demonstrate they had made suitable reference checks as well as making sure people had the right skills and knowledge before they were offered employment by the service.

We also checked records which confirmed full DBS checks had been carried out by the provider for all staff prior to them starting work at the service. This was to make sure individuals who were known to be unsuitable to work with children and vulnerable adults were not employed. This meant people who received support from the service were protected by people of good character employed by the provider.

Records showed staff were provided with an accurate job description and terms and conditions of employment. All these measures ensured the provider had a robust recruitment procedure in place to protect the people who used the service.

Safeguarding was a core topic in the staff induction and throughout staff supervisions. All staff we spoke with had a sound understanding of what constituted abuse and what actions they would take should they suspect abuse.

When we spoke with staff, they said they could manage all their visits in a timely manner. Two staff told us they never felt rushed. This indicated that there were enough staff employed to meet people’s needs safely.

We saw staff were provided with lone working procedures to guide them on how to keep safe. In addition, if a member of staff had not returned home at their usual time. Family members had an emergency number to call, and some staff preferred to use a personal alarm. This indicated that the provider ensured so far as reasonably practicable the health, safety and welfare of employees. We found the registered manager had mapped where staff lived and had considered the distances between each visit in order to maximise the quality time support staff could spend with people.

Appropriate arrangements were in place in relation to the recording of medicines. We saw policies for handling medication and found, by talking with staff, they were followed in practice. The registered manager told us these were in line with the Royal Pharmaceutical Society Guidelines.

We looked at people’s plans of care to see how staff were helping people take their medicines. We saw medication risk assessments had been used to find out what support each person needed. The staff we spoke with described the two different types of support they provided. These were “supporting” (checking to see if a person had taken their medicines on their own) and “administering” (actually giving the person their medicines). The staff we spoke with were clear about the different types of assistance they could give. Staff also confirmed they had all been provided with training in the safe handling of medicines. We saw training records to support this. The registered manager told us they had an excellent working relationship with the pharmacist, who provided advice and kept the provider informed of any changes made to people’s medicines. All of these measures demonstrated that appropriate arrangements were in place for the recording and administration of medicines. We asked if the provider if they kept a master copy of staff signatures and initials so they could easily identify who was responsible if a medicines error occurred. They didn’t, but by the end of the first day of the inspection, one was in place.

Is the service effective?

Our findings

When we visited people in their own homes, they told us that they were supported by experienced and skilled staff. Comments included, “All the staff who support me know what they are doing and they do their job very well indeed.” And, “I know I am in safe hands because the staff are well trained and very reliable.” Another person told us, “I used to be with another agency, but Crescent Home Care is so much better. The girls from Crescent are like a lifeline to me, they have transformed my life with their skills, training and knowledge. They fully understand my condition and the way I need to be physically supported. They and the office staff are just wonderful people.”

The registered manager and the nominated individual told us they and two other senior member of staff always carried out the initial assessment of people’s needs who had been referred to the service. This meant that the registered manager and other senior staff were assured that they could meet the needs of people appropriately.

All new staff undertook a 12 week induction training that is linked to the Care Certificate.

We spoke with a tutor from New College Durham; They told us all staff following their 12 week induction then enrolled with the college to complete a diploma in health and social care. Three were working towards level 4 diplomas in management. The tutor said, “The provider and staff were so pro-active that a college assessor based themselves in the providers training room several days a month to support staff with their training.”

We spoke with three staff that were enrolled on the diploma course. All expressed delight at the support they received from the providers and the college. One said, “It is such an advantage being able to come into the office and meet with [name] assessor, sometimes a couple of times a week.”

When we spoke with the registered manager about on-site training, she showed us the training room. This consisted of a home bedroom simulator that contained a profile bed, a universal hoist, slide mats, catheters bags and stand, various continence aids and a stand aid. There was also a large table and chairs for meetings and workstations for

staff to use. This meant that staff were appropriately trained and equipped to meet the assessed needs of people receiving care, treatment and support in their own homes.

The registered manager told us they monitored staff training using a training matrix, which we saw identified when updates were required. When we spoke with staff, they told us they received regular supervision, and an annual appraisal. Records that we looked at confirmed this. This meant staff received regular one to one support from managers and senior staff which gave an opportunity to discuss any issues concerning their work and helped to improve their performance.

