Janice Ann Gant

Action Homecare

Inspection report

Market House
Market Street
Long Sutton
Lincolnshire
PE12 9DD
Tel: 01406 365793

Date of inspection visit: 25/02/2016
Date of publication: 24/05/2016

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

Overall summary

Action Homecare provides personal care services to older people and people with mental health needs living in their own homes in the Long Sutton, Sutton Bridge and Holbeach areas of South Lincolnshire. The service also provides domestic assistance such as cleaning and shopping although this service is not regulated by the Care Quality Commission (CQC).

We inspected the service on 25 February 2016. The inspection was announced. At the time of our inspection approximately 80 people were receiving a personal care service.

There was a registered manager in post at the time of our inspection. A registered manager ('the manager') is a person who has registered with CQC to manage the service. Like registered providers ('the provider'), they are

Summary of findings

'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.

CQC is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and to report on what we find. Staff had received training in this area and demonstrated their understanding of how to support people who lacked the capacity to make some decisions for themselves.

People were at the heart of the service. Staff understood what was important to each person and worked closely with each other and other professionals to promote their well-being and happiness. People were actively involved in the preparation and review of their personal care plan.

Staffing resources were managed with great care to ensure that staff had time to meet each person's care and support needs and to interact with them socially. People told us that staff were almost always on time and that calls were never missed.

The provider took a rigorous approach to staff recruitment to ensure new care staff had the right values to work in a caring and person-centred way. Staff had the knowledge and skills required to meet people's individual needs effectively and were actively encouraged to study for advanced qualifications. The manager and her deputy provided staff with very close supervision and support, including direct observation of their care practice.

The provider went above and beyond the core homecare contract in a number of different ways. Parties were organised to give people a chance to meet each other socially and plans were in hand to establish a lunch club to further reduce people's social isolation. Staff and volunteers encouraged people to retain an active presence in their local community and to maintain personal interests and hobbies.

The manager was known personally to everyone who used the service and provided staff with strong, values-led leadership. Staff worked together in a friendly and supportive way. They were proud to work for the service and felt listened to by the manager and provider.

The provider was committed to the continuous improvement of the service and maintained a range of auditing and monitoring systems to ensure the care provided reflected people's needs and preferences. The provider sought people's opinions on the quality of the service and encouraged people to raise any concerns or suggestions directly with the manager or other senior staff.

The provider assessed any potential risks to people and staff and put preventive measures in place where required. Staff knew how to recognise and report any concerns to keep people safe from harm.

People who needed staff assistance to take their medicines were supported safely and staff assisted people to eat and drink whenever this was required.

Summary of findings

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.

Staffing resources were managed with great care to ensure that staff had time to meet each person's care needs and to interact with them socially.

The provider took a rigorous approach to staff recruitment to ensure new care staff had the right values to work in a caring and person-centred way. Background checks were conducted to ensure staff were suitable to work with the people using the service.

The provider assessed any potential risks to people and staff and put preventive measures in place where these were required.

Staff knew how to recognise and report any concerns to keep people safe from harm.

People who needed staff assistance to take their medicines were supported safely.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills required to meet people's individual needs and promote their health and wellbeing. The provider ensured staff received all the core training they required and actively encouraged them to study for advanced qualifications.

Senior staff provided staff with close supervision and support, including regular direct observation of their care practice.

Staff worked very well with local healthcare services and supported people to access any specialist support they needed.

People were supported to make their own decisions and staff had an understanding of how to support people who lacked the capacity to make some decisions for themselves.

Staff assisted people to eat and drink whenever this was required.

Is the service caring?

Outstanding

The service was very caring.

Care and support were provided in a warm and friendly way that took account of each person's personal needs and preferences. The provider organised regular parties for the people who used the service to promote their well-being and happiness and to reduce social isolation.

Staff knew people as individuals and supported them to retain choice and control over their lives.

Summary of findings

Staff encouraged people to maintain as much independence as possible.

People were treated with dignity and respect and their diverse needs were met.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their changing needs. People were actively involved in the preparation and review of their personal care plan.

Staff and volunteers encouraged people to retain an active presence in their local community and to maintain personal interests and hobbies.

People knew how to raise concerns or complaints and were very confident that the provider would respond promptly and effectively.

Is the service well-led?

