

Malvirt Limited

Birchwood Care Services

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?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection was announced and was carried out on 26 and 28 August 2015 and 03 and 04 September 2015 by one inspector and an expert by experience. We gave the registered manager short notice of the inspection because we needed to make sure they and staff would be available to speak with us.

Birchwood Care Services is a home care agency situated in an annexe of Birchwood House Residential Home in Speldhurst on the outskirts of Tunbridge Wells. Birchwood Care Services provide care and support to people in their own homes. The service assists people

with physical disabilities, people living with dementia and adults over 65 yrs. The service specialises in supporting people in rural areas who have found it difficult to access other care services.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

Summary of findings

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to report any concerns. People told us that they felt safe using the service.

Risk assessments were centred on the needs of the individual. They included clear measures to reduce identified risks and guidance for staff to follow to make sure people were protected from harm. Accidents and incidents were recorded and monitored to identify how risks of recurrence could be reduced.

There were enough qualified, skilled and experienced staff to meet people's needs. Staffing levels were calculated according to people's changing needs. The registered manager had identified shortfalls in the arrival times for some calls and had taken appropriate action to address this. The registered manager followed safe recruitment practices.

People told us that staff communicated effectively with them, responded to their needs promptly and treated them with kindness and respect. People were satisfied with how their care was delivered. The registered manager had clear person centred values that formed the basis of the service and these were followed by staff in practice.

People were supported to manage their medicines in a safe way. Staff responded quickly to changes in people's health and worked with health care professionals to meet their needs.

The registered manager was proactive in keeping up to date with relevant best practice guidance in person centred care and the care of people living with dementia. They encouraged and enabled staff to improve their knowledge and skills on an ongoing basis. Staff had completed the training they needed to care for people in a safe way. They had the opportunity to receive further training and qualifications specific to the needs of the people they supported. All members of staff received regular one to one supervision sessions and were scheduled for an annual appraisal to ensure they were supporting people based on their needs.

All care staff and management were knowledgeable in the principles of the Mental Capacity Act 2005 (MCA) and the requirements of the legislation. Staff sought and obtained people's consent before they provided support. When people declined, their wishes were respected and staff reported this to the registered manager so that people's refusals were recorded and monitored.

Clear information about the service, the management, the facilities, and how to complain was provided to people. Information was available in a format that met people's needs.

People's privacy was respected and people were supported in a way that respected their dignity and independence. The staff promoted people's independence and encouraged them to do as much as possible for themselves.

Staff knew each person well and understood how to meet their needs. People told us, "I'm perfectly happy and very satisfied with the service." Each person's needs and personal preferences had been assessed before care was provided and were regularly reviewed. This ensured that the staff could provide care in a way that met people's particular needs and wishes.

People's individual assessments and care plans were reviewed regularly with their involvement. People's support plans were updated when their needs changed to make sure they received the support they needed.

The registered manager took account of people's comments and suggestions. People's views were sought and acted upon. The registered manager sent questionnaires regularly to people to obtain their feedback on the quality of the service. The results were analysed and action was taken in response to people's views.

Staff told us they felt valued under the registered manager's leadership. The registered manager notified the Care Quality Commission of any significant events that affected people or the service. Quality assurance audits were carried out to identify how the service could improve and the registered manager had an ongoing and effective improvement plan for the service.

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?

The service was safe.

Staff were trained in the safeguarding of vulnerable adults and were knowledgeable about recognising the signs of abuse.

Risk assessments were centred on the needs of the individuals and there were sufficient staff on duty to safely meet people's needs.

Thorough staff recruitment procedures were followed in practice.

People were supported to manage their medicines in a safe way.

Good



Is the service effective?

The service was effective.

All staff had completed the training they required to safely and effectively meet people's needs. Staff held a health and social care qualification that enabled them to deliver effective care.

The provider was meeting the requirements of the Mental Capacity Act 2005.

People were referred to healthcare professionals promptly when required and staff worked in partnership with them to meet their health needs.

Good



Is the service caring?

The service was caring.

Staff knew people well, communicated effectively with them, responded to their needs promptly, and treated them with kindness and respect.

Information was provided to people about the service and how to complain. People were involved in the planning of their support.

Staff respected people's privacy and promoted people's independence. They encouraged people to do as much for themselves as possible.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed before care was provided. People's care plans were personalised to reflect their wishes and what was important to them. Care plans and risk assessments were reviewed and updated when people's needs changed.

