

Millrose Care Limited

# Millrose Care Limited

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This comprehensive inspection took place on 12 and 13 July 2017 and was announced. Millrose Care is a small domiciliary care agency situated in Bideford. It was registered with the Care Quality Commission (CQC) in 2016 and this was its first inspection.

The service provides personal care and support to older people in their own homes. The service currently covers the Bideford area only.

At the time of our inspection, the service provided a service to approximately 14 people. The times of people's visits ranged from 15 minutes up to one hour. The frequency of visits ranged from one visit per week to 28 visits per week dependent upon people's individual needs. The service employed 8 care workers who worked both full and part-time.

The service had two joint registered managers who were present during the inspection. A registered manager is a person who has registered with the CQC 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.

The service cared for people, relatives and their pets keeping them at the heart of the service. There was a strong emphasis on compassion, kindness, caring and respect. Feedback from people and relatives was very complimentary. They all expressed satisfaction with the management of the service, knew the registered managers well and spoke highly of the care workers. People valued their relationship with staff and felt staff often went 'the extra mile' for them. One care worker said, "When have I gone the extra mile? Little things like cutting flowers from a client's garden so they can enjoy them nearby or reading aloud some poetry to a client who was feeling despondent to raise their spirits ... I hope I always pay attention and deliver person centred care, I certainly try to."

People were supported to express their views and were involved in decision making about their care. Care records recorded life histories about each person, their life and what mattered to them. Families and other relatives were also supported by the service. One relative said, "There is a family feel about this service ... they always do little things for me and care about me too."

People benefitted from care workers who were safely recruited, trained and supported to do their jobs properly. They felt the care was very good and there were never any missed visits. People felt their needs and wishes were the focus of the service and the care workers who supported them. They received consistent care from a team of care workers who knew them well and also cared for their family members. Meaningful and strong relationships had developed over time. People's comments included, "I am really happy with this service ... I look forward to them (care workers) coming in" and "They are lovely, all nice". A relative said, "There is a family feel about this service ... they always do little things for me and care about me too." One person had even written a poem about the service to show their gratitude of the care

delivered; they referred to the care workers as "ministering angels".

Care and support was planned and focussed on people's individual needs, choices and preferences. The service responded positively and quickly to any changes in people's conditions. People and relatives gave us examples of how the service had responded to meet people's individual needs. People's independence was promoted and people were encouraged to help themselves as much as possible. People were assisted to eat and drink meals of their choice. Medicines were given in a safe way by staff who had been trained in this area.

The safety of the service was taken seriously and the providers and care workers were aware of their responsibility to protect people's health and well-being. There were systems in place to ensure any identified risks were managed and reduced as much as possible.

Millrose Care had operated for one year and was managed jointly by the registered managers who were also the registered providers. They both had several years of management and care experience. People were complimentary of the way the service was managed and knew both the registered managers personally. The service was open and inclusive and regular feedback was sought. The registered managers cared for its staff and involved them in the running of the service. People, staff and relatives were complimentary about the style and leadership of the service. One person said, "The managers are lovely ... if I have a problem they solve it."

The provider had a range of quality monitoring systems in place which included spot checks, regular staff meetings, surveys and a range of audits. People knew how to raise any concerns or complaints and felt confident to do so. Where concerns were raised these were investigated and the appropriate action taken.

## 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 had confidence in the service they received and felt safe and secure when receiving support.

People's individual risks were assessed and reduced as far as possible, whilst maintaining independence.

People were protected from harm because staff understood signs of abuse and how to report any concerns.

People were supported by staff who arrived on time, stayed for the required length of time and did not miss visits.

People received their medicines on time and in a safe way.

People were protected by a safe staff recruitment procedure.

### Is the service effective?

Good ●

The service was effective.

The service ensured people received effective care that met their needs, preferences and wishes.

People were cared for by staff who received the appropriate training and supervision to do their jobs properly.

People were supported with their health and dietary needs.

Staff recognised changes in people's health needs, reported concerns and involved professionals where necessary.

Staff had an understanding of the Mental Capacity Act (2005) and how it applied to their practice.

### Is the service caring?

Outstanding ☆

The service was outstanding.

