

SweetTree Home Care Services Limited

SweetTree Home Care Services

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?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

This inspection took place on 9 and 10 October 2017 and was announced. At the last inspection on 24 August 2015 we found the service was rated 'Good' in all key questions and overall. At this inspection, we found the service was Outstanding in the Responsive and Well-Led domains.

SweetTree is a domiciliary care agency which provides home and live in care across London. At the time of our inspection, the agency provided support to a range of people. These included elderly and people living with dementia, people with brain injuries and neurological conditions and people with learning disabilities. Each area of the service provision had its own specific care team led by a member of the management team.

At the time of our inspection there was no registered manager appointed. 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 and associated Regulations about how the service is run. The previous registered manager had left in September 2017 and the agency had planned to appoint three new managers for each area of the service provision. This was to ensure that section of the service would be managed by a skilled and experienced manager. Following the inspection, the Director on Operations informed us, that three new managers were appointed and they would be submitting their individual applications for registration with the Care Quality Commission (CQC).

Although there was no registered manager at the time of our inspection, the agency continued to deliver seamless and professional care. This was due to the senior management team, including both managing directors and respective service directors and managers, having an exceptional understanding of all the matters related to providing care to people who used the agency. Our conversations with members of the senior management team confirmed that they knew the service very well and they were able to manage it to the high standard. Therefore, we were reassured that the exceptional service would not be affected even if the registered manager was not in post at the time of our visit.

At the time of our inspection, SweetTree provided the registered activity of personal care to approximately 380 people and employed approximately 500 staff members including 64 members of the office team.

The agency was exceptionally well led. There was strong leadership at all levels. The senior management team had been actively involved in all aspects of service provision and had very good knowledge about the business needs of the service provided and the satisfaction level of people who used it. This had been achieved through a variety of robust quality monitoring systems. These included internal and external quality audits and quality questionnaires completed by staff, people who used the service and their relatives.

Staff told us they were well supported by the management team and they thought they could approach them with any issues related to their professional roles and responsibilities. The senior management team had recognised staff efforts and their positive contribution to the quality of the service. They had introduced "The Jairo Medina Award", to honour the memory of an ex-employee who had tragically lost his life in August 2016. Monthly Sweet Awards, a staff good practice recognition rewards scheme, were presented to staff to acknowledge positive feedback given to staff by people they supported and their family members.

There were a number of partnership initiatives. The aim was to continuously improve the positive experience of people who used the service and their families and increase awareness of the challenges and positive outcomes when working with people who need the support of others. This included the development of a National Dementia Carers Day in partnership with the Alzheimer's Society and Dementia UK. In addition, the development of a series of training workshops for those professionals who wished to increase their knowledge and understanding on care related subjects. The agency had also worked with the University College of London (UCL) on implementing Cognitive Stimulation Therapy (CST) that aimed at the reduction of the cognitive decline of people with mild to moderate dementia. Since the beginning of 2017, the agency had also started hosting quarterly Registered Managers Forums where representatives of various agencies in the area could share their experience and good practice of service delivery.

The agency provided exceptional, all-round support to people who used the service as well as their family members. A matching process was used so that people received support from the most appropriate staff member. Common interests, culture, gender or languages spoken were taken into consideration. This meant that positive relationships could be developed between staff and people who used the service.

People's care needs had been thoroughly assessed and they formed comprehensive care plans that took into consideration people's care needs and cultural and religious preferences. People were involved in planning and reviewing their support and they said they felt in charge of care provided to them.

Relatives had been supported by a specially appointed Admiral Nurse whose role was to provide practical, clinical and emotional support to families living with dementia. Additionally, the agency had been working on a research project aiming at better understanding of the experience of families having a support staff living in their home. This meant, the agency had been aware of the impact of a person's complex care needs on the whole family.

People using the service and their relatives uniformly gave us positive feedback about the support they received and the staff who supported them. They told us they were usually supported by the same staff who knew their needs and preferences well. They also thought the staff were very well trained to care for them effectively and they felt safe when they received support.

The agency had appropriate policies and procedures in place to ensure people received safe care. Robust recruitment procedures ensured only suitable staff were employed to work with people. Any risks to people's health and wellbeing had been well documented and staff had comprehensive guidelines on how to manage and minimise identified risks. Staff knew what to do if they thought people were at risk of harm and abuse. They also knew how to manage people's medicines safely and what actions to take in case of an emergency.

