

Continued Care from Oakville Ltd

Continued Care from Oakville Ltd - Harrogate

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This announced inspection took place on 9 and 13 November 2018.

Continued Care from Oakville Ltd – Harrogate is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, people living with dementia, younger disabled adults, adults with a learning disability and children. At the time of this inspection, the service was providing personal care and support to 85 people.

Not everyone using Continued Care from Oakville Ltd – Harrogate receives 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.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager. 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.

At the last comprehensive inspection in November 2015 we found the service was meeting requirements and awarded a rating of good. At this inspection we found the registered manager and staff team had developed the service further to achieve an outstanding rating.

The values and culture of the service was exemplified by all the staff who worked in the service. People received personalised care which was exceptionally caring and responsive to their needs and wishes. People were supported by staff with similar interests or where their experience or skills may be of particular benefit. Managers and staff were passionate about providing people with the very best care.

Respect was at the heart of the service's culture and values and people who used the service reported they felt a tremendous sense of safety and social and emotional wellbeing with their staff. They told us they were extremely happy with and appreciative of the care they received. Comments used to describe staff included, "Exceptional," "[Name] has a genuine understanding and affection for their work, and, "Full marks all round."

People who used the service and their relatives spoke extremely positively about the staff who cared for them. Staff were actively encouraged to spend time to reflect on the quality of their practice to support their learning and gain new insights and improve their practice. Staff were highly motivated and offered care and

support that was exceptionally compassionate and kind.

Care plans were extremely person-centred. They focused on individual needs and people's goals and aspirations and how these could be met. People were actively involved in the development of their care plans and the use of technology had been embraced to enable people to access the service's electronic planning system to check on their visits, send messages and reschedule calls. Staff used a variety of tools such as different languages, sign language and Makaton to communicate with people.

Staff spoke consistently about Continued Care from Oakville Ltd – Harrogate being a good place to work. They described excellent working relationships and spoke enthusiastically about their work and the organisation's culture and core values. Staff told us the registered manager led by example and encouraged them to use their initiative to ensure people received high quality, personalised care.

The provider had introduced several schemes to recognise and reward staff who had made an outstanding contribution to the care of people who used the service. They had also introduced a welfare and engagement support service to help ensure staff safety and wellbeing was also promoted. Staff were highly motivated and told us they felt extremely valued. A dedicated induction team was used to good effect to ensure the organisation's core values and culture were embedded, improve staff retention and promote consistent, high-quality care.

Staff had been safely recruited and there were sufficient numbers of staff on duty to meet people's needs in a flexible way which met their preferences and promoted their independence. People told us they felt safe with staff from Continued Care from Oakville Ltd – Harrogate. Staff had received training in the protection of adults and knew what action they should take if they suspected or witnessed abuse.

People's medicines were safely managed. 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 members we spoke with fully understood the importance of acknowledging and promoting people's rights.

People had a wide range of opportunities to provide feedback on the care Continued Care from Oakville Ltd – Harrogate provided. Staff were continually looking at new ways in which they could improve people's lives. People, relatives, professionals and staff were encouraged to provide feedback on the service at every opportunity with more formal satisfaction questionnaires being distributed annually. A service user forum provided people with the opportunity to meet and give feedback on the service and advise on improvements; this demonstrated a commitment to a process of continuous improvement in the service.

The registered manager had instilled a culture of openness and honesty with staff and people who used the service and their relatives. The culture of Continued Care from Oakville Ltd – Harrogate was one in which staff were encouraged to report any concerns and lessons were learned from any accidents, incidents or safeguarding matters. Quality assurance systems were robust and used to make continuous improvements.

Further information is in the detailed findings below.

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.

Staff had received training in safeguarding issues and people told us they felt safe.

Risk assessments were completed to guide staff on how to minimise risks. Medicines were managed and administered safely.

Robust recruitment processes were followed. Staffing was kept under review to ensure people had the care they needed in a timely way.

Highly effective management systems were in place to monitor accidents and incidents.

Is the service effective?

Good 

The service was effective.

Admissions to the service were carefully considered and considered people's life choices and care preferences.

People spoke positively about the staff. They received consistent, high quality care and support from well-trained staff.