The service had a strong focus on person centred care and care

was given based on people's needs, preferences and wishes. People spoke of care workers going the 'extra mile'.

Staff delivered care in a personalised and individual way. They were caring, compassionate and highly motivated. These principles were embedded in the care they provided.

They treated people with dignity and respect and were always polite.

People were able to express their views and be involved in decisions about their care.

People were supported by a team of regular staff they knew well, had developed strong meaningful relationships with and trusted.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received a personalised service which was planned proactively with them. This was kept under review and the service was flexible and responsive to people's changing needs and preferences.

People knew how to raise concerns and complaints and who to contact. They were confident they would be listened to.

### **Is the service well-led?**

**Good** ●

The service was well-led.

The registered managers promoted strong values, high standards and a person centred culture.

Staff were motivated and supported in their work.

The service was focussed on improvement and put the person at the centre of the service.

The service used quality monitoring systems to monitor and improve the quality and safety of people's care.

# Millrose Care Limited

## Detailed findings

### Background to this inspection

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

The inspection took place on 12 and 13 July 2017. It was an announced inspection. The inspection team consisted of one adult social care 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 service). The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

Before our inspection we reviewed the information we held about the home. This included information held by the Care Quality Commission (CQC), such as statutory notifications. A notification is information about important events which the service is required to send us by law. Prior to the inspection, the provider completed 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 improvements they plan to make.

We spoke with the two joint registered managers (who were also the providers) and two care staff. We visited and spoke with three people and one relative in their own homes. We also undertook telephone interviews with seven people and three relatives. Following the inspection, we sought feedback from six care staff and received responses from two. We requested feedback from four health and social care professionals including the local GP, community nursing team and the local authority. We received one response. We also contacted the commissioners of the service and safeguarding teams. This enabled us to ensure we were addressing any potential areas of concern.

We reviewed information about people's care and how the service was managed. These included: three people's care files and medicine records; staff files which included recruitment records of the last three staff to be appointed; staff schedules; staff training and supervision records; quality monitoring systems such as audits, spot checks and competency checks; complaints and compliments; incidents and accident reporting; minutes of meetings and the most recent quality survey returned from people.

Following the inspection, the registered managers sent us several new documents which they had put into practice. These included those relating to staff recruitment and skill competency checking, care planning, medicines and quality assurance monitoring.

# Is the service safe?

## Our findings

People felt safe being cared and supported by the care workers who assisted them. Comments included, "Absolutely ... especially when moving", "They (care workers) make sure I'm safe" and "I am very confident in the care."

Care workers were always introduced to people before they visited them so they knew who to expect. As far as possible, this was carried out with one of the registered managers. One care worker said, "We always have proper 1:1 introductions." Each person was visited by care workers they knew and trusted. Together they had built up friendships and positive relationships. Comments included, "Team of three or four carers", "This is the good thing about this Company ... I know who is coming", "I know all the girls" and "There is a small group of carers most of the time." Where people needed two care workers, they were always provided. One person said, "The carers come together." All people spoken with said care workers arrived on time and stayed for the expected length of time. Two people said, "Some (care workers) actually stay later" and "They always stay the right amount of time."

People received a weekly staff rota of which care workers were coming into their home. This contained information about the days and times of visits. It also included an individual photograph of the care worker so people could recognise them. One person had their rota next to their armchair. They commented, "They leave a rota with me so I know all the girls ... I don't let anyone in ... it (the rota) tells me the dates and times." Two other people said, "They are very organised and I know who is coming" and "I have been given a rota with the pictures of the carers."

People were notified if there were any changes to the rota or if care workers were running late due to unforeseen circumstances. Staff rang the office if they were longer than 15 minutes late and the office telephoned people to let them know. One relative said, "The care workers always come on time but if they can't get here, they always give me a ring." Four people said, "Never had any changes."

People were protected from potential abuse and avoidable harm. Staff had received Protection of Vulnerable Adults (PoVA) training. This meant care workers knew how to recognise abuse, who to report it to and the correct action to take. Both registered managers had undertaken the highest level of training available from the local authority. They were both aware of their roles and responsibilities and knew who to contact if necessary. Safeguarding and whistleblowing policies were in place. There had been no safeguarding concerns related to the agency in the last 12 months.