Good

The service was well-led.

The manager was known personally to everyone who used the service and provided staff with strong, values-led leadership.

The provider was committed to the continuous improvement of the service to further promote people's well-being and happiness.

Staff worked together in a friendly and supportive way. They were proud to work for the service and felt listened to by the manager and provider.

The provider sought people's opinions on the quality of the service and encouraged people to raise any concerns or suggestions directly with the manager or other senior staff. A range of auditing and monitoring systems was used to ensure the care provided reflected people's needs and preferences.

Action Homecare

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 registered persons were 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 was announced. The registered provider was given 48 hours notice because the location provides a domiciliary care service. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available to contribute to the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report. We also reviewed other information that we held about the service as notifications (events which happened in the service that the provider is required to tell us about) and information that had been sent to us by other agencies.

The inspection was conducted by a single inspector who visited the administration office of the service on 25 February 2016. Following this visit, our inspector telephoned people who used the service to seek their views about how well the service was meeting their needs. We also spoke to three local healthcare professionals who had regular contact with the service.

During our inspection we spoke with five people who used the service, the registered manager, the deputy manager and two care workers. We looked at a range of documents and written records including three people's care files, staff recruitment files and information relating to the administration of medicines and the auditing and monitoring of service provision.

Good

Is the service safe?

Our findings

People told us they felt safe using the service and that care staff treated them extremely well. One person said, "I trust every one of them with everything I've got. I am so lucky, when I hear about the service people get from other companies." Another person told us, "I feel 100% safe. I have not had one [member of staff] yet that I have been uncomfortable with."

Staff told us how they ensured the safety of people who used the service. They were clear about to whom they would report any concerns and were confident that any allegations would be investigated fully by the provider. Staff said that, where required, they would escalate concerns to external organisations. This included the local authority safeguarding team, the police and the Care Quality Commission (CQC). Staff said, and records showed, that they had received training in how to keep people safe and there were up to date policies and procedures in place to guide staff in this area. Advice to people and their relatives about how to raise any concerns was provided in the welcome pack that was given to people when they first started using the service. The manager demonstrated her awareness of how to work with other agencies should any concerns be raised.

Staffing levels were determined by the number of people using the service and the provider took great care to ensure that staff had time to meet each person's care needs and to interact with them socially. The manager said that she never took on a new client unless she already had the staff available to provide a service. She told us, "I never try to 'squeeze people in' and will only take new people if I have an available slot." The manager also said, "We don't do 15 minute calls. You can't do any form of visit in that time. Personal care calls have to be 30 minutes or longer." One person said, "I am never rushed. Nothing is ever too much trouble." Another person told us, "The staff always ask me if there is anything else they can help me with. They are very obliging." We saw from the daily communication logs maintained in people's care file that staff recorded that they had taken time to chat with the person, in addition to providing the care and support required. One member of staff told us, "We have enough time to meet people's needs and also sit down and chat. In my last company there were so many calls to cover I always felt I was rushing from one person to the next."

Staff were organised in teams reflecting the three geographical areas in which the service operated. This meant that staff were based locally and travel time was minimised. An electronic call monitoring system had been introduced recently which provided constant updates on when staff arrived and left a person's home and alerted office staff if anyone was running late. The manager told us that, if a member of staff was going to be more than 15 minutes late for their next client, office staff would ring the person to let them know. The people we spoke with confirmed that staff almost always arrived on time. One person said, "They are always on time. They never let me down." Another person told us, "They are 99% on time. It's only odd times when they are held up and they always ring me if it's going to be more than 15 minutes." The people we spoke with also told us that they had never experienced a missed call. One person said, "They have never missed a call in over two years. I used to have to complain constantly to the old company as they kept missing me out."

The provider had safe recruitment processes in place. The manager said that she was "extremely selective" in recruiting new staff. She told us, "I look for people who are totally dedicated to care and are in it for the right reasons. They need to be completely reliable and have a caring approach." We examined two staff personnel files and saw that references had been obtained and other background checks completed. Security checks had also been carried out to ensure that staff employed were suitable to work with the people using the service.