There were sufficient staff deployed to ensure all scheduled calls had taken place as agreed. The agency's monitoring systems ensured that any staff absences were covered and people were informed in good time if any changes had to be made.

The agency had its own Training Academy that provided Continuing Professional Development (CPD) accredited training to all staff members employed by the agency. Therefore, staff had received in-depth training that had been tailored to the needs of people they supported. Staff also received regular support in the form of quarterly monthly one to one meetings in which they discussed their professional role, work satisfaction, training needs and opportunities and the support provided to people.

The agency had worked within the requirements of the Mental Capacity Act (2005), there was evidence of best interest meetings and other appropriate consultations taking place to ensure people's human rights had been respected and protected.

People were supported to have a nutritious diet, which was appropriate to their needs and personal preferences. Staff had been provided with necessary guidelines on how to support people safely. Staff also supported people in having access to health care professionals when required.

Staff spoke kindly about people and said they enjoyed their work. Evidence showed that staff respected people's privacy and dignity at all times and people said they felt comfortable with staff when receiving care.

The agency had a complaints procedure in place. The majority of people told us they never had to complain, and those who had complained said the agency had dealt with complaints immediately and to their satisfaction.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

The agency had systems in place to help protect people from harm and abuse and people told us they felt safe with staff who supported them.

Risks to people's health and wellbeing had been assessed and staff had sufficient guidelines to manage and minimise identified risks. The agency had taken action to minimise the risk of any accidents and incidents.

A robust recruitment procedure followed by the agency ensured there were sufficient staff deployed to meet people's needs.

The agency had policies and procedures to ensure people received their medicines in a safe way and as prescribed.



Good 

Is the service effective?

The service was effective.

The agency had their own training academy that provided staff with sufficient training to enable them to meet people's care needs.

Staff received regular support to help them to have the skills and knowledge required for their role.

The agency was working within the principles of the MCA and care had been planned in the best interests of people who used the service.

Staff supported people in maintaining a healthy diet and good health and in having access to healthcare professionals when required.



Good 

Is the service caring?

The service was caring.

Good 

Staff were kind and caring and people told us they were happy with the staff who supported them.

Staff supported people to be as independent as they could, to have more self-confidence and do more for themselves.

Staff and people were matched based on certain attributes therefore positive caring relationships between staff and people had been developed.

Staff respected people's privacy and dignity at all times and people said they felt comfortable with staff when receiving personal care.

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Is the service responsive?

The service exceptionally responsive

Care and support provided was meeting people's assessed needs. People's care plans consisted of comprehensive guidelines for staff on how to support people according to their wishes and preferences.

Staff went extra mile to support people in accessing their hobbies and meaningful activities in the community.

The agency had recognized the impact of a person's complex care needs on the whole family and therefore they had provided the support to people as well as their family members.

The agency had dealt promptly with people's concerns and complaints and lessons were learnt to □

Outstanding 

Is the service well-led?

The service was exceptionally well led.

There was not registered manager and the agency was in the process of recruiting three new managers to lead on specific aspects of the service. The existing senior management team ensured seamless and professional service delivery that was not affected by the absence of the registered manager.

People and their relatives repeatedly described the agency as well managed and they felt in charge of the support provided to them.

There was a very strong leadership at all levels. Senior

Outstanding 

management had been actively involved in all aspects of the service provision and had very good knowledge about the needs of the business and the satisfaction level of people who used it.

Staff were supported by their managers and staff contribution had been acknowledged through staff awards and recognition initiatives.

There were robust quality and people's satisfaction monitoring systems in place therefore care provided was always of a high standard, effective and responsive to needs of people who used the service.

The agency had been involved in a variety of partnership initiatives ensuring continuous improvement of the positive experience of people who used the service. This had been recognised through various awards received by the agency since our last inspection.

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SweetTree Home Care Services

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.

This inspection took place on 9 and 10 October 2017 and was announced. We gave the agency 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone was available to talk to us during our inspection.

This inspection was carried out by three inspectors and four Experts by Experience. An Expert by Experience (ExE) is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we carried out telephone interviews with 34 people using the service and four family members who gave their feedback on behalf of their relatives who could not do it themselves due to their health condition.

Additionally, we reviewed the 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 also reviewed other information about the service such as service satisfaction questionnaires that are sent to people using the service and their relatives prior to our visit and from notifications the service is required to submit to the Care Quality Commission.

During our visit, we spoke with the agency's founder, the managing director, three members of the middle management team and the admiral nurse. We also spoke with nine members of the care staff team on the telephone..

