Home Care Harborough Limited

Mill Farm

Inspection report

Tur Langton Road
Stonton Wyville
Market Harborough
Leicestershire
LE16 7UQ

Tel: 01858540317
Website: www.homeinstead.co.uk

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 28 June and 8 July 2016 and was announced. We gave the provider 48 hours' notice because the service is a small home care agency and the registered manager is often out of the office supporting staff or providing care. We needed to be sure they would be in.

Mill Farm provides personal care to people with physical disabilities, dementia, mental health problems and learning disabilities who live in their own homes in order for them to maintain their independence. At the time of our inspection the provider confirmed they were providing personal care to 50 people. Mill Farm is part of the Home Instead franchise which is a nationwide organisation.

This service was last inspected 3 September 2013 and was compliant with all regulation.

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

People were cared for and supported by staff who received excellent and innovative training and support to ensure that they understood their needs and how to meet them in the most personalised way. Staff were also supported through supervision and appraisal and they valued the support they received, including support to study for further qualifications. Staff were encouraged and rewarded for going the 'extra mile'.

The service regularly sought out new ideas and contacts to enable the development of the staff team and the improved care of the people being supported. People and their relatives told us that they received care and support that had a significant positive impact on their lives. People had risk assessments in place to enable them to be as independent as possible

People using the service and their relatives told us overwhelmingly that staff were excellent and supported them in a caring and compassionate manner. Positive comments were also received about the support provided by the registered manager. People were 'matched' with staff so that they were supported by staff who understood them and were able to care for them in a consistent manner. Staff were knowledgeable about people's needs and preferences and had developed caring relationships with them. The service also supported staff where they had experienced a death of a person who used the service. People's privacy and dignity was maintained at all times. Caring and compassion was promoted amongst care staff by the provider and registered manager.

There was collaboration with other services such as The Women's institute and Fire Service to raise awareness of dementia and where people could be vulnerable to 'scams'. This meant that positive outcomes were achieved for people including feeling empowered and being part of a wider community.

Recruitment processes were robust and ensured only suitable people were recruited to work with people who used the service. The recruitment procedure emphasised the importance of kindness and compassion. People were not recruited unless they demonstrated those characteristics. As the registered manager only took on packages of care when they had the staff to fulfil the requirements there were sufficient numbers of staff available to meet people's care and support needs. This meant that home care visits were consistently made at times that people expected. People contributed to the assessment of their needs and on going reviews of their care. This was so that care and support was provided in the way people preferred and this was reflected within their individual care plans. People told us that when they expressed preferences about their care and support these were acted upon by the service.

People knew how to raise concerns if they felt they had to and they were confident they would be taken seriously by the provider. People told us they had never had a reason to raise a concern. Staff understood what constituted abuse and the safeguarding procedures that should be followed to report any incidents of this nature.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met.

People were helped to receive the medicines that they needed by staff who were trained in this area.

People were able to choose the food and drink they wanted and staff supported people with this. People were supported to access health appointments when necessary.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed for the benefit of people who used the service

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of abuse and avoidable harm. People were supported to understand what it meant to be safe.

The provider had robust and effective recruitment procedures in place to ensure only suitable people were employed.

Enough staff were deployed to ensure people received the support they needed to keep them safe.

People were supported to take their medicine safely.

Is the service effective?

Outstanding

The service was effective.

People were supported by staff who had received innovative and appropriate training to meet a range of complex needs to ensure the care people received was right for them.

Staff were supported through consistently effective supervision, appraisal and training and were supported to study for further qualifications in health and social care.

New staff had received a robust induction designed to equip them with the essential skills to support people.

Staff understood their responsibility to gain people's consent prior to providing their support.

The service researched and developed links with other organisations and community groups to enable both service development and improved quality of life for the people using the service.

Where staff supported people with their nutritional needs they were supported to maintain a balanced diet. Care staff were alert to people's changing health needs and they supported or prompted people to access healthcare services.

Staff understood their responsibility to gain people's consent prior to providing their support.

Is the service caring?

Good

The service was caring.

People were involved in decisions about their care and support and were matched with staff so that support was provided in a caring and understanding way.

Care staff often 'went the extra mile', sometimes beyond their contractual responsibilities, to ensure people felt they mattered. People were involved in decisions about their care and support.

People told us that staff respected their privacy and dignity.

Is the service responsive?

Outstanding

The service was very responsive.

People received care and supported that was always centred on their personal individual needs and preferences. People told us that the care they received had a significant positive impact on their lives and staff had a good understanding of how care was to be provided.

People received a flexible service based on people's changing needs and preferences.

People and their relatives were fully involved in decisions regarding their care and support needs.

The service valued people's views and they were used to raise standards and quality within the service. People were aware of how to raise complaints and concerns should the need arise

Is the service well-led?

Good

The service was well led.

The service was led by a registered manager who had vision and values that were shared by staff, for the development of the service. The provider was also actively involved in developing these values.

The service played a role in the community by raising public awareness of dementia.

People were asked for, and gave feedback on the quality of service provided and actions were taken in response to this for the benefit of people who used the service.