Relationships were effectively established with other professionals involved in people's care and support.

Staff had a clear understanding of the principles of the Mental Capacity Act.

Is the service caring?

Outstanding 

The service was extremely caring.

People who used the service and their relatives were wholly positive and expressed a high degree of satisfaction with their care.

Staff were passionate about the people they cared for.

Respect for people was at the heart of the service's culture and values. Staff displayed great empathy and worked with people and their relatives to understand how to best support them.

Effective communication was evident throughout the service and staff evidently worked collaboratively to improve the quality of life for people.

Is the service responsive?

Good ●

The service was responsive.

Care plans were person-centred and focused on people's individual needs. Strong personal and professional relationships were in place.

People were supported to participate in a range of activities and outings that suited their individual preferences.

Although they had not needed to make a complaint people knew who to speak with if they had any concerns.

Staff worked flexibly, together with relatives and healthcare professionals to support people with their end of life care.

Is the service well-led?

Outstanding ☆

The service was extremely well-led.

Exceptionally effective management systems existed to promote people's safety and wellbeing at all times.

There was a particularly strong emphasis on continuous improvement. Staff had exceptional management support for example through a dedicated induction team and a staff welfare and engagement support service.

Managers demonstrated they worked extensively to share best practice and promote quality, person-centred home care.

Extensive quality assurance processes were in place to consistently and continuously monitor all aspects of the service.

Continued Care from Oakville Ltd - Harrogate

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 checked 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.

We gave the service 48 hours' notice of the inspection visit because we wanted to be sure the registered manager, office staff and care workers were available to speak with us.

Inspection site visit activity started on 9 November and ended on 13 November 2018. It included home visits and conversations with people who used the service, relatives and staff to gain their views about the service. We visited the office location on 9 and 13 November 2018 to see the registered manager and office staff; and to review care records and policies and procedures.

The inspection team consisted of one 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 who supported this inspection had extensive knowledge of caring for people who used a range of services including domiciliary care.

The inspection was informed by feedback from questionnaires, which people who used the service, relatives and friends, staff and community professionals had completed. We sent out a total of 195 questionnaires. We received 34 responses (17.4%). We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before our inspection we contacted the clinical commissioning group (CCG) and local authority contract and quality performance teams to obtain their views about the service. We reviewed information we held

about the service, including notifications the provider is legally obliged to tell us about. We used this information to help plan our inspection.

We visited the agency office and carried out three home visits to speak with people who used the service and their relatives. We reviewed records relating to the management of the service including audits and documents relating to quality monitoring and assurance, accident file and complaint file, meeting minutes and newsletters. We looked at care records for four people and electronic records relating to recruitment for three staff and records relating to staff supervision, appraisal and training.

We spoke with 13 people who used the service and five relatives to gain their views on the service provided. We spoke with nine members of staff including two directors, one of whom was also the registered manager, an associate director, three care workers, care services manager, an induction co-ordinator and the office manager.

Is the service safe?

Our findings

People told us they liked the staff and felt safe. Comments included, "I feel quite safe," and, "They are fantastic carers and I feel very safe with them."

Staff understood their responsibilities with regards to safeguarding. Training records showed that all staff had completed appropriate safeguarding training. In their PIR the provider told us safeguarding issues were communicated to staff via meetings, memos, and re-issuing and updating of policies. Safeguarding topics were discussed in supervisions, one-to-ones and team meetings. The registered manager had a clear understanding of local safeguarding protocols and had followed these appropriately when needed. They also put action plans in place to prevent similar incidents occurring.

Staff worked with people to understand their diverse circumstances and to ensure they understood their individual needs, wishes and goals. Because of this staff had developed positive and trusting relationships with people that helped to keep them safe. Potential risks were identified and action was taken to minimise the risk of harm while also supporting each person to follow their chosen pursuits. For example, one person required staff support to travel to college safely. Staff worked together with the person, relatives and healthcare professionals to identify any possible risks during the journey and how these could be managed. An action plan was developed and agreed enabling the person to attend college the same as their peers.

Care plans contained information to show what staff could do to ensure the safety of people using the service and staff. Staff were proactive and engaged with people to access and minimise risks in relation to the environment, premises and their equipment. Examples included referrals to the fire service to provide fire retardant bedding and covers to minimise risks.