We looked at records which included care records for 38 people, recruitment, supervision and training records for 20 staff members. We also looked at other documents relating to the management of the service, such as, medicines, care records and training audits and a variety of the agency's business and management action plans.

Following the inspection, we contacted further four staff members who gave us their feedback on their experiences of working for the agency. We also received feedback from one external social care and health professional.

Is the service safe?

Our findings

The agency helped to protect people from harm and abuse and people using the service felt safe with staff that supported them. One person said, "Safe, yes, they've genuinely got her best interests at heart," and, "Yes, absolutely, I feel very safe and protected by carers." "Yes, the staff make me feel safe". A relative told us, "They are very good with my [relative] and I think he is probably safer with them than he is with me."

The agency had systems in place to help protect people using the service from abuse. These included policies and procedures for safeguarding adults and children and these were available for staff to use. Staff we spoke with told us, and training records confirmed, they had completed safeguarding training and they knew what action to take if they were concerned for the safety of people who they supported. Their comments included, "I would talk to my manager about safeguarding concerns. I know how to report internally and I know I can report to the CQC" and "I would report safeguarding concerns to my line manager. I have also been given a card with numbers on that I would use."

Care plans seen had risk assessments completed, to identify the potential risk of accidents and harm to staff and to the people in their care. The risk assessments provided clear instructions for staff when delivering their support. We also saw the service had undertaken assessments of the environment and any equipment staff used when supporting people. Where potential risks had been identified the action taken by the service had been recorded. We saw risk assessments in areas such as epilepsy, falls, moving and handling and skin integrity. We saw in care plans that the agency had taken care to speak with the person or their representatives and discussed risks with associated professionals such as district nurses, social workers, general practitioners and occupational therapists. The staff members we spoke with confirmed they had guidance to ensure they provided safe and appropriate care. One staff member said, "We have attended several training events and I feel I fully understand the importance of risk assessments and action plans."

We looked at how accidents and incidents were managed by the agency. We saw a robust process for the reporting of incidents and accidents. For example, in one person's care plan following a fall an accident form was completed and a risk assessment and subsequent action plan was implemented. There was a central accident and incident register that was regularly reviewed by the management team and actions were taken to minimise the possibility of similar accidents and incidents happening in the future. This showed the agency was able to respond effectively to accidents to minimise the risk of their reoccurrence.

Staff were recruited in a safe way with all of the necessary background checks, including criminal records checks being undertaken as well as verification of staff's previous employment history, identity and qualifications.

There were enough staff deployed to support people's needs. Staff rotas were completed weekly and each respective team had met daily to discuss and agree actions that needed to be taken in case of sudden staff absences. The established agency's on-call system helped to manage any emergencies and sudden staff absences during the evening and night hours. People who used the service confirmed their care calls were always taking place as scheduled and the agency had contacted them in case of any lateness and sudden

changes to the rota.

People received their medicine as prescribed and there were systems in place to manage medicines safely. The agency had a medicines policy and procedures in place and training records showed all staff administering medicines had been appropriately trained.

Records relating to the administration of medicine were accurately completed. Medicine administration records (MAR) detailed the number of medicines administered from a monitored dosage system, such as dosset boxes or blister packs which had been prepared by the dispensing pharmacist. Where medicines were not dispensed in a monitored dosage system the MAR had details of the medicine which included, dose, strength, method of administration and frequency.

Staff we spoke with confirmed they received medicines training and they were able to describe to us how to administer medicines safely and according to the agency's policies and procedures. People confirmed they were happy with how staff supported them with their medicines.

Is the service effective?

Our findings

People and their relatives thought staff had good knowledge and skills to look after them. Their comments included, "They are all well trained, they do everything for me they do my meals and everything" and, "The girls are very well trained and I know they have to go and do extra training as well, so I am satisfied with it". A relative told us, "They all seem very well trained and I know they get called back quite regularly for training."

The agency had their own Training Academy that provided Continuing Professional Development (CPD) accredited training. New staff received an in-depth induction that consisted of four days of classroom training which was followed by 12 weeks of on the job induction and completion of an on-line Care Certificate. Care Certificates are a set of standards that social care and health staff follow when carrying out their professional duties. The initial training included safeguarding adults, medicines administration and manual handling training. New staff also completed specialist training in dementia awareness, brain injuries or learning disability, depending on who they were going to support. Other staff completed regular refresher training and any other courses subject to their areas of interests and needs of people they supported. Staff told us and records confirmed, they received regular training and they thought it helped them to improve their skills and knowledge needed to support people effectively.