People knew how to complain and people's views were listened to and acted upon.

Good



Is the service well-led?

The service was well-led.

The registered manager and staff held strong person centred values and delivered care that reflected these. There was an open and positive culture which focussed on people.

Good



Summary of findings

The registered manager sought people and staff's feedback and welcomed their suggestions for improvement.

Staff had confidence in the registered manager's response when they had any concerns.

There was an effective system of quality assurance in place. The registered manager carried out audits to identify where improvements could be made and took action to improve the service.

Birchwood 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 26 and 28 August 2015 and 03 and 04 September 2015 and was an announced inspection. Notice of the inspection was given because we needed to be sure that the manager, staff and people we needed to speak with were available.

The inspection was carried out by one inspector and an expert by experience. The service was supporting 81 people at the time of our inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at records that were sent to us by the registered manager or social services to inform us of any significant changes and events. We reviewed our previous inspection reports.

We spoke with 12 people and five people's relatives to gather their feedback about the service. We also spoke with the registered manager and six members of staff.

We looked at records that included four people's care plans and records. We looked at three staff files, staff rotas, staff training records, satisfaction surveys, quality assurance checks, audits and sampled the service's policies and procedures.

At the last inspection on 09 December 2013 no concerns were found.

Is the service safe?

Our findings

People received a service that ensured their safety. One person told us, “Yes, I do feel very safe with the service. I have nice girls coming to help me and a couple I’ve got to know very well.” Other people commented, “Yes, I feel very safe with them”, “It’s alright, very safe and I’m happy with it” and “I’m quite happy with how things are going and I feel safe with them.” People’s relatives told us that they were confident the service was safe for their family member. One person said, “I think it’s a very safe service for my wife and if I ever have a problem I can talk to the manager. I have great confidence in the carers, and I know most of the people who come well.” Another person’s relative said, “I can say that everything is fine with Birchwood; great.”

People gave mixed feedback about whether the staffing arrangements met their needs. People told us there were enough staff to meet their needs, but that sometimes there were delays in them arriving. One person said, “My only problem is timing. I would like a visit at 8.30am, but they’re always late, sometimes an hour late. Sometimes the office calls to let me know, and if nobody has come by 11am, I call them and cancel the care as it’s far too late for me.” Another person told us, “On the whole it’s good; some are very good, but their timing is very bad. They get here any time between 7.30 and sometimes after 10am. I used to have a regular carer who came all the time at 7.45 each day and you could plan your day well.” However, everyone we spoke with said that staff stayed with them for the full amount of time allocated. One person said, “The carers spend the allotted time with us; two carers, all very organised. They help with washing and dressing, nothing is rushed, they’re fine.”

There were sufficient staff to meet people’s needs. The registered manager reviewed the staffing levels whenever people’s needs changed to determine the staffing levels needed and they increased the number of staff accordingly. Staff were not allocated travelling time between calls. They told us that, to account for this, they started their first call of the day 15 minutes earlier. The registered manager and staff told us that people were made aware that their call would take place within half an hour of their scheduled time. The registered manager had identified that changes in the staff allocated for calls and late arrival for calls was presenting a problem. They had included this in their improvement plan for the service. As a result the registered

manager was in the process of introducing a new electronic staff planning system to ensure that staff and people were provided with amended rotas quickly. The system also allowed the registered manager to monitor the arrival and departure time of staff and alerted the office to missed or late calls. The registered manager had taken appropriate action to improve the timing of calls, but it was too soon to see if this was effective.

There was an out of hours system to respond to people, managed by office staff in rotation.

Staff confirmed that they had access to the on call numbers and told us, “We always receive the support and advice we need.” The registered manager had a contingency plan to ensure that people continued to receive support in the event of an emergency or staff absence. The supervisor and senior carers were available to cover calls if needed. Staff told us that “Managers are always happy to help.” In the event of inclement weather there was a plan for the provision of alternative transport for staff.