Before someone started receiving a service from Action Homecare, the manager met with them to agree a care plan to met their personal needs and preferences. As part of this process, a wide range of possible risks to each person's wellbeing was considered and assessed, for example risks relating to mobility and medicines. We saw that each person's care record detailed the action taken to prevent any risks that had been identified. For example, one person's smoking habits had been assessed as a potential fire hazard. With the agreement of the person, the provider had made a referral to the local fire safety officer and specialist equipment was being provided to the person to help reduce the risk of harm. Staff demonstrated they were aware of the assessed risks and management plans within people's care records and used them to guide them in their daily work. One member of staff told us, "When I arrive, I always say hello and then have a look at the care file to make sure I am up to date with any changes and

Good

Is the service safe?

what has happened on previous visits." Another staff member said, "I work with one person at risk of falls. Before I finish the call,I always leave everything they might need as accessible as possible and make sure they are wearing their emergency call pendant."

The provider had also taken steps to ensure the safety of staff, almost of all whom worked on their own. For example, one person's house was down an unlit lane which made staff feel anxious when carrying out care calls after dark. The manager had contacted the person's family who had agreed to install security lights to enhance the safety of staff and other visitors. The provider's lone worker policy was included in the staff manual that was given to all staff when then they first started working for the service. One member of staff told us, "I feel very safe and I know I can pick up the phone or pop into the office if I have any concerns."

People who needed staff assistance to take their medicines were supported safely. The provider used a 'medication assessment' form which identified the level of support each person required in this area. The manager told us that most people had been assessed as being 'self-medicating' and made their own arrangements to order, store and dispose of their medicines. Some people received a prompt from staff to take their medicines at the right time and staff signed a written record to confirm that this had been done. The records were reviewed regularly by the manager and any issues identified were followed up as required. Care staff had all received medicines training and knew how to provide assistance in line with national guidance and good practice, reflecting people's individual needs and preferences.

Good

Is the service effective?

Our findings

Everyone we spoke with told us that the staff were skilled in meeting their needs. One person told us, “The staff are brilliant. They look after me so well.” Another person said, “The staff have all got the right skills. There’s not one of them that doesn’t.” Commenting on their experience of working with Action Homecare staff, one local healthcare professional told us, “They are excellent. Feedback from people who use the service is very good and I often recommend the service to others.” Another said, “New clients are often surprised with their professionalism and efficiency in comparision to their previous service provider."

New members of staff shadowed existing members of staff and completed a detailed induction programme before they started work as a full member of the team. The manager told us, “Everyone has to do a minimum of three shadow shifts but they do as many as they need, depending on their previous experience. One person did seven.” One new member of staff told us, “The induction prepared me well. There was no pressure to start working on my own until I felt ready.” The provider had embraced the new national Care Certificate which sets out common induction standards for social care staff, and both the manager and her deputy had recently completed their training to become accredited assessors within the scheme.

The provider maintained a detailed record of the training that was required by each member of staff and worked with a wide range of local organisations and specialist training companies to ensure staff were up to date on best practice in areas including medicines, safeguarding and moving and handling. The provider also provided bespoke training to ensure staff had the skills and knowledge necessary to support people with particular needs. For example, two members of staff had recently started providing intensive support to a person with mental health needs and the manager had arranged for them to attend a ‘mental health first aid’ course to give them greater insight into how to support this person effectively. The manager told us that every member of staff employed by the service was studying for, or had completed, a nationally recognised qualification and this was something that was actively encouraged by the provider. One member of staff told us, “In my last company, I said I wanted to study for an NVQ (National Vocational Qualification) and never heard anything. Here, as soon as I mentioned it to the manager, she was very supportive and I am now enrolled on NVQ Level 3. The manager gives me paid time off to meet with my tutor and organises the rota around it.” Another member of staff said, “The training we receive is very good. I have been doing this job for a long time but it’s good to get refreshers as things change constantly. I am always learning.”

Senior staff also provided staff with very close supervision and suport to ensure they had the knowledge and skills to perform their role effectively and in line with the provider’s values and ethos. This included the direct observation of each member of staff working with the people who used the service. Every six months, the manager or her deputy conducted a ‘surprise spot check’ with each member of staff during which they worked alongside them whilst they were delivering care. Staff members were then provided with written feedback on their practice. In one feedback report we noted that a member of staff had been praised for, “Giving the client choice when needed and respecting their dignity at all times. [The staff member] ended the visit with a friendly farewell, telling the client they would see them soon.The client was left feeling very happy and cared for.” One staff member told us, “I like it when they come out and watch me doing the job. I have had two in my first year. If I am doing something wrong they can tell me and I can make the changes required.” In addition to this direct observation of their care practice, staff were also provided with regular office-based supervision and an annual appraisal.

