

Carers at Home Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Carers at Home is a domiciliary care agency. It provides a service to older adults, some of whom are living with dementia. Not everyone using Carers at Home receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection, it was providing the regulated activity of personal care to 115 people living in their own houses and flats

People's experience of using this service and what we found

Staff had a hugely positive impact on people's lives, such as improving their wellbeing and supporting people in their own time in a crisis. People felt that staff were like friends or family rather than carers and felt that staff knew them very well and that they could approach them with any requests. Although people we spoke to had never had to complain to the service, they felt comfortable to do so if needed. Staff knew people well and delivered care that was personalised to their needs. People were encouraged to make decisions around their day to day care and be as independent as possible where safe to do so.

People received safe and good quality care. Risks to people were appropriately recorded and managed by staff who were aware of their responsibility to safeguard people from abuse. There were sufficient numbers of staff and people told us they had never missed a call. People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service support this practice. Staff attended thorough training sessions which put them in the position of the people they supported so they understood how it felt to receive care. Staff were safely recruited and received regular supervision and appraisals.

Care plans were personalised to reflect the individualised care that people received, including information around their health conditions. Medicines were administered and recorded safely, with any errors being addressed immediately. Complaints were dealt with in a timely manner and good outcomes reached to prevent any reoccurrence. The service was not delivering end of life care to anyone at the time of the inspection, but this topic had been discussed and recorded in people's care files, with staff offering emotional support to families during this time. The service had strong partnership working links with other agencies to ensure people received care in adverse weather conditions. Checks on the quality of the service were thorough which meant any shortfalls found were resolved immediately. This has been reinforced through the use of a new electronic care planning system which alerted staff to any concerns.

People, relatives and staff were complimentary on the running of the service and felt that the management team were approachable. Staff felt their ideas were listened to and implemented where possible, and people and their relatives were given the opportunity to give feedback each year through a questionnaire. Staff were also able to give feedback and were kept up to date with the latest care guidance and important information through weekly newsletters. For more details, please see the full report which is on the CQC

website at www.cqc.org.uk.

Rating at last inspection (and update)

At the last inspection the service was rated Good (1 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Carers at Home Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection site visit because we needed to be sure that the registered manager would be in the office to support the inspection. The inspection took place on 14 August 2019. We visited the office location on this date.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with one person who uses the service in their home. We also spoke with five members of staff including the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including

policies and procedures, were reviewed.

After the inspection

We spoke with seven people who used the service, one relative and one staff member by telephone. We looked at training data and quality assurance records sent to us by the registered manager.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe. One person told us, "They are always keeping me safe. I'm getting on a bit now and I'm not as active or able as I used to be. They are always supporting me around the house." Another person said, "I feel safe with them. They check everything is okay in the home and make sure things are turned off, they make sure I have water and my call pendant before they leave." A relative told us, "I feel that [my relative] is safe with them. They do their best."
- Staff were aware of their responsibility to safeguard people from abuse and who to report concerns to. One staff member said, "Safeguarding must be reported I know that the management would deal with it appropriately straight away. I have total faith in them. If for whatever reason I wanted to let someone else know I am aware of the whistleblowing policy and the referral systems for the local authority and CQC." The nominated individual told us, "Staff 100% know what to do. We bang on about it all the time. They've all had refresher training and we talk about it in staff meetings."
- A safeguarding policy was in place, and a thorough safeguarding log recorded any concerns that had arisen. The log included any investigation reports which were stored securely.

Assessing risk, safety monitoring and management

- Risks to people were appropriately recorded and managed. One person was at a high risk of pressure sores. Their risk assessment stated that staff should check pressure areas in the morning and evening, apply creams, encourage them to drink and change their incontinence pads on each visit. The person also had a specialised mattress to reduce the risk of pressure sores.
- Another person was assessed as being at high risk of falls due to their diagnosis of Parkinson's disease. Their care plan described that their mobility may be worse in the morning so equipment such as a rotunda may need to be used, and if they 'froze' whilst mobilising staff should encourage them to take very slow steps and reassure throughout.
- Risk assessments had also been completed for the environment. These recorded where to find utilities in the household, such as the stopcock, fuse box and gas stop cock.
- The service had a business continuity plan in place. This stated how to ensure people continued to receive safe care and treatment in the event of an emergency such as a loss of IT equipment, adverse weather conditions or staff shortages.

