

Mrs Miranda Kate Cobbe

Home Sweet Home Reablement Services

Inspection report

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Leigh on Sea
Essex
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Tel: 07531652250

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18 April 2019

25 April 2019

26 April 2019

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service:

Home Sweet Home Reablement is a domiciliary care agency providing care and support to people within their own homes in the seaside town of Leigh on Sea. At the time of the inspection the service was providing support to 22 older people, only seven of those were receiving support with personal care. As the Care Quality Commission (CQC) does not regulate domestic support, this inspection related only to people receiving the regulated activity of personal care. The aim of the service was to enable people to remain living in their own homes for as long as possible and to access the local community.

People's experience of using this service:

The manager and staff told us how important the services' shared values were to them, and how they were passionate about providing outstanding person-centred care to people when they needed it to enable them to remain living in their own homes.

People being supported, and their relatives told us they thought the staff were highly compassionate, caring, flexible and never missed a call. The manager told us they always ensured there was enough time between care calls, so staff could spend quality time with people and were never rushed.

Staff at the service were highly skilled in recognising and acting upon risks to people. People felt safe and the staff who provided their support made them feel secure. Robust safeguarding policies and procedures were in place to ensure people were safe and staff remained skilled.

Staff encouraged people to have an active role in their care. They were supported to complete aspects of their care that were within their abilities. They empowered people to gain their independence and supported them to improve and enjoy their lives.

'The Club' was created by the manager so people could maintain their social skills and avoid social isolation after personal care services were no longer required due to successful rehabilitation. 'The Club' was available twice a week to people and transport provided to and from their homes to attend meaningful activities.

People's care and support was thoroughly assessed, and the provision of basic equipment was available by the manager to ensure people's rehabilitation within their own homes could start without delay. Several relatives told us how their loved ones were successfully rehabilitated and was able to remain living at home.

People's needs and wishes were met by staff who had outstanding skills. Many of the people using the service lived with dementia. The manager had learnt from personal experience how to support people, relative's and staff impacted by dementia. We were told of many examples of staff going 'above and beyond' to help and support people they cared for. For example, one relative told us how impressed they were with the patience and understanding shown by staff and the manager despite several challenging

situations caused by dementia.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were recruited wisely and had real empathy for the people they cared for. Relatives constantly told us staff went 'the extra mile'. People told us they felt engaged with the service and knew how to complain if they needed to. However, no complaints had been received since we last inspected the service.

People, relative's and staff praised the manager and told us they were open, honest, approachable, kind and caring. Staff had bought into their leader's vision and were supporting excellent provision of care. Audits completed by the manager ensured that all aspects of care were in line with best practice and safe. The provider sought feedback from people and relatives receiving a service using an annual quality assurance survey.

The service was an important part of its community and had developed links to reflect the needs of people. It worked with charities, health and social care professionals and engaged in collaborative research with an aim to develop improved outcomes and experiences for people.

Overall rating at last inspection:
Good (report published 11 October 2016).

Why we inspected:
This was a scheduled inspection based on the previous rating.

Follow up:
We will continue to monitor information that we receive about the service and will return to inspect as per our re-inspection programme or sooner if we have concerns about the service.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Outstanding 

The service improved to Outstanding

Details are in our Safe findings below.

Is the service effective?

Good 

The service remained Good

Details are in our Effective findings below.

Is the service caring?

Outstanding 

The service improved to Outstanding

Details are in our Caring findings below.

Is the service responsive?

Good 

The service remained Good

Details are in our Responsive findings below.

Is the service well-led?

Good 

The service remained Good

Details are in our Well-Led findings below.

Home Sweet Home Reablement Services

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing. It provides a service to older adults.

Not everyone using Home Sweet Home Reablement receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

As the service provider is an individual registered with the Care Quality Commission, who takes on the role of manager in charge of how the regulated activity is provided day-to-day, they do not need to register as manager. The service provider is legally responsible for how the service is run and for the quality and safety of the care provided. The service provider will be referred to as "the manager" throughout this report.