Records showed that safe recruitment processes had been followed and appropriate checks had been completed before new staff began work. People were actively involved in the decisions about the staff that provided care and support to them and had helped to develop interview questions.

People told us they usually had a regular team of staff who were familiar with their needs, likes, dislikes and preferences. One person told us, "Yes I do have the continuity which is good." While some people said timekeeping could be a problem other people told us their staff were generally on time. Comments regarding staff included, "Yes they do arrive on time and it is very important to me as I do go out to work sometimes," and, "They do arrive on time and usually they are very reliable."

The local authority contracted with the agency regarding the length and frequency of calls. The office manager explained they could check on the call times remotely from the office. Any call times outside agreed limits was carefully followed up and action taken, for example to amend the staff rota or to request additional time from the funding authority if required. The local authority also completed sample checks monthly.

Managers considered staff skill mix and preferences of people when devising the rota. A manager told us,

"We keep the rota under review and check with people to see how they are getting on and make any changes necessary. We want people to be happy with their carers and we also want staff to be happy at work."

Medicines were managed in line with National Institute for Clinical Excellence (NICE) on managing medicine support for people receiving social care in the community. Medicine administration records (MARs) contained clear accurate information and had been completed when medicines were administered. When people were prescribed 'as and when required' (PRN) medicines, appropriate guidance was in place for staff to follow. Regular reviews were carried out with the GP for all medicines. People confirmed they received their medicines on time. One person told us, "They [Staff] always make sure I have taken my medicine. There have never been any problems."

Staff were supplied with suitable personal protective equipment (PPE) and spot checks were completed to ensure good infection control practice was followed. In their PIR the provider told us they prioritised infection control and responded quickly to any issues arising. People told us staff always used PPE such as gloves and aprons. Comments included, "They [Staff] are very good. They always leave things clean and tidy for me," and, "They leave everything very tidy for me. They always tidy the bathroom up and the kitchen before they leave"

Highly effective management systems were in place to monitor accidents and incidents. Records showed the registered manager acted quickly to prevent reoccurrences. For example, following an outbreak leaflets were distributed to all staff advising on signs to look for, procedure for illness and minimising infection risks.

Is the service effective?

Our findings

Admissions to the service were well managed. An extremely thorough assessment of care needs was undertaken so people could be confident the service could effectively meet their needs. This assessment gathered information from the person, relatives and health and social care professionals. It included a consideration of protected characteristics under the Equality Act 2010, which provides a legal framework to tackle disadvantage and discrimination. Staff had received training in equality and diversity. People told us staff understood and met their care needs and were respectful of their life choices. Comments regarding staff included, "They are all very knowledgeable and well trained," "They do everything I need and I am very happy with them," and, "They are fantastic; they know exactly what to do." A relative told us, "I do think staff are well trained but I also think their attitude is just as important. They encourage [Name] to have a shower and [Name] can be uncooperative so it takes a lot of patience on their part."

The registered manager told us the care needs assessment was used to start the process of matching each person with the relevant staff skills. Effective management systems were in place to ensure staff skills, competencies and knowledge were continuously developed. Specific staff had undertaken 'Train the trainer' courses to deliver training on a range of subjects including safeguarding, moving and handling and medicine handling. A dedicated induction team was used to good effect to ensure the organisation's core values and culture were embedded, improve staff retention and promote consistent, high-quality care. Members of the induction team provided new staff with support and guided them through their initial months of employment. Members of the induction team met weekly and were involved with supervisions and appraisals to ensure new staff felt supported and motivated. Managers encouraged all staff to reflect on the quality of their practice to support their learning, gain new insights into their practice and seek additional qualifications. Records demonstrated staff ongoing training needs and support were identified and met. Staff were enthusiastic about their work and said they had the training and support they needed to meet people's assessed needs.