Staffing and recruitment

- There was a sufficient number of staff to meet people's needs. People and relatives told us staff had never missed a care call. One person said, "Sometimes there might be traffic but they give me a call. I haven't ever

had a missed call." Another person said, "They have never missed a call and have not been late." A relative told us, "They were a bit late once but that was it. It was because there was an emergency elsewhere." The nominated individual said, "If someone is running late then we let the person know. If someone needs an ambulance we send someone from the office over so the carer is relieved to go to the next visit." Sickness was covered by on call staff or the management team to ensure that people never missed a care call.

- A call monitoring system was in place to ensure that people received the care calls they required and staff were staying the full length of time. Printed rotas were also given to people weekly so they knew who would be coming to support them each day.
- Recruitment files evidenced staff had been recruited safely. Staff's files included a full employment history, references from previous employers and a Disclosure Barring Service (DBS) check. This ensures that people are safe to work with vulnerable people.

Using medicines safely

- Medicine recording and administration was safe. An electronic system was in place which alerted staff to administer medicines at a care call if required, and the management team would receive an alert if this was not completed so they could rectify the issue immediately.
- People had a risk assessment in their care plans on medicines. This contained information such as what side effects each medicine could cause that staff should be aware of.
- Body maps were used to show where prescribed creamed medicines should be applied to a person's body, and to record where medicines in the form of patches had been placed on a person's body on which date.
- Staff received medicine competency checks every six months and annual refresher training. The trainer told us, "I deliver medicine training annually. We do a simulated observation delivering eye drops to each other." The nominated individual said, "If there is a medication error, the staff member has to come in for refresher training which they don't get paid for. This is an extra incentive to not make a mistake. Once they have done that and receive a competency check, they can then administer medicines again."

Preventing and controlling infection

- People were cared for by staff who followed safe infection control practices through safe use of personal protective equipment (PPE). One person said, "When they wash my hair they put on gloves, they wash their hands too." A relative told us, "They always wear gloves." A staff member said, "We are constantly being aware of the risk of the spread of infection. So for example always making sure your hands are clean and there is a barrier between you and the infection, whether that is hand gel or gloves and aprons. Everything is always stocked in the office and it never runs out so you know you can always get extra supplies from there." The trainer showed us material that was used to train staff in this area, such as 'spot the infection risk' pictures.
- The management team conducted spot checks on staff members to ensure they were adhering to safe infection control policies. The registered manager said, "We check them during unannounced supervisions at people's houses. It's always been fine." During the inspection, we visited a person in their house with a staff member during their usual care call. The staff member was seen to use PPE when preparing food and considered infection control risks, such as ensuring food was stored correctly in the person's fridge.

Learning lessons when things go wrong

- Accidents and incidents were appropriately recorded and action taken to prevent reoccurrence. For example, one person had removed their emergency care pendant and had fallen on the floor so could not summon help until she was found by the carer. As a result of this, staff always ensure she is wearing the pendant when they leave and remind her not to remove it. The service also logged accidents and incidents that had occurred at times when the service was not supporting the person during a call, in case there was

any injury they should be aware of.

- Accidents and incidents were analysed and tracked on a monthly basis to identify if there were any trends occurring.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Initial assessments were completed prior to packages of care starting to ensure that the service could meet people's needs. One person told us, "They came and gave me paperwork on how they work and what they can do. They explained it all to me and we went through what I needed and what I wanted." The registered manager told us, "We absolutely do this. If they are in hospital we'll do it on the first visit." We observed an initial assessment form which was detailed and had been used to formulate the person's care plan.
- The service ensured it was up to date with current best practice and standards of care. One staff member told us, "When we get updates from CQC and the National Institute of Health and Care Excellence (NICE) we update what we need to and implement that." Another staff member said, "Best practice and new policies are always brought to our attention through staff meetings or newsletters that we often get given to read."