Assessments were undertaken to assess any individual risks to people who received a service and to the care workers who supported them. This included any risks due to the health and support needs of the person. For example, those people at risk from skin damage due to their frailty or immobility. Guidance was included about the necessary action to take to minimise the risk. Environment risks were also undertaken which included those related to pets, furniture and external risks such as slippery steps or poor lighting. One risk assessment identified an uneven carpet was a risk for both the person and the care worker. As a result, the carpet was removed to make the premises safe and reduce the risk of injury occurring.



Accidents and incidents were reported, reviewed and followed up by the registered managers. Any trends or patterns were identified and resolved to prevent the risk of recurrence. If people sustained any known or unknown injuries, a body map was completed and the injuries monitored. For example, following admission to or from hospital.

Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. This included obtaining references and undertaking a Disclosure and Barring Service (DBS) criminal record check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Gaps in employment history were discussed but not always recorded. In the Provider Information Return (PIR) the registered managers had highlighted they needed to improve their recruitment process by introducing a "new interview schedule" and records of interviews. This meant questions to prospective staff would be more consistent, scored and more robust. Following the inspection, the registered managers sent us updated recruitment records to include all the information legally required. These records were put into immediate use.

People were cared for by sufficient staff with the right skills and knowledge to meet their individual needs. These were adjusted according to the needs of people. For example, when two care workers were required due to a person's complex care needs. The PIR stated that out of the 14 staff who were first recruited, two had left the service due to personal circumstances. The number of staff employed was ten which included the two registered managers. This was sufficient to currently meet all people's care and support needs, but the registered managers were reviewing both the numbers of people receiving a service and the numbers of care workers employed. This was to consider increasing in size in the near future.

People's medicines were managed, administered and reviewed in a safe and robust way for the people who were unable to manage them themselves. Staff had successfully undertaken comprehensive medicine training. Care workers did not give out people's medicines until they had completed this training. The majority (but not all) of people's medicines were in monitored dosage systems (MDS) to reduce the risk of incorrect medicines being taken. People's medicine records (MAR) were completed, checked and printed off by the registered managers each month. These included clear instructions for staff to follow. These records were coded and coloured to identify the medicines. For example, if a person's medicine had been changed from the previous MAR, this was written on a lilac coloured MAR. This meant staff were alerted to any medicine changes immediately. MAR charts showed staff signed the MAR to say medicines had been given, prompted or refused. There had been one medicine error which had been occurred. This had been investigated and the appropriate action taken to prevent a recurrence, such as refresher medicine training and a change in the recording on the MAR. Following the inspection, the registered managers sent us updated medicine records to improve their monitoring further. These records were put into immediate use.

Arrangements were in place to keep people safe in an emergency, such as poor weather or flooding. The registered managers and care workers knew which people required a priority visit. For example, this may be because they had complex health needs, no relatives living nearby or were isolated. The service would ensure these visits were carried out where possible.

People were protected from cross infection. People said care workers washed their hands before and after providing care and when dealing with food. They wore protective clothing, such as gloves and aprons. One relative said, "They (care workers) are very professional and spotlessly clean ... they always wear gloves and aprons." Adequate supplies of gloves and aprons were available for care workers and these were dropped off by the registered managers or picked up by the care workers.

## Is the service effective?

### Our findings

People experienced care and support which promoted their health and wellbeing. They received effective care from staff who had the skills, knowledge and understanding needed to carry out their roles. All care staff had completed formal qualifications in care and received regular training. This included, safeguarding, medicines, equality and diversity, privacy and dignity and nutrition. Staff training records and the Provider Information Return (PIR) showed staff were up to date with their essential training. The registered managers had identified further specific training needs for staff, such as skin integrity and catheter care. The registered managers had undertaken the 'train the trainer' courses in safe moving and handling to keep care workers up to date in this specific area. One care worker said, "We have lots of training which helps us give quality care." People commented, "This Company's care workers are trained", "Trained to a high standard" and "Seem to be trained to a high standard."

