

Continued Care from Oakville Ltd

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Overall summary

We undertook this announced inspection on the 25 November 2015. At the previous inspection, which took place on 4 September 2013 the service met all of the regulations that we assessed.

Continued Care from Oakville Ltd is registered to provide personal care to people who live in their own home. The service supports people who live in the Settle, Bentham, Long Preston and surrounding villages. The agency office

is in the centre of Settle. There is parking available nearby, in a 'pay and display' car park. Visits vary in duration and support is offered for such things as personal care, twenty four hour care, end of life care, companionship, domestic tasks and escorting to medical appointments. At the time of this inspection the agency was providing support for 60 people. The agency employs 20 care staff and a registered manager.

Summary of findings

There was a registered manager at this service. 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 and trusted the care staff who came into their home to support them. They described staff as 'excellent, trustworthy and considerate'. Staff were aware of safeguarding procedures and could demonstrate how they had taken action to safeguard people when necessary. Staff also told us that the registered manager listened and acted on their feedback. The safeguarding policy was up to date. Appropriate risk assessments were in place to reduce the risk of harm. These were kept under close review and the staff approach was very flexible to allow for changes in circumstances.

The service recruited staff in a safe way making sure all necessary background checks had been carried out. Care workers were organised and deployed in a way that met people's individual care needs, with small individual teams of staff who knew people well. People who used the service and their relatives told us that they received an individual, consistent and reliable service.

The service had health and safety related procedures, including emergency plans, in place. Staff had regular contact with other healthcare professionals at the appropriate time to help monitor and maintain people's health and wellbeing. We saw staff had been pro-active where people required medical attention and they were provided with care and support according to their assessed need.

Systems were in place for reporting and recording accidents and incidents, including detailed reviews and actions, were in place. The care records we looked at included individual risk assessments, which had been completed to identify any risks associated with delivering the person's care. Where people's needs were complex relevant professionals had been involved to provide advice and training. People gave good examples where staff had acted quickly in accessing medical assistance for them when needed. This meant staff acted quickly

and appropriately to ensure their health care needs were met. Records also showed that risks were managed positively, so that people were supported to develop confidence, skills and independence.

Care plans were comprehensive and detailed to ensure people's care needs were met by staff from the service. Some of the people who used the service were supported with taking their prescribed medication and staff were trained and competent to assist people with this. People we spoke with confirmed that they received good support from staff with their medicines and that they always got them or were reminded to take them.

People's care records showed that their needs had been assessed and planned in a very detailed and person centred way. People who used the service and their relatives told us that they were involved in planning and reviewing their service and that their views were listened to. We saw clear examples where staff had supported people to take positive risks and develop their independence. People we spoke with told us that staff from the service obtained their consent and treated them in a dignified way and always respected their wishes.

We saw exceptional examples of where staff had gone the 'extra mile' ensuring people they supported not only received good quality care, but also maintained their various interests. One example being a person's interest in cars was rekindled. Another example was where one person was supported to access the community they lived in. This meant that people became less socially isolated and enabled them to live their own lives within their own home. This had a positive impact on people's well-being.

People and their relatives told us that staff were caring, treated them well and respected their privacy. Staff were able to describe how they worked to maintain people's privacy and dignity. We saw clear examples of people being supported to develop their independence.

Staff had been provided with training and support to help them carry out their role. This included specialist training and support from relevant health care professionals where someone had complex needs. People who used this service and their relatives told us that staff were competent and knew what was expected of them. Staff told us they were well supported by the registered manager and other managers, who had clear

Summary of findings

expectations and provided regular support. We saw evidence of staff being encouraged to develop their own professional expertise and there was a strong focus on professional development.

The service supported people in their own homes and provided help with meal preparation, eating and drinking where this had been agreed as part of the person's care package. If people needed support with eating and drinking this was detailed in their care plan and professional advice had been sought if people had complex nutritional needs.

People had been provided with a handbook about the service, which included the formal complaints process. People also told us that they were given opportunities to raise issues or concerns on an on-going basis. We saw complaints that had been made since the last inspection had been thoroughly investigated and responded to by the service. There were many compliments and letters of thanks.

People who used the service were extremely positive in their comments about the running of the service and the staff. They told us that this was an 'excellent service' with people being '100 % satisfied.'

The service was well-led. The registered manager was very well qualified and experienced. The management team were committed to providing a good quality service. People who used the service and their relatives all told us the service was very well led, with an ethos of providing high quality, person centred care. Staff were passionate about providing high quality services that focused on the individual.