Staff support: induction, training, skills and experience

- Staff were up to date with their mandatory training and refresher courses had been booked for staff members who required them. This made people and their relatives feel confident that staff were effective at their role. One person told us "I've never had any worries. I am confident that they know what they are doing." A relative said, "I think they are well trained."
- The service had an in-house trainer who ensured that staff were up to date with training. The nominated individual told us, "We have training four days a month and have dedicated trainer to do the training. It's part of staff's personal development, and we ask what additional training they would like and we arrange it." One staff member told us, "The management here are so encouraging and so I am currently undertaking my Level 5 NVQ and then I will be looking at managerial roles and further training which is what I'm aspiring to do." Training on specific health conditions were given such as motor neurone disease, diabetes, dementia, depression. This allowed staff to better understand the conditions of the people they were supporting. Moving and handling training included staff members hoisting each other on to various pieces of equipment such as chairs and commodes. The trainer told us, "I urge staff to have a go as clients like to know staff know how it feels."
- The service had a thorough induction process to ensure that staff were fully aware of their roles before completing any lone working. The trainer told us, "New staff have a week of in-house training. They then shadow and let us know when they feel ready to go out alone. It's their decision on when, but we ensure that they are confident and well trained when they feel ready to. Everyone is enrolled on the care certificate when they start and we structure their induction around this." The care certificate is an agreed set of standards

that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The trainer showed us an induction plan which included reflecting on their training and the chance to ask for additional support if required. One staff member had dyslexia so the service ensured that they personalised training documents and their version of the online system to meet their needs.

- Staff received regular supervision with the management team. One staff member told us, "We are all supervised, and if anything comes up in between supervision we can just go to our line managers."

Supporting people to eat and drink enough to maintain a balanced diet

- People's experience of staff supporting them was positive. One person told us, "They support me with making breakfast and they know what they are doing, ensuring the kitchen is clean." A staff member told us, "Because we all know the people we support well, if their appetite changes in any way then we make a note of it and bring it to the attention of the management team."

- People's dietary preferences were recorded in their care plans, such as how they liked their cup of tea to be made and if they required any specialised equipment such as no-spill cups to drink from.

- Staff ensured people were kept hydrated. The electronic care system gave staff alerts to remind them to encourage a person to drink more fluids if they were at risk of dehydration or if the weather was particularly hot.

- People were encouraged to maintain a healthy diet. The registered manager told us, "Some staff eat lunch with people where they allow them to spontaneously. This has improved people's nutritional intake sometimes."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff to maintain their health and wellbeing. A staff member said, "If there was any change to someone's health or care needs, I would immediately refer them even if it seems like a small change."

- People's daily notes showed that healthcare professionals were contacted when needed. For example, one person received regular visits from a district nurse. The district nursing team had previously provided specialist staff training for individual referrals such as catheter care. This allowed staff to perform this care safely and effectively.

- Staff felt the communication within the service was effective. One staff member said, "I think it's brilliant, we are always staying in touch. It is just such a nice group and we all stay in touch and work together as a team well. Even though we may not be going to the same calls together we all stay in touch which is nice." Another staff member said, "Communication is brilliant. We are all in one big [electronic app messaging] group so always talking to each other and making sure we are ok." The nominated individual said, "I think the carers communicate very well. We have a very good team. It's a very friendly office."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can

authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA.