We found key areas were regularly reviewed with other healthcare professionals to ensure any changes in a person’s treatment programme were recognised and addressed. We saw 12 monthly reviews took place with the person and those that mattered to them to ensure that any decisions were made in their best interests; and to make sure their care and treatment continued to meet their needs.

When we spoke with people who received support from the service and some of their relatives, they told us communication was good; they said they were always involved and consulted about decisions regarding their care and welfare. Records showed that consent, where appropriate had been obtained, in areas such as, access to their home, medication administration and use of equipment.

People we spoke with told us that staff communicated their intentions with them before attempting any personal tasks or assisting with their mobility or eating and drinking. This showed us that people were involved in decisions about their care, treatment and support.

We reviewed people’s individual records; we found when needed, nutrition, hydration and swallowing assessments, likes and dislikes, allergies, and risk assessments had been completed. This meant there was a range of safeguards in place to promote people’s dietary support needs in their own homes. We saw evidence that dietician input was sought when needed. One person who used the service told us, “I have support to do my shopping, and some help to prepare my meals.

The staff are good cooks and they do things the way that I like.”

Is the service effective?

The registered manager was able to give us an accurate understanding of the Mental Capacity Act 2005 (MCA) and DoLS. 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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We saw staff had also received Mental Capacity Act and DoLS training as part of the 12 week Care Certificate induction training.

We also found the service worked within the principles outlined in the fundamental standards of the Human Rights Act 1998 to make plans and decisions involving each person and in their best interests.



Is the service caring?

Our findings

We spoke with two relatives who had called into the office with a thank you card and gifts for staff. They told us their relative had recently passed away. They said that the service had provided care and support to their relative for seven years. They described their care and support as, “outstanding.” They told us, “The staff had been excellent and at times, had gone far and beyond their call of duty.” They went on to say, “The care our relative received can only be described as first class. Because of the care and support provided, we were able to keep our relative at home until the end. The staff are a credit to the company.”

One person said, “I am 93 year old, I like my independence, I do all my own housework, I am doing the bedrooms today. That was why I was upstairs when you called. But I do need help with my shopping and doctor appointments which I get. I had a fall a few months ago, so I wrote to [Name] owner of Crescent Home Care, – I used to be her dinner lady at school and asked if I could perhaps have some help with my shopping. Now someone also pops in everyday just to make sure I am ok and I always am, but I do enjoy their company and the young canny lad from the office often pops in for a chat.”

Other comments from two other relatives included; “The service is so flexible, extremely reliable and all the staff are so caring,” and “A smashing service, they fine-tuned everything to meet my relative’s needs. My relative was very reluctant to having any kind of support, but now they love the staff and they have a great rapport with them. It’s an excellent service.”

On the second day of our inspection, we visited five people in their own homes. We observed staff speaking with people in kind, caring, respectful and reassuring ways. People told us they felt their dignity and privacy were respected by staff. One person said, “The staff are just wonderful, and they have time to sit and have a chat, and they often take me shopping and we pop into the café for a cupper. Another said, “All the staff are so caring including the office staff. If I have a hospital or doctor’s appointment, the staff will take me.” Other comments included, “lovely staff.” “They are always on time,” and, “They help me with my meals and have time for a chat.”

All of this contributed to a service that had a strong person centred culture that often go ‘the extra mile’ for them and inspired to provide kind, compassionate and flexible care and support to people who used the service.

A professional that we spoke with said, “I had a client who displayed, very challenging behaviours. The way the agency supported them was extremely impressive. Staff were professional, skilled, patient and very caring, which meant they were able to remain living in the community for far longer than expected. Once during a crisis, one of the senior support workers stayed at this person’s house until 2am until the crisis was averted.” This demonstrated that staff had the competencies and specialisms to deal effectively with unplanned situations.

During the inspection, the agency received a call from a hospital ward in Sunderland, asking if it was possible for them to bring some clothes in for a client who they supported at home. This was immediately organised, even though this meant a 30 mile round journey for one support worker. This showed us that the service was responsive in meeting people’s wider needs when not receiving direct care in their own homes. In situations such as this, and when there were no close family members available. The service also took on the responsibility of caring for people’s pets when they were in hospital by making sure they were fed and exercised several times a day.