Staff told us that the provider’s systematic approach to training and supervision had been effective in helping them increase their skills and knowledge. Reflecting on some recent moving and handling refresher training that had been provided by a local hospital, one member of staff said, “I found it really helpful. It’s made our practice in this area safer and more enjoyable for the clients and ourselves.” Another staff member explained that they had recently been trained in a new technique for helping some people with aspects of their personal care and told us, “It makes it much easier for the clients and me.” The provider reviewed the training programme regularly to make sure it met the changing needs of staff and the service. For example, the manager told us that, “We tried a new medicines training provider recently and got really good feedback from staff, so we will definitely use them again.”

Good

Is the service effective?

Staff worked closely with a range of local healthcare services including GPs, community nurses and mental health professionals to ensure people received any specialist care and treatment required. In doing so, the provider often went above and beyond the core homecare service they were contracted to provide. For example, one person told us, "When I had pneumonia I rang the manager. She came straightaway and organised an ambulance. If I ever have to go to hospital [the manager] always says she'll take me." One local healthcare professional told us, "Action Homecare staff are very proactive at contacting us if they have any concerns about someone. They are also very easy to liaise with and good at following our advice, which I can't say about some care agencies." One staff member told us about a person they had supported recently who "didn't seem right" when they arrived at their house. The staff member rang the deputy manager in the office who came out immediately and made arrangements for the person to be admitted to hospital. Another member of staff said that they had been concerned that someone they worked with was at risk of developing skin damage. They told us, "I contacted the manager who arranged a community nurse visit for the next day."

Staff assisted people to eat and drink whenever this was required. Some people lived with family members who prepared meals but other people needed more support which required care staff to prepare and serve meals, snacks and drinks. Each person's care plan detailed any particular likes or dislikes and and these were understood and respected by staff. For example, one person's care plan stated, "I like my coffee very strong." When we reviewed this person's daily care notes we saw that staff had recorded that they had provide the person with a 'strong coffee'. Staff were provided with food hygiene training as part of their induction and were also aware of any risks that been identified in respect of people they supported to eat and drink. For example, one person had been identified as being at risk of choking and staff were aware of the need to puree their food before serving it to them.

Staff had been trained in, and showed a good understanding of, the Mental Capacity Act 2005 (MCA). This 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. When they first started using the service, the provider assessed each person's capacity to consent to their care and support and this information was understood by staff and reflected in their practice. One staff member told us, "I work with people who have lost capacity to make some decisions but I always offer them a choice of what to eat or what to wear."

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The manager demonstrated a good understanding of 'best interests' processes and told us that she was considering organising a multi-disciplinary meeting meeting to discuss how best to support one person who had recently been identified as having lost capacity to make some financial decisions.

Outstanding ☆

Is the service caring?

Our findings

Everyone we spoke with told us that the staff who worked for the service were caring and kind. One person said, "The staff are very kind. After two years, I class them as part of the family. Actually, they are more helpful than some members of my family!" Another person told us, "I can't tell you how lucky I've been, they are so kind and caring.They always cheer me up."

Throughout our inspection we identified ways in which the provider's commitment to caring for people went far beyond the requirements of its contractual obligations. For example, the manager organised regular parties in a local village hall for the people who used the service. The manager told us, "We try to do two or three events a year. Community facilities around here are poor and people can become socially isolated. We had a Christmas party this year which was attended by 22 people. We hired the local community transport bus to pick people up. When people meet they often discover they went to school with each other and have a real old chin wag. People are already asking me when we are having the next one. They get so much out of it." The provider covered the full cost of these events which were clearly very much enjoyed and appreciated by the people who attended. One person told us, "They put on a Christmas party this year with lovely, proper Christmas food and a musical entertainment. It was nice to meet other clients and have a chat." Another person said, "We had a party, it was very nice. Delicious cakes and sausage rolls!" The provider also arranged for each attendee to receive a Christmas present, again without charge. One person told us, "I got a box of biscuits. I was surprised!" Another person said, "I went to the Christmas party. I had a very nice meal and listened to music. They gave me a box of chocolates." We saw that one relative had written to the provider and commented, "I think it was such a great idea to have a Christmas party for your clients. I do not know of any other home care provider that does that sort of thing. I tell many people how lucky we are to have such a caring organisation looking after [my relative]."