Notice of inspection:

We gave the service 72 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 18 April 2019 and ended on 26 April 2019. We visited the office location on 18 April 2019 to see the manager; and to review care records and policies and procedures. On 25 April 2019 we made phone calls to people and their relatives being supported in their own homes. On 26 April 2019 we contacted staff and professionals to discuss the service.

What we did:

Before we inspected we reviewed the information we already held about the service. We reviewed the provider information return, (PIR). The PIR is submitted by the provider annually and contains evidence about how the service is performing and developments they intend to make. The PIR helps us to plan our inspection.

We reviewed notifications sent to us by the provider. Notifications are reports about specific events that the provider must tell us about by law.

During the inspection we looked at two staff records, three people's care records, we saw policies and procedures, records of accidents and incidents, compliments and complaints. We looked at quality assurance reports and audits of the service.

We spoke with the provider, three people who used the service and six of their relatives. We also gained feedback from two staff members and four professionals that support the service regularly.

Is the service safe?

Our findings

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

Outstanding: People were involved in developing a comprehensive and innovative approach to safeguarding, including positive risk-taking to maximise their control over their lives.

Systems and processes to safeguard people from the risk of abuse

- Trust was a distinguishing quality at the heart of the service to keep people safe. Relationships between people, relatives and staff had been built upon this trust.
- The service supported people to; maintain a positive wellbeing, remain at home safely and healthily. One relative told us, "They [staff] are making it possible for [relative's name] to live in their own home happily at nearly 100 years old. I'm so grateful and have nothing but praise for them."
- Everybody told us this was an exceptionally safe service. One relative told us, "My family and I are able to go on holiday without worrying, we know that [manager's name] keeps [person's name] safe all the time."
- Staff were highly skilled at recognising when people were at risk. A relative told us how one member of staff had acted immediately to protect their relative from abuse and challenged unjust age discrimination from a dishonest person. Plans were put in place to help the person understand how to keep safe and feel empowered.
- Staff had time to get to know people gradually and were skilled at understanding if people felt unsafe. Staff had collaborated and acted in situations when there were changes in people's behaviour or circumstances to protect them from abuse. This included exploring situations further with people to make sure they were not taken advantage of physically or emotionally.
- The manager had systems and processes in place to safeguard people from risk of abuse. One relative told us, "I'd have no problem reporting anything to [manager's name], I know she'd act on anything I told her immediately." A staff member told us, "We have a duty of care to report anything we find concerning."
- The manager of the service placed the safety and care of people first constantly reassessing people's needs. One relative explained how their relative had deteriorated beyond the services of Home Sweet Home Reablement and the manager had assisted in finding appropriate residential care for their loved one. The manager told us, "When people ask what I can do for them, I say that I will do everything in my power to help you stay at home, but if it becomes unsafe for someone or my staff, we have to find alternative plans."

Assessing risk, safety monitoring and management

- People were encouraged to engage in improving their own safety. Staff recognised that one person wasn't familiar with using their emergency call pendant. As a result, staff arranged to help people retain knowledge every two weeks of how to use their pendants, keeping themselves safe.
- As an Occupational Therapist (registered with the Health and Care Professions Council) the manager's knowledge allowed for thorough immediate assessments and continual monitoring of potential hazards in people's everyday living, mitigating against risks. For example; if someone was at risk of falls, the manager was able to competently assess the person and their environment, providing aids quickly if required to reduce risk to the person and rehabilitate them to help them live a full life.

- Assessments were in place to identify risks from people's needs, their home environment, and healthcare conditions. The manager risk assessed people's homes and during service initiation liaised with Essex County Fire and Rescue Service to ensure carbon monoxide and fire alarm devices were in place in people's homes.
- People's needs were continually reviewed, and changes reported to the manager and circulated to staff via technology, so any new care instructions were immediately available. One staff member told us, "I can call [manager's name] for advice or clarification at any time."
- The manager proactively considered service breakdown. The service they provided to people was within a strict geographical area so as staff could visit people on foot despite severe weather conditions. People told us staff had not missed any visits through snow and extreme winds.