There were robust arrangements in place for monitoring the quality of the service and this was used to drive continual improvement.

Mill Farm

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 28 June 2016 and 8 July 2016 was announced. The provider was given 48 hours' notice because the service is a small home care agency and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection team consisted of an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience carried out telephone interviews on 8 July 2016 to people who used the service and care staff.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. However due to administrative issues the provider informed us they did not receive the PIR. The registered manager made alternative arrangements to provide us with the information we needed.

During the inspection we spoke with five people who received personal care and 11 relatives of people receiving personal care. We looked at six people's care plans and associated records. We looked at information about support staff received through training and appraisal. We looked at four staff recruitment files to see how the provider operated their recruitment procedures to ensure they only recruited staff who were suitable to work for the service. We looked at records associated with the provider's monitoring of the quality of the service.

We spoke with the registered manager, the provider, a home care visit coordinator and four care staff. This was to gather their views of the service being provided.

Good

Is the service safe?

Our findings

People told us they felt safe when receiving support from the care staff. One person commented when asked if they felt safe, "Yes absolutely." Relatives were very positive in their comments about the service. One relative told us, "They are really good with [person using the service], they put our mind at ease." We were also told by a relative, "Yes, I do dare to go on holiday and I wouldn't if I wasn't confident about them."

Care staff we spoke with had a good understanding of the different types of abuse and what action they should take if they had any concerns. All of the staff that we spoke with told us that they would report any suspected abuse immediately to the registered manager. Policies and procedures in relation to the safeguarding of adults were in place. Care staff described what action they would take if they suspected abuse and these followed the policy. Care staff told us and records confirmed that they had received training around safeguarding adults. All of the care staff we spoke with told us that they understood whistleblowing and that they could raise concerns with external professional bodies such as the local authority. The registered manager had an understanding of their responsibility for reporting allegations of abuse to the local authority and the Care Quality Commission.

Both the provider and the registered manager took time to advise people on how to stay safe in their homes. For example, the provider told us that they contacted people to warn them about `telephone scams' and cold calls that were known to be active in the area and which were known to be a concern to vulnerable people. They had a monthly newsletter and information was readily available about how to make sure people stayed safe in their homes. The provider and the registered manager worked with local fire and rescue services to improve their understanding of people living with dementia. This meant that fire officers would be able to respond more appropriately to calls to people living with dementia.

The provider also had a policy which prevented staff accepting presents or gifts from people or entering into undisclosed private care arrangements. These policies protected people from financial abuse. In discussion with both the registered manager and the provider they took the personal safety of each person using the service very seriously and promoted this attitude amongst the care staff. People using the service we spoke with told us they knew how to report any concerns. One relative told us, "Yes, they are really open."

People's support plans included risk assessments and actions to reduce the risk. These were individual to the person and provided care staff with a clear and concise description of the identified risk. There was specific guidance on how people should be supported in relation to this risk. These included assessments about moving and handling people safely and if people were at risk of falls. Risk assessments were reviewed annually unless a change had occurred in a person's circumstances. Records confirmed that care staff reported changes to the office and care plans were amended to reflect people's changing needs. During the inspection visit we heard staff contacting people and discussing any changes that may have been identified. We also saw a home care visit coordinator going out to visit people in their homes to discuss their care needs. This was important to make sure that the information included in the assessment was based on the current needs of the person.

Where accidents or incidents had occurred these had been appropriately documented and investigated. Where these investigations had found that changes were necessary in order to protect people these issues had been addressed and resolved promptly. Where necessary the registered manager liaised with external services such as the local social worker or district nurse. This ensured that the person was able to stay safe in their own home.

We saw that each person's home environment was assessed to make sure it was safe for the person and for staff. This included checking that the property was accessible and that there were no trip or slip hazards. As some people lived in rural locations it also identified safe access for care staff.

There were sufficient numbers of skilled and knowledgeable staff deployed to meet people's needs. A relative told us, "[Person] has a regular group of workers. [Person] always knows who is coming." Another relative said, "We have no particular time window by arrangement but timekeeping has never been an issue at all and with them an hour definitely means an hour." The provider told us that they would guarantee the time of the visit, this meant people would be assured that care staff arrived at a time of the person's choosing. Any person who required the support of two care workers always had that support. The provider told us how they ensured staff arrived on time to their calls. The service operated a `log-in system'. It was used to monitor punctuality of calls and this showed that all home care visits were made within 15 minutes of times that had been agreed with people using the service. We were told that it helped reduce the risk of people having a call missed, as well as monitoring travel time and mileage.

The provider operated robust recruitment procedures. We were told that people who expressed an interest in working for the agency were initially given a telephone interview. Following this if the registered manager felt they were a suitable candidate they were invited to come to the office to complete a written application form. This included requiring job applicants to provide three employer references and three personal references. Applicants had to provide an employment history and explain any gaps in employment. Other checks included Disclosure Barring Scheme (DBS) checks. DBS checks help to keep those people who are known to pose a risk to people using CQC registered services out of the workforce. We saw that people who were interviewed were asked questions that tested their suitability to work with people who used the service. This meant the provider had arrangements in place to ensure only people who were considered to be suitable were offered employment. We found that all the required pre-employment checks were carried out before new staff were allowed to start work. The provider also told us that as a result of the rigorous recruitment procedures they had reduced the staff turnover which ensured that people received a consistent service. This meant that people could be confident that safe recruitment practices had been followed.