People's nutritional needs were met. People's care records contained information about people's nutritional needs, known allergens and liaison with the speech and language therapy (SALT) team and dietitians. Staff kept a record of the food and fluid intake of individuals who were at risk of poor nutrition. Staff also received specialist training such as percutaneous endoscopic gastrostomy (PEG) training. The PEG tube provides a means of feeding when oral intake is not adequate to provide the person with the nutrients and fluids they require. People gave us positive feedback about the staff and the quality of the food they prepared for them. One person told us, "They [Staff] make breakfast and always make sure [Name] has a drink before they leave." Another person said, "I do need help but I think you can say it is a joint effort between us."

People's health needs were assessed and plans put in place to ensure these needs were met. Records showed staff contacted the relevant family member and / or health professionals when they had any concerns about a person's health. The registered manager told us they always ensured important information about people's needs and the support they required was available to be transferred with them on admission to hospital through means of a 'hospital passport'.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). In domestic settings the Court of Protection authorises any deprivation of liberty. In their PIR the provider told us three people had a court appointed deputy acting on their behalf and two people were subject to a Court of Protection order.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Three members of staff had undertaken a 'Train the trainer' course on the MCA to deliver staff training. Independent mental capacity advocates (IMCAs), family members and friends were involved in people's care and best interest meetings as needed. Staff demonstrated a good understanding of the MCA and told us how they promoted people's rights and choices. During our inspection we observed staff gave people the opportunity to make choices regarding decisions which affected them. Care records also included consent forms regarding photographs, medicine administration, and care provision.

Is the service caring?

Our findings

People who used the service expressed a high degree of satisfaction with their care. One person who described staff as extremely empathetic and caring said, "They have the priceless ability to do everything that is necessary and always have time for a chat." Another person who described staff as, "Exceptional," told us, "I would say [Staff name] has a genuine understanding and affection for their work." Other comments from people who used the service and relatives included, "I would give them 120%," "Friendly, cheerful and extremely caring," and, "Full marks all round."

Without exception, staff told us they would be happy for Continued Care from Oakville Ltd – Harrogate to care for their own relatives. A staff member told us, "I am proud of the service we deliver and the carers that work within the service. We value people for who they are and the life experiences that have shaped them to be the person they are when I look after them." Another staff member said, "I enjoy my work, I am passionate about what is delivered. I believe we make a real difference to people's lives."

People who used the service and relatives corroborated this view and said they were very satisfied and appreciative of the support provided. One relative commented, "I don't know how they do it but they seem to find just the right people for the job. [Name] is very happy with their carers." Another relative commented, "[Staff name] is just perfect for the job, they are our 'super carer' person." Other comments included, "I have got 100% confidence in the staff," and, "Staff treat [Name] like their own mum."

Excellent relationships existed between people who used the service, managers and staff. The associate director told us, "If managers are happy and get on, then it cascades down to staff and people using the service." People told us they were confident to express their views and make requests knowing they would be responded to extremely positively. The provider's website states, "Our aim is to listen to you and take into account everything that is important to you while focusing on your independence, rights to choice, dignity and respect." Staff asked people to complete information about what was important to them and what they wanted. One person said staff went out of their way to make sure their care preferences were met. For example, they could choose the gender of the staff who care for them. They said office staff also considered the timing of their church services when devising the staff rosters at the weekend so they could attend church.

Staff also championed the potential for digital technology to transform people's lives and choices. The office manager visited people to show them how to schedule and adjust their staff visits independently using the electronic system. This system also enabled people to send messages directly to the office team. We spoke with one person who told us technology had transformed their life. They said "I contact the office myself and make any changes with [Name]. They are 'king pin' when it comes to the rotas. I can also help family with their paperwork and bills using the internet. I am 100% reliant on carers and family for my care and it means everything to help others like they help me."

Several relatives told us staff from Continued Care from Oakville Ltd – Harrogate had devised bespoke package of care so their loved ones could return home from hospital or residential care. One person told us

this process took place over some months. They said staff had worked "Against all the odds," to make sure the necessary adjustments and support were successfully put in place. They told us, "I can't speak highly enough of the carers. It has meant the world to bring [Name] home and the exemplary support from Continued Care completes the picture for us."

The registered manager recognised the importance of staff matched with people who shared similar interests or where particular knowledge may prove to be extremely beneficial. For example, a staff member who had previously worked as a chef was assigned to work with a person with a poor appetite. They devised a menu of favourite foods for this person and helped with their nutrition, reducing their salt and sugar intake as they were on dialysis. This had resulted in a significant health and social benefit.