- Staff delivered care in line with the principles of the MCA meaning people's rights were protected. Although the service was not providing care to anyone who lacked capacity, staff were aware of how to ensure people's rights were protected. When we asked one person if staff asked for their consent, they said, "Always, they're so polite." The trainer told us, "We go through case studies of advanced decisions and statements. I've created some prompts for them to take away and carry like the five principles."
- People's care files included medicine administration consent forms and assessments showing that they had capacity around decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff went above and beyond their caring responsibilities to make a positive impact in people's lives. We observed interactions between one person and a staff member. They shared humour and the person referred to the staff member as their 'friend' throughout our visit to them. The person explained that they had previously experienced issues with a neighbour and staff had emotionally supported them through this. Staff had good knowledge around this incident. The person said, "I'm always getting extra visits from my friend here to make sure I'm okay and happy. They're great, they're like my family, they look after me so well. They always help me with extra bits, like if I need something from the shops, they just pop out and get it for me on their way to or from their visits. It's such a nice, personal touch."
- Another person told us about how another staff member had changed their life for the better. They said, "[A staff member] is very special to me. She's helped around the flat for me. That meant a lot to me as I can't do much. She came in with the occupational therapist from hospital and rearranged my flat for me so it was safe for me to come home. She decorated the flat for me and made it so I can look out the window which helps my wellbeing. She's brought me a Christmas lunch on Christmas Day. That means a lot to me as it was nice to have it freshly cooked. She looked after my cats while I was away. They would have been re-homed otherwise and they are the most important thing to me as they are my company." The person's mental health had improved considerably from the support they had received from the staff member as they were no longer suffering with addictions. The staff member told us, "I helped [person] when [persons] benefits were stopped like going to food banks for them. My son came to sort out their television as it broke and he got it working. They can't read as [person] can't turn pages because they've got no feelings in their hands, so they needed that television. When they went in to hospital for a couple of months I came in every morning and evening to feed their cats so they were okay. I brought a Christmas lunch in for them on Christmas day. I always make sure they have a nice hot meal so take them over a plate if I had cooked extra. They had no family to help them so I did these things which I didn't mind doing at all."
- We observed and were told of various further ways staff had made a positive impact in people's lives. One person told us, "I have been through quite a lot over the past couple of years. My carers keep my spirits up and keep me motivated to improve. They really are brilliant, caring, thoughtful and happy. It takes the edge off and allows me to forget about the pain." Another person said, "[Staff member] is an angel, she goes above and beyond, always doing extra to help out." A further person said, "'I don't know where I would be without my family and carers who look after me each day." The service had ensured that when a person's relative who was their main carer was diagnosed with a terminal illness, they provided care to both of them

so that they were both able to remain at home together. A relative had written to the service following the passing of their loved one saying, "[Staff member] was not only always there for my father but she was also always there for me too and we somehow managed to find humour when there were near crises. My father felt very secure and happy under the team of carers and I think of his time with [the service] as a golden period in his final years."

- Another staff member had supported a person who had become anxious during their kitchen renovation by clearing the kitchen ready for builders, bringing in hot meals once a day as the microwave and oven were not available, visiting the person outside of working hours at least once a day to encourage the person to eat and drink and improve their mood, and then cleaned the kitchen once the work was complete. They also supported another person who started to deteriorate physically by communicating with the family, district nurses and professionals to get the appropriate assistance and support. The staff member visited the person in their own time to ensure they remained hydrated and kept them company. The staff member had consequently won an award for Carer of the Year at the Surrey Care Association Awards. The service had also won awards for Care Team of the Year, Provider of the year and Manager of the Year at the same award ceremony. The trainer told us "Sometimes staff forget how good they are and I have to remind them of situations they've told me about previously." The registered manager said, "A staff member organised the Queen sending a card for [a couple's] 60th wedding anniversary. It's about making the good stuff better."
- Staff also spoke fondly about the people they cared for. A staff member told us, "I often try to pop in extra little visits to some people as I know they really appreciate it. I think it's just knowing that someone is there for them if they ever need anything." Another staff member said, "My job is just to help and spend time with amazing, interesting people. I always show respect and treat people how you would want your family to be treated if they had carers. I enjoy making the extra time to have a long chat with the people I support. It helps me understand everything about them and often makes their day."

Supporting people to express their views and be involved in making decisions about their care

- Relatives told us that people were involved in making decisions about their care as much as possible. One person told us, "I get a visit two times a year and they come out and sit down with me to discuss how things are going." A relative said, "[My family member] has been involved in his reviews, and I am present as well to help with them." A staff member said, "I always ask people to make sure they have understood what I am about to do when I support them to make sure that they are happy with it. Something they were happy with yesterday may make them uncomfortable today so it's always better to make sure." The registered manager said, "We give everyone a three-month review when they first start, and then we do yearly but they can request one before this if they want."
- Reviews of people's care had been completed on a regular basis. Documents showed that people had been involved in reviews of their care and had got to express their views in meetings.

Respecting and promoting people's privacy, dignity and independence

- People were supported and encouraged to be independent where possible. One person told us, "They are trying to make me more independent, encouraging me with washing my hair and my body. I was really frustrated that I couldn't wash my own hair but now it feels brilliant to be able to do little bits with the support from the carers." A relative told us, "[My family member] is determined so they help him be independent where he can be. Anything he is able to do in the shower they allow him to if it's safe." A staff member said, "We try to help people be as independent as possible, but also safe." The registered manager said, "Staff encourage people to wash themselves where possible and it's safe to. We talk about this in supervision. We get occupational therapists involved so equipment is put in place to keep people at home as long as possible."
- Staff members had supported and encouraged one person who was immobile to complete daily exercises. This led to the person being able to transfer and subsequently join their family on holiday, which

they said was "something I never dreamt I would ever do." Their relative had written a letter to the service saying, "Thank you, though a small word, has a deep meaning. For all your love, magic, hands, smiles all the gestures and every part and bit you have done, you have taken pain from [person] and us the family. You are all amazing. We do appreciate your service. The results of your work you have seen. Nothing is impossible with your care."