Records showed staff received regular support in the form of quarterly one to one meetings. In these meetings they discussed their professional role, work satisfaction, training needs and opportunities as well as the support provided to people. Staff practice was also monitored by using regular spot checks to ensure they were competent in the skills and knowledge required for their role.

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.

The agency had worked within the principles of the MCA. Where people's capacity was in question, the agency had carried out a capacity assessment that informed people's care. People's records included information relating to a best interest process being followed where the person had been assessed as lacking capacity to make a specific decision. For example, one person lacked capacity to consent to care. However, they had been assessed as having capacity to access the community. Another person's records showed how staff had liaised with the local authority, the health services and attended a multi-disciplinary meeting to discuss the person's capacity. As a result, the agency had acknowledged the person was taking risks when accessing the community [due to their cognitive deficits] but retained the capacity to understand the risks involved. We saw in notes how staff supported the person to access the community using the least restrictive manner whilst reducing risk for the person. Staff also worked with the person to develop skills and road safety.

The agency had ensured copies of legal documents were available that confirmed when people had a

Lasting Power of Attorney (LPA). An LPA allows a person to appoint a person, or persons, to help people make decisions or make them on their behalf. Where people had capacity to provide consent and participate in decisions about their care appropriate documentation signed by people was available in their care files. Additionally, we saw that when people were able to consent but unable to sign this was clearly explained in their records.

Staff said they had received training in the MCA or this was planned, and the majority of them demonstrated a good understanding about what this meant for their role. Staff comments included, "For me I try to understand their rights to make choices and decisions. I always assume capacity" and "The Act assists people who can't make decisions for themselves to keep them safe."

People were supported with eating and drinking when this was part of their care plan and detailed information was provided to staff in relation to this. For example, one person's support plan for eating and drinking noted, "Ensure food is moist and easy to swallow", "Give a small sample for [Person] to try first and acknowledge if it is the right temperature." A daily nutrition record for another person showed that a person was supported to follow cultural traditions. It stated the person had not had breakfast because it was their religious fasting day. For other meals the record stated that [Person] chose what they wanted to eat, they enjoyed their meal, and the amount of food eaten was recorded. People confirmed they were happy with the staff that supported them with their meals. One person told us, "Whoever calls will prepare and cook meals and they [staff] always ask me what I would like." A relative stated, "The girls [staff] do the meals, one is an excellent cook and that does help my [relative], who enjoys her food."

Records showed that people were supported to access health care professionals when required. People's care plans showed people had been referred to the General Practitioner (GP), district nurses and out of hour's services when needed. For example, we saw a staff member had contacted the ambulance service and remained with the person until they had received medical attention. The staff member had also contacted the person's GP as requested by hospital staff when the person returned home. People confirmed that they received appropriate help when they felt unwell. They told us, "They look after me every time" and "Yes my carer has arranged for a GP visit when I was unwell."

Is the service caring?

Our findings

People using the service and their relatives were very happy with the support they received from the SweetTree Home Care Service. They all spoke positively about the staff that supported them. Some of their comments included, "They're very caring people, they talk to me and listen to me", "Oh they are very nice to me, my regular girl is marvellous" and "[Staff is] kind and caring, good tempered and treats me with respect." Relatives told us, "So far we are very pleased with the carers that have come, they are very nice to me and to my [relative]" and "They are all most polite and some are really lovely." We also looked at the records of compliments submitted to the service by people who used it. These showed ongoing positive feedback for staff employed by the agency. For example, one person stated, "[Staff name] provided excellent support during our emergency, she always brings smile to [person's name] face when she visits" and "[Staff name] is very caring, kind and very supportive. She's just superb."

Staff spoke kindly about people and said they enjoyed their work. One member of staff said, "I enjoy it because it's more than a job." Another said, "I enjoy the job very much, I enjoy the challenges." Staff efforts had been recognised by the agency by the introduction of Sweet Awards. This is a staff recognition initiative rewarding each staff member with a £5 or £10 high street voucher where they had received positive feedback from people using the service. This feedback could be received in regular care reviews, by people calling the service saying thank you for staff support or by external care professionals contacting the agency to let them know how staff contribution had impacted positively on a person's physical and psychological wellbeing. We saw that in September 2017 the award was given to 73 staff members, in August to 67 and in July to 65. This suggested that people using the service had frequently expressed their satisfaction with support provided by staff at Sweet Tree Home Care Service. Furthermore, quarterly, the management team within each service at the agency had named one staff member whose contribution stood out above others and this person was rewarded with additional reward of £50 voucher. The operations manager told us, "It is important that we say thank you to our staff."