People told us that they were supported or prompted to take their medicines by the staff, if required. A relative told us, "We put it out (the medicine) but they assist him and record in detail everything they have done." Another commented, "They used to just prompt but now they need to help with opening medication. They watch them take it and they do record what they have done."

The provider had a policy in place which covered the administration and recording of medicines. Staff told us that they felt they had received the training they needed to support people to take their medicines and records confirmed this. Staff were also regularly assessed to make sure that they were competent to administer medicines. Diary notes indicated that a drugs administration error had been made and we saw that appropriate action had been taken to ensure that this did not happen again including giving the task to another staff member. This meant that people could be assured staff were competent to support them with their medicines.

Outstanding ☆

Is the service effective?

Our findings

The staff had the knowledge and skills to support people effectively. All the people we spoke with told us that they thought the staff were well trained and knew how to support them well. All the staff we spoke with were confident that the training and guidance they received enabled them to work effectively with people. Relatives also commented that they felt staff had the skills to provide effective support. One comment received was, "They (care staff) have noticed changes, mainly emotional needs, when [person] has been a bit down."

The registered manager told us that they had recently won The Princess Royal Training Award for their innovative training because they put the people who use the service at the heart of their training. We were given an example of how staff skills and knowledge helped support people effectively. Staff were supporting a person who did not go out to have a hot meal. The relative supplied a ready meal for staff to heat up. Staff realised that the same meal was being supplied and were concerned that the person was not having a varied diet. They spoke with the relative and suggested they bought fresh meat and vegetables and staff could assist the person to make a healthy balanced meal. Another example given was, staff were supporting a person to remain at home rather than go in to a care home or hospital. Staff had received on-site training on 30 degree tilt and raising the person in bed into a sitting position by the use of a slide sheet prior to supporting fluid intake. This was done to support the person's changing needs to enable them to stay at home.

The provider also told us that they had looked at different ways of providing training because their staff team worked in isolation much of the time. We were told that they had introduced the 'coffee stop'. Care staff who worked in particular locations were encouraged to meet at a designated location for a coffee and a 'catch up'. This was taken as an opportunity to up date staff on different topics such as dementia awareness or the Mental Capacity Act 2005. They also linked the relevant policy and procedure to assist care staff in understanding their responsibilities in these areas. Care staff we spoke with told us they found these events useful in meeting with colleagues as well as staff from the office. We saw that records were kept of these events to show who had attended and what topic had been discussed. This was an innovative way of bringing staff together and supporting them to develop their knowledge and skills. This meant that the provider had ensured staff had a variety of different ways of receiving information and training to support them in carrying out their role.

Care staff also received further training that was innovative and assisted them in better understanding the people they supported. For example, it included practical examples of real life issues people had to manage on a daily basis. Care staff experienced what it felt like to have a visual impairment or mobility issues. Care staff wore clothing and equipment that gave them these experiences, they then had to carry out simple tasks to show what it was like to have arthritic hands or not be able to see clearly. They received training on the use of equipment to assist people with their mobility. Part of this training included care staff experiencing what it was like to be hoisted and transferred from bed to chair or assisted to walk. This is important as staff can then empathise with people they work with who may live with these conditions. A staff member told us, "I requested training for using a hoist with a client. Within the week I was in the office

and given the training and then I had an assessment before I could use it." The provider had training in place to ensure staff fully understood their role and responsibilities.

The registered manager and the provider were `dementia champions'. They worked in collaboration with other local organisations to raise the profile of dementia care in the Market Harborough, Corby and Rutland area. The provider told us that they regularly provided free training about dementia and other conditions that may affect people's lives to other organisations such as the Women's Institute and the Fire Service as well as the relatives of people who used the service. This showed the service was an active participant in the community in raising awareness of dementia.

The provider also told us that they would be taking the lead in future local event. The provider told us, "It's an information event I have organised in Uppingham Friday 16th September. It is bringing together advice and demonstrations and activities for those older people living in Rutland. We will be taking some of our Twiddly Cushions and talking about Scam Awareness too. Healthwatch Rutland moved their AGM location to follow on our event, and we are really pleased to be working together with them to provide signposting to many local support agencies and groups."

Care staff told us that they had an induction when they started work. They said they were able to complete training, read people's care plans and policies and procedures before they started to go out to visit people. The registered manager told us that the staff took part in three days of training in the office, which the provider considered to be mandatory. This was followed by shadowing other more experienced staff until they were confident.

An induction training session for new staff was taking place on the day of our visit. We observed a session where the registered manager and the provider explained the care plans and their importance. Following the training a new member of staff told us they had found the training very useful in preparing them to go out to visit people, helping them understand why doing things in a certain way was important. They said, "I never realised I needed to know so much, but it will help me to be better informed when I go out to see people." All staff we spoke with told us that their induction had been useful for them. A member of staff told us, "You can do shadowing for as long as you need to feel comfortable." Records we saw confirmed that staff had completed an induction. This meant care staff had the information they needed to provide effective support to people.