Staffing and recruitment

- The manager believed in the importance of making sure people were matched with staff who had the same values and interests. One relative told us, "We met with the people that would be caring for [person's name] before the service started to make sure it felt right for everyone."
- The staff recognised the service as an "excellent place to work" and as such the manager told us they had never had to advertise to recruit staff as they had always been approached by people who wanted to join the workforce. The manager invested time in making sure that they employed people who shared the same visions and values of the service and knew how to keep people safe.
- The manager did not use any agency staff as they felt it was important for people to have consistency in their relationships with staff. They told us, "I employ people with life experience, so they have empathy and I know they care for people like they would care for their own family." A relative told us, "It's always the same girls [care workers] visiting, and they've built up a great relationship with [relative's name], it gives me peace of mind."
- Accountability and job satisfaction were also important factors the manager considered for staff. One staff member told us, "I really enjoy supporting people, but I need to make sure I do enough, so I can be sure that each individual is safe, but, it's so important not to restrict people just because there are risks around them."

Using medicines safely

- The service continually assessed the support people required with their medicines.
- Independence was promoted, and staff recognised people's ability to manage their own medicines working closely with people to ensure they remained safe when storing and taking their medicines.
- Medicines support was documented by staff and monitored by the manager as per National Institute for Health and Care Excellence (NICE) guidelines.
- Relatives consistently told us that staff went 'above and beyond'. One relative told us how staff had picked up medications from the pharmacy when they had been unable to do so, which ensured the person didn't miss their medications.

Preventing and controlling infection

- People and relatives were confident that staff had the knowledge and skills to manage risks relating to infection and hygiene.
- Staff made sure that people followed good hygiene practices when encouraging them to be as independent and aware as possible. One staff member said, "It's important not to cross contaminate, we help people stay safe in their kitchen."

Learning lessons when things go wrong

- The manager had an accident and incident log in place which enabled analysis of any occurring trends.
- The manager was actively involved in the development of an emergency system to enable people to call for assistance and alert relevant parties in an emergency. The manager explained that in their years of experience it was an all too common problem that people did not have adequate facilities to call for help in an emergency with deleterious effects to the persons health.
- The manager embraced an opportunity to collaborate with professionals to develop an advanced system, attempting to address issues of why current products were failing to help people in an emergency. Staff and people were also offered to participate in the development of this product which aims to improve people's safety at home.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- We saw the service raised concerns about people's wellbeing to community services such as the dementia teams or the person's GP, and supported people to attend hospital or other medical appointments if needed. One relative told us, "They are of five-star quality, I am going on holiday and [relative's name] has a blood test to attend. I know I can trust [Manager's name] to take [relative's name] to the appointment."
- Links to health and social care are excellent and staff acted as advocates where appropriate. One relative told us, "It's so traumatic as a relative dealing with health professionals. [Manager's name] is so reassuring in such stressful times and because of their knowledge knows exactly what [person's name] needs. [Manager's name] managed to put everything in place so that [person's name] could be cared for at home rather than deteriorate in hospital."
- Professionals we spoke with regarded the service highly. One professional told us, "I have always been impressed with their service and knowledge and general ability to care for their clients." Another said, "I have always found them to be fully professional and very responsive. As soon as I make a referral they contact people almost immediately and always feedback."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Ensuring consent to care and treatment in line with law and guidance.

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- Before providing care and support staff asked for consent from people and recognised the importance of people making choices and remaining in control of their lives. One staff member told us, "People are choosing to live in their own homes and invite us in to support them. It's our job to support their independence and choices about how they want to live." Care records reflected that consideration had been given to decision making and capacity.
- People were supported to receive information effectively and reported that they felt communication with staff was good. The manager told us, "I make sure people have all the information they need to make decisions by adapting what we do, to help them. I went to shop and bought one person a magnifying glass, so they could read the paperwork properly. It's a little thing but it's those things that help people make choices in everyday life."