Staff understood the importance of promoting independence and involving people in daily care. Staff told us they always allowed enough time for tasks to be completed and did not rush people. This enabled people to do as much as they could for themselves with little support. Staff comments included, "We always give people a choice to do the things they can independently" and "We assess how much people can do for themselves, we only complete the tasks they are unable to do." People confirmed that staff had supported them in doing more for themselves and had more confidence. They told us, "She [staff] persuades me to make good use of my own wheelchair, wear my body brace" and "Since being with SweetTree I go out for walks, my brother says that I am a new man, happy, chatty more confident."

The agency matched people with suitable staff based on certain attributes such as gender, language spoken or common interests. This meant that positive caring relationships could be developed between staff and people who used the service. The majority of people and their relatives told us they were involved in making decision on which staff would support them and they had been introduced to staff prior to receiving support. They told us, "I have met all staff and picked my carers myself to suit my needs and my [relative's] personality" and, "Yes I was introduced to staff. I picked them myself." Staff also told us about the matching

process used by the agency. One member of staff commented, "Care managers look at people's interests and try and match them with someone they will get on well with." Another member of staff said they had been matched to a person because they spoke the language and understood the culture. Other staff commented that they had received training on the "Jewish way of life" and it had been useful. Additionally, we saw that people's care plans consisted of detailed information on people, which also assisted the process of matching most suitable staff with them. Records showed a person sometimes would meet the intended staff member on numerous occasions until a match was found and agreed.

Staff respected people's privacy and dignity at all times and people said they felt comfortable with staff when receiving personal care. Their comments included, "Carers always ask for my consent before providing personal care tasks", "They always ask permission and are kind and caring" and "When they help me in the shower they respect my privacy and dignity they always keep me covered. Staff were able to describe how they promoted people's privacy and dignity. For example, one member of staff explained, "I ensure people's privacy and dignity. I don't check people's pads in public. I draw the curtains for personal care." Another said, "You give people their personal space and support them as best you can." One person's care record noted that a person 'did not like to be watched when eating' which demonstrated that the agency had taken people's right to privacy into account.

Is the service responsive?

Our findings

People's care needs and preferences had been assessed before they started receiving support from the agency. The information gathered during the assessment was used to formulate individual plans of care for people. We noted the agency had taken great care in liaising with the person and respective professionals to ensure information in care plans was comprehensive and correct. For example, we saw evidence that the assessors had contacted respective external professionals to confirm and add to information gathered during the initial discussion with the person or the information recorded in the received referral form.

All the people using the service and their relatives we spoke with told us they actively participated in planning and reviewing of their care. They also said they were in charge of deciding how the care would be provided to them. Some of their comments included, "I do have a care plan in the house and what's more I have read it, it is as agreed with me", "They did come to see us before it started and we have a written care plan in the house", and "I am in charge of all care plans and carers." Records showed and people confirmed that the care plans were reviewed every three months or more frequently if required due to changes in people's needs. All 14 persons who had taken part in our pre-inspection quality questionnaire had also stated that they had been involved in decision-making about their care and support needs."

People's care plans were detailed and comprehensive and staff were given clear guidelines of how to support people. We saw evidence that people were encouraged to express their views, preferences and set positive goals they would like to achieve with the support of SweetTree staff. This meant that people received care and support that was person centred and responsive to their individual needs. For example, one person living with dementia had a goal to reduce the risk of falls. Following a best interest discussion between the service and their family it was agreed that the person should no longer use their bike but be supported with healthy walks and swimming instead. These activities had been risk assessed and, as records showed, enjoyed by the person. Another person with a brain injury had a goal to live with their family and their support plan demonstrated how they were working towards this. We were also told about another person with a brain injury who was paired with a staff member who they shared the same interest in creative writing. A staff member had supported the person in regaining their writing skills and consequently, the person started writing again. Additionally, the person had built on their motivation and become more confident in working towards further treatment goals.

Records showed, that staff went the extra mile to support people to follow their hobbies and access activities of their choice in the community. For example, one person with a learning disability was supported to go swimming with two staff. There was a detailed risk assessment which explained clearly how the person should be supported to and from the pool and while in the water. This was cross-referenced to a Positive Behavioural Support Plan (PBS), which was a practical tool to reduce behaviour that challenged the service. This meant the agency had taken all possible steps to enable the person to enjoy their time in the community with respect to their and others safety.