During our inspection, we saw that the office had a dedicated training facility which included various equipment such as a bed, hoist and moving and handling equipment. This enabled the staff to get hands on experience with the equipment that people use within their own homes. It also meant that the provider was able to monitor the standard of care delivered ensuring staff could provide effective care to people.

People who used the service told us they thought staff were well trained. One person told us, "Staff understand that I have better days than others, they are able to work round that and through their experience and knowledge they make me feel that I am not the only one going through this. It is really important to me." Relatives we spoke with all told us that they felt staff were well trained and knew what they were doing. One relative told us, "When my [person who used the service] became very ill, the staff member who was present stayed with them until the paramedics came and they cleaned up afterwards. They just know what to do." Care staff received regular training to enable them to meet people's individual needs, whether it be working with someone with dementia or diabetes.

We were shown that the provider had created extra information folders on key topics such as diabetes or dementia care for care staff to access if they want to develop their knowledge further. These training folders

were stored in the office and staff had access to them when they needed them. This meant that the provider was able to ensure staff received up to date training about conditions people using the service lived with and was able to teach staff best practice.

All people using the service received an initial needs assessment as well as regular reviews of their care. This meant that the service could train the staff according to the current and relevant needs of the people being supported. The registered manager told us that staff received training according to people's needs. For example all staff received the mandatory training to meet people's basic needs. They then had more complex training, which was optional for staff members to take on. This covered for example, training on percutaneous endoscopic gastrostomy (PEG) feed systems and catheter care. This enabled staff to effectively support people with a higher degree of dependency needs. The next level of training was more complex in areas of challenging behaviour support, autism awareness and other more specific medication training. This enabled staff to support individuals with a wide range of needs.

The provider also had arrangements for the on call team to receive training. Each person on call was given training so they knew what their responsibilities were. There was an on call book which also gave possible scenarios and solutions the on call person may come across. This meant that people who contacted the on call person could be confident they would know how to support them.

They started introducing the Care Certificate for all care staff in October 2015. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. Care workers needed to successfully demonstrate they were providing compassionate, safe and high quality care and support and that they had the skills, knowledge and behaviours to continue to support people of this high standard.

The registered manager and provider recently attended a conference that looked at new ideas and progress in providing care to people living with dementia held at King's College London organised by the Alzheimer's Society. In this way the registered manager and provider ensure they remained up to date with new and innovative ideas in practice.

The registered manager told us that they have a training manager who was responsible for ensuring care staff were competent following their training. Care staff received their training then they were observed to ensure they are competent. We were told if at any time care staff need a refresher then training will be given. The providers quality monitoring surveys also confirmed that people were very happy with the quality of the care they received and they thought staff knew what they were doing. Comments included, "They dealt very well with [person using the service] dementia and knew how to encourage him to perform small tasks to help himself." Care staff we spoke with confirmed that they are observed at least four times during the year to ensure they are competent in their role. In this way the provider ensured that staff had the skills and competencies to provide high quality care to people who used the service.

As part of their developing innovative and effective training the provider and registered manager liaised with local businesses to find venues for their 'coffee stop' events. This included local cafes as well as a local pharmacist who were able to support them in medicines training, ensuring care staff had sector specific training and guidance. This showed that the service worked with organisations in the in local community including those, for example a pharmacist, who were expert in their field.

Staff members received supervision from senior staff. The staff we spoke with confirmed that they were given the opportunity to talk about their work and review progress. Records we saw confirmed that supervision took place and that various topics had been discussed. The registered manager also told us that

senior members of the team carried out regular spot checks which formed part of their supervision. Spot checks are unannounced visits by senior staff whilst staff are carrying out their care duties to ensure they are providing the correct care and following good working practices. We saw evidence of these checks in care staff's records. Staff members also confirmed that these spot checks took place.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Any applications must be made to the Court of Protection. We checked whether the service was working within the principles of the MCA.

The registered manager had a good understanding of the MCA. People's mental capacity was assessed and regularly reviewed to ensure they were still able to make decisions affecting their lives. This meant that care staff had the information they needed should they have to make a decision in a person's best interests and knew what to do to uphold people's human rights. Care staff we spoke with had understood the MCA and its importance as well as their responsibility to ensure people were supported to make choices in their daily lives. For example, we were told how they supported people to make choices about what they ate and when they ate. They were fully aware care and support could only be provided to a person using the service with that person's consent. We saw that people had signed their own support plan and consented to their support, or the correct process had been followed if someone had a legal authority to make decisions on behalf of someone. This is called a lasting power of attorney (LPA).