The manager told us of other ways in which she felt the provider went, "Beyond the call of duty for our clients." For example, if staff had a gap between their morning and afternoon round of visits and knew someone was feeling low, they would often call round and have a cup of tea and a chat. When people were in hospital, staff would visit them and, particularly if they had no close family support, take their washing home and do it for them, so their clothes were fresh when they came out of hospital. When there had been a recent spate of burglaries in the area, the provider had contacted everyone using the service and advised them to take particular care. The manager told us that the provider had missed one care call since the service opened. She said, "It was about three years ago. When I realised we had missed a call I felt physically sick. I went straight out to see the person with a bunch of flowers and an apology. I had tears in my eyes, missing a call is my worst nightmare." People clearly appreciated the provider's commitment to providing them with more than a basic homecare service. One person told us, "The staff are very kind and friendly. If I have a letter to post they always pop it in the letterbox for me, even though its not part of their duties." Another person said, "If am not very well they'll notice and do little things for me, like make me an extra cup of tea." Speaking specifically of the manager, one person told us, "She does a lot for me. She's very kind and thoughtful. She's always getting on to the doctor for me. She's very good."

The manager and her deputy had completed a course on 'promoting independence' and encouraged all staff to adopt this approach in their work with everyone who used the service. Commenting on her learning from the course, the manager told us, "Achieving any milestone, however small, promotes independence. For some people that might be learning how to open a cereal packet again." She also told us of one person who staff had supported to regain their cooking skills and, as a result, now needed only two daily care calls rather than four. Staff demonstrated that they understood this ethos and reflected it in the way they delivered care and support. One staff member told us, "I support one person who wants to retain as much mobility as possible. We go out shopping every Monday. I encourage them to walk round with the shopping trolley but we have the wheelchair as back up if needed." Another member of staff said, "It's what we do for everyone. One person used to have live downstairs because of their mobility. We encouraged them to do more and more and they were able to go upstairs again. They no longer need to use the service." One person told us, "I'm the kind of person who likes to do things for myself. I can wash myself but if I am stuck they help me. They encourage me but don't try to

Is the service caring?

take over." Another person told us, "The staff have helped me walk and move about again. They help me walk every morning and evening. To be honest, they have done more than than my physiotherapist ever did."

There was a very strong person-centred culture at all levels within Action Homecare and staff understood that people were at the heart of the service. When a person first started using the service they received a personal letter from the manager on behalf of the provider. The letter included the statement, "We realise that allowing us into your home and receiving care may be a new experience for you. We pride ourselves on being a small, professional team dedicated to you. We aim to please and look forward to getting to know you." The provider's commitment to engaging with as individuals had clearly been taken on board and put into practice by staff at all levels. The manager said,"To me, each client is a person not a name, as I have worked with every one. One member of the care staff team said, "When I do a care call, it's like visiting a member of my family. One person I work with really likes cats. They are normally very shy and reserved but I show them pictures of my cats and it stimulates conversation." Another staff member told us, "I enjoy meeting the clients more than anything. I am constantly learning from people's life stories and what they did in their younger days. One person told us, "Some days I don't see anyone but [the staff]. We have a good old natter and put the world to rights." Another person said, "I am treated as a person, not a number."

Staff also told us of their committent to giving people as much choice and control over their lives as possible. One member of staff said, "The whole call is based around giving people the chance to make as many choices as they can. For instance, we have a lot of very supportive families and there is generally plenty of food in the house. When I am supporting someone to have a meal I usually offer two or three choices." Another member of staff told us, "I always ask if someone would like tea or coffee. I try not to presume, as people can change their mind!" One person told us, "They always give me choice. Sometimes I don't feel up to having a shower so I have a strip wash instead. They don't mind, it's whatever I want." Another person said, "They always call me [name] even though that's not my real name. They know that's what I prefer."

