

Quintessential Support Ltd

Quintessential Support Brokers

Inspection report

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Tel: 07901660895

Date of inspection visit:
14 November 2017
16 November 2017

Date of publication:
08 January 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Quintessential Support Brokers is a small domiciliary care agency registered to provide personal care to people living in their own homes. The service also provided short term care for people who had recently been discharged from hospital and people at the end of their life. At the time of our inspection the service was providing care to one person living in their home. Since our last inspection the service had provided care for 12 other people.

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

At our inspection in April 2016 the provider was not operating effective quality assurance systems to assess, monitor and improve the quality and risks related to the service. The provider had not maintained an accurate, complete and contemporaneous record for each person, including a record of the care provided and of decisions taken in relation to the care provided. This was a breach of Regulation 17 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan detailing the improvements they were going to make to ensure they were meeting the requirements of this regulation.

At this inspection we found the provider had made the necessary improvements to meet the requirements of this regulation. The registered manager had effectively implemented all of the advice and guidance provided by the local authority integrated care team. The registered manager checked the quality of the service daily as they were in day to day control of the service and regularly spoke with people and staff. Since our last inspection the registered manager had implemented systems and processes, which demonstrated how they assured themselves that the service and care people experienced was safe, of good quality and met the regulatory requirements.

The registered manager had systematically reviewed and evaluated people's care and re-assessed people's needs to ensure they would promptly identify any changes or potential risks. This meant suitable adjustments had been made to people's care in a timely manner to ensure their needs were met.

The registered manager had implemented systems to monitor staff knowledge and improve their understanding of their roles and responsibilities. The registered manager completed regular quality assurance visits to conduct staff competency assessments to ensure they effectively applied their learning in practice.

At our inspection in April 2016 healthcare professionals told us people's care plans did not always accurately reflect their needs. At this inspection care plans we reviewed reflected people's current support needs. This meant that new staff and agency staff, if deployed, would have all the information they needed to

understand people's risks and know how to provide appropriate support to people.

The registered manager had embedded a proactive approach to anticipating and managing risks to people which was recognised to be the responsibility of all staff. People were protected from the risks of potential abuse by staff who knew what actions to take if they felt people were at risk. Where concerns had been raised, the registered manager engaged with healthcare and safeguarding professionals in an open and transparent manner.

Staff had the right mix of skills to make sure that people experienced safe care. The manager regularly reviewed staffing levels and adapted them to meet people's changing needs. Staff had undergone pre-employment checks to assess their suitability to provide support to people in their homes.

Staff managed people's prescribed medicines safely in accordance with relevant national guidance and had their competence to do so regularly assessed. Staff had been trained and understood their role and responsibilities to maintain high standards of cleanliness and hygiene to reduce the risk of infections.

The registered manager had ensured that staff had the skills, knowledge and experience to deliver effective care and support to meet people's needs. Supervision and appraisal were used to develop and motivate staff, review their practice and focus on their professional development.

The service protected people from the risk of poor nutrition, dehydration and other medical conditions that affected their health. The service had clear systems and processes for referring people to external services, which were applied consistently. Staff made prompt referrals to health professionals when required and acted swiftly on their recommendations.

Staff upheld people's rights to make sure they had maximum choice and control over their lives, and supported them in the least restrictive way possible.

People were consistently treated with dignity, respect and kindness by staff who made them feel that they mattered. The registered manager ensured staff had the time, information and support they needed to provide care and support in a compassionate and person-centred way.

People were confident that if they complained they would be taken seriously, and their complaint or concern would be explored thoroughly. The registered manager used the learning from complaints and concerns as an opportunity to drive improvement in the quality of the service.

People were sensitively supported to make decisions about their preferences for end of life care. Staff were aware of national good practice guidance and professional guidelines for end of life care.

The registered manager provided clear and direct leadership and had created an open and inclusive culture within the service. The manager had implemented effective governance, management and accountability processes.

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 abuse and the risk of avoidable harm because staff understood their role and responsibility to keep people safe.