The service had introduced and had implemented the role of 'staff champions' in areas such as dementia, medicines, safeguarding people, dignity and respect and disabilities in all of their care teams working for the organisation.

Systems and processes were in place to monitor the service and make improvements where they could.

People who used the service, relatives and other professionals were routinely involved in meetings, reviews and on-going work so that their feedback could be taken into account.

There were excellent auditing and monitoring systems in place to identify where improvements were required and the service had an action plan to address these. Policies and procedures had been updated to ensure they were in line with current legislation.

The service had exceptional systems in place for people who used the service or their relatives to communicate with them. For example a 'web portal' had been introduced. This could be accessed remotely from people's own home or their relatives home. This allowed people to access and view the care schedules and see who was attending the visit and to book and amend visits and send messages directly to the rota coordinators. The service also arranged 'service user forums' although this had been declined in Settle. This gave people who used this service the opportunity to meet with other people who also received a service from Continued Care. The service also arranged each year a Christmas Party for people who used the service. This had also been declined by people in Settle.

The leadership team had an appetite to continually improve the service; one example of this was their focus on work to develop 'service user champion roles.' This would give people who used the service opportunity to discuss their 'user experience' at the 'service user forums.'

The organisation continued to be audited both internally and externally to check and set benchmarks to ensure the services practice, quality and standards of care were continually maintained to a high standard. The service had sustained outstanding practice and improvements over time as they held the Investors in People – Gold. The service is also an ISO 9001-2008 accredited organisation. This is recognition in good practice that the service had continuously held which was audited by external auditors, who verify and benchmark practice.

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.

People who used the service told us they were safe with staff from the service. People described staff as 'excellent, trustworthy and considerate.'

Staff knew how to report issues of abuse and said concerns raised would be dealt with appropriately. They had been trained in safeguarding procedures.

People's needs were assessed by appropriate professionals, to identify risks and put in place the necessary training, equipment and support to deliver people's care safely. Risk was managed positively, with people supported to reach their potential.

Recruitment checks were completed on all new staff prior to their employment. Newly appointed staff shadowed more experienced staff and completed training at the beginning of their employment.

Good



Is the service effective?

The service was effective.

Staff received the training and support they needed to do their jobs, including specialist training and support where necessary. There was a strong emphasis on professional development and sharing good practice.

People who received a service and their relatives were included in decisions about how care and support was provided. If people needed support with eating and drinking this was detailed in their care plan and professional advice had been sought if people had complex nutritional needs.

Detailed information about people's health needs was included in their care records. Staff liaised with other social and healthcare professionals at the appropriate time to monitor and maintain people's health and wellbeing.

Good



Is the service caring?

The service was caring.

People told us that staff were caring and that they were always treated with respect and were at the centre of the service's approach. Staff were focused on, and skilled in, helping people develop their independence and reach their potential.

People described the service as being excellent. People also told us that 'staff put themselves out and were kind, caring and the service provided an excellent service.'

People were involved in day to day decisions about their care, including how their care was provided. Staff knew how to treat people with dignity and respect. People told us that their wishes were always respected.

Excellent examples were seen where staff had supported people to have positive outcomes regarding their care.

Good



Summary of findings

The registered manager and staff were committed to providing a caring and compassionate service. This was reflected in their day-to-day practices.

Is the service responsive?

The service was responsive.

People told us that the service responded well to any changes they may have and that they offered a flexible service. Care staff showed a good understanding of the importance of preventing social isolation.

People's assessments and care plans were person centred and contained individual, detailed information about their needs and preferences.

Care was provided on an individual basis, based on people's individual needs, with changes being made to reflect changing circumstances. We saw examples of bespoke and innovative packages of care being provided.

People were encouraged to provide feedback about their service through customer satisfaction surveys, service user forums and having access to the organisations portal. People had been provided with information on how to make formal complaints.

Outstanding



Is the service well-led?

The service was well led.

People benefited from a service with strong leadership and an ethos of providing high quality, bespoke care and support. People who used the service and their relatives expressed a very high level of satisfaction with the standard of care provided.

The registered manager and staff were committed to providing a high quality service. Care staff we spoke to told us they felt well supported and talked about the passion to deliver a high standard of care which started at the top of the organisation.

Quality monitoring took place and included listening and acting on feedback from people who used the service, staff and other professionals.

Communication was effective with regular meetings meant care staff had the opportunity to share good practice.

The organisation continued to be audited both internally and externally and set benchmarks, to ensure the quality and standards of care were consistently maintained to a high standard, for people who used the service.

Good



Continued Care from Oakville 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 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 25 November 2015 and was announced. It was carried out by one adult social care inspector. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office to meet with us.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We also looked at previous inspection reports. We received a Provider Information Return (PIR). The PIR 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.