New care workers, and those without a formal qualification in care, undertook the Care Certificate. This is a set of standards that social care and health workers are expected to adhere to in their daily working life. They had a period of shadowing with the registered managers or a senior care worker. This was for as long as they needed, until they felt comfortable to work unsupervised.

Care workers received regular supervision. These took place in one to one office meetings, 'spot checks' (where a care worker's practice is observed), skill competency checks and staff meetings. This gave care workers an opportunity to discuss further learning needs and receive feedback on their work performance. All supervisions were recorded and held on care workers' files. This helped to ensure staff continued to deliver effective care and support to people. One care worker said, "We have supervision so we can discuss where we are going ... but if there is any changes we always pass that information on." Staff had not yet received an annual appraisal as the service had only just been operating for a year but the registered managers had planned these to take place in the very near future. One care worker confirmed they received more frequent supervision meetings and risk assessments on their abilities due to a medical condition. This prevented any unnecessary risks to them.

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. We checked whether the service was working within the principles of the Act and found they were.

Staff demonstrated a good understanding of the MCA and how this applied to their practice. All people receiving care and support from the service had the capacity to make their own choices and decisions. Where people had not been able to make a decision in the past, the registered managers had made 'best interest' decisions with the relevant parties. The service did not routinely assess people's capacity but the registered manager's confirmed they would add this to the assessment process. The registered managers were aware of the procedures necessary if a person was subject to a Court of Protection order. Nobody currently using the service had such an order. People had signed consent forms to record and confirm their

agreement to their care and support.

People were supported to have a meal of their choice and type which was prepared or served by care workers. Food was prepared and cooked as recommended. Meals generally consisted of ready cooked meals which were heated in a microwave, although people said care workers peeled potatoes and vegetables if requested. One person said, "I have breakfasts daily and lunch made at the weekends." People were given a choice of food to have; care workers ensured snacks and drinks were left within reach before they left. Care workers ensured any out of date food was brought to the person's attention and disposed of if necessary. If care workers had any concerns about people's food or fluid intake, these were recorded in the daily log records and the office was informed. This was so they could pass the information over to other care workers. Food was served to people in a nicely presented way which made it look appealing.

People were supported with their on-going health needs. Care records showed evidence of health and social care professional involvement on an on-going and timely basis. Records showed their advice was followed. For example, care workers were following written instructions from a physiotherapist. People were supported to attend opticians and dentists if requested.

# Is the service caring?

## Our findings

People and relatives all gave us very positive feedback and were unanimously happy and complimentary of the registered managers and care workers. People's comments included, "I am really happy with this service ... I look forward to them (care workers) coming in" and "They are lovely, all nice". A thank you card said, "Thank you all so much for caring so kindly for (family member). I know he was happy with you all and you helped me more than I can say." One person had written a poem about the service and staff. The words included, "There are ministering angels, mine are dressed in pink ... What would I do without you ... you patient lovely souls, you cheer me up, you make me laugh."

People and relatives said care workers 'went an extra mile'. One care worker said, "When have I gone the extra mile? Little things like cutting flowers from a client's garden so they can enjoy them nearby or reading aloud some poetry to a client who was feeling despondent to raise their spirits ... I hope I always pay attention and deliver person centred care, I certainly try to." Another said, "I always go above and beyond our duties ... washing and setting hair for a client when the hairdresser is on holiday ... sorting through clothes and household items prior to moving house ... picking up medication in my own time."

People were supported to express their views and were involved in decision making about their care. Care records recorded life histories about each person, their life and what mattered to them. Families and other relatives were also supported by the service. One relative said, "There is a family feel about this service ... they always do little things for me and care about me too ... They say to me 'Make sure you go lie down and have a rest' and they always take my rubbish out."

Care workers supported people to have choices and preferences in their daily lives. For example, one person was asked if they would like to have a shave. The care worker gave the electric razor to the person who said, "They will bring the razor but they know I like to do it myself ... they (care workers) are so organised and kind to me ... that's how it should be". Another care worker asked one person if they would like the television on and which channel they preferred. They ensured the television remote control was placed on their table where they could reach it. Another care worker was preparing a person's breakfast. They told a second member of staff in detail what the person wanted and how they wanted it. For example, they had asked for crumpets and marmalade. The first care worker said, "Can you cut some fruit up for (the person) too ... strawberries are her favourite if there are some." Care workers knew how another person liked their hair styled and another person's selection of aftershave lotions. One care worker said, "This one if only for special occasions (certain type of aftershave lotion)" whilst sharing a joke with the person. Another person said, "They always put my different creams on in the right places ... so I don't get a bedsores ... I even have anti-wrinkle cream on my face."