Staff were aware of people who were at particular risk of avoidable harm and the necessary measures required to mitigate these risks.

There were always sufficient numbers of suitable staff deployed to keep people safe and meet their assessed needs.

People received their medicines as prescribed from staff who followed current and relevant guidance regarding the safe management of medicines.

Staff had completed relevant training and understood their role and responsibilities for maintaining high standards of cleanliness and hygiene to reduce the risk of infection.

Is the service effective?

Good 

The service was effective.

People's needs and choices had been assessed and staff delivered care and support in line with current legislation and guidance to achieve effective outcomes.

Staff received appropriate supervision and support to ensure they had the required skills and experience to enable them to meet people's needs effectively.

People were supported to make their own decisions and choices and their consent was always sought in line with legislation.

People were supported to eat a healthy balanced diet of their choice, which met their dietary requirements.

People were supported by staff to maintain good health, had regular access to healthcare services and received on-going healthcare support when required.

Is the service caring?

Good ●

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

The provider enabled staff to have time to listen to people, answer their questions, provide information, and involved them in decisions about their care.

Staff promoted people's independence and understood the importance of respecting people's choices and their privacy.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

People knew how to raise concerns or make a complaint and were confident the registered manager would take prompt action to deal with them.

The registered manager used feedback, concerns and complaints as an opportunity to learn and improve the quality of the service provided.

Is the service well-led?

Good ●

The service was well led.

The registered manager promoted an open, inclusive, and person centred culture which encouraged people and staff to be actively involved in developing the service.

The registered manager provided clear and direct leadership which inspired staff to provide a quality service.

The registered manager effectively operated quality assurance and governance systems to implement identified learning to

drive continuous improvement in the service.

The manager had demonstrated effective partnership working with key organisations, including the local authority, safeguarding team and clinical commissioning groups teams, to support good quality care provision.

Quintessential Support Brokers

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 14 and 16 November 2017 and was announced. We gave the service 48 hours' notice of the inspection because it was a small service and the registered manager was often out of the office supporting staff or providing care. We needed to be sure that they would be available. The inspection was completed by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports and statutory notifications. A notification is information about important events which providers are required to notify us by law.

We did not request a Provider Information Return (PIR) at the time of our visit. The PIR 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. We gathered this information on the day of our inspection.

During our inspection we spoke with the relatives of four people who received care from the service. We also spoke with the registered manager and four members of staff.

We reviewed a range of records about people's care and how the service was managed. These included five people's care records, six staff recruitment files, staff training records, minutes of meetings and a selection of policies and procedures relating to the management of the service. Following the inspection, we received feedback from two health and social care professionals and commissioners.

Is the service safe?

Our findings

People experienced good continuity and consistency of care from staff they knew, which made them feel safe. A relative told us, "They take such care of [family member] to make sure they don't hurt her when they're helping her to move."

During our last inspection healthcare professionals told us information in people's care plans did not always reflect people's mobility needs or the support staff were providing. Healthcare professionals were also concerned the service did not have processes in place to be able to identify promptly, when people's risk of developing pressure ulcers had increased.

At this inspection we found the service had made required improvements to keep people safe. Care plans we reviewed accurately reflected people's mobility needs, which was consistent with the support staff were providing. The registered manager and staff had identified risks to people's safety relating to the care they received and the risks associated with people's home environment. Relatives consistently told us that all of the identified risks had been discussed with their loved one, who had been involved in the development of their individual risk management plans.

Care plans informed staff when and how to use people's supportive equipment, for example; hoists and slide sheets. Further detailed information was then provided about how to protect people from the risks associated with using their personal supportive equipment.

Care plans had been updated promptly to ensure people would receive safe and appropriate care. Information provided to staff was accurate and current. This ensured that people would receive consistent care to meet their needs because all staff, including agency and new staff, would have access to the most up to date information and guidance.

Staff told us they worked with colleagues who knew people and their needs well, which ensured people received good quality care, which relatives confirmed.