Although not currently providing any end of life care, the service worked in partnership with other health care professionals to ensure people who required such care could be assured that at that time, staff would treat them and their family with care, sensitivity and respect. Records showed us that the majority of staff employed had received palliative care training.

We spoke with an assessor from New College Durham, they told us about one support staff who had recently cared for a person during their end of life care and during that time, they had completed a module on ‘end of life care’. They told us, it was so exceptionally and poignantly good, that they intended to use this module as an example for other students to learn from. Later in the day we saw this member of staff being told by the assessor that they had successfully completed their diploma in care. The staff member told us that it had been a real privilege caring for this person and how this experience had influenced their course work.



Is the service caring?

We saw many 'Thank You' cards received from family members of people who had passed away. All were extremely complimentary about the care and support their relatives had received before and during their final days. This demonstrated that people received compassionate care before, during, and at the time of their death. One

relative told us, "During my relative's end of life care, the staff from Crescent Home Care made sure they experienced a painless and dignified death, and they also supported me emotionally during this period, and many staff attended my relative's funeral including both the owners of the company. Wonderful care by wonderful people."

Is the service responsive?

Our findings

When we visited the agency's office and people in their homes we looked at individual's records to see how their care was planned, monitored and co-ordinated. We visited five people in their homes to find out what they thought about their care. People using the service and their family members felt that the service was responsive if they had any queries or concerns. One person told us, "If I had anything to say I just speak with the office staff and I know they will sort it out." This person's relative told us, "They didn't hit it off with one carer, when they mentioned this to the registered manager; this person was replaced the next day."

When we looked at the pre-assessment document used by the service, we saw it was extremely detailed and based on activities of daily living. We saw risk factors were highlighted, for example, people's environmental factors, risk of falls, dietary needs, medication usage and mental state and cognition. We saw this information was used to implement people's plans of care and how staff were to deliver care, treatment and support safely and in the way people preferred.

We saw each person's needs had been assessed and plans of care written to describe how each area of need was to be supported. The assessments we looked at provided information about each person's condition. We looked at examples of how people's needs were to be met and found every area of need had clear descriptions of the actions support staff were to take. For example, it had been clearly recorded what support people needed with their personal care as well as their social and leisure needs. We saw evidence that staff supported people to maintain community links by escorting people to the local community centre, a local community garden, social events, cafés, GP and hospital appointments. The agency also had two registered 'pat a dog(s)' who visited people in their homes. The registered manager told us people really enjoyed this activity especially for those who were housebound. The registered manager told us that one person who used the service had attended an Elvis Presley tribute night with their support worker. We found the care plans had been written in a person centred way (this means written in a way to describe how the person preferred their personal care needs to be met). We also found them to be detailed and written with people to help

them understand the information. This showed us that people were involved in making decisions about the way they preferred to be supported. We found people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. For example, one person did not want to buy food from any of the local shops. They preferred for support staff to use one specific shop in Durham City located several miles away. The plan was very specific about what food items they preferred and informed staff when doing their shopping, to never deviate from the items on the list. This demonstrated and reflected individual's needs, preferences and diversity were respected and met. We looked at care plans to see what steps were taken to reduce risks whilst supporting people to be as independent as possible. We found risk assessments were linked to care plans describing the action staff were to take to reduce the likelihood of harm. For example, the support some people needed to transfer safely. The staff we spoke with said they would immediately report any changes to a person's care needs to make sure risk assessments and management plans were kept up-to-date. This meant staff had up-to-date information to guide their practice and meet people's needs safely.

People we spoke with were positive about the care and support they received. Comments included, "They (the staff) help me with shopping and cooking. They also help me with some of my personal care." Another person showed us their care plan and explained how they had been fully involved in writing it as well as taking part in their review meetings. They said, "The support staff know what I like and don't like." We talked to staff about the people they provided support to. They had a good understanding of people's health and social care needs. With people's permission, we looked at the daily notes kept in people's homes. These provided evidence of what support each person had been given each day. One member of staff commented, "We know where to look for information about people's care needs. We keep notes on everything. We have a communications sheets for us to record people's activities/appointments." This meant people's changing needs were monitored and acted upon quickly. We saw there were regular reviews of the care plans. Staff explained the frequency of the reviews increased if they identified someone's needs had changed. This meant people's care records were kept up-to-date to make sure people's health

Is the service responsive?

and social care needs continued to be met. All of these measures helped to make sure people views were respected and their personal support was still best for them.