Staff support: induction, training, skills and experience

- Staff completed a comprehensive induction and mandatory training when first employed by the manager. New staff completed shadowing shifts with established care staff. One staff member said, "I feel privileged to work alongside my colleagues, they are teaching me so well. I'm also enrolled on the Care Certificate which I'm excited about."
- Staff were supported to maintain their professional registrations. One staff member who was also a registered Occupational Therapist told us, "Working at Home Sweet Home Reablement really lets me apply my knowledge as an OT...because we work with people over a long period of time and can see them every day, we can work in a holistic approach, and I can help people physically and mentally improve at home."
- Staff were provided with training dependant on the needs of the people. The manager told us how they provided staff with relevant training before they commenced someone's care package i.e. oxygen therapy, stoma care and nutrition and hydration.

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

- People were supported with their nutritional needs such as shopping and cooking when required. Staff worked closely with a dietician and transported one person to hospital regularly to be monitored closely. The manager explained that support with diet was more than providing food as one person's nutrition suffered due to the loss of their partner and it had been effective for staff to sit with the person whilst they ate, in the same way their partner used to do.
- People were encouraged to participate in their food preparation to maintain independence. One staff member told us how people were supported to be involved regardless of their abilities. For example; one person was unable to use fine motor skills due to health issues so read out the recipes until they improved and were supported to get involved chopping food.
- Structure was provided to people's day which improved their diets. One relative told us, "Regular, timely visits by the same staff have helped [relative's name] know what meal time it is because there's less confusion about what time of day it is, so their diet has improved a lot."
- Staff were aware of people's individual preferences. One person told us, "they [staff] know exactly what I like."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Outstanding: □ People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- A strong, visible person-centred culture had been created. The manager built and supported open and honest relationships between staff, people and their families.
- Staff were motivated to provide outstanding care. One person told us, "I couldn't do without them, they never rush away, they've made my life so much easier. I can live my life in my own home." A relative said, "I might put a wash on in the morning and later on I'll visit again and they [staff] would've been round and hung the washing out. Those things honestly make my life easier." A staff member told us, "We don't do things in a tick box way. We all want to provide everyone with the same care we'd be happy our own parents receiving."
- People reported that staff bar none were exceptionally compassionate, kind and exceeded expectations. A relative told us, "[Person's name] had a fall at 23:00 one evening, I wasn't able to get there. I didn't know what to do, so, I called [staff member's name] directly and she immediately went to the house and sat with [person's name] until 2am when the ambulance came. They [staff] are so incredibly helpful." Another relative said, "[Manager's name] tells me how fond she is of my mum and I genuinely believe she cares for her. They are first class service and I can't thank them enough."
- Staff demonstrated a real empathy for the people they cared for. One relative told us how staff transported a person to their church every Sunday and the person walked home. There had been particularly dangerous winds one day and the staff member had attempted to contact family to raise concerns but were unable to get through. The staff member returned to the church, out of hours to pick the person up at the end of the service and returned them safely home.
- Equality and diversity were respected. The manager told us, "Everyone is different, and everyone needs to be treated respectfully, regardless of their gender, abilities, sexuality, religion, beliefs or whatever. We encourage people's relationships whatever their preferences."
- There were creative ways of reflecting people's histories and cultural backgrounds. Two members of staff gave us examples of how they engaged with people's interests; "I researched [person's name] history in the war and printed lots off about the regiment they were in so I could speak with them more about it" and "I found a map of the country [person's name] was born and made it into a puzzle for them, I've also printed off lovely poems for [another person's name] and we enjoy reading them together."