Relatives felt people were safe whilst receiving care from staff. One relative said, "The carers are always very careful and gentle when they help [their family member] to move." Staff were able to describe how they supported people to move safely to minimise their risk of falls. Relatives and care staff told us people's risks were understood by care staff and arrangements put in place to keep them safe.

People using the service were frail and spent a long time in bed or sitting, which put them at risk of developing pressure ulcers due to the increased pressure on their skin. Relatives told us staff were very thorough when they checked their family member's skin for the sign of any redness or bruising, which may indicate the development of a pressure ulcer. A relative told us, "They are very hot on making sure [their loved ones] skin is well cared for so they don't develop any sore areas. If there are any worries they call the GP or district nurses straight away and then tell the manager who comes out to see us." The service had processes in place to be able to identify promptly when people's risk of developing pressure ulcers had

increased. This enabled staff to take the additional action needed to protect people's skin.

People's needs and risk assessments contained all the information staff required to meet people's needs safely and to mitigate any identified risks. Staff understood people's risk assessments and the action required to support people safely. For example, staff knew who was at risk of pressure ulcers and how their skin integrity was to be managed for their safety.

People were prescribed topical creams to hydrate and protect their skin to minimise the risks of developing pressure ulcers. Care plans now accurately reflected the preventative action to be taken, the type of topical cream people used, when and where it needed to be applied and the necessity to record that people had received their cream as prescribed.

The information in people's care plans made it clear to staff what type of skin observations would identify a potential area of concern and the required reporting to the registered manager and health professionals. This ensured timely and appropriate action was taken to minimise the risk of deterioration in people's skin integrity. The service had a skin management protocol in place to provide guidance to staff on how to manage people's risk of pressure ulcers.

The registered manager had evaluated people's skin care to ensure that current practices kept people safe, especially when people had chosen to decline some of their daily visits and therefore saw care workers less frequently. The provider systematically reviewed people's care to ensure it identified the potential risks to their health and staff had sufficient guidance to know how to keep people safe.

At the time of our inspection people only required support to apply their topical cream and ointment medicines and care staff were not administering any other medicines. The registered manager told us additional medicine support would be provided if people required it. Staff had received relevant training in the safe management of medicines. The registered manager formally assessed the competency of staff to safely administer medicines every three months. This is current good practice to ensure staff have the skills to safely support people with their medicines. The registered manager had reviewed the provider's medicine policy to ensure it reflected current best practice and gave care staff clear instructions in how to safely administer and record people's medicines.

At our inspection in April 2016 staff recruitment records showed that not all the required pre-employment checks had been completed prior to an offer of employment being made to ensure staff were suitable for the role.

At this inspection we found improvements had been made. Staff had undergone relevant pre-employment checks including the provision of suitable references, confirmation of their eligibility to work in the UK, details of any gaps in their employment history and a Disclosure and Barring Service (DBS) check. The provider had assured staff suitability to support people in their own homes.

There were sufficient staff to provide support to meet people's needs. People were protected from the risk of large numbers of different staff visiting their homes. People received care from two or three staff which meant few staff had access to people's homes and they received consistent care from staff that knew them well.

The registered manager completed a daily staffing needs analysis, which was based on the dependency of people. This ensured there were always sufficient numbers of staff with the necessary experience and skills to support people safely. We reviewed rotas for September and October 2017, which demonstrated that the

required level of staffing had been deployed to meet people's assessed needs.

Staff understood their role and responsibility to safeguard people from abuse. People were kept safe by staff who could recognise signs of abuse and knew what to do to protect people when safeguarding concerns were raised.

Accidents and incidents were recorded and reported where required, which were analysed by the registered manager to identify any themes or trends. The registered manager ensured all incidents were reflected upon during staff meetings to ensure necessary learning was shared as soon as possible. People were kept safe because the provider proactively reviewed all incidents and took action to reduce the risk of a future recurrence.

Relatives told us staff wore protective clothing such as gloves and aprons as required to minimise the risk of infection. Relatives confirmed staff ensured there was sufficient stock of these at their home and always used gloves when applying the person's topical cream or supporting them with personal care. Staff had completed training in relation to infection control and could explain how to reduce the risk of cross contamination for people, for example by completing hand-washing in line with the provider's guidance and the use of protective clothing.