During the inspection visit we looked at records which related to people's individual care. We looked at four people's care planning documentation and other records associated with running a community care service. This included three recruitment records and the staff rota. We also reviewed records required for the management of the service such as audits, statement of purpose, satisfaction surveys and the complaints procedure. During our visit to the agency we spoke with the registered manager, the care manager who was responsible for the day to day running of the service and three care staff. We telephoned a total of twelve people. We spoke with ten people who received a service and two relatives.

We received information from Healthwatch. They are an independent body who hold key information about the local views and experiences of people receiving care. CQC has a statutory duty to work with Healthwatch to take account of their views and to consider any concerns that may have been raised with them about this service. We also consulted North Yorkshire County Council to see if they had any concerns about the service, and none were raised.

Is the service safe?

Our findings

All of the people we spoke with who received a service told us they felt safe with care staff. All of the comments we received were positive and included; “Yes I feel safe with staff from Continued Care” and “They (staff) are brilliant. I feel utterly safe with them (staff)” and “Yes I feel safe no doubt about that.”

Relatives shared this view and told us they were happy the service provided safe care. One relative said, “Yes I do feel my mother is safe with staff from Continued Care.”

We looked at the arrangements that were in place for safeguarding adults and managing allegations or suspicions of abuse. Safeguarding policies and procedures were up to date and provided guidance and information to staff. The staff we spoke with showed a good understanding of how to support people who used the service and protect them from avoidable harm. They knew what to do if abuse occurred or if they suspected it. Staff we spoke with all said they would take immediate action to keep the person safe and then report any concerns to the management team. One member of staff told us, “I would speak to the manager straightaway” and another member of staff said, “I would speak to (name of manager) and action would be taken in making the person safe. I have just done my safeguarding refresher training recently.” Staff we spoke with said they were confident the management team would respond appropriately. All the staff we spoke with told us they had received training in safeguarding and this was regularly updated. The staff records we saw supported this. One member of staff told us, “We go that extra mile making sure people feel safe both in their home and outside.” The member of staff described how they made sure people had access to appropriate equipment to keep them safe, but also maintain their independence. The example we were given was where a person after a long period of rehabilitation was supported by staff from the service to get an electric wheel chair so they were able to go outside into the community with minimal support from them. The service had one appointed safeguarding trainer who was also a safeguarding champion and who had completed the local authorities ‘train the trainer’ course. This meant that the service ensured that staff were well trained in this area.

The care manager we spoke with gave us really good examples of how the service worked closely with the local authority, police and other agencies to ensure people were protected and supported to remain safe where this was necessary.

The whistleblowing policy was up to date and contained clear guidance for staff about who they could contact if they had any concerns. All of the staff we spoke to told us they felt any concerns they raised would be listened to and acted on by the management team.

The service operated a robust recruitment and selection process. A thorough recruitment policy and procedure was in place. We looked at the recruitment records for three staff and saw that they had been recruited safely. Records included application forms (including employment histories and explanation of any gaps), interview records, references, proof of identity and evidence of a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals. This helps employers make safer recruiting decisions and minimises the risk people who are unsuitable working with children and adults who use this type of service. All care staff we spoke with confirmed that rigorous checks were carried out by the service and that they ‘shadowed’ experienced staff for several weeks before they started to work on their own. The registered manager explained to us they were keen to recruit, ‘the right people and we have high staff retention’ this information was confirmed in the PIR. This showed they operated a selective recruitment process, and were keen to employ a high calibre of caring and compassionate staff.

We reviewed the staff rota or bookings list referred to by the service for the last four weeks; there were enough staff available to meet people’s needs and there were gaps between care calls to allow care staff to travel to the next person’s home. People received support from a consistent team of staff. One person told us, “I get the same regular staff that visit me.” People also told us calls were never missed, and that if the member of care staff was running late they always got a phone call to let them know. One person told us, “They (staff) put themselves out in the recent weather (floods) we have had – by going a long way round to get to us.” The service had a 24 hour, seven days a week on call system. The member of staff on call had access to electronic records and the service used a call monitoring system (ICARE business manager data base). All

Is the service safe?

Care staff had access to this system on their smartphone which linked into the system. This enabled the service to record when the member of care staff arrived and left the person's home. This could also raise an alert to the office or on call person if the member of care staff had not arrived and therefore, prevented the risk of care calls being missed. One member of staff told us, "This system on our smartphones we have is very good."