People were given support by the provider to make a comment or complaint where they needed assistance. We saw there was a complaints procedure which was available in an easy read format to help people understand the information in the service user's guide. We found each person using the service had been given a copy of this. During the last 12 months there had been no complaints received. When we visited people in their own homes everyone we spoke with said they had no complaints and were satisfied with the service provided. People said they would feel able to talk with the staff if they had any concerns or complaints. Comments from people included, "I feel listened to." "I would speak with the office staff if I needed to." Staff we spoke with were clear about how to deal with a complaint no matter how minor. One member of staff told us, "What might sound trivial to us, might be very significant to the person involved, so we must always act and report all such matters." This meant the service listened to people who used the service and all complaints were logged and action taken by the provider to achieve resolutions.

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Is the service well-led?

Our findings

Crescent Home Care is a small family ran service. The registered manager and the nominated Individual had worked in the service for over 20 years.

The registered manager had the required qualifications and experience and was competent to run the service. When we spoke with the registered manager they had a clear understanding of the key principles and focus of the service, based on the organisational values and priorities. They told us they worked to continuously improve services by providing an increased quality of life for people who used the service with a strong focus on inclusion, fairness, equality and diversity issues. This showed us that people who received care and support benefited from a management team that had a positive sense of direction, strong leadership and a sustained track record of delivering good performance and managing improvement. Where areas for improvement emerged, the service recognised and managed them well.

On arrival at the service we asked for a variety of documents to be made accessible to us during our inspection. These were provided promptly. We found all the records we looked at to be well maintained and organised in a structured way. This made information easy to find. We also saw there was an established business plan which included clear indicators of the success and efficiency of the business arrangements.

We saw risk assessments were carried out before care was delivered to a person. There was evidence these had been reviewed and changes made to the care plans when needed. Senior staff described to us how, in response to people's changing care needs, they could if necessary and very quickly arrange additional care hours so they could continue to safely meet people's needs in their own homes. A relative told us this had happened for their relative. They told us, "When it happened, I was so impressed at how quickly they responded. It was all so seamless and well organised."

We found the registered manager had mapped where staff lived and had considered the distances between each visit in order to maximise the quality time support staff could spend with people. This meant support staff could respond quickly to people's changing needs if necessary. We saw there was a system used to monitor staff's arrival and

departure from people's homes. This system 'flagged up' if a person did not receive a scheduled visit or their visit was outside agreed timescales allowing management staff to take immediate action to rectify the situation should it arise. One person who used the service told us, "The staff are like extended family members, always reliable and if you ring the office they are there at the drop of a hat."

The registered manager explained how accidents and incidents were monitored and analysed and learning from these was used to improve the service. We saw records to confirm this.

The service had effective quality assurance and quality monitoring systems in place. These were based on seeking the views of people who used the service, their relatives, friends and health and social care staff who were involved with the service. These were in place to measure the success in meeting the aims, objectives and the statement of purpose of the agency.

We also saw the system for self-monitoring included regular internal audits such as care plans, medication records, and risk factors in people's homes, fire safety, and control of substances hazardous to health (COSHH).

We saw satisfaction questionnaires were sent to people who used the service and their relatives each month to find out their views and to enable them to reflect on the previous four weeks. The registered manager told us this enabled the service to manage any issues people had very quickly. We looked at 15 results of the most recent survey completed. We found people were very satisfied with the support provided. Comments included, "I feel safe and secure," "I am supported to go to the GP and hospital appointments," "I like the staff team," and "I always have the same reliable staff who come in to support me." This meant people's views were valued and any concerns responded to without delay.

A relative told us, "They looked after my mother for many years until she passed away, they now support my father who is a retired GP. I can honestly say, the care was and still is superb. I live down south and the owners keep me constantly informed and up-dated, usually every week. When they told me CQC would be visiting a second day, I wanted to take this opportunity to tell you what I thought about the service. In my opinion, they strive to go that extra mile, providing outstanding compassionate care and support that cannot be faulted." We found people had a



Is the service well-led?

history with this organisation that remained positive. This demonstrated that the service had sustained high standards and strived for continuous improvement over a 20 year period.