People were treated with respect and dignity from care workers. Four people said: "Absolutely ... at 53 I have never had anyone see me in the bath"; "All the time"; "Most definitely" and "They are always kind to me." One relative said, "They (care workers) are always polite and treat (person) with respect ... (person) likes all of them but has his favourites who he has developed a special bond with."

People were encouraged to remain as independent as possible. Details of how to maintain individual people's independence was recorded in their care plans. For example, how much people were able to do for themselves when having personal care. When relatives were asked if their family member's independence was maintained, they replied, "Quite often, they will prompt mum to do tasks" and "Very good with my husband ... they encourage him to do his exercises following his stroke". One relative said that, as a direct result of care received from staff at Millrose Care, their family member's health and well-being had improved significantly. This involved care workers using a planned programme of exercises to strengthen muscles. The person said, "They make me do my exercises ... they have stepped up to the mark ... we have a laugh and a joke while we do them ... and they do it right too"! Their relative said, "My husband has been able to do a lot more since having the care workers ... he has improved both physically and mentally since having Millrose Care ... they look after (person) really well ... his exercises had stopped with the old one (previous service) and the exercises were put in a drawer. Now they do them twice a day ... it's amazing."

Care workers communicated with people well, had time to talk when visiting and had built up meaningful relationships. People gave us examples of how the care worker's looked after them and spent time with them as well as completing their personal care. One person said, "Always chatting" and a relative said, "(Family member) looks forward to them coming in and having a chat ... my last service did not even take their coats off when they came in". Another person said, "We have a laugh ... that's how it should be ... one person even sings to me ... I can't make out what she's saying but I like it ... I pull her leg ... we have a good relationship and like a joke because it helps." A relative said, "As soon as they (care workers) come in they say 'hello' ... I used to dread carers coming in but now I look forward to it ... they care about you and they care about me." One person said, "They are always chatting and take their time."

Care workers showed concern for people's wellbeing in a caring and meaningful way. One relative wrote, "... you have all made such a difference to my well-being and day to day life ... regular caring and always good companionship ... ladies I love you and thank you so much for taking such care of this lady." Some people said the service went above and beyond what they should. One person explained when they went on holiday to a hotel in another town, the agency arranged for the care workers to continue to visit the person four times a day at their hotel. This meant a round trip of approximately 25 miles each visit which the agency accommodated to prevent any disruption to the care provision. Another person said, "I can't fault them ... they are fantastic and are helping me to move into a bungalow." Care staff looked after people's pets when they were unable to. This included dog walking, feeding and cleaning out litter trays. One person had a cat which was prone to scratching and biting care workers when they visited. The registered managers put a risk assessment in place to manage the cat's behaviour to reduce the risk. The impact on the person was that they continued to receive their care by staff who also tended to their cat; this enhanced their feeling of well-being. During our visits, care staff took the time to make each person's bed in the way they wished. Staff said it was important for people for people's beds to look tidy, appealing and comfortable. One said, "It's the little important things like making beds that count."

People and relatives had developed positive interactions with the registered managers and knew who they were. Three people said, "We see them once or twice a week", "Both managers have come to see us" and "The managers come in and ask how we are." We saw how warmly one of the registered managers was welcomed into three people's homes. This was in a friendly, affectionate and genuinely caring way. They were treated as part of the family with familiarity and greeted them in a way that had developed over time with trust. The registered were always available to support people in times of distress. One care worker contacted one of the registered managers to discuss a concern they had with one of the people they had visited. The registered manager knew the person very well, including her likes, dislikes, mental health, personality and care needs. The registered manager arranged to visit the person immediately to allay any anxieties they might be experiencing and take any appropriate action needed.