Staff were trained in recognising the signs of abuse and knew how to refer to the local authority if they had any concerns. Staff training records confirmed that their training in the safeguarding of adults was annual and up to date. The registered manager and staff had made appropriate referrals to the local authority when they had been concerned about people’s safety and had participated positively in safeguarding case conferences. The members of staff we spoke with demonstrated their knowledge of the procedures to follow to report abuse. One member of staff said, “I would always report any concerns to my manager first, but would not hesitate to report to the safeguarding team if I needed to.” There were robust systems in place to ensure that people’s money was safeguarded. Where staff handled money on behalf of a person, for example to carry out shopping, they issued a receipt and kept accurate records about expenditure. The service had a policy to protect people’s belongings and financial interests. This ensured that people were protected from the risks of abuse.

Recruitment procedures included interview records, checking employment references and carrying out Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff had a criminal record or were barred from working with people that needed care and support. Gaps in employment history were explained. All staff received an induction and shadowed more

Is the service safe?

experienced staff until they could demonstrate a satisfactory level of competence to work on their own. They were subject to a probation period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

Risk assessments were centred on the needs of the individual. They included clear measures to reduce the risks to people and appropriate guidance for staff. For example, a risk assessment had been carried out in relation to people's mobility needs. This included action to be taken to reduce the risk, such as the provision of two care staff and the use of equipment. Staff followed the relevant guidance in practice and recorded the care provided in people's care records.

Accidents and incidents were recorded and monitored daily by the registered manager. The registered manager audited all accidents and incidents monthly to check whether there were any common triggers that could be further avoided. Where a medication error had occurred this had been investigated comprehensively and action taken to reduce the risk of recurrence. Where people had sustained more than one fall the registered manager had referred them, with their consent, to an occupational therapist for assessment.

The provider ensured that the office premises were secure and protected by security cameras. The premises were accessible to wheelchair users. Fire drills were practised monthly and all fire protection equipment was regularly

serviced and maintained. Evacuation plans were clearly displayed in the office. All staff were trained in fire awareness. Staff working in care roles were issued with equipment to ensure their safety. This included a Circuit breaker, personal safety alarm, a torch, food labels and personal protective equipment, such as gloves and hand sanitiser.

Assessments of people's home environment were carried out before the staff started to provide support. This included ensuring gas and electricity safety checks, the safety of appliances and any possible trip hazards. Staff continually reviewed the safety of people's living environment and raised concerns with the registered manager to ensure their care plan was reviewed. For example staff had informed the registered manager that a new fan in a person's home was a potential hazard and the registered manager had worked with the person and their family to ensure the equipment was safe. This meant that people could be confident that staff considered their safety effectively.

People were supported to manage their own medicines. Where they required assistance it was agreed that staff administered medicines that were supplied in a monitored dose system. Staff had completed training safe handling of medicines and kept accurate records of any medicines administered. Where people were prescribed topical medicines or short term medicines, such as antibiotics, staff had sought agreement from the person's GP to administer this. People were given the support they needed to manage their medicines safely.

Is the service effective?

Our findings

People received an effective service. They told us that the staff understood how to meet their needs and were skilled to do so. One person said, “They all seem well trained and I have really good contact with the office when I need to; they’re very friendly and helpful.” A person’s relative told us, “One time we had trouble with Mum’s feet and the carers checked with the doctor for us.” Another person told us, “The supervisor tends to tell the new carers of my condition before they arrive, so they know what to do for me.” Another said, “The carers really understand my condition.”

People’s needs were assessed, recorded and communicated to staff effectively. The staff followed specific instructions to meet individual needs. Staff had a good understanding of how to meet the needs of people they were supporting, for example caring for people living with dementia. They demonstrated that they understood best practice guidance and gave examples of how they used the skills they had learnt in training to improve people lives. For example, one staff told us, “I always make sure I am careful to acknowledge their feelings, no matter how confused they are about something.” Another staff said, “Each person is different, you need to find out what is important to them to provide person centred care.” People were cared for by staff that were skilled in meeting their needs.

Staff had appropriate training and experience to support people with their individual needs. Staff confirmed they had received a comprehensive induction and had demonstrated their competence before they had been allowed to work on their own. New staff starting work were required to complete the Care Certificate, which was launched in April 2015 and is an assessment based learning programme designed for all staff starting to work in care roles. Two new staff had begun work on this and had been assessed by the registered manager to ensure their competence in the 15 different standards of the certificate. The registered manager had issued staff with additional booklets and information relevant to each standard to allow them to read deeper into each topic. The registered manager had decided to also offer the Care Certificate to all existing staff to refresh their knowledge and to ensure consistency in staff skills and competence.