We found the culture of the service was positive, person centred, inclusive and forward thinking. We spoke with a range of professionals, families and staff who all felt this was an excellent, enabling and inspiring service. For example, the service also took on the responsibility of caring for people's pets when they were in hospital by making sure they were fed and exercised several times a day. We found the service was highly efficient for caring for people who were terminally ill or dying. Two relatives described the support their relative received before and during their end of life care as "Outstanding." They told us, "The staff had been excellent, at times going far and beyond their call of duty. The care provided can only be described as first class."

A senior support worker told us, "We carry out very regular spot checks to make sure people are receiving person centred care as directed by their care plan. To observe staff practice and to make sure people are treated with the utmost dignity and respect in their own homes." We saw a record of when these visits took place. When we spoke with people in their own homes, they confirmed that they were always treated with dignity and respect. These levels of scrutiny were embraced by all the staff we spoke which ensured care remained at a high level. This meant the provider had successfully embedded a robust quality assurance and auditing system, whilst maintaining a strong, proud team who were committed to providing high standards of care.

We found there was a strong emphasis to continually strive to improve, recognise, promote and implement innovative systems in order to provide a high quality service. The service had sustained outstanding practice and improvements over time and had achieved a recognised quality assurance accreditation system, for example, in July 2015 the agency had achieved the ISO 9001 CQS certified quality system award. This is an internationally recognised award as proof of their commitment to providing a quality service to people who they supported. This meant that the provider was committed to self-monitoring and using a verifiable professionally recognised quality assurance system reflecting aims and outcomes for people that they supported in their own homes. This meant the service

defined quality holistically with emphasis on the perspective of people who used the service and their levels of satisfaction, by having robust processes in place to enable managers to account for their actions, behaviours and the performance of their staff. In addition, the provider had achieved the Investors In People Award. The framework is a performance model that provides a pathway towards future progress, and a journey of continuous improvement. We found the registered manager was highly committed to this model by supporting and managing staff well to achieve sustainable results. She told us, "This had created a culture of appreciation where staff were motivated to perform at their best." This was reiterated when we spoke with support staff.

The service had also signed up to the 'social care commitment'. This was made up of seven 'I will' statements each of which had an associated task and focussed on the minimum standard required when working in social care. The service's promised to continually strive to deliver high quality care and invest in staff to ensure that people who used the service had confidence in the care and support the service offered.

We spoke with several staff. They told us they had regular daily contact with the agency where they were able to provide feedback about the service and if necessary, people's changing needs. They also said their views were sought through staff meetings and supervision. Staff clearly understood their role and knew what was expected of them. They told us they were very happy in their work, motivated and had a great deal of confidence in the way the service was managed. They said the registered manager led by example and was always available for guidance and support. One member of staff told us the management team had supported them during a very personal period of their life. They said, "The support and understanding that I received was tremendous and I will always be grateful to them for that." At the time of our inspection we found the staff team were all very professional, friendly and co-operative. We found them to be passionate, enthusiastic and dedicated to their work. Staff told us they knew what was expected of them because enabling processes were in place for them to account for their decisions, actions and performance. This showed us that the service was actively consulting with staff by seeking ways in which to improve and take on board the suggestions that staff made to improve the lives of people who used the service.



Is the service well-led?

We found the registered manager was highly committed and passionate about staff training and development. We saw a very efficient 12 week induction training that was linked to the Care Certificate. Training was provided by New College Durham. Training included; literacy, maths, English, mental health, food hygiene, first aid, principles of care, equality and diversity, person centred care, communication, privacy and dignity, dementia care, safeguarding, health and safety, record keeping, infection control, medication, mental capacity and DoLS, lone working, challenging behaviours and fire training.