We looked at the arrangements that were in place for risk assessment and safety. The service had in place policies and procedures relating to health and safety. These provided guidance to staff on how to work in ways that kept themselves and people using the service safe. Risk assessments had been completed in the care records we looked at and included environmental risks and any other risks relating to people's health and support needs. The risk assessments we read included information about action to be taken to minimise the chance of harm occurring. For example recorded in one person's care plan we saw that 'keeping them safe' meant that risks were identified and assessments described how to keep a person safe whilst assisting them to bathe. In another person's risk assessment we saw where staff had to access a key safe but clearly highlighted in their record for staff to follow was 'lock the door behind you so no one has access.' This meant that staff were made aware of their responsibilities when maintaining the health and safety of people they cared for. The service told us in their PIR that 'We expect and train our staff to be vigilant regarding the safety and welfare of service users.' We found this to be the case.

Staff we spoke with confirmed that they had access to supplies of protective clothing including gloves and aprons to reduce the risk of any spread of infection. One member of staff told us, "We have a store cupboard here at the office which has everything we need."

Accidents and incidents were recorded appropriately. We saw records of accidents that had been recorded. These were clearly logged and any actions taken were recorded which meant that the staff could easily identify trends.

People who used the service told us they felt well supported with their medicines. People we spoke with confirmed they received their medicines. One person said, "They (staff) pick up my medicines for me from the surgery." Another person told us "They (staff) help me with this and put my eye drops in for me and they (staff) are very good." The service completed a medication assistance screening tool to establish the support people needed with their medication. We also saw people had signed to agree to have support with managing their medications. We reviewed the medication administration records for four people who used the service. These were completed correctly and were audited by the service once they were returned from the person's home. The service had no medication errors in the last 12 months.

Staff told us they had received medicine training and this provided them with the skills and knowledge to support people with their medicines. One new member of staff told us that 'they had shadowed more experienced staff for several weeks whilst also completing all of their training which also included medicines.' The staff training records we looked at confirmed what we had been told. The service also had a medication champion in place to ensure good practice around medicines was promoted throughout the service. The service had a policy and procedure for the safe handling of medicines. People's risk assessments and care plans included information about the support they required with this. We saw where necessary information regarding any changes to medicines had been reviewed and records updated.

Is the service effective?

Our findings

People were confident in their care workers and said staff had the skills and knowledge to give them the care and support they needed. One person told us, “The service I receive from Continued Care is excellent.” Another person said, “They (staff) are brilliant. I totally receive a good service from them.” One person named three members of staff from Continued Care saying, “I think that they (staff) are all well trained and I think that is what makes the difference.”

We looked at the arrangements that were in place to ensure that staff had the training and skills they needed to care for people effectively. People who received a service told us that staff had completed appropriate training, which enabled them to understand people’s individual needs. People who used the service thought their staff were competent and knew people well. One person said “They (staff) are well trained as they always protect my dignity when they assist me with my shower.” Another person told us, “They (staff) are always prompt and staff absolutely respects my dignity.”

One new member of staff confirmed that ‘they had shadowed more experienced staff for several weeks whilst also completing all of their training. They said that they thought the induction training at the service was ‘very comprehensive.’ Another member of staff said, “The training here is wonderful the staff are very well trained.” All three members of staff told us that they had received training in first aid, moving and handling, safeguarding adults and various other training relevant to their job.

The service told us in the PIR they completed, ‘We recognise that our service users thrive on continuity of care delivered by people they know and trust. This is instrumental to providing our service users satisfaction and reputation.’ People we spoke with confirmed the service provided this.

Care staff we spoke with showed they understood the importance of a good diet and ensured people had enough to drink. One person told us, “They (staff) get my lunch and microwave it for me. I really appreciate everything they do for me.” We saw in the care plans we looked at that where people required assistance with their meals, this was recorded in the eating and drinking section of their care plan. Records showed clearly what meal the person

required help with, what the person enjoyed eating, what they could and could not eat any allergies a person may have and how staff supported people with their meals. This could be either by staff cooking or warming a meal. This meant that people were supported to eat and drink and maintain their well-being.

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.

The service was working within the principles of the MCA. The registered manager demonstrated a clear understanding about how they involved people in decision making and acting in their best interests. We were told that they visited people to discuss their requirements before any services was provided and a contract/consent form was signed after a trial period to ensure the person who used the service was happy with the support they received. In the PIR they told us, ‘We respect individuals expressed wishes to undertake some parts of their care independently and to promote their choice and control but offer the ‘right’ amount of support.’ It was confirmed by the registered manager at the time of inspection that the service had made one application to the Court of Protection.