Is the service effective?

Our findings

Feedback regarding the service was consistently good. Relatives spoke positively about the quality of care provided by staff who understood their family members needs and knew how they wished to be supported. One relative told us, "Quintessential are the best care agency we have had. They know what they are doing and don't let you down." Another family member told us, "The carers are willing to do anything but are always mindful about making sure [their family member] does what they can for themselves". Relatives made positive comments about the effectiveness of the service and one health and social care professional reported, "The manager is very open and honest and eager to seek ways to improve."

Staff had the required skills and knowledge to provide the support people needed. People experienced support from staff in accordance with their support plans. Relatives told us they believed staff were well trained because of the quality of care they provided. One relative told us, "You can tell the staff have received good training in things like moving and transferring."

The provider ensured staff completed an induction course aligned to the Care Certificate and spent time working with experienced staff before staff were allowed to support people unsupervised. This ensured new staff had the appropriate knowledge and skills to support people effectively. The Care Certificate sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve.

Records showed that the provider's required staff training was up to date, including safeguarding people from abuse, moving and positioning, the Mental Capacity Act 2005, fire safety, food hygiene and infection control. Staff also underwent further training specific to the needs of the people they supported, including end of life care, dying and bereavement, and dementia awareness. Staff had undertaken effective training to enable them to meet people's individual needs.

The provider's records demonstrated that future training had been scheduled effectively. This ensured that staff had been supported to gain the necessary skills required to meet people's needs and to maintain them.

All staff had completed or were working towards work based qualifications (NVQ or QCF level 2 or above). These qualifications recognise the skills and knowledge of a person to do a job and require the candidate to prove their competence in their chosen role.

Staff told us that the face to face training they received was very good and consistently praised the provider's external trainer. The registered manager completed staff knowledge checks to ensure they understood the computer based training offered by the provider.

At our inspection in April 2016 we identified that the registered manager did not operate a competency framework to ensure staff delivered care and support in line with their training. Improvements were needed to ensure the registered manager continuously checked whether staff were able to apply their training in

practice.

At this inspection records demonstrated that the registered manager completed staff competency assessments every three months. These assessments involved the registered manager observing staff whilst they delivered people's care. This ensured staff had understood what they had learned and were able to apply their knowledge in practice whilst supporting people.

The registered manager effectively operated a system of spot checks, supervision, appraisal and monthly meetings which supported staff to deliver care based on best practice. Records demonstrated that staff had received regular supervision, spot checks and appraisals, in line with the provider's policy. Minutes of staff meetings detailed topics covered to enhance staff care practice. For example, the registered manager refreshed best practice in relation to the individual moving and positioning requirements of a particular individual.

One staff member told us the registered manager had reviewed infection control practice, and the impact of effective personal care on reducing the risk of infection.

Staff consistently told us that the team meetings were an invaluable source of learning. One experienced staff member told us, "Quintessential training is better than others because they have more face to face training."

Staff received regular one to one meetings and team supervisions with the registered manager to support them to develop their skills and knowledge. They told us that they were in daily contact with the registered manager to discuss their care visits and were provided with support and guidance if they had any concerns.

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.

Staff demonstrated a clear understanding of the principles of the MCA 2005 and described how they supported people to make decisions. People were supported by staff who understood the need to seek people's consent and effectively applied the guidance and legislation of the MCA in relation to people's daily care.

Staff supported people to make as many decisions about their care as they were able to. At the time of our inspection people supported by the service had capacity to make their own decisions. The registered manager and staff demonstrated clear understanding of best interest decision processes to be undertaken to support people assessed not to have capacity. People's care records identified where they had consented to the care they received and where required those who had supported them with the decisions.

Care plans detailed people's specific dietary requirements, preferences and any food allergies. People were supported to eat a healthy diet of their choice by staff who had completed training in relation to food hygiene and safety. Staff knew people's food and drink preferences and were able to tell us what action they would take if they identified a person to be at risk of malnutrition.