When we spoke with a tutor from New College Durham; they told us that “Crescent Home Care was a very pro-active organisation for promoting staff training and development.” We also spoke with the college assessor, they told us the provider was highly committed to staff training, so much so, “I could almost be based here full time, and that is how keen they and the staff team are.” She told us, “It was not just new staff that had enrolled on the diploma course, lots of older experienced staff had as well. It is such a pleasure to be working with an organisation with such dedication and passion for staff development.” This showed us that the provider supported and resourced the service to enable and empower staff to develop their skills through training and personal development and this in turn helped to drive improvement. Staff told us they were highly motivated and supported by the way the service was managed and that job satisfaction was high.

On the day of our inspection one member of staff, requested an urgent O/T assessment for one person who had recently been discharged from hospital, we saw this was immediately arranged. This showed us first hand, that the provider listened to their staff and acted upon their views. The registered manager said, “We strive to have a management approach that creates an open, positive and inclusive atmosphere. It is important to listen to staff as they know people’s needs better than anyone.” The manager also provided a stock of the right sized continence pads as this person had been discharged from hospital with some that “didn’t fit.” We later spoke with this member of staff. They told us they had worked for the service for nine years, they said the management team trusted their judgement and always responded promptly to any request regarding people’s care and welfare. This showed us that the registered manager consistently respected the judgement of their staff and valued their input.

We saw that all staff employed came into the office every Friday to collect their worksheet for the following week, collect a copy of the weekly newsletter, discuss any issues or concerns they might have and collect a supply of aprons gloves and, hand sanitizer. This meant that the management team had very regular contact with support staff. The registered manager told us it also provided an opportunity to provide staff with a copy of any new policies and procedures, arrange one to one supervisions and discuss any new referrals in detail. This demonstrated effective communication within the service that was open and transparent.

We saw all staff wore a uniform with a ‘Crescent Care’ logo and an ID badge. This meant people who used the service could be assured that staff supporting them in their own homes were genuine employees of the service.

The registered manager and the nominated individual told us they were very hands on, and took their turn to be on standby at weekends and out of hours to deal with any concerns, call outs or emergency situations. This showed us that the management team had a track record of being an effective and visible role model at all levels. This meant they were responsive and proactive within the service to support staff and people who used the service when needed.

We discussed how the service helped to tackle social isolation. The registered manager explained to us how they supported people to maintain links with their local community as much as possible. This was also evident in the care plans and when we spoke with the people who used the service and staff. We saw that within people’s care plans there was a section for social and recreational activities, hobbies and interests which people were supported to pursue. For example, supporting people to attend various activities held in the community hall, library, polling stations, the community garden, cafés and luncheon clubs.

The registered manager told us, care and support is no longer about housework and personal care tasks, it encompasses all aspects of a person’s life, so that people remained in control of their lives and they directed the way they wanted to be supported either in their own homes or in their community. This demonstrated that people were supported to lead meaningful lives and to enjoy all the



Is the service well-led?

rights and responsibilities of citizenship. The registered manager had a well-developed understanding of equality, diversity and of people's human rights and put these into practice.

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. The service worked in partnership with key organisations to support care provision, service development and joined-up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met such as the Local Authority and other social and health care professionals. A care manager told us this was one of the most reliable and effective domiciliary services that they had used. Another professional told us "When I met the management team, I was very impressed with how they were always looking at ways to improve their service. I have found them to be dedicated to supplying an excellent service." This demonstrated that the service worked proactively with other key organisations to support care provision and service development. They strived for excellence through consultation and reflective practice and this contributed to show how they sustained their outstanding practice and improvements over a long period of time.

The registered manager was proactive at ensuring the service delivered care in line with established industry best practice principles, such as the National Institute for Health and Care Excellence (NICE) 'Home Care: Delivering Personal Care and Practical Support to Older People Living in Their Own Homes' (September 2015). In addition, we saw the service followed the 10 quality statements produced by NICE to support people to live well with dementia. People living with dementia were supported by staff who had received dementia awareness training and who could offer practical advice and emotional support, whilst facilitating people's choice and control in decisions about their lives and their care and support. This showed us that the registered manager encompassed collaborative ways of working to develop and source best practice to achieve positive outcomes for people who used the service.

Legal obligations, including conditions of registration and those placed on them by other organisations such as Commissioners of services were understood and met.

We found record keeping was to a consistently high standard. All records held in the office were kept securely, up to date and in good order, and maintained and used in accordance with the Data Protection Act. People who used the service had access to their records in their own homes and we saw evidence that they contributed to them.