- Staff respected people's dignity. One person told us, "They close the curtains and put a towel over me." A relative said, "As far as I'm aware they treat them with respect and dignity." The registered manager said, "It's the core of what we do. I will always ask the ladies we support if its ok for me to go as a male carer when needed. I will walk out of the room during a spot check too if the person needs to go to the toilet."
- Care plans focused on what people could do for themselves, such as washing their own face. It also stated what staff should do for people in order to preserve their dignity and self-worth. For example, one care plan said to gently brush the person's hair and 'offer them a few sprays of perfume'.
- People's dignity was respected at all times. One person said, "They protect my dignity and make me feel comfortable and safe." Another person told us, "They close doors and curtains where appropriate, I feel my care is delivered sensitively." A relative said, "They treat [my family member] with dignity." The registered manager said, "We check this in training and supervision. We ask at reviews if people are happy with this element of their care. Even when we interview people, you get an idea of how people will treat people, if they're empathetic."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained personal information around a person's background and history. A staff member said, "It's all about the detail in the care plans. There is no point in having a blanket template for all of the people using the service because everyone is so different. So it is important about knowing those personalised details and making sure all the staff supporting that person knows those details." One care plan contained information on the person's career, and another contained information on which countries the person had lived in, and personal touches such as them liking to wear their dressing gown back to front. One person told us, "They know so much about my history." Staff members were able to tell us about the person's life and background history in detail.
- People received personalised care from staff. One staff member said, "We take people out, we take newspapers in to people. We have quite a few that go to garden centres, day centres, and carers take in fish and chips if people ask for it." Another staff member said, "We provide personalised care all the time as we understand that all people are different and all people like to receive their care differently. That is why to check the care plans and make note of the personal details is important. I took [one person] to the local boat museum. I took her there because she wanted to go to visit and I thought it was amazing. I had no idea it was even there!" The registered manager told us, "All staff all wear uniform. Apart from [one person] whose carer is in normal clothes when shopping as he asked for this."
- Care notes were detailed around a person's day to day care. They contained information about what the person had eaten, what personal care was given, what activities they had taken part in and conversations had.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. Details around communication were noted in their care plans. The registered manager told us, "We've got three clients with poor sight so we send them large print rosters so they know who is coming."

Improving care quality in response to complaints or concerns

- People and relatives told us they felt they could raise a complaint. One person said, "I've never had to but I

would just go to my friend here [the carer]." Another person said, "I have never made a complaint, but I would if I needed to." Another relative told us, "No I've never had to complain."

- Complaints were recorded in line with the provider's complaints policy. Any complaints received were logged in a file and contained the detail of the complaint, the date it was received, and what the outcome to the complaint was. For example, one complaint received was that the time between two calls was not long enough. The registered manager had apologised and arranged for the calls to be further apart.
- A complaints procedure and policy was stored in people's care files within their homes. This meant that people had access to guidance around how to raise a complaint at all times.
- The service recorded compliments that had been received. One compliment read, "Thanks for all your support; you have all been outstanding in your care and consideration to my mum." Another read, "We could have not had lovelier carers and feel we were so lucky with all of them, especially after the horror stories you read. Also, thanks to the girls who came to her funeral yesterday."