Senior managers focused on motivating staff to deliver a seamless, high quality and caring service. Their leadership and approach was commended during a recent awards ceremony at the recent Great Yorkshire & Humber Care Awards. Regarding the care services manager who was the winner of the Homecare Frontline Leader's Award the citation read, "[Name] leads by example, motivating [their] team to provide quality, person-centred care whilst promoting independence, dignity and respect."

One hundred per cent of people (46 people) who responded to a questionnaire in August 2018 said that their care workers were honest, trustworthy and respectful. A staff member commented, "The best part of the job is knowing that I have got to know the client in a holistic way to provide person-centred care which helps them to live independently in their own home for as long as possible." For example, they said one person who used the service had limited mobility owing to their health condition. Staff had worked with the person alongside other professionals to improve their health. As a result, the person had been re-assessed and a ceiling track hoist provided, which had enhanced both the person's safety and their dignity while being transferred.

Another family wrote to thank the service when their loved one came home in time for important birthday celebrations. The registered manager told us, "It made me reflect that sometimes you can overcome challenges when professionals think it is not safe. The memories that were made in six months can last a lifetime. This is what makes my job." The registered manager told us staff worked tirelessly and supported the person to gain in confidence and participate in activities they had previously enjoyed. For example, going out to the pub to enjoy a drink with family and friends. This person had gone on to grow a moustache, which staff had discovered was a significant part of their identity as a member of the armed forces.

When speaking with us staff demonstrated a real empathy for the people they cared for. We observed staff were respectful, loyal and supportive in their interactions with each other and responded quickly and willingly to requests. One staff member told us, "I've stayed with a client after my shift ended because they were upset. They didn't know I was out of hours but surely that's part of our job." Another staff member said, "We always consider people's life history so we can make relevant and meaningful conversations with them." For example, some staff members had learnt basic sign language and Makaton to support effective communication. One staff member had learnt some words in Cantonese so they could have a conversation with a person they supported, which the person and their family had appreciated. Another staff member stayed overnight with a person because their relative was in hospital and it wasn't safe for them to be left alone.

We heard of numerous examples of individual acts of staff kindness, thought and attention to detail, which enhanced people's wellbeing. For example, one staff member researched sight loss and discovered yellow was the last colour people could see clearly. The staff picked daffodils from their own garden to decorate the person's home. The person was delighted and could see the petals clearly. Another staff waited with a

person at hospital until they were admitted and settled onto a ward. A relative reported staff had gone out of their way to purchase a new microwave so their parents were not left without cooking facilities while they were away. One person who told us about the extra jobs their carer did such as hanging out the washing or ironing said, "It may only sound a small thing to you, but it makes a world of difference to me."

People told us their staff were caring and considerate and had developed strong, meaningful relationships with them based on trust and mutual respect. In their PIR the provider told us they supported one person who expressed feeling isolated and depressed. Staff told us they worked with the person over time to go out of the house for short periods initially. With staff support the person went on to join a day centre to expand their social circle. A person who told us staff were extremely polite and respectful said staff were also, "Friendly and cheerful and a lot of fun!"

Staff were encouraged to raise even the smallest concern so these could be addressed swiftly. For example, staff reported the symptoms one person experienced became noticeably worse towards the end of the week. After speaking with family, staff discovered medicines had recently been placed into a dosette box for the person to self-administer. Staff researched this with the pharmacist who advised there was evidence of chemical breakdown and reduction in efficacy of the drug when exposed to light. The box was changed to a dark colour and put inside a tin resulting in an immediate improvement in symptoms. This showed us staff were acting on professional advice to drive improvements and reduce risks.

Is the service responsive?

Our findings

The provider had developed extremely trusting relationships with healthcare and social care professionals and relatives as well as the individuals they cared for. There was a strong person-centred culture and staff worked with people and their relatives to understand the best way to support them.