Staff recognised changes in people's needs in a timely way and promptly sought advice from health professionals. We reviewed examples where staff had immediately sought advice from the registered

manager when they had identified a change in people's needs, who then arranged support from relevant health professionals. For example, in relation to concerns regarding potential infections and skin care needs.

Staff were aware of people's health needs, and quickly recognised when they were unwell. Staff understood the impact of health appointments on people's anxieties, and liaised in advance with healthcare services to minimise any distress. Records showed that people had regular access to healthcare professionals such as GP's, district nurses and occupational therapists.

Is the service caring?

Our findings

Staff had developed caring relationships with people and their families, who praised the quality and kindness of the care they received. One family member told us, "She was apprehensive at first but was glad and really loved the carers in the end because they were so kind and caring." One relative told us, "The ladies [staff] were just naturally caring. You could tell they loved their work."

Staff were kind and compassionate and treated people with respect. Relatives said staff were warm and friendly and invested time to develop meaningful, caring relationships with the people they supported. Relatives told us the staff were calm and unhurried whilst delivering their care, which inspired confidence and reassured them. Relatives consistently told us that staff always found time to have a chat with them and were never rushing to get to their next visit, which made them feel valued.

Relatives consistently praised the way staff also supported people's extended family during visits. One relative told us, "They [staff] are very caring and always make sure I am ok." People and their families were consistently treated with kindness and compassion in their day to day care.

Relatives told us interactions between people and staff were warm and friendly and involved two way conversations about topics of general interest that did not just focus on the person's support needs. Staff spoke with fondness and affection when speaking about people. They were able to tell us about people's personal histories and their likes and dislikes, as well as their care and support needs.

Families of people being supported to live with dementia praised the continuity and consistency of staff provided to support their loved one. As part of the assessment process people, their families and staff completed full life histories which detailed information about people's life journey and memories in respect of their family and the people who were important to them. This information gave staff the necessary information and understanding to provide personalised care, tailored to the individual needs of people using the service. This caring approach enabled staff to understand the person they were supporting and ensured their care was delivered in accordance with their wishes.

We saw that people's care plans contained detailed information about their life history to assist staff in understanding their background and what might be important to them. Staff used the information contained in people's care plans to ensure they were aware of people's needs and their likes and dislikes.

People's privacy was respected. Relatives told us staff discreetly supported people to rearrange their dress to maintain their personal dignity. Staff always knocked and asked for permission before entering people's rooms. Relatives reported that staff were polite and respectful when providing personal care. Staff gave examples of how they supported people in a dignified way with their personal care, for example; by ensuring doors were closed and curtains were drawn.

Staff took their time with people and did not rush or hurry them. Relatives consistently told us that staff treated people with dignity and respect in their day to day lives. People responded to staff with smiles or by

touching them, which showed people were comfortable and relaxed in their company. When required, staff spoke slowly and clearly, allowing people time to understand what was happening and to make decisions. Relatives described how staff used gentle touch where required to enable people to focus on what was being discussed.

When people were upset, relatives observed that staff recognised and responded appropriately to their needs quickly, with kindness and compassion. Relatives said staff knew how to comfort their loved ones, for example, by holding their hands or putting an arm around their shoulder. Relatives told us staff effectively supported people's emotional needs as well as their physical needs.

Is the service responsive?

Our findings

Families told us the service was responsive to people's needs and their loved ones had agreed the times of the care visits with the registered manager, which the service met. The service was flexible and adjusted people's care times when requested. One relative told us "The carers [staff] are always on time or thereabouts and always call if they're delayed." Relatives consistently told us that staff always came and they were assured people would receive their care as needed.

Relatives told us staff stayed for the allocated timescale and people were supported at their own pace when care tasks were completed, even if this meant the visit had to be extended. One staff member told us "We stay as long as it takes to make sure people receive the care they want and always go at their pace. If this means we have to stay longer we let the manager know who covers our next visit".