Another person was supported by staff to volunteer at a local community project. This showed that the agency supported people with activities that were important to them. People and their relatives confirmed

that staff helped them to spend the time on things they enjoyed doing. They told us, "Yes they come shopping with me and unload it for me", "Yes my carers have taken me for walks to get fresh air", "They are fabulous, they bring the wheelchair and I get out with them", "I take part in activities. They organise evenings out." Relatives told us, "They [staff] come here mainly to get [my relative] out of the house and in case I am out, away or unwell", "They are always in touch with our needs" and "They help [my relative] in skilled work where he is now unable to do due to his [illness]. They put up birdcages, help with computer operations, they get out with him to for walks, shopping etc..."

The agency used creative ways to ensure that people's individual needs were met and that they could enjoy as full a life as possible. For example, since our last inspection in August 2015 the agency had been working on developing the SweetTree Connect, a remote monitoring system between a person at home and the agency. The system would enable non-intrusive monitoring of people's wellbeing when nobody was around to support them. By developing this system, the agency was aiming to support people's independence at the same time taking into consideration their individual needs and risks.

Until the implementation of the agency's own system the staff supported people in getting remote care assistance equipment from other providers. This was free of charge. Records showed that the equipment had been offered to all of the people that might have benefited from it. For example, one person with a long-term condition often left their flat and got lost, as they could not find their way back. The telecare system installed in their flat had alarmed the person's family member every time the person walked through their front door. This meant that the family member could contact the person to ensure they were safe and the person could still move about independently without relying on others at all times.

Records showed that, when people had difficulties with communicating, the agency's care team and family members worked together to explore what best techniques and strategies there were to converse with people effectively. These were then included in people's care plans, which had detailed information on people's complex communication needs, and staff were given clear instructions on how to communicate with people. For example, a care plan for one person with a learning disability explained how the person communicated. It stated, "If [Person] says [word] it means No. If [Person] repeats what you have said it means [Person] agrees." There was detailed information for staff on how to communicate with this person in the community so the support could be offered in a settled and effective way.

In another example, a person's care plan gave descriptive guidelines for staff on how to communicate with a person who could only use their eye blinks, head shakes and facial expressions to communicate. Staff were informed that the person could use facial expressions to express their mood. Additionally, detailed information was given on what equipment the person was using, such as letter boards, tablet or eye gaze system to communicate with the world. An eye gaze system is an electronic eye-operated communication and control system that enables people with disabilities to communicate and interact with others.

The agency aimed at providing excellent all-round support to people who used the service as well as their families. Consequently, people were encouraged and enabled to maintain important relationships during difficult time of progressive illness and poor health that could affect the whole family. For example, within the agency's dementia service, people, their families and staff caring for them were supported by an Admiral Nurse employed by the agency. An Admiral Nurse is a specialist dementia nurse who gives expert practical, clinical and emotional support to families living with dementia. The agency had employed the Admiral Nurse in close partnership with Dementia UK in January 2015. The Admiral Nurse educated people, their family and staff on different aspects of dementia, signposted to other relevant services and offered psychological support to people and their relatives who were learning how to live with dementia. The Admiral Nurse was also in the process of completing a certificate in solution-focused therapy, supporting

people in finding positive solutions to challenges faced when living with dementia. At the time of our inspection, the Admiral Nurse had supported approximately 80 families receiving the service from the agency and they were aiming to build the connection with all the families receiving support from the SweetThree's dementia service.

The Admiral Nurse had also supported the agency's staff in getting better understanding of different challenges that might be faced by people living with dementia and their families. For example, we were told how one person using the service struggled to settle to sleep at night. The Admiral Nurse had worked with the person, their family and the staff on increasing the person's sleep hygiene. The effect of this was that the person had learned how to better relax at night, the amount of staff supporting the person was reduced and staff increased their knowledge on how to support other people who might face similar difficulties.

In another example of all-round support, within the agency's brain injury service, the agency had been working on a research project aiming at better understanding of the experience of families having a support staff living in their home. This indicated the agency had been aware of the impact of a person's complex care needs on the whole family and was working toward identifying benefits and challenges in order to improve the quality of life and experience of people who received care and their families.