The registered manager described the aim of the service was to, "Build a relationship with all our clients from the outset, learning about their interests and passions, so we can offer a truly personalised service that reflects their needs, aspirations and goals." This extended to helping people to access funding to replace carpets and decorate their home and thus improve their self esteem and enhance their overall wellbeing. Staff were very involved in community activities and took an active part in local fundraising activities. It was evident from some of the photographs and letters of commendation we saw this also provided a source of interest and support from people who used the service and their relatives. Healthcare and social care professionals told us managers and staff were responsive to people's needs. Regarding one person, a healthcare professional told us, "The registered manager was very flexible, patient centred and listened to what the family wanted."

Care plans included information about people's likes, dislikes as well as their health, social and emotional needs. People told they had a care plan and they said managers visited and updated their care plan regularly. Comments included, "[Staff name] comes to see me and checks if I need anything. I have no fault to find with them at all. I admire them all," "I have a care plan and they [Staff] review it regularly," and, "I do have a care plan and it is regularly reviewed."

People told us the service provided was highly responsive to their needs. For example, people were emailed regarding their festive holiday requirements to ensure they had the visits they required over the busy holiday period. One person told us hospital admissions were made more bearable because they knew their service would be reinstated the moment they were discharged. They said managers always made sure staff were deployed to meet them on their return home and to help get them back into the house and settled.

Clear complaints policies and procedures were in place and people told us they knew who to speak with if they had cause for complaint. The registered manager was clear and open about their approach to complaint handling to ensure people received a flexible, responsive and fair response. In their PIR the provider told us, "We view complaints and concerns raised by clients and relatives as free quality checks."

In practice people told us they rarely if ever needed to complain. One person told us, "I can't imagine having to complain about anything, but I would contact the manager if we had a complaint." Another person said, "I would feel able to complain but have never needed to." Other comments included, "I would be very happy to complain, if need be. We have never had any serious complaints," "Never needed to complain. I would ring the office if I had any," and, "Yes, I know the procedure but have never needed to complain. Quite the opposite."

People's wishes and aspirations were used to guide staff when planning and designing activities. Staff spoke

with enthusiasm as they told us about activities they had undertaken and the positive impact these had on people. For example, one person who had been housebound owing to their reduced mobility was supported to attend a football match, which they and their care worker had thoroughly enjoyed. Staff spoke passionately about supporting people to access the community and people spoke enthusiastically about the forthcoming festive activities arranged for people using the service, families and friends to socialise with each other and with the staff.

From 31 July 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. This means people's sensory and communication needs should be assessed and supported. We found the service was meeting this standard and had considered what additional support people may need to communicate effectively. Important information about the service was provided in braille and large print. One person received a pictorial bill and schedule, which helped to aid their understanding and promote their independence. This had been recorded within their care plan and adjustments made to ensure hearing aids and glasses were used. Records showed appropriate referrals had been made to the sensory team to provide people with suitable equipment such as vibrating telecommunications, smoke detectors and assistive technology.

At the time of the inspection, the service was not supporting anyone with end of their life care. However, when the service had previously supported people around the end of their life, we could see that staff had worked closely with family members and other professionals. For example, staff had worked with relatives, GPs and community nurses to ensure people received consistent care. Processes were in place, staff had been trained and spent additional time with people if their health deteriorated, supporting both them and their relatives. Relatives had written to thank the staff for their dedicated support at this important time and appreciated the ongoing contact the service provided following a bereavement.

Is the service well-led?

Our findings

Feedback regarding the management and leadership of the service was wholly positive. When asked about the quality of care they or their loved one received people told us, "I think it is exceptional and has made a very big difference to our lives," "I am grateful to be a client of theirs," and, "It is an A star service."

Staff described excellent working relationships and spoke enthusiastically about their work and the organisation's culture and core values. An extremely thorough training programme was in place using external trainers as needed to ensure key staff were aware of and possessed the skills and competencies they needed. Staff were encouraged to participate in a process of reflective feedback to review, reflect and improve their performance. In their feedback regarding working at Continued Care from Oakville Ltd – Harrogate one staff member said, "Continued Care equip me with all the training that I required to become confident and efficient and enhance my skills and knowledge. I am giving something back to the community and reaching out to people that need me. I am a true believer of holistic care and the emotional wellbeing of people I look after means a lot to me. I am very inspired by the dedicated manager."