People also told us that staff supported them in ways that maintained their privacy and dignity One person said, "The staff are very respectful. They would soon know if they weren't!" A staff member told us, "It's really important to help people maintain their dignity. When I am providing personal care I always ensure doors and curtains are closed and use a towel to cover people up. I think how I would feel in that situation and try to do my best for them." Another member of staff said, "I work with one person who is very private and found the whole issue of personal care very difficult at first, as many people do. They have got more used to it now. It's all about gaining their trust." The provider was aware of the need to maintain confidentiality in relation to people's personal information. We saw that personal files were stored securely in the service's office and computer documents were password protected when necessary.

Information on local advocacy services was included in the welcome pack that was given to people when they first started using the service. Advocates are people who are independent of a service and who support people to make and communicate their wishes. The manager told us that no one currently had the support of an advocate, as most had family members who could assist them if required.

Good

Is the service responsive?

Our findings

If someone was thinking of using Action Homecare's services for the first time, the manager told us that she "always" visited the person herself, "To put a face to a name and to start to discuss their expectations." If the person decided to start using the service, the manager or her deputy would work together with the person to develop an individual care plan to meet their needs and preferences. One person told us, "[The manager] came here and we did my plan between us. My son was here as well." Another person said, "The first night I started with the service we did the care plan together."

The manager told us that she also went to considerable lengths to match people and staff. She said, "When I carry out my initial assessment, I try to identify what the person is like. Some staff are very jovial and others are more gentle and I try to match client and carer in the best way possible. And once we get to know people, if I know someone has a favourite member of staff I make sure they get that person as often as possible."

We reviewed people's care plans and we saw that care plans were written in the first person and captured each person's preferences and requirements to a very high level of detail. For example we saw that one person's care plan stated, "I like to walk back to the lounge with your support and guidance. This may take time but with encouragement I can usually do it. I wish to be stronger and more independent." We saw that the care plans were understood and followed by staff when they provided people with care and support. For example, it was written in one person's plan that, at the end of each visit they wanted, "A cold drink to be left within my reach." Reviewing the record of visits that was maintained for this person, we saw that staff had noted that this had been done. One staff member told us, "The care plans are a mine of useful information. Particularly on the first visit when they are a prompt for conversation and help me get to know people's preferences." Another member of staff said, "The care files are like a bible. I always look at them on each visit. For instance, to find out what the person had to eat on the last visit so I can offer something different." One person told us, "The new carer had a read of the file and then asked me to run through what I wanted." Care plans were reviewed and updated regularly by senior staff, involving each person in the process. One person told us, "My plan is usually updated once a year. If something changes, [the manager or deputy] will come and update it. They always involve me."

Staff were clearly aware of people's individual needs and preferences which enabled them to provide support in a responsive and person-centred way. For example, one staff member told us, "I work with one person who likes to go to particular coffee shop. If we have been out shopping I suggest we pop in for a coffee on the way back and I always get a big smile." Some people received 'social therapy' visits which provided them with staff support to pursue personal interests and hobbies in the local community. One person liked to visit a local car auction on a weekly basis. Another person was being supported to build up their confidence in using public transport. One staff member told us that if they were supporting someone with a social therapy call, "My first question is always, what do you want to do?"

The provider also made use of volunteers to help further enhance people's lives. Some volunteers visited people in their own homes and others helped serve food and drinks at the parties the provider hosted for the people who used the service. Some people also received one-to-one support from local volunteering organisations to enable them to pursue their interests and remain active in their local community. The provider also had relationships with local churches and priests and put people in touch with them to help meet their spiritual needs.

Information on how to raise a concern or make a formal complaint was included in the introductory information pack people received when they first started using the service. People told us they knew how to make a complaint and were confident that this would be handled properly by the provider. However, people also told us that they had no reason to complain. One person said, "I have never had a complaint. I have never even thought of making one. [The manager] sorts out my problems. I only have to ring her and ask her and she will do whatever is necessary." Another person told us, "I have never had any concern, but if I did, I would ring [the manager] and would be very confident she would come out and sit at the table and talk it through." The manager confirmed that formal complaints were very rare as, "We know the clients personally and deal with

Good

Is the service responsive?

things promptly so they don't turn into a complaint." We saw that the last formal complaint had been received two years previously and had been managed well by the provider.

Good

Is the service well-led?