The registered manager also told us that the service worked with a local charity ‘Pioneer Projects’ assisting in the running of a dementia day centre group one day a week in Settle.

People we spoke with who received a service told us that staff always obtained their consent when they assisted people with their care. One person told us, “They (staff) always ask me what I want and they (staff) always respect my dignity.”

We saw comments from the customer satisfaction surveys that people had written in response to the question asked by the organisation ‘where do we excel’ Responses we saw were positive such as, ‘Providing my personal care. Communication with GP/ District Nurses. Assisting with all my daily tasks.’ Another person had written ‘Happy with personal care and service. Happy with the cooking and medication.’

Is the service effective?

We looked at three staff files and could see records of supervision taking place on a regular basis. This also included spot checks that had been undertaken in people's homes to make sure they were happy with the care provided and to also monitor staff performance. We saw that these had been carried out by managers from the service. We also saw training records in staff files that they had completed. We saw a range of training had been completed by staff. Training covered areas such as diabetes, safe moving and handling, diet and nutrition, principles of risk assessments, MCA, medicine, equality and diversity and death and dying. This was just some of the training that had been undertaken by staff. The service had staff members who were a mental capacity train the trainer and a moving and handling train the trainer. The service used an external company to provide emergency first aid training.

Each member of staff had a 'supervision form/contract' which was signed by the supervisor and the member of staff, this set out the purpose and aim of supervision. Supervision is where staff meet with their line manager to discuss all areas of their work and any training they may

need. The supervision records we looked at showed a detailed record of discussions and set clear targets for the member of staff to work towards. The supervision form covered aspects of people's care such as hygiene, diet and nutrition, moving of clients and use of equipment. The form also covered any identified training staff either wished to complete or needed to do. Staff supervision was usually carried out every two months by the member of staff's line manager.

Each file also contained a 'personal development plan.' This was an annual appraisal and identified areas of good practice, any ongoing development needs and a performance rating. We saw feedback received from people who used the service contributed to the appraisal discussion and record. The service operated an internal excellence staff award scheme which recognised and rewarded/shared good practice. Care awards were given to staff by management and also included referrals by people who used the service. A newsletter was sent to all staff every other month and we saw these covered areas such as, practice, training and events.

Is the service caring?

Our findings

People we spoke with said that the staff were caring, friendly and treated people well. They also told us that the service was individual and tailored to meet people's needs. Comments made to us included: "I have a good rapport with them (staff)." Another said, "The girl that visits me is absolutely brilliant and wonderful. The staff at the office are always pleasant." One person told us, "Some of the care staff are excellent. One carer I have goes over and beyond. They are all friendly and we can have a laugh with them all. I can also trust all of them." One person described all of the staff as being, "Absolutely excellent and trustworthy" and another person said, "I have no problems with the staff at all they (staff) are all patient and kind."

We looked at the arrangements in place to ensure that people were involved in decisions about their day to day lives and encouraged to maintain independence. People who used the service and their relatives told us that staff worked in as empowering and enabling way as possible. Everyone we spoke with that they felt they had appropriate involvement in all aspects of the care processes. For example, one person said, "Yes, they always involve me in everything they do asking me what I want. They (staff) are always considerate."

The registered manager explained care staff were matched to people based on shared life experience or interests, and we were told care staff were always introduced to people before the service started. People we spoke with told us this was important to them, to know who would be coming into their home to deliver personal care.

Care plans we looked at had detailed assessments, risk assessments, protocols and plans in place. The records we looked were very detailed and confirmed that people were regularly involved in reviews of their needs and included a multi-disciplinary team of relevant professionals where necessary. The care records showed a variety of different care and support packages, which had been put in place to meet each individual's specific needs. There was a clear focus on empowerment and independence. For example, care plans contained programmes for empowerment and support, which included measurable goals and timescales, to help the person reach their own personal potential.

Staff told us, and we saw from the rotas, that people were offered excellent continuity of care, people had regular care staff who provided the majority of their care. One person who used the service told us, "I get the same regular member of staff. (Name) is a very nice girl she is absolutely wonderful." Another person said, "I get the same carers. One carer I have goes over and beyond." This meant people who used the service had the opportunity to get to know the care staff who supported them, and care staff could become familiar with people's choices and preferences about their care. This was especially important for people living with dementia.

We saw from the recent survey that people had made positive comments about the service when they were asked 'where do we excel.' Several positive comments were seen such as: 'Continuity of care – regular staff makes a big difference to both (name) and myself' 'Quality of staff' and 'Providing good staff with care and professionalism.'