We found high quality leadership and management was in place throughout the service. An excellent skill mix and prowess existed within the senior management team meaning that staff had access to additional expertise as and when they needed it. Front line leaders and managers had a clear understanding of the task of supporting staff to maintain a highly effective, quality service. In addition to the frontline leader award referred to in caring, a care assessor was recognised for their excellence in the home care sector in the regional Great British Care Awards for their person-centred approach to care planning.

Robust internal systems were in place to provide staff with honest, fair and objective feedback and policy updates through effective supervision, appraisals and newsletters. Staff were provided with excellent shadowing, buddying and mentoring opportunities through a dedicated induction team. This provided staff with contacts and sources of support with the direct staff team. Staff consistently told us managers were always on hand and available to them. A care co-ordinator told us, "The office may close at 5pm, but the door doesn't shut. Everyone is confident that they may ring any of us, the backup is there."

Excellent partnership-working, transparency and reliability were themes people who used the service, relatives and professionals consistently relied upon when they described the service. The registered manager had set up several initiatives to improve outcomes for people. For example, they had developed a form, which the local ambulance service had adopted to ensure the seamless transition of people to hospital. Since the last inspection, the registered manager continued to be proactive in the way they promoted best practice and shared professional ideas. They were actively involved in a local trade organisation, had written articles for journals and had contributed to the parliamentary review on health and social care. The parliamentary review shares examples of best practice and identifies key issues facing health and social care services. Staff were also actively involved in a research based project regarding researching the use of technology in care services. Examples included the web portal, which was accessible to people who used the service and relatives to book and amend appointments and review provision remotely and the provision of sensory aids such vibrating smoke detectors to alert people with sensory loss

to an emergency.

Throughout our inspection the registered manager demonstrated an exceptional knowledge and understanding of how to achieve an extremely flexible, outcome-based service. The aim of the service as described in the report to the parliamentary review was to, 'Build a relationship with all our clients from the outset, learning about their interests and passions, so we can offer a truly personalised service that reflects their needs, aspirations and goals'. The registered manager fostered outstanding teamwork and cooperation to ensure everyone was getting the right information to do their jobs properly. They worked extremely collaboratively with commissioners and other providers to provide high-quality care. They had received a letter of commendation from a local authority corporate director for their work in the past year to support the domiciliary care market locally. A healthcare professional told us, "The registered manager would always try to find a way forwards; their communication skills are excellent." In recognition of their leading work in promoting quality, person-centred home care, the registered manager had been appointed as a judge for the Great British Care Awards 2018, having previously been the winner of the 'Outstanding Contribution to Social Care' award.

Staff responded extremely positively when asked about the support they received from managers and said they felt tremendously valued. In addition to other benefits and reward schemes, the provider had introduced a welfare and engagement support service for their staff. Clear staff work / life balance policies and procedures were in place and staff were supported to achieve their tasks, reprioritise work or provide additional support when needed. For example, one staff member highlighted the extraordinary care and support they had received to return to work successfully following a serious illness. Other staff told us about a scheme to provide non-drivers with electric bicycles for work to avoid traffic queues and cut down on emissions while reaching clients more effectively.

Staff considered people's wellbeing holistically and recognised the impact of social isolation on people's health. Managers and staff had excellent knowledge of the local community and could offer advice about other services, which may be of benefit to people

People who used the service told us they had a high level of control over the service they received. They said their care was centred on the relationship with their staff, which provided them with a tremendous sense of safety and social and emotional wellbeing. People told us they were happy with and appreciative of the care they received. Without exception, people said staff treated them with great respect and they said their views were always listened to and acted upon. One example was the annual questionnaire, which a person who used services had restructured to include pictures and additional information. This had resulted in a greater response rate.

A service user forum brought together people who used the service, relatives, carers and managers to discuss and influence continuous service improvement. Among other things the meeting had discussed holding an internal awards ceremony in November 2018 for staff to thank them and celebrate what they do. Some of the suggested categories included 'dedicated carer', 'best bed maker', 'keeping calm under pressure' and 'best child carer' awards. Everyone agreed the idea was for it to be fun as well as informative for all. The registered manager said, "It's just one of the ways we encourage clients to be honest with us, a culture that also applies to our carers, as we allow them to be open about their work and any problems they encounter."