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

- People and relatives told us they felt respected, listened to and influential in their own care. One person told us, "Oh yes, they respect me and my home when they're here." Another person fondly spoke of the manager and said, "[Manager's name] stays in touch with me and I can call on her if I need anything. She'll also give you a hug if you need one." A relative told us, "Yes I think [person's name] is treated in a dignified

way, they are a retired health professional and their opinions are treated by staff so respectfully. Even though [person's name] disagrees with the advice given in their best interests [person's name] feels they are being treated as a respected professional."

- Staff used innovative ways to help communicate with people about the care they wanted. One person told us how the staff had installed a white board to remind them what they were doing each day of the week. The staff member confirmed that was the case as the person's memory had deteriorated and it helped reduce anxiety of what was coming.
- Staff were particularly skilled in emotive situations, exploring and resolving conflicts and tensions. One relative told us how the manager and staff had supported a strained relationship, "They [staff] were so discrete and helpful to address any issues between them [relatives]. It was so thoughtful and sensitive how they [staff] put [relative's names] first rather than business first."
- The manager told us how transparent relationships had often been built from emotive situations and they invited people to express their views and emotions whilst maintaining professional boundaries. One relative told us, "There have been times due to dementia that truths can be conflicting, but [manager's name] and their staff always show complete understanding and patience." Another relative told us, "Dementia is hard to deal with, physical contact is so important [manager's name] will give a hug when I or [person's name] needs it."

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to respect people's privacy and dignity to promote independence. One staff member told us, "People's privacy and dignity is so important, apart from the obvious respecting people's privacy during personal care, people's care details are always kept private and personal too. When I assist someone with eating, I do it respectfully, don't ever assume anything; people's choice should be respected so they keep their independence."
- People were supported emotionally with respect and compassion when distressed. A relative told us how their loved one had become unsettled due to an emotional incident. When the staff member arrived, instead of carrying out 'expected duties' they suggested to the person to accompany them on a walk to get some fresh air. The relative was very impressed with the staff member's sensitivity and told us they felt assured that their loved one was being cared for like family.
- Respect and dignity was at the heart of the service's culture. A relative told us, "I'm so delighted with the service I couldn't rank them higher."

Is the service responsive?

Our findings

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

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

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

- People were part of the service. One relative described staff as an extension of their family. The manager described the service in the same way when talking about staff and people using the service.
- The service enabled people to carry out meaningful activities. The manager had recognised the fact that when their services were no longer needed for personal care due to successful rehabilitation and full independence, people were at risk of social isolation. The manager organised 'The Club' for people to attend if they wished.
- The obstacle of access to activities was removed by arranging a mini bus to collect people from their homes twice a week to attend 'The Club'. One relative said, "Going to 'The Club' makes [person's name] feel like she's going out on a day trip." Another person said, "All the staff are lovely, but [staff member's name] took [person's name] to the cafe in the airport, using their initiative like that made [person's name] feel like they'd been on holiday."
- The manager was able to apply professional knowledge and experience which provided a service to assess needs and provide basic items of equipment for short or long term. One relative said, "I didn't know where to turn but [manager's name] arranged frames and raised toilet seats for [person's name] to remain more independent."
- The manager told us how they had advocated the choices of one person who had suffered serious injury after a fall. They were successfully rehabilitated in their own home as [manager's name] provided appropriate equipment and staff supported regularly with physiotherapy exercises. The person now walks unaided. The relative of the person said "[Manager's name] is so reliable, when [person's name] broke their hip [manager's name] told me in such a calm way and then she helped me speak with the doctors and provided equipment. Now [person's name] is still living at home with their continued support. They [staff] are always at the end of the phone if you need them."
- Effective systems were in place which gave people and their relatives regular opportunities to give feedback on their experience of care and support.
- People and relatives consistently reported that their care was reviewed regularly as communication with the manager and staff was so frequent. One relative said, "[Person's name] condition changes so frequently that we regularly discuss their needs and what support is required or no longer needed."