Records showed that all essential training was provided annually and was current. This included person centred

care, infection control, safeguarding people from abuse, health and safety, dignity and compassion, equality and diversity, food safety and safe moving and handling of people. Staff also had the opportunity to receive further training specific for the needs of people they supported. This included dementia, end of life care, sight awareness, diabetes, winter warmth and stoma care. The training record was updated monthly by the registered manager to ensure that staff were scheduled for refresher training as required.

Staff were supported to gain qualifications relevant to their role. All staff, with the exception of three new staff members, had completed a health and social care qualification at level 2 or above. Seven staff had completed a level 2 certificate in the principles of dementia care. Two further staff were working on this award. Staff had also completed other level two certificates including safe handling of medicines, customer care and understanding end of life care. The registered manager had an excellent understanding of how to access funding to allow staff to complete as much training as possible. A staff member told us, “The training is extensive.” Staff were supported to undertake training and qualifications appropriate to their roles to increase their knowledge and skills.

The service held the Investors In People Award. Staff told us they were given the support they needed to carry out their roles effectively. All members of staff received a one to one supervision session every three months or sooner if needed. Staff meeting were held four times a year and staff told us they were able to contribute to the agenda and raise concerns. All staff had an annual appraisal, which included an opportunity for self-assessment. Staff told us, “We can raise any concerns and make suggestions. The manager responds quickly to our requests for training.” The registered manager told us they carried out all supervision sessions and appraisals to ensure consistency in staff approaches. Informal supervision was also available as the registered manager operated an ‘open door’ policy.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 with the registered manager and staff. They demonstrated a good understanding of the process to follow when people did not have the mental capacity required to make certain decisions. Staff were trained in the principles of the MCA and were knowledgeable about the requirements of the legislation. A system was in place to assess people’s mental capacity for specific decisions;

Is the service effective?

however this had not been warranted since our last inspection. The registered manager had recently written to people to obtain their consent to senior staff carrying out observations of staff practice for a review of staff performance. Staff sought and obtained people's consent before they supported them.

The registered manager had attended a seminar on people's right to liberty and the legal framework provided by the Court of Protection. They had a good understanding of people's rights and their duty to report any potential restrictions on their liberty. This meant that people's rights were protected.

People were involved in the regular monitoring of their health and were supported to register with healthcare professionals. Staff offered advice and support to people to enable them to prepare and eat a varied and healthy diet. When staff had concerns about people's health this was reported to the office, documented and acted upon. Staff were quick to respond to people's health needs. When a

person suddenly became unwell staff called for emergency services using the person's lifeline pendant. Staff had telephoned the district nurse team when they had concerns about a person's catheter and had then worked in partnership with the district nurse to meet the person's needs. Staff had acted quickly to respond to a person who had developed an infection. They sought medical assistance and supported the person to see a doctor.

The registered manager and staff were proactive in contacting health professionals on behalf of people to obtain additional assessments, support or equipment. For example, they contacted an occupational therapist on behalf of one person for an assessment of mobility equipment to help them move around independently. The person's views about their change in need had been sought and they had consented to staff taking action to seek further advice. This system ensured the delivery of people's support responded to their health needs and wishes.

Is the service caring?

Our findings

People told us the staff were kind and caring. One person said, “They treat me like a king. If they’re running late they always phone me. I have no complaints whatsoever. I couldn’t ask for any better treatment.” Another person said, “I’m very, very pleased. I like all the girls who come. They are charming.” And another said, “They’re always very polite, kind and careful with me.” People’s relatives also confirmed that the staff were caring and compassionate when supporting their relative. One person’s relative said, “We’re great friends with the carers now. I can hear them having a laugh and a joke with my husband while they’re helping him” and another said, “Yes, my husband is really happy with the care he receives; the carers are nice and friendly.”