Evidence showed the agency had listened to people's concerns and complaints and dealt with them to people's satisfaction. All complaints had been regularly reviewed, analysed and actions had been taken on any improvements that had been identified as a result. For example, a concern had been raised about the actions of a member of staff. An investigation had followed and alternative staffing arrangements had been made for the person concerned. In another example, the agency had received concerns about their out-of-hours on call service not always being effective. Consequently, the process had been reviewed and changes implemented to ensure all calls were answered without delay. The majority of people and their relatives said they had never complained and they would know how to make a complaint. Their comments included, "I've never complained. I'd rather talk things through to solve the problem. They are approachable in the office", "Senior staff [name] encourages me to talk and if I have any complaints I would talk to her" and "Complaints were dealt with when "live in" carers damaged my property. These carers were replaced."

Is the service well-led?

Our findings

There was no registered manager in post as the previous registered manager left the service in September 2017, two weeks prior to our inspection. 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 and associated Regulations about how the service is run. The agency was in the process of appointing three managers who would be independently responsible for management of the Dementia service, the Learning Disability service and the Brain Injuries and Neurological conditions service contained within the agency. This was a planned initiative so that the three sections of the service would each be run by a skilled and experienced manager within each area. Following the inspection, the Director of Operations informed us that the three manager were appointments had been made and individual applications for registration with the Commission were about to be made.

The agency had a robust management structure in place to ensure seamless and professional running of the service. Two managing directors were a driving force behind the ongoing progress and success of the agency. They were involved in the development of SweetTree since it was opened 15 years ago. They had a very good understanding of all the matters related to the agency and were actively involved in the running of it. Both managing directors were supported by a multidisciplinary team of service directors and service managers who were responsible for managing respective areas of the service. All of them had been working for the agency for at least two years. During our inspection, we spoke with members of the senior management team and we found that they had very good understanding of the service they provided. Consequently, we were confident that although the agency did not have a registered manager on the day of our inspection, this had not impacted on the running of the service which continued to provide an outstanding care to people who used it.

People and their relatives gave us very positive feedback about the agency. Everyone we spoke with thought the agency was well managed. People felt actively involved in the planning and reviewing of their care and they felt in charge of the support provided to them. They told us they had been in frequent contact with members of the management team who supported them in ensuring the care was provided as agreed. Some of their comments included, "I definitely would say it is a well led service" and "I am very happy with it, it was recommended to me in the first place and I would happily recommend it to anyone else." External professionals told us, "On the whole I feel that SweetTree offer's an excellent service and I have no concerns" and "This agency provides a high quality service to clients. The support workers are excellent, keen to learn, follow guidelines and deliver fantastic support. The support workers develop excellent rapport with clients and support rehabilitation."

There was a strong visible leadership and the senior management team was involved in all aspects of the service provision. Minutes from regular weekly and monthly thematic management meetings showed that the management team had discussed the agency's compliance with the Regulations, staff training needs, quality monitoring and issues around each individual area of the service provision. We saw that any actions agreed in these meetings had been regularly reviewed and progress clearly recorded. This meant the

management team had sound knowledge about the business needs of the service provided and the satisfaction level of people who used it.

SweetTree staff were required to commit to the SweetTree Charter while providing care and support to people. This was a set of values that included providing the highest quality of care and support possible, treating people with respect, embracing individuality, supporting self-expression and promoting freedom of choice for people. In the Provider's Information Return (PIR) document submitted to the CQC prior to our inspection, the management told us that, "SweetTree's mission, vision and values provide the organisation with a quality framework for practice". During our inspection we observed the senior management team talking about values and organisational ethos to newly appointed staff. We also saw that these values were visible and emphasized on the agency's website and in a regularly published Sweet Life newsletter. This showed that the agency had promoted a positive and value based culture amongst their staff. This ensured people received the highest quality of care that was dignified, meaningful and respectful towards people's care needs and their human rights.

SweetTree's senior management team had recognised and celebrated the continued efforts of their dedicated team. They had introduced two awards to show appreciation for the staff employed by the agency. An annual, "Jairo Medina Award", was launched in August 2017 to honour the memory of an ex-employee who had tragically lost his life in August 2016. Staff were nominated by people who used the service, co-workers and other health professionals. The award had been awarded to the staff member who received the most positive feedback. The agency had also given monthly Sweet Awards, a staff recognition initiative for those staff who received positive feedback from people they supported. In another form of appreciation, staff were invited to attend annual summer BBQs and Christmas parties. They were also provided with the opportunity of completing a continuous professional developed (CPD) accredited training to enable higher quality of care and better work satisfaction.