Staff involved people in making decisions about their care and support. People told us that the staff offered them choices and that they were involved in making their own decisions. One person told us, "Yes, definitely I am given choice." A relative told us, "They give him choices with his food and what he wants to wear." Care staff told us how they would seek consent prior to assisting people with their support, and that people had the right to refuse support. Comments included, "I always ask them how they want the care that day, if they want help and how they want it. We aren't there to take away their independence rather to maintain it." One staff member told us, "I have one client who is very able so we will discuss things, what he wants to do or eat. My other clients have dementia so to help them choose I will take the options to them, show them things and ask "do you want this or this?" Another staff member said, "With dinner, for instance, I will give them a choice of one or the other, if they have too much choice they can get confused and upset. If they said they wanted something different I would respect that". Another staff member told us how they supported a person to do their own dishes after their meal. "The person has dementia, so I do all the knives and anything they could hurt themselves on, then they do the rest. They like to do this as it is what they would have done in the past. It helps make them feel good about themselves and maintains their independence".

Staff told us that they had completed training around the MCA. Records we saw confirmed this.

People were not usually supported with eating and drinking. However the registered manager and provider gave us examples of where they had supported people with their nutritional needs. For example a person who had always cooked a roast dinner and then froze portions for the week had no longer been able to do this. Care staff had helped the person to continue to carry out this task and maintain their independence as well as eat a healthy diet. This was important to the person as they were able to carry on doing something they had done for a long time. Care staff told us they supported some people to make their meals so that they could maintain skills. One staff member told us, "Sometimes people just need us to be there whilst they do it as they don't feel as confident as they used to others might need us to do a bit more. It depends really

on what they want us to do. I have in the past assisted a person who couldn't use their knife and fork to eat their meal. We do what the person needs us to do."

People's healthcare was monitored and where a need was identified they were prompted or supported to contact the relevant healthcare professional. We saw in diary notes that a person had developed some concerning symptoms, which staff reported. This was then followed up by office staff who contacted the GP and the family to ensure the person sought medical help. Relatives we spoke with all told us that staff are very good at communicating with them and letting them know what is happening. One relative said, "It has taken the pressure off the family, it makes you feel we don't have to be there 24/7. They do everything right and they keep in contact if there are any problems."

We saw on the homecare.uk websites comments in the last 12 months from a person who had received support following an operation. Care staff had given support that had enabled the person to recover their confidence and living skills. Comments included "I could not have done without them and sorry to say goodbye to them all."

People were confident that they were supported by care staff who were alert to changes in their needs and who respond appropriately to ensure they received the right support from health professionals when it was needed. Both care staff and comments on homecare.uk. showed that people would be extremely likely to recommend this service to friends and family.

The provider and registered manager told us they would not take on a request for support unless they felt they had the staff who had the necessary skills to do it. The provider said, "We will only grow as fast as our staffing levels will allow us."

Good

Is the service caring?

Our findings

People who used the service spoke highly of the staff who provided support to them. One person told us, "The girls who come regularly are excellent. They are very careful with my possessions" Another person said, "They are very kind". A relative commented, "[Person] enjoys their company, they are very friendly". Another told us how caring the staff were.

The provider told us they had decided to develop their Home Instead franchise after they had struggled to find good quality home care for a relative. After researching the market they found the Home Instead franchise and felt the ethos was what they had been looking for, for their relative.

As part of this ethos the registered manager and provider developed a caring culture amongst staff. The provider said this started at recruitment. They only asked people to complete an application form who they felt had the characteristics they were looking for. These were people who were compassionate and caring as well as people who could use their initiative in the event of people's changing needs. The organisational culture was further developed during the induction training. Care staff received on going training to enhance the culture, it was also reinforced by the policies and procedures that staff were encouraged to read and understand. A relative told us, "They are quite good at recruiting suitable people. They all seem to be caring and have the right values."

The provider also told us they further promoted this culture by the way they cared for the staff team. This was so that staff had support when they needed it. There were different examples where the organisation showed its support and care for staff. For example they had the 'care giver' of the month award, where a staff member was recognised for going 'the extra mile'. They received high street vouchers in recognition for their achievement. Care staff were with a person at their home when the occupational therapist visited. The person became anxious as a result of this. The person's care notes demonstrated how the care staff, by patience and understanding gently provided the care and support the person needed whilst also enabling the occupational therapist to get the information they needed. This showed that staff took practical action to relieve people of any distress they may experience. Another example of caring for staff was the 'coffee stop' meetings that staff were encouraged to attend. The provider told us that they paid for staff to have a coffee and a cake when they met up as they knew that care staff could be isolated and these opportunities were important for them to get together not only to share information but for mutual support.

We were told that if a call was for an hour and the actual care had been completed staff were expected to stay and chat with the person not just leave. Relatives told us that staff were very good at talking with their loved ones. One relative told us, "They are very good. They sit and talk to [person], it is very therapeutic." Another relative said, "They have a bit of a laugh with [person], and a good laugh as well."

The service supported people to express their views and be involved in making decisions about their care. A relative told us, "They treat him as a person. It is all done from his person centred planning and as they have got to know him it has got better."

Staff are encouraged to develop caring and supportive relationships with people. For example a staff member supported a person to attend a hospital appointment and the nurse in charge contacted the service to compliment the staff member saying, "[Staff member] went beyond their role with the capabilities they demonstrated." They went on to comment, "They were caring, respectful, whilst obviously concerned for their client's well-being and safety."