Relatives told us they felt they had supported their loved ones in the planning of their care, together with the registered manager. The registered manager used the referral assessment of the person's care manager [social worker] as the basis of their assessment. One relative told us "They always make sure I am involved in all of the planning and whenever there are any changes.". Care records demonstrated relatives' views about people's care had been sought with their consent.

At our inspection in April 2016 we found people's needs had not always been re-assessed promptly when their condition or preferences had changed to ensure their care arrangements would continue to meet their needs. Improvements were needed to ensure people's needs would be re-assessed and their care reviewed continually to ensure people would always receive appropriate care that met their changing needs and preferences. Further improvement was also required to ensure people's care plans accurately reflected their current needs so that staff who did not know people well had access to all the relevant information to support them appropriately.

At this inspection relatives told us the registered manager came to visit their family member promptly whenever their needs had changed. The registered manager completed a full review of their needs and risk assessments then updated their care plan with relevant details. Staff told us reviewing and updating people's care plans to ensure they were accurate was a standing agenda item and was always emphasised at team meetings. The registered manager told us that they went to see people at the earliest opportunity to review their care plans, whenever their needs had changed, which records confirmed. This ensured that any new staff or staff who did not know people well would have access to the most current information detailing the support people required.

Relatives told us if they had a complaint they would raise it with the registered manager or any of their staff and were confident action would be taken to address their concerns. Relatives told us the registered manager made a point of speaking with them when they visited to make sure their loved one was happy and whether there was anything they could do improve their quality of life.

Staff were aware of the provider's complaints policy but consistently told us the registered manager

encouraged them to use their initiative and proactively resolve problems as soon as they were raised, whilst ensuring the details and staff action was recorded. This reassured people and their relatives that the service was responsive to their concerns.

The registered manager valued concerns and complaints as an opportunity for driving improvement in the service. The provider had a policy and arrangements in place to manage complaints. People were provided with information about how to make a complaint in a format which met their needs.

At our inspection in April 2016 this information did not include details of external organisations to contact if they were unhappy with the provider's response, such as the Care Quality Commission and the Local Government Ombudsman. At this inspection we found people and relatives had been provided with this information, which had been incorporated into the provider's complaints policy.

The home had received one complaint since our inspection in April 2016, which had been managed effectively, in accordance with the provider's policy and procedures. Where complaints identified areas of required learning and improvement the manager had taken positive action, for example; replacement of staff that one person did not like. Relatives told us the registered manager had addressed all of their concerns promptly.

Staff demonstrated a clear understanding of their responsibility to consider people's needs on the grounds of protected equality characteristics as part of the planning process and provisions had been made. The registered manager emphasised in team meetings the importance for staff to understand people's personal history, individual preferences, interests and aspirations. This was to enable staff to support people to have as much choice and control over their care as possible. The Equality Act covers the same groups that were protected by existing equality legislation – age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity. These are now called 'protected characteristics'. We reviewed one person's care plan which showed their individual religious beliefs, spiritual needs and preferences had been considered.

Relatives told us staff were responsive to people's communication styles and gave people information and choices in ways that they could understand, for example; using short sentences and plain English. Staff understood and respected that some individuals required more time to respond than others.

The provider had complied with the Accessible Information Standard by identifying, recording and sharing the information about the individual communication needs of people with a disability or sensory impairment. The registered manager ensured that all staff were fully aware of people's individual communication needs and support plans. This enabled staff to communicate effectively with people to ensure their wishes and needs were met and their human rights were protected.

At the time of inspection there were no people being supported with end of life care. Relatives consistently told us the registered manager had sensitively supported them and their family member to make decisions about their preferences for end of life care. Families praised the support provided by the service to their loved ones. One relative told us how the registered manager knew the family well and spoke with their family member at great length to ensure they clearly understood their preferences and choices. The family member confirmed their loved one's wishes had been accurately recorded and were kept under review and acted upon. Another family member told us the registered manager explored all of their loved one's wishes which they then respected and fulfilled.

The service worked with healthcare professionals, including palliative care specialists and others from a

local hospice, to provide a dignified and pain-free death, respecting people's advanced decisions and wishes.