The registered managers ensured each person received a birthday card, together with a Christmas card and present. Christmas presents were individually made and personalised for each person such as knitted socks, homemade chutney and coconut candy. The registered managers felt it was important people's special days were celebrated and people knew they cared. On one person's wedding anniversary, the staff collectively purchased a book for them and their wife which showed the news on the date they were married. This was greatly appreciated and the thank you card said, "Thank you very much for your lovely card and such an interesting book ... we shall enjoy reading it and remembering how life was when we were newlywed ... such a lovely thought and much appreciated."

The registered managers also valued their care workers, supported them in a caring way and respected their well-being. An example of this was that, following the recent hot weather, the registered managers had acknowledged that staff's uniforms may be too hot and uncomfortable for them to wear. As a result, they bought each staff member specific T-shirts which were both lighter and easier to wear. Only staff who had the same values and beliefs as the registered managers were employed. Most of the staff had previously worked with the registered managers who could vouch for their high quality of care delivered. One care worker said, "(The registered managers) have worked with a lot of carers and know the best to pick." The service had a waiting list of care workers who wanted to join them when possible. Some of the events organised for staff included social gatherings such as baby showers, meals, BBQs and discos. Care workers received birthday and Christmas cards, as well as gifts. One care worker received Easter eggs for their children as they had helped to cover vacant care visits.

## Is the service responsive?

### Our findings

People and relatives spoken with all described how the service provided by the agency was very personalised and responsive to people's needs. Two people explained how the registered managers had changed the times of their care visits to fit in with their individual personal and social lives. For example, one person preferred to sleep in late so their visit was made mid-morning.

When new people were referred to the service, one of the registered managers undertook a comprehensive assessment of their needs. They involved people and those close to them to develop individualised care plans. The registered managers gathered as much information about the person's abilities, independence and their supports needs as well as their individual daily routines, wishes, likes and dislikes. They used this information to develop a temporary care plan when care visits started. The registered managers carried out the first few visits to ensure people's needs had been correctly assessed and met. Information was added to and adjusted as care workers got to know the person better. Each person then had a comprehensive and personalised care plan which was detailed and accurate about people's individual needs. A relative said, "I am really happy with the service ... they are really good and always do whatever is needed."

Care plans were very organised, well-laid out and contained all the relevant information which was important for each person. The care plans were colour coded so staff could instantly recognise which one was applicable to each visit. These guided care workers in how to support the person. For example, one person we visited needed help with their daily care and support to exercise to maintain their ability. The care plan read, "... can wash his hair ... carers need to pour shampoo into right hand" and "... carers need to wash palm of (person's) left hand." Following the inspection, the registered managers sent us updated records to improve people's care planning further. These records were put into immediate use.

Daily log records were completed and these contained a full report of the care and support that had been given. For example, what people had eaten for their lunch and if the person was comfortable when they left the home. These records also included the arrival and departure times of the care workers so the registered managers could audit if people had their contracted care hours delivered.

People and relatives knew who to contact if they needed to get in touch with the service. Contact details with telephone numbers were held in people's care files in their homes. If there was no one in the office, due to either carrying out care calls or being out of hours, the office telephone was always diverted to one of the joint registered managers' mobile numbers. This meant people and care workers could get in touch 24 hours a day, seven days a week. This provided people support, guidance and advice when necessary. Due to the availability of the service, the impact on people and their relatives was that they felt safe, supported and comfortable. They felt at ease to contact the service at any time and knew they would receive the help they required. One person said, "We can always get through for a chat." Staff confirmed they could always get through to one of the registered managers for advice and guidance when needed. One care worker said, "If we have any problems, we go to (the registered managers) ... we are always ringing up." Another said, "The level of support and communication is good ... responses are speedy ... I never feel isolated."

People and relatives said the service was very reliable, there were never any missed visits and care workers stayed the right amount of time. The Provider Information Return (PIR) said there were no missed visits (in the previous seven days of the form being completed) from 269 scheduled visits. The registered managers confirmed there had been no missed visits since the service had begun and that there had been no staff sickness. People were very happy with the responsiveness of the service and the good time keeping of staff. If a care worker was going to be more than 15 minutes late to a visit, or in the event of an emergency, they contacted the office who then telephoned the person to inform them. This was inevitable at some times of the year as the area attracts tourists with a heavy amount of traffic passing through.