Improving care quality in response to complaints or concerns

- Although no complaints had been raised by anyone we spoke with; people and relative's felt confident that if they raised a concern it would be dealt with quickly. One relative told us, "I called [manager's name] about a small error, not a complaint, and it was dealt with immediately. [Manager's name] was really grateful that I contacted her." Another person said, "No way, definitely no complaints only praise." The manager told us how they would welcome any concerns and complaints in order to drive improvements to the service.

End of life care and support

- We found people's care records contained preferred priorities of care (PPC) information which detailed people's plans and wishes for their future end of life care. This showed that the manager was being proactive in ensuring that appropriate arrangements were in place should they be required.
- The manager confirmed that they were not supporting anyone on end of life care at the time of the inspection but that they had clear guidance in place to support people in a person-centred way and would link with professionals to provide people with a dignified death.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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

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

- The manager had a clear, positive and open culture that had been adopted by staff. Everyone we spoke with told us how 'passionate' they were about providing a high quality and personalised service to people.
- One staff member explained how the ethos of the service was to try to enable and re-enable people to stay in their own homes – give them independence and respect their choices by delivering person-centred care."
- People were very much at the heart of the service. People, relatives and staff told us they had been recommended the service and would very much recommend the service to others needing care.
- Staff regularly told us how positive and supported they felt working for Home Sweet Home Reablement. One staff member said, "I genuinely love my job and enjoy talking to people. It's so important to make people feel worthwhile and all it takes is kindness and listening to their choices."
- The manager was very visible and consistently available 24/7 for staff and people. One relative said, "When I go on holiday I can ring [manager's name] as often as I need to and I know she won't mind." One staff member said, "[Manager's name] is so supportive I can call her whenever I need to." We saw that the manager responded to staff and people immediately.
- The manager was clear about the role of the Duty of Candour in improving the sharing of information and development of high-quality services.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

- The manager had excellent leadership skills and a constant oversight of all activity within the service. However, the manager had realised that they were solely pivotal to the running of the service, which brought its own limitations. Consideration was being given to further leadership skills of others to support the service moving forward, thereby providing an appropriate contingency plan.
- The organisation strongly believed in supporting staff to develop and invested time in their skills. One staff member said, "We learn continuously through regular supervisions, group discussions, observing others practice and direct learning from [manager's name]. We recently had a team meeting learning about COPD."
- The manager collaborated with another local provider to ensure staff were updated with best practice knowledge, to provide quality care.
- Management systems were in place to monitor the quality of the care and support provided to people. For example; spot checks of staff practice were carried out at regular intervals.
- The service was transparent and collaborated well with other professionals. A professional told us, "They

[staff] have an ability to bring the best out in the clients they support in a very gentle and kind and supportive way. I have no problem with referring clients into the service and know that they are getting excellent care."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- All staff understood the fundamental need to provide a quality service. One staff member said, "As a team we all work together so well. We're all different so can all bring different ideas when we need to discuss how to support someone. We're a great team and listen to each other. The initial assessment with people and their relatives is thorough, we are able to provide top quality care."
- The manager consistently engaged with people who used the service and staff, to develop services that reflected the needs and preferences of people living in the community. The manager had set up a community group 'The Club' so that people could engage with each other and gain confidence to maintain their social skills if they so wished.
- We saw staff meeting minutes that detailed discussions had taken place regarding the need to regularly help people with understanding how to use their Careline pendants. This ensured people were being engaged regarding their own safety.
- The manager told us that their aim was to support both the person and their family to ensure they felt comfortable using the service. The manager and relatives informed us that although they didn't hold regular formal meetings with people using the service, they had constant opportunity to provide feedback as regular communication took place. Formal meetings would take place if required. One relative said, "[Manager's name] is always available." The manager told us, "I know all the people we care for. I genuinely want to care for people and their relatives how they deserve to be cared for and help them to live as long as possible in their own home sweet home."