People told us that staff provided care in a dignified way and respected their privacy. A person told us, "They help shower me. They warm two towels and cover my shoulders with one. The privacy bit I can do myself." Another person said, "They have to help me into the bath and are considerate of my privacy". A relative commented, "[Person] has to wash in the kitchen. Everything was to hand and they kept [person] covered. They encouraged [person] to do as much as he can for himself". Staff told us that they respected people's privacy and dignity. This was through asking people for their consent before assisting them, ensuring that doors were closed and that people were covered up. Staff also told us that they made sure people were comfortable with the support as well as encouraging to do as much for themselves as possible. A staff member told us, "I look at myself and think how I would like to be treated, such as closing curtains when dressing, even if there is no one around to see."

Outstanding ☆

Is the service responsive?

Our findings

People's needs were assessed before receiving care from the service, this was reviewed and updated regularly. All the people we spoke with told us that an initial assessment had taken place. One person told us, "They were so compassionate, they understood my health may change and they have been so flexible and compassionate."

The registered manager told us that new people would receive an initial assessment from a senior member of the team and this would be regularly reviewed. A relative told us, "We both were present. [A home care visit coordinator] took time putting him at his ease and explaining everything so he was really involved. The care workers have read the plan and keep thorough records." Another relative said, "We had a massive thing at the beginning to decide about it. The meeting was over two hours and went into everything. They left nothing to chance, the staff know how to support my [person using the service]". This showed that people using the service and relatives were supported to participate in the planning of their care and support.

People using the service told us they were introduced to care workers before they were supported by them. This gave them an opportunity to decide if they wanted to be supported by that particular care worker. A person told us, "There was one lady I didn't like. I spoke to them and they changed her. That was a while ago now though." A relative told us, "They all came, prior to starting, with the manager, so he knew who was coming and they knew his needs. He was delighted that they introduced themselves." Another relative told us, "If there is going to be a change they do a dual visit to introduce them (the new care worker) to him".

People were supported to maintain an excellent quality of life and achieve life goals, follow their interests, and make and maintain links with the community. This was enabled by staff members who were able to work closely with people, develop a caring and supportive relationship, and understand people's preferences, likes and dislikes. For example, one person had always kept chickens and they were being supported by care staff to continue to do this. This was important to the person as it was something they had always done and helped maintain their independence and interest. Another person had a dog and care staff became concerned that the person, who was living with dementia, was no longer able to care for the dog in the same way. Care staff provided support by walking the dog at lunch time whilst the person ate their lunch. This meant the person was able to keep their dog who had been their companion for many years. We saw that the service documented examples of good work and used it to promote caring relationships with the wider staff team. We also saw a letter from a relative who had written to the service to express their thanks at the support their parent had received and as a result the relative had been able to continue working. The relative described the service provided by the core team of carers as "consistently excellent" and their "awareness of [person using the service] unique personality" showed they were "respectful and attentive to [person using service] needs." This showed that the service made a difference to not only the lives of people using the service but also to their relatives.

People's cultural needs were supported. As many people who used the service lived in a rural part of the county staff understood how important rural life was to them. This included supporting people to get up early as they had always done this during their working life and it continued to be an important part of their

life. They also supported people to grow their own food, gathering and cooking it. Where people had spiritual needs we saw that people were supported to attend their chosen place of worship. A relative told us that this was important to the person who used the service as they could continue with things that meant a lot to them in their everyday life.

The registered manager told us they had recently commissioned a local person to make 'twiddly' cushions and mats for people who used the service. Twiddly cushions are cushions that have interesting fabrics, textures and images for people with dementia to use. The provider has found that by using these cushions they help. We were told they needed to be imaginative and could be customised to suit each person's interests. We were shown photographs of these cushions. They used different fabric, textures, zips and buttons and included fabrics that would be of interest to an individual such as pictures of foxes or sea side images. The registered manager added, "Initially we thought of these for our clients living with dementia, but one of our supervisors mentioned a client who has anxiety and hums constantly and has recently started plucking at the fabric on her chair so we are going to take one of the mats out and put over her chair a bit like the old fashioned antimacassars and see if that helps her". (An antimacassar is a piece of cloth put over the back of a chair to protect it from grease and dirt or as an ornament.) This is an innovative project that shows the provider is always looking at new ways of providing support to people who use the service. This project has been useful for people involved and in some instances has helped to reduce people's anxiety.

People received care that was personalised to their needs and staff took the time to ensure this was achieved. For example, a relative told us, "I can see from the newspaper left about and his notes that they (person and staff) interact, also from his photo albums that change about. They give him encouragement to do as much as he can and to keep mobile and to make choices." Another relative said, "We would have fallen apart as a family without the help and support from Mill Farm."

The service made sure that people felt they mattered by understanding their assessed needs then matching care staff with that person. This was so that people were supported by a consistent staff team who had a good understanding of their individual needs and preferences. Care plans also included lots of information about the person their preferences and personal histories, which meant that staff had information to be able to talk with the person about things that were important to them. A relative told us, "Well they have some interesting discussions, they will look through his photo albums and get him to tell them about the pictures, sometimes they go for walks with the dog and the subject of art has come up. One of the care workers is keen on art and I think they may be doing a bit of that one of the days". This shows that the provider considers staff skills and matches people with staff according to interests as well as skills.