Staff spoke positively about the support they received from the management team and they felt the service was well led. They told us, "There have been a lot of changes and SweetTree has grown quickly but we are going in the right direction and we have been supported by the senior management", "The organisation is growing, there has been a lot of change but we are managing this change well and we are on the top of it" and "The service is well-led. They [management] listen. They try and help if there is a problem."

The agency had robust quality monitoring systems in place to ensure they provided care that was always of a high standard, effective and responsive to needs of people who used the service. The audits carried out included: staff personnel and people's care files audits; training and supervision audits; and, training and competency assessment workbooks checks. We saw that audits were analysed by the auditor, improvement actions were agreed and completed where gaps in performance had been identified.

The management team had also commissioned two separate external audits to ensure the agency had provided person centred care and that it was compliant with the Regulations. We saw that outcomes of the audits were used to formulate the agency's business continuity plan to continuously improve the quality of the service delivered to people. Additionally, to ensure the agency was relevant and followed the most current trends and developments with the care industry they had formed a SweetTree Advisory Board. The board included senior figures from health and care industry, such as doctors and independent healthcare consultants, who had been meeting four times a year to "evaluate all areas of the agency's operations, training and care provision" and to advise on new developments within the care industry. The members of the board had provided the agency's senior management team information on the latest industry news, clinical researches and innovations within their area of speciality. This information was then used to inform the agency's practice to make it better and current. For example, a board member had provided the agency

with updates in the Mental Capacity Act 2005, so this could inform staff practice and another board member provide the agency with updates related to caring for older people in their homes. In another example, a board member had recently provided the agency with the latest report about the rate of hospital readmissions following hospital discharge. Subsequently, the senior management team had facilitated a meeting with a group of doctors to discuss if the agency's SweetTree Connect – remote care system, planned to be implemented in the near future, could help people to reduce their hospital readmissions.

The agency had also carried out a series of quality surveys amongst people using the service and staff employed by the agency. Evidence showed that gathered information was analysed and actions were taken to address areas of the service that were identified as needing improvement.

For example, we looked at the outcomes of a Quality Assurance Survey within the Brain Injury service which was conducted in 2017. The survey showed the majority of responders would recommend the service to others, however, a number of responders said they would not recommend or they did not comment. Consequently, the Brain Injuries service director was in the process of looking into this matter to get a better understanding of why people gave less positive feedback and how the service could improve their satisfaction. Additionally, in May 2017, the service had hosted a Professionals Workshop with other stakeholders. The aim was to share best practice, explore challenges faced when supporting people with brain injuries and discuss how to achieve better results when supporting them. In another example, in February 2017 the SweetTree had conducted a Team Member Survey. Following the survey, an action plan was formulated to address main issues raised by participating staff members. The senior management team had also invited staff members to a series of feedback lunches, where they could discuss the outcomes of the survey.

The agency had continuously worked in partnership with other organisations to improve the experience of people who used the service and to increase the awareness of issues, challenges and positive outcomes when working with people who need support of others. For example, SweetTree in partnership with the Alzheimer's Society and Dementia UK had developed a National Dementia Carers Day that had been held every September since 2015. The event was developed to share ideas, offer support and recognise relatives who care for people with Dementia. The agency had also developed a series of workshops on Dementia Care, End of life Care and Neurological Conditions for those professionals who wished to increase their knowledge and understanding on care related subjects. The operations director told us, "The workshops were an ongoing project and very well attended." Other initiatives championed by the agency included, a sponsorship of a theatre play about people living with dementia where staff, people and health and care professionals were invited to attend. In another example, the agency had worked in partnership with the funder of Cognitive Stimulation Therapy (CST) at University College of London (UCL). The therapy aimed at reducing the cognitive decline of people with mild to moderate dementia. Records showed that the therapy had been provided to people who used the service and they benefited from it. Another initiative championed by the agency was hosting the regular Registered Managers Forum where agency's representatives could share their experience and good practice with other agencies in working in the area.

The agency had been recognized for their high quality of care and their contribution to the healthcare business in the UK. For example, since the last inspection the agency had been named as a finalist in HealthInvestor Awards 2016, recognizing achievement in the business of healthcare awarded by HealthInvestor UK magazine. The agency had also achieved 35th place on The Sunday Times 100 Best Companies to Work For list in 2016. The list ranks Britain's best companies to work for based on staff satisfaction feedback. SweetTree was the only care agency included on the list. Additionally, SweetTree had been recognized as one of Top 10 most recommended Home Care Providers in London in 2016 by the homecare.co.uk website.