Care staff knew people very well and spoke passionately about wanting to provide good care for them. All of the care staff we spoke with confirmed that they would be happy for the service to look after one of their relatives. One member of care staff said, "People get a good service. We get enough information before starting to go in and support them." Another member of staff told us, "I love this job and making a difference to someone's life. I do think that we (staff) are all reliable and conscientious to do a good job and go that extra mile."

The service had implemented champions in specific areas. For example one champion whose role was to ensure staff treated every person with dignity. The champion role was to provide training and support to staff in their subject of expertise. We were told by everyone we spoke with that people were treated with great respect and regard to their dignity.

We also noted that the organisations logo on all correspondence stated, 'Caring for the people you care about.'



Is the service responsive?

Our findings

We looked at the arrangements in place to ensure that people received personalised care that was responsive to their needs. People we spoke with all told us that they were involved in planning and reviewing their care. People told us that the service involved them in every step of their care. Comments made to us included: "Yes they (staff) always involve me in everything they do. They always ask me what I want."

We saw in people's care plans that assessments had been carried out by the service before any services commenced. The care records we looked at showed a variety of different care and support packages, which had been put in place to meet each individual's specific needs.

We saw in the assessments that people requiring a service, their relatives or health/social care professionals had been involved where necessary, to ensure the service could meet people's needs. People we spoke with confirmed that assessments had been carried out before they received any services from the provider and that they had been involved. The PIR told us, 'We review and update service users individual plans/outcomes and risk assessments adjusting them accordingly to ensure delivery remains appropriate. We monitor the quality of care at formal reviews and through feedback informally from service users.' We saw this in the care plans we looked at during our visit.

We saw evidence in the care plans and records we looked at where staff from the service had gone that extra mile. We saw in two cases where members of staff had assisted a person to research their family history. One member of staff obtained a copy of a newspaper article detailing when a person had moved to their village. The person remembered the article years ago, but had never kept a copy, this brought back happy memories of their move with their family and became a focus of conversation. Another member of staff assisted a person to research their family history and different topics on the internet. The member of staff returned the following week with a print out and a cream cake. They discussed the findings which the person found very interesting and thoughtful.

In one person's case we found exceptional care had been provided with staff from the service being pro-active in their support. The person had been discharged home after a very long stay in hospital after rehabilitation and a care

home and had not been outside since their accident. The staff from the service gave the person lots of encouragement and support and tried to get them to go outside their home and have as normal a life as possible. The staff waited for a sunny day and with lots of persuasion and support the person agreed they would like to be taken outside. Staff asked the person who they wanted to take them out and this was arranged. Two care staff pushed the person's wheelchair three miles each way in their own time to get them to where they wanted to go. They requested to visit the services office and were introduced to all the staff. The person said they had enjoyed it so much they would ask to be taken out again. Since this the staff had supported the person to get an electric wheelchair so they were able to get out themselves with minimal support. With the staff's positive attitude and commitment the person had become more comfortable and confident and had made huge steps forward in regaining their confidence and independence when accessing their local community. This had resulted in the person becoming less socially isolated.

We saw further evidence in records we looked at where care from staff was exceptional and where they had gone that extra mile. For example, one person could not remember the times of staff visits to them. The staff purchased them a white board to write the times and name of the staff visiting them each call. The family purchased a talking clock so the person could press this and it would tell them the time. It was placed under the white board so they could look at the time written down. The staff on all their calls talked to the person through what to do and over a period of time they became less nervous and relaxed about the visits from staff. Another example we saw was: One person used to be a car mechanic and missed contact they had with cars as they had worked on the old Mini. A member of staff who had a 1960 Mini took the person for a drive. The person asked lots of questions and looked at the engine, which seemed to ignite an excitement that had not been seen before by staff from the service. This meant that staff had the compassion and understanding of people's overall needs, to ensure they received a high quality care service.

We saw that the service had a 'service user portal.' This could be accessed remotely from people's own home or their relatives home. This allowed people to access and view the care schedules and see who was attending the visit and to book and amend visits and send messages



Is the service responsive?

directly to the rota coordinators. Although this had been declined to be used by people in Settle. We were also informed that the service was 'exploring different ways' to increase communications with people who use the service.

We saw a copy of the Christmas Newsletter which had been sent out to people who received a service. We saw that the Christmas rota had been attached so people knew which staff would be visiting them over the festive season. We also saw that a Christmas Party (lunch) had been arranged for people who used the service at both the Harrogate and Settle branches. We were informed by the registered manager that this event was not well attended by people who used the Settle branch. People were also invited to have a coffee and mince pie at this service but people declined the offer.