People told us that they usually had the same group of carers, but that sometimes this changed if staff were on holiday. However, they told us that the staff in the office informed them of any changes. People’s views were varied about whether they were happy with the consistency of staffing provided. One person’s relative said, “We have recently had lots of different carers coming in, which is very difficult for Dad, as he has Dementia and really wants to see the same faces each day.” Another said, “Sometimes I don’t know who is coming. Mostly we get a call to let us know, but not always.” Other people did not mind the changes in staff. One person said, “I don’t always have the same carers, but that’s not a problem for me as I like to meet different people” and another said, “I sometimes get different carers, but I’m happy with that, they always let me know.” A relative told us, “Mum knows who is coming each week; the girls write down their rota for her. We do have regular carers and they’re all very good.” Staff told us that recently they had a more changes than usual to their scheduled calls to cover staff holidays. The registered manager told us that they were reviewing the allocation of carers as part of the introduction of a new electronic scheduling system. The new system would provide people with a faster update if there were ever any changes to their regular staff.

Positive caring relationships were developed with people and their families. Staff told us they valued the people they visited and spent time talking with them while they provided support. One member of staff said, “Where we can, we always have the same staff going in as they get to know you and we get to know them.” Staff told us that they

used extra time in a scheduled call to chat with people and to see if they needed any other support. A staff member told us, “When you have a good rapport with people it builds everyone’s confidence.”

Staff knew people well and understood what was important to them. One staff told us how they had used information they knew about a person to reassure them during their care. They told us, “I knew X liked sport, so I chatted about that whilst delivering care and he was much calmer; it really worked.” Another staff told us, “When someone is low it helps that we know what they like to talk about to lift their mood.” Staff told us that they got to know information about people’s backgrounds through discussion with them or their family when they first visited them. We discussed with the registered manager that information about the person’s background was always obtained in the assessment document, but this was not always included care plan. Whilst it was clear that staff knew people well, information about individuals’ background and life history should be included in the care plan to ensure staff have access to this before visiting a person for the first time. **We recommend that information gathered through assessment about people’s background be provided to staff in the written care plan.**

Information was provided to people about the services available, including a clear fee structure. People were given information about how to complain. A brochure that included information about what to expect from the service was given to people before care started and was available in a larger print and an audio version to assist people with a visual or cognitive impairment. People were asked if they wanted a copy of the service information brochure to be sent to any other party, for example a relative.

The service held information about advocacy services and followed guidance that was provided by the local authority. A system for referring people to advocates was in place. An advocate can help people express their views when no one else is available to assist them. The service also ensured people’s rights were upheld, for example they supported a person to express their views when they were concerned about a change to the funding for their care package. The funding authority had agreed to continue with the person’s package.

Is the service caring?

People told us their privacy was respected they were supported in a way that respected their dignity. The staff had received training in respecting people's privacy, dignity and confidentiality. There was a robust system for ensuring that people's personal information was safeguarded. Staff did not hold information about people's names and addresses together. Staff were required to collect information in person from the office or use a secure email system. This meant that people were assured that they were cared for by staff who respected confidentiality and discretion.

The staff promoted people's independence and encouraged people to do as much as possible for

themselves. All the people we spoke with told us they were encouraged to do as much for themselves as they wished. A staff member said, "When people can do things for themselves we let them; it is important for people to feel useful." Staff gave examples where they supported people to make their lunches and to make a cup of tea. Staff said "Where we can keep them active we do." A relative told us, "The carers don't do everything for Dad, but they do prompt him to do things for himself so that he retains his independence for as long as possible. I'm pleased with the way they do that." People were supported to retain their independence and be involved in their care as far as possible.

Is the service responsive?

Our findings

People received care that was responsive to their individual needs. People told us that staff provided care that met their needs and preferences. One person said, “They listen to how I like things to be done” and another person said, “The carers spend their allocated time, and should additional time be needed, they stay on until everything has been handled.” A further person commented, “The service is very good and very reliable, I have nothing but praise for them.”

People told us that they knew how to make a complaint and that complaints were handled quickly and efficiently. One person said, “I’ve had to call the office a couple of times to ask them to remind the carers which bin to throw things in, and ask them to keep things tidy in the kitchen, and they’ve sorted it.” Another person told us, “I once had to make a complaint to the manager; they were really helpful and took action.” Another said, “I’ve never had to complain, but I do speak with the office and they are all very nice and polite; they seem to keep on top of everything.”

The registered manager or supervisor carried out an assessment of people’s needs and risk assessments before care was provided. This included people’s mobility, daily living skills, nutrition, mental health, social needs, physical health and their communication needs. The assessment also took account of their social network and relationships that were important to them as well as their life history and personal preferences. The registered manager said, “We often meet people when they are at crisis point and it can be difficult for them to provide a full picture of their needs. Therefore we send them a draft copy of the assessment for their comments before agreeing the care plan.” Care plans were then developed with people’s involvement and they had signed to agree them. This responsive approach meant that people could be confident that their wishes were respected in practice.