End of life care and support

- The service was not providing end-of-life care at the time of our inspection. However, people's end of life wishes had been discussed and recorded in detail. This included details of what music people may want playing, any scents they would like in their room and any people they would like contacted.
- The service had previously provided end of life care to a person alongside a local hospice and had gone on to support the family in the hours following their passing. Records showed the registered manager had gone to support the person's daughter and granddaughter when they found out the person had passed and offered to talk any time.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and relatives felt the registered manager was approachable. One person said, "I've met the manager, she is lovely. it's a good company with lovely staff that have helped me so much." Another person said, "I've known her [the registered manager] for years. We have a good relationship. I contacted her when I needed care again as I knew she had started a business and due to how good she was with me before I wanted to follow her." A relative told us, "The manager is very lovely, she's always out seeing and reviewing people. I feel I could approach her at any time."
- Staff told us they also felt the manager was approachable and felt valued. One staff member told us, "[The registered manager] is great, she is so approachable. She would sort any issues straight away. She just constantly tries to accommodate everyone in the best way possible." Another said, "She is fabulous, so supportive of every single member of staff. You just don't get managers like her in most care places who will actually make the time to speak to you, clients, and relatives to make sure everyone is happy." Another staff member said, "The management really make it and are so considerate when I need to change shifts around to suit my home life and my two young children. They just can't do enough for their staff, the management are just great."
- Furthermore, the management team spoke highly of their staff. The nominated individual said, "The office staff are very friendly and welcoming. It's a carer led company – if the carers are well looked after they deliver good care to people." The registered manager said, "Everyone is on board with our ethos. There was a time we didn't know what duty of candour was and we all spoke about it with carers. We inform them that it is their responsibility to ensure that the person is well looked after, and if you need help, ask for it. Everyone knows we're very supportive and we would always go and help. No one ever has a problem asking, its drilled in to them that asking for help is a good thing."
- The registered manager and nominated individual was aware of their responsibilities about reporting significant events to the Care Quality Commission and had notified us where required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Thorough quality assurance checks insured that any issues identified were rectified immediately. The service's electronic system notified the management team instantly if a medicine was not administered

during a care call. This allowed the management team to call the carer and identify what the issue was and rectify it immediately. The management team showed us how medicine errors had dropped dramatically since the implementation of the electronic system from paper MAR charts.

- Staff received regular spot checks from the management team. Various parts of their performance were assessed during these, such as infection control standards, whether people's privacy and dignity was maintained, and if they wrote contemporaneous care notes during a care call.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives were engaged in the running of the service. One person told us, "They ask for my feedback regularly, which I provide. If ever I wanted anything changed, it would be changed straight away." A relative told us, "they sent me a questionnaire recently. They do this regularly. It's good because it allows me to have my say." A survey was sent to people and relatives for feedback on a regular basis. Feedback received included, "Carers are good, friendly, best way to describe it is, it's like having friends come over" and "Very happy with things the way they are. [One staff member] is probably the best carer [my relative] has had. Quietly efficient, anticipates his needs and more"

- A survey was also sent out to staff for feedback. Feedback from a recent survey stated, "It is a pleasure to work for Carers at Home, it has made a difference to my life" and "I feel very supported and appreciated by Carers at Home."

- Staff said they felt engaged in the running of the service. One staff member said, "Everyone that works here can put ideas forward, the clients can, everyone can, and it's good to know people will listen." Another staff member told us, "It is nice when things actually come in to practice. So when the new system came in I asked if I could help with the introduction as I love tech stuff. I ended up helping and supporting staff and that was my idea and the management listened, which was nice to know that my ideas were respected."

- Staff meetings and a weekly newsletter kept staff updated with information they needed to be aware of or topics that could be discussed further. The trainer said, "Staff meetings dates are published on the newsletter so people can choose when to attend and they are paid to attend." The registered manager said, "We aim to have staff meetings four times a year. We don't circulate meeting minutes but it's in the weekly newsletter. Staff meetings are at different times of the days throughout the year so all staff can make it at some point. Newsletters included information such as when funerals were being held for people the service has supported if staff wished to attend, reminders on the principles of MCA, and important information about people they supported such as someone being on antibiotics for the week.

Continuous learning and improving care; Working in partnership with others

- The management team were working to improve the running and quality of the service where possible. The nominated individual told us, "In terms of sustainability, we're trying to do better rostering so people get consistent staff supporting them. Quite often the carers will come up with ideas about rostering and travel times. Therefore, we get the carers in one area to roster it and then we'll check it."

- There were strong partnership working links with other local organisations. The service had offered a local care home to use their training room and equipment for moving and handling training. They also had an arrangement with another local care agency that they would work collaboratively during times of adverse weather to ensure that the combined amount of people they supported would receive care. This meant utilising both sets of staffing teams to work in the areas where they could travel to safely due to the rural roads.