We saw that the service had a policy setting out how complaints could be made and how they would be dealt with. A handbook was provided to people who received a service which contained information on how to make a complaint. Everyone we spoke with knew how to complain and indicated that they would feel able to raise concerns if necessary. Nobody had made a complaint and everyone spoke positively about the quality and management of the service.

People told us they knew who to speak with if they had any concerns or a complaint. Comments included: "I would speak with the office if I had a complaint, Another person said, "I have no complaints what so ever about the care." One person said "I would speak with the manager if I had a complaint she is approachable. I don't find anything wrong with the care at all. I cannot grumble or fault them at all."

The PIR told us, 'We actively listen and respond to service user complaints, compliments, safeguarding issues and staff in a timely manner and in line with our policies and procedures.

There was a record of complaints and compliments, which we viewed during our inspection. There had been one complaint since the last inspection, which related to parking. The record evidenced that the service had

responded thoroughly back to the complainant. This matter did not relate to the service as they had no clients on the street and the complainant had the wrong homecare agency. There were many compliments and letters of thanks also on record, showing good feedback about the service. We saw people had written to the service and made comments such as: 'Please will you thank all the loving caring people who we both became fond of due to their varied skills and care for (name) these last weeks. It made a rotten time bearable and I will never forget any of them' and 'To all at Continued Care who looked after my mum (name) a very big thank you from me for your ever cheerful and caring attitude,' and 'We want to thank all the staff personally for genuinely caring about our mum and to a high standard carrying out their duties and possessing the qualities of kindness, thoughtfulness in all they did for mum. Respecting her dignity and privacy and showing genuine love. Thank you all for making mums end of life journey more bearable in so many ways, that we were so appreciative of. You should all feel proud of yourselves for your commitment and dedication to all your support and care in this community area you work in. There would be no Continued Care without you all.'

We saw from the recent survey that people had made comments about the service when they were asked 'where do we excel' Several positive comments were seen such as: 'You have a team with varying personalities who communicate with managers and each other in the interest of the customers' and 'You have such kind and friendly staff, it's always a pleasure to welcome them into my home' and 'Friendly, competent, punctual, efficient and caring staff.'

People were also asked 'Where do you feel we need to improve' Several comments were made regarding 'more accurate timings of the calls.' The ICARE business manager data base used by the service had been introduced to monitor and improve visit times and prevent the risk of calls being missed. This showed that the service was keen to learn and improve from feedback from people who used Continued Care.

Is the service well-led?

Our findings

Everyone we spoke with agreed and told us that they received an 'excellent service.' For example, one person said, "I am 100% satisfied. I get the same regular staff and I would recommend them to anyone." One person told us, "The service is excellent," and another person said, "Yes I would recommend them and I have done so to friends and neighbours. I gave them top marks in the survey they recently sent to me." Another person said, "Overall, I am really satisfied with the service." Another person said, "I totally receive a good service. I would recommend them to anyone. I received a survey a few months ago. I am very happy and we have a professional rapport. I have no complaints and if I did I would speak with the office."

Staff spoke highly about the service. One member of staff told us, "It is almost like a family. All of the staff get on well. The company looks after us as well as the clients. We have been awarded the Investors in People – Gold for care. We have a good reputation and we all try hard to maintain this."

The organisation belonged to the Independent Care Group (ICG). This is an association which shares good practice and helps to highlight areas of concern and raises social care profiles both locally and nationally. The registered manager who is a registered nurse and registered with the National Midwifery Council (NMC) has worked for the organisation since 2003 and had been in their current role since 2012, is also director of the ICG and was very well qualified and experienced. They were passionate about the service they provided and clearly communicated the services ethos of providing bespoke, person centred services that focused on the person. 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, "We try to do the best for our clients, and I think we do a good job." A strong management structure was in place to support the registered manager, including an experienced business manager. The registered manager was also a care ambassador for Skills for Care, which promotes practice and training within the health and social care sector by

attending and facilitating local events. The service had two staff who held the NVQ Level 4 Registered Managers Award, the care manager had a Level three Institute of Management and Leadership qualification.

The service sent out newsletters quarterly to people who used the service. We saw a copy of the last newsletter sent out to people, which covered areas such as the outcome to the service user questionnaire that had been sent out to them in August 2015. The newsletter informed people about staff achievements. We found the service to be continually striving and looking towards how they could improve. For example they were planning to introduce 'You said, We did' section in the newsletter sent to people. The service hoped to do this in the December 2015 edition. This meant that people who received a service and their relatives were kept regularly informed by the organisation.