People were actively encouraged to give their views as a way of driving improvement and told us they knew how to complain. When asked if people knew who to complain to three replied, "I speak to the managers", "I would phone Millrose Care" and "I am not unhappy but I have got their number)." The PIR said the service had received no formal complaints in the last 12 months. However, there had been some minor recorded niggles. For example, one concern had been raised by a neighbour about the noise made by the care workers at an early morning visit. The provider addressed the concerns and made the required improvements. Any lessons learnt were fed back to staff during supervision and staff meetings. One person said, "The managers are lovely ... if I have a problem they solve it." A relative said they had spoken to the registered managers about one particular care worker. They said, "I had one issue ... I discussed it with (one of the registered managers) ... it was resolved." The PIR stated 3 compliments had been received in the same length of time. Since the PIR was completed, a further two thank you cards had been received. One care worker said, "They (registered managers) always pass on any compliments we get from clients and their families, as well as themselves."



# Is the service well-led?

## Our findings

People, staff and relatives had confidence in the style and leadership of the service and would recommend the service to others. Everyone spoken with considered the service was well managed. Comments included: "I can't fault the managers", "I would recommend it to anybody" and "The managers are very nice." One social care professional said, "... I have found them to be very professional and responsible and the service appears to be very well led with a good ethos. I consider them to be at the 'top end' of dom care services in North Devon."

People and relatives were complimentary about how the service was run. They knew the registered manager's personally and had built up positive relationships with them. Two people said, "I think they are one of the best Companies" and "I am very happy with Millrose Care ... they are brilliant." Two care workers said, "My work colleagues are very professional, kind and caring and we all work together as a team" and "I have worked for three other domiciliary care firms ... I can honestly say that Millrose Care stands head and shoulders about the others in so many ways ... support and communication is good." Both registered managers carried out care visits as well as managing the service. They ensured each person was visited once or twice a week by them. People and relatives said the registered managers kept in touch and gave them feedback about the service. Comments included: "If mum is down, they write a report and I can read it", "One of the managers will pop in to check that all is OK" and "Both managers have come to see us."

Millrose Care had operated for one year and was managed jointly by the registered managers. They both had several years of experience and skills in providing care in the local areas. Both managers were motivated and dedicated to the people who used their service; they understood their roles and responsibilities and were visible and contactable on a daily basis.

The service promoted a friendly culture that was open and inclusive. Regular staff meetings took place and care workers were kept updated. One care worker said, "I have a good level of information and detail on my clients in advance" and another said, "We get regular updates on any concerns we have reported about a client's welfare." Staff felt supported, valued and listened to. Two commented, "It's a really good Company ... and they look after us. We go to meetings and give our opinion if something isn't working" and "They look after us and we even get cake at meetings." Some care workers had expressed an interest in seeing how the office was managed and how the staff rota was put together. As a result, the registered managers had acknowledged this as a good idea and intended to invite those care workers into the office to gain this experience.

People's views and opinions of the service were sought; an annual survey on the quality of the service had recently been sent out but not yet all returned. As they knew each person they provided care for personally, they used their care visits as a time to gain informal feedback about how the service could be improved. The registered managers were in the process of sending surveys to care workers and health and social care professionals to gain their feedback.

The registered managers worked hard to deliver a quality service. Systems were in place to monitor the

service and care delivery. These included regular audits, such as those relating to care plans, medicine records, risk assessments, financial records and complaints. For example, after auditing daily log records, one registered manager had identified one care worker had used improper language and another had not signed the time they left the visit. The registered manager had addressed this with the individual staff members in staff supervision. Following the inspection, the registered managers sent us updated records to improve their monitoring further. These records were put into immediate use. The registered managers were aware of their legal obligations in contacting the Care Quality Commission as required and working in line with their registration.

The philosophy for Millrose Care service was "To put the person back into personal care by treating everyone as an individual." The registered managers' vision was for the service was to grow, whilst keeping the 'personal' feel of the service. They felt it was important to provide a small, quality service where they knew all the people themselves. One of the registered managers said, "We know each person personally and that's how we want to continue."