People's care plans reflected their likes, dislikes and preferences, and we saw people and their families were fully involved in this process. One relative said, "Every three to four months we have a sort of review, talk through how things are going , it takes about half an hour." We saw that people's personal history was documented, as well as a specific breakdown of their preferred routines including things like how and when they like their tea, or what their favourite breakfast was. Staff had a good understanding of the content of people's care plans and assisted them to ensure that people were offered choices, as well as supporting people to be as independent as possible. For example, a care plan described a person as not liking over familiarity and for care staff to continue calling the person by their formal name until invited to call them by their first name. Staff respected this.

Care and support people experienced made a significant positive difference to their lives. The registered manager told us about a person who had moved from another part of the country to be closer to their family. However, as the person's family were out at work all day a care staff member took the person out and about to be in the community. On one recent occasion visiting a local rural centre the person asked the care

staff to drive back home via a more scenic route so they could look at the countryside. They were able to do this as the provider had ensured that the staff member had the time allocated to do this. This showed staff had a flexible person centred approach that they adapted to people's daily choices and preferences.

People were encouraged and supported to develop and maintain relationships with people or things that mattered to them. A person had a cat and it was very important to the person. It was detailed in the person's care plan that care staff fed the cat and changed its litter tray each morning before they then went to assist the person to get up and dressed as that was what the person wanted. After the person was assisted with their care and had their breakfast the person gave the cat the milk left from their breakfast as they had always done. This supported the person to continue doing something that they had previously done and was important to them.

All the risk assessments and care plans we saw were regularly updated and reviewed. People we spoke with felt that care plans were relevant to them, and that they could alter or change things as and when it was required. We saw that as well as routine reviews of care plans, that changes had taken place as a result of as and when people needed. One relative said, "We would be able to contact them if anything needed changing".

People had the time they needed to receive care in a person-centred manner and relatives explained how the service had a positive effect on the quality of people's lives. For example, a relative told us, "It is not just about feeling he is being well cared for, they have made such a difference to his ability to engage." The registered manager told us that the service mainly provided a minimum of one hour support slots. This enabled people to have their care needs fully met and gave the staff enough time to get to know the people they were supporting and not rush through any tasks. Staff we spoke with said they had the time to support people and did not feel rushed to go to the next person if they had completed all the care tasks. One staff member told us, "If I finish early I know I can sit with the person and just talk." People who used the service told us they also valued that staff had the time to talk with them. One person told us, "Sometimes I may just want to talk and the staff are happy to do that, other times I may need more practical help. They are always there to support you no matter what." A relative commented, "The fact that they know the carers and they are able to spend time talking with them about things they are interested in is so important. It means a lot, it really helps improve the quality of their life." Staffing rotas confirmed the visits people received were an appropriate length of time to meet their assessed needs.

We were given examples of how staff operated in a flexible manner. For example, a staff member visited a person for their evening call to assist them in getting ready for bed and became concerned about their well being. They contacted the on call person who advised them to contact the ambulance service. This was done but initially the ambulance service did not come. The on call person continued to offer support to the staff member who remained with the person. The local social services duty team were called and eventually the ambulance service came out. During this time the on call team visited to relieve the staff member who had stayed with the person to offer comfort and support. The on call person then stayed with the person until they were taken to hospital in the early hours of the morning. Due to the system operated by the service all the senior staff who cover the on call rota know the people who use the service as they will have visited them at some point as part of their role. This meant that where they were required for on call staff cover they will know the person and their care needs. This person also had a cat who they were concerned about when they were admitted to hospital. With the person's permission staff continued to visit whilst the person was in hospital to check the cat was fed and well. When the person was kept in hospital for longer they made arrangements for the cat to go to a cattery where they had been previously for breaks.

People received planned care when and where they needed it. All the people we spoke with felt that the

service was flexible to their needs, and enabled them to direct the care in the way that they wanted. People told us that whenever the service needed to make any changes due to staff shortages, sickness or traffic problems, they were notified. A person told us, "A carer broke her ankle so we got other carers but we were told, it was dealt with well." We saw that the scheduling system used clearly displayed any gaps, staff sickness, holiday or errors so that they could be acted upon and corrected. If necessary the on call person covered calls so that no one ever had a missed call.

People told us that the service was always flexible around call times. One person told us, "They are very flexible, if I don't want them or need to change a time or date they will accommodate me. They are very understanding." All the relatives we spoke with all said the service was "flexible" regarding visit times and days, supporting relatives with taking people to hospital appointments when required.

People knew how to share their concerns and complaints. All the people we spoke with told us that they had not had to make any formal complaints, but were aware of the provider's complaints procedure. They told us that the provider had given them the information on how to complain at their first assessment , before they began to use the service. They also said they felt comfortable to raise any concerns. A person told us, "Absolutely I would, and they have phoned us if there have been any problems." A relative said, "Every now and again I might have to ring if things haven't gone to plan. Just odd little things, nothing monumental."