Our findings

Without exception, the people we spoke with us told us how highly they thought of Action Homecare. One person told us, "It's just excellent. I couldn't have better." Another person said, ""They are a brilliant company. 200% better than other companies I have used." One local healthcare professional told us, "They are very good. I would always go to them first." Another said, "They are very obliging and are always happy to step in if needed. I wish there were more like them."

In her own words, the manager had a "hands-on" style and was clearly very well known to, and respected by, everyone who used the service. One person said, "I don't know where [the manager] gets the energy from. She's at the beck and call of all of us. She never says no, only yes." Both the manager and her deputy worked as members of the care team on a daily basis. Between them, over the course of a month, they aimed to personally conduct a care call with every person using the service. The manager said, "People say we could expand, but I wouldn't want to drop my client visits."

Reflecting this approach which put people's well-being at the centre of the service, the provider had a strong commitment to continuous improvement to promote further people's welfare and happiness. For example, building on the success of the parties for people who used the service, the manager told us that she was planning to rent a minibus in the summer and organise some trips out to the coast. She told us, "We will pay for the transport. People will just have to buy the fish and chips!" The provider was also in the process of applying for registered charity status for Action Homecare to raise funds to set up a lunch club in the local village hall. The manager said, "There is so much fresh veg around here. It wouldn't take much to provide lunch and a laugh to enhance [people's] lives."

We saw further examples of the provider's forward-looking approach. For example, in addition to the lunch club, the manager also intended to use charitable status to set up specialist support groups for people using the service, including people living with dementia. The provider had established a partnership with a local care home which some people had found beneficial when looking to move between residential and homecare services. The provider had also forged links with the local police service and was providing support and advice to help them improve their interaction with the older people they came across in their work.

Throughout our inspection, the manager demonstrated an open management style and strong values-based leadership of her staff team. She told us, "I have a great team. I treat everyone as equals and never ask anyone to do anything I wouldn't do myself." The manager's approach was clearly appreciated by staff. One staff member said, "The manager is really approachable and helpful. I have worked in companies where you feel like a number, here I feel like a person." Another member of staff said, "We are never afraid to say what we think. Good or bad. And we always feel listened to." Staff knew about the provider's whistle blowing procedure and said they would not hesitate to use it if they had concerns about the running of the service that could not be addressed internally.

Staff worked together in a friendly and supportive way. One long-serving member of staff said, "There's a happy atmosphere here. We are a team even though we work mainly on our own." Another staff member told us, "I really enjoy working here. I have been on holiday recently and it's the first job I have ever had when I was looking forward to coming back to work." There were regular staff meetings and we saw that a wide range of issues were discussed. For example at the most recent meeting, staff had been advised that the provider had introduced a new scheme to give staff a cash reward for every new training qualification they obtained. The provider also produced a staff newsletter and organised regular team social evenings. The manager told us, "We go out for meals together as a staff team. It's not easy to do the rotas to enable everyone to attend, but we organise it with the families and the clients are very understanding. We are still to have our Christmas meal but we have decided to go out at Easter instead!"

The provider conducted an annual customer satisfaction survey to ask people to provide feedback on the service they received. One person told us, "I received a questionnaire, but I couldn't think of any improvements!" We reviewed the comments people had provided in the most recent survey and saw that everyone had rated the service as either 'good' or 'excellent'. One person had written, "You provide a high quality service and all your care workers demonstrate the highest professionalism." Another person had commented, "Staff are smart,

Good

Is the service well-led?

well-trained and happy in their work. I feel that I am getting the best care possible." This extremely high level of customer satisfaction was also reflected in the many cards and letters of thanks we saw on display in the service office. For example, one family member had written, "Thank you for caring for [my relative] .. enabling them to continue living in their own home. Knowing they were being looked after by very professional people was a great relief for me and my family." The manager told us that she always let staff know when a new card was received in the office. She said, "It's nice when you can give people a boost."

The provider had systems in place to monitor the quality of the care provided. For example, senior staff reviewed and updated each person's care record on a regular basis to identify any changes in their needs. The manager also operated a number of 'double checking' systems to ensure, for example that all care calls had been allocated and that staff were spending as long with each person as they should be. The provider was aware of the need to notify CQC or other agencies of any untoward incidents or events within the service. We saw that any incidents that had occurred had been reported and managed correctly.