People were sent customer satisfaction surveys every six months. Most people we spoke with confirmed that they had completed the surveys and returned them, some people could not remember. We saw and received a copy of some of the responses from the last questionnaires the service had sent to people. People made positive comments about the service such as, 'Very compassionate and professional' 'Continuity of care' 'Ringing up and informing us if you're going to be late arriving' 'The children love her (staff)' 'Quality of staff' 'I have found the care for myself and (name) excellent, it takes a certain type of person to do this job, you have chosen well.' These were just some of the comments made. People were sent a copy of a bi-annual survey results and the service response from previous surveys in order to improve the service. This showed that the service listened to what people who used the service told them and took action wherever possible.

The service arranged 'service user forums' to people who received a service from both the Harrogate and Settle branches. These meetings took place usually three times a year and gave people who used this service the opportunity to meet with other people who also receive a service from Continued Care and discuss if improvements could be made.

The service had set up a 'service user portal.' This meant that people who had and used a computer had easier and effective access to communicate with the service directly if they wished to do so.

Is the service well-led?

We found there was a strong emphasis on continually striving 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, the service holds Investors in People - Gold. This was awarded in 2014 by the Investors in People who are an independent impartial organisation that supports worldwide business improvements through the development of people and have an award scheme which promotes the best workplaces. We were given a copy of their report for Continued Care which stated 'Investors in Gold recognition is only awarded to organisations who have demonstrated the achievement of world class best practice.' The award is then reviewed after 18 months with a re inspection in 2017.

The service also holds ISO 9001-2008 accredited organisation, which is recognition in good practice that the service held. The ISO 9001-2008 is a quality management system that is focused on meeting customer expectations and delivering customer satisfaction. The service was audited and re-credited in June 2015 and continued to meet the set criteria. This was completed by external auditors who verified and benchmarked practice.

Staff received regular support and advice from their line manager via phone calls, texts and face to face meetings. Staff felt that managers were available if they had any concerns. One member of staff said, "I enjoy the work. Absolutely brilliant company to work for. They (managers) are really good and any issues are always addressed." Another member of staff told us, "We get plenty of support from our managers." Staff told us that managers were approachable and kept them informed of any changes to the service provided or the needs of the people they were supporting. Staff told us that they would feel confident reporting any concerns or poor practice to the managers and felt that their views were taken into account.

Staff attended staff meetings, team meetings and management meetings were also held regularly. Staff told us they felt these were useful meetings to share practice and meet with other staff. Records showed that staff team meetings had been held, which gave opportunities for staff to contribute to the running of the service. We saw the minutes from these meetings and saw that they had been held regularly. Staff were also sent a quarterly staff

newsletter to keep them up to date with what was happening within the organisation. We saw that staff were also surveyed for their views about the service. The staff surveys had last been sent out in October 2015. We saw the analyses carried out by the service which showed positive responses from staff. Yearly staff surveys were reviewed by external consultants. The organisation operated a 'staff awards ceremony' for dedicated staff and for those who had completed long term service.

The service had introduced and had implemented the role of staff champions in areas such as dementia, medicines, safeguarding people, dignity and respect and disabilities in all of their care teams working for the organisation. The aim of the champions was to act as 'Service user's colleagues who are empowered to improve the service in their specialist area.' Champions attended staff meetings and were responsible for promoting their specialism in training sessions and were significant contacts in dealing with issues that arise in their specialist area.' The service was also considering consulting with people who used the service, around taking up a champion role, with the intention they could discuss their experience in the service user forums.

The registered manager was also able to show us the quality checks and monitoring that they undertook. For example, monthly audits of personnel files and client files to ensure that records were up to date and included all of the required information. The service operated a traffic light system on client files which identified the most vulnerable people in the event of a crisis. Records showed that this process was thorough and included cross referencing different records to ensure procedures had been followed. For example, checking care recording and accident records to ensure any incidents had been recorded, reported and actioned appropriately. There were also audits for areas such as medicines, which included spot checks and competency checks were carried out to ensure that staff were working within good practice guidelines. This demonstrated the commitment of this service to improving and developing the service.

The service had a business plan in place which was reviewed every six months to ensure the provider was meeting the organisations targets, staff training and moving forward in the planning and setting of new targets in providing a high quality service.

Is the service well-led?

The registered manager submitted timely notifications to both CQC and other agencies. This helped to ensure that important information was shared as required. Although very few accidents and incidents occurred all were recorded and these were reviewed each month. This helped to minimise re-occurrence.

Overall we found the registered manager had proved to have substantial strengths and had a sustained track record of delivering high standards of performance and managing improvements. They embodied the core values of the service. For example, they had a high commitment for promoting independence and embracing innovative approaches to practice within the service.