The registered manager told us that each person received a copy of the statement of purpose. This is a document which includes information about what the service does, important contact information, such as out of hours telephone numbers as well as how to make a complaint. We were shown a copy of the complaints policy and procedure for dealing with complaints effectively. We looked at records of complaints and found they had received one complaint in the last 12 months. This was recorded and responded to in a timely way, the person had received a satisfactory response to their complaint which had been resolved. Where practice improvements had been identified the service was proactive in taking action to ensure that future issues did not arise. This included identifying training needs. This meant that the provider ensured that the service learnt from comments and concerns and they took measures to ensure situations did not arise again.

There were systems in place to monitor the quality of the care provided. We saw that people and their relatives had been asked to complete questionnaires to give feedback on the service. This was operated by the national Home Instead franchise and so was independent of the local service. Actions were created and dealt with by the registered manager by a set date. We looked at the results for the 2015 questionnaire. This showed that 100% of respondents rated the service as good or excellent. It also showed that 100% of respondents would recommend the service. We saw that the registered manager had developed an action plan where outcomes had not been 100%. The feed back showed "What you said" and "What we did". For example where staff did not think they were receiving enough training improvements were made in ensuring staff had access to as much training as they needed. The provider made it possible for staff to access training in a variety of ways, including attending the 'coffee stops' as well as the specific training needed to meet people's individual needs.

Good

Is the service well-led?

Our findings

People told us that the registered manager and the management team were kind, helpful and approachable. A relative told us, "They keep in touch, they have phoned a couple of times". A staff member told us, "They are a fine company. I have no issues. At the moment I am off sick and they are still supportive, I have not been pressured to get back to work or anything."

During the visit we observed that the registered manager, the provider and others members of the management team were very knowledgeable about the people that used the service and the staff members. The registered manager was able to describe the overall culture and attitude of the service and how it continued to be developed.

The provider and registered manager had a clear vision about what person centred support meant for each person using the service and they ensured that staff were supported to develop skills to be able to meet people's needs. This was done through on going training and appraisals as well as the 'coffee stops'. Staff shared and understood the vision. All the staff we spoke with praised the leadership of the service and told us that they felt proud of the work they did. A staff member said, "I absolutely love it. I'd never leave them."

We saw that the service had a clear staff structure that included the provider, registered manager, senior carers and coordinators, and care staff who understood their responsibilities within the service. The staff we spoke with felt positive about working there. A staff member told us, "I have worked in care for years. This is the best place I have ever worked." Another member of staff told us how they had been supported by the management team following the death of a person who used the service. They said, "I recently lost a client. The company supported me all the way through it, and still do. It was a difficult case even before it became palliative (end of life care) but they have been there for me all the way through."

The service operated a robust on call system that ensured that staff members were able to deliver a high quality service at all times. The registered manager showed us that the on call person held details of all the staff care calls on an electronic device. To ensure that weekends were covered the on call person contacted each carer on Friday and asked them to confirm the calls they were covering. We were told it was done this way so the on call person could be assured that care staff had received the correct rota and understood what hours they were working. On call is scheduled a month in advance so the management team know who will be responsible and when. All calls were logged and emailed to the registered manager the following day or if at a weekend the following Monday. The registered manager then took the appropriate action if required. For example amending a care plan or ensuring a GP visit has been arranged. The registered manager told us if anything urgent occurred they would be available for immediate contact.

Incidents and accidents were reported by staff. Forms showed detailed recording and a manager's response and actions to each incident. The registered manager was aware of their responsibility to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

The service promoted a 'caregiver of the month' award which documented and recognised a specific staff member's hard work. We saw many examples of good work and positive feedback that had led to people winning the award, which was then promoted within the staff team to share positive stories and examples of hard work achieved. We saw that the provider encouraged engagement throughout the organisation by holding a variety of events. They had recently held an event Market Harborough where care staff and people who used the service and their relatives were encouraged to attend. These events along with the winner of the 'care giver of the month' award were reported in the provider's newsletter, copies of which were given to people who used the service. In these ways the provider promoted positive culture that was person-centred, open, inclusive and empowering.

Staff attended various meetings relevant to their role. The registered manger told us, "We have a variety of meetings, these include operational meetings, and general staff meetings. The management also meet to ensure we all know what is happening." We saw minutes for these meetings which showed that a variety of topics were discussed. For example at one meeting they discussed the implementation of the new care certificate.

People we spoke with also said they would recommend the service. A relative told us, "Most certainly, I certainly would (recommend)". Another relative said, "I have done so, loads of times".

Both the provider and registered manager were active in promoting a better understanding of dementia care in the wider community as well as understanding how vulnerable people were at risk of 'scams'. They did this by offering free talks to local community groups.

The provider told us that they belonged to a local care provider owners' group where good practice was shared. Information from these meetings was then shared with the staff team to promote best practice and ways of working.

We saw that audits were regularly carried out to assess and monitor the quality and safety of service provided. The registered manager also told us that they carried out spot checks on staff which involved supervisory practice, to ensure they were meeting the standards the service had set.