Is the service well-led?

Our findings

At our inspection in April 2016 the provider was not operating effective quality assurance systems to assess, monitor and improve the quality and risks related to the service. The provider had not maintained an accurate, complete and contemporaneous record for each person, including a record of the care provided and of decisions taken in relation to the care provided. This was a breach of Regulation 17 of the health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan detailing the improvements they were going to make to ensure they were meeting the requirements of this regulation.

At this inspection we found the provider had made the necessary improvements to meet the requirements of this regulation. For example, when care staff reported that people's mobility needs had changed their care requirements had been reassessed and their care plans updated accordingly. Staff consistently told us when people's needs changed the registered manager went to see people immediately to update their risk assessments and care plans, which was confirmed by people's relatives. The registered manager had reviewed all the staff pre-employment checks to ensure all relevant information was recorded to assure the provider they had implemented safe recruitment practices.

The registered manager effectively operated systems to identify when staff care practice was not meeting people's needs or putting people at risk. For example, records demonstrated staff had their competency checked quarterly in relation to the delivery of people's care. These checks included staff competency to administer medicines and to support people to safely mobilise around their homes. The registered manager effectively operated systems to identify when staff care practice was not meeting people's needs or putting people at risk.

At our inspection in April 2016 healthcare professionals told us people's care plans did not always accurately reflect their needs. The registered manager had engaged with the Care Commissioning Group Specialist Nurse and Quality Programme Manager in relation to required improvements. At this inspection care plans we reviewed reflected people's current support needs. This meant that new staff and agency staff, if deployed, would have all the information they needed to understand people's risks and know how to provide appropriate support to people.

The registered manager told us they checked people's daily records regularly and identified areas for improvement. For example, we reviewed supervisions where staff had been reminded to ensure that all of the support they provided to people was fully recorded. Minutes of staff meetings demonstrated that necessary learning from accidents and incidents was passed onto staff promptly.

Staff consistently told us they received feedback from the registered manager in a constructive and motivating way, which enabled them to know what action they needed to take.

At our inspection in April 2016 the provider's feedback process did not routinely ask or seek professionals and commissioners about their views of the service. As a result the health and social care professionals had

to inform the registered manager when complaints had been made rather than the registered manager actively seeking their views and concerns. At this inspection the registered manager had implemented a system which effectively gathered feedback from healthcare professionals. This enabled staff to take preventative action at the earliest opportunity, for example; early interventions to treat pressure areas. This also ensured the provider did not miss opportunities to identify required improvements so that action could be taken to improve the quality of service experienced by people.

People, relatives and care staff told us they had been asked for their feedback about the service and the provider had completed an annual satisfaction survey for 2017. This feedback was consistently positive, with no areas identified for improvement. The registered manager told us they were redesigning the annual surveys so they provided more information regarding how the service could be improved.

Staff clearly understood the vision, values and culture of the service and were able to explain them. We observed there was an open, person centred culture and a commitment to providing good quality care and support. The registered manager and staff spoke passionately about the service and their desire to provide the best possible care people could receive in their own homes.

People and relatives told us the registered manager was very approachable, willing to listen and readily available, which was confirmed by staff. The registered manager was highly visible and regularly went to see people if they were upset or had raised concerns, which people confirmed. Where staff had provided a good service to people, which had been the subject of praise, the registered manager ensured this was passed on to relevant staff in supervisions and staff meetings.

The registered manager provided clear and direct leadership to staff who had a good understanding of their roles and responsibilities. Staff had the opportunity to discuss concerns or ideas they had about the service or their own development during supervisions or informal meetings, which then formed the basis of action plans.

Where concerns had been raised the registered manager engaged with healthcare and safeguarding professionals in an open and transparent manner. This ensured concerns were investigated in a sensitive and confidential way, and lessons were shared and acted on.

The registered manager had effectively implemented all of the advice and guidance provided by the local authority integrated care team to make identified improvements. This demonstrated the registered manager's ability and willingness to work in partnership with other stakeholders.