Staff were provided with a summary of the care plan before visiting a person for the first time to ensure they knew how to respond to the person’s needs. The summary care plan outlined their physical, communication and emotional needs along with information about access agreements and any safety concerns. Staff told us, “It is important that

we see the care plan before we go in because we need to know if they have a communication need.” The full care plan was held in the person’s own home for staff to access on a daily basis.

People’s individual assessments and care plans were reviewed every six months or sooner if people’s needs changed. People were involved in reviewing their plans and their views were acted upon. For example one person wanted staff to fit and remove their hearing aid each day. The care plan had been updated the day after the review meeting to reflect this. A relative asked staff to assist their relative to eat their meals. Staff contacted the registered manager who arranged for this to be added to the care plan. The registered manager had carried out a review of people’s needs after they had been admitted to hospital. Their care plan had been amended to reflect changes in needs, for example for a person who required the use of a hoist.

The registered manager ensured that staffing was flexible and responsive to meet changes in need. One person had become unwell and the registered manager had introduced an additional call at lunchtime until their health improved. Extra staff were provided to a person who was in need of emotional support for a period of time. Another person received an additional hour to their scheduled call for a short period whilst they got used to using a new wheelchair. One person liked to go out and would call the office to change their call time. Staff told us that, where this could be accommodated, they moved the person’s call. Staff also told us that some people would call the office and ask if staff could pick them up some milk before they came in. Staff said this was “No problem, we really don’t mind.” Another person wanted to get out more and staff supported them to contact their funding authority to request a further call to enable them to be supported to the local shops. This had been implemented and staff said this had “Improved their quality of life, they are much happier.” The service was flexible and responsive to people’s changing needs and wishes.

The provider had a clear complaints policy and procedure. People were made aware of the complaints procedures to follow as this was provided at the start of their care package. They were also asked if they had any complaints at their six monthly care plan review meeting. However no complaints had been lodged with the service since our last inspection.

Is the service responsive?

People's views were sought and acted upon. People's feedback was sought and recorded when their care plans were reviewed and through a satisfaction survey every year. The last survey had been completed in November 2014 and indicated people were very satisfied with the support they

received. Recent compliments letters had been received by the service that included comments such as, "You have raised Dad's spirits," "Thank you for your help and kindness" and "X [staff] has been very efficient and kind."

Is the service well-led?

Our findings

Our discussions with people, the registered manager and staff showed us that there was an open and positive culture that focussed on people. People told us that they thought the service was “Well managed” and “Organised and efficient.” People told us that a manager contacted them regularly to check they were satisfied with their care. One person told us, “We had a review with [the manager] last month, and I speak to her pretty often on the phone.” Another person said, “Yes, I did have a visit from one of their staff to check how things were going.” A person’s relative also confirmed, “The supervisor there does come out and see Mum regularly.” People told us that the registered manager made regular checks on staff performance to ensure they were meeting individuals’ needs. One person told us, “Staff rang up from the office recently and asked me if they [the staff] are doing alright.” Another person said, “The supervisor comes and checks that the carers are doing everything correctly; she is very thorough.”

People told us that they were regularly asked for their views of the service. One person said, “They send out newsletter about what they’re planning, and they always ask our opinion.” Another person said, “I am asked if I am happy with my care and if anything needs improving. If I make suggestions they listen and make the changes.” One person told us that they had made suggestions for how their care could be improved, “I rang the office and asked if the staff could include helping me with my lunch and this was included in my call straight away.”

The registered manager told us about their vision and values about the service. They told us that the service prided itself on being able to support people in very rural areas they had been unable to access other services. The registered manager told us that their key values for the service were to provide person centred compassionate care. They said, “If the care isn’t good enough for someone you love, don’t provide it to someone else.” The registered manager inspired the staff to follow this philosophy of care. A member of staff told us, “I treat people with the kindness and respect I’d like for my family.” A staff member described how they took extra time to get to know the background of a person who was living with dementia who could be distressed at times, “I got to know him really well and we

chatted about the war and what they used to do when they were younger and I think it really made a difference.” People were supported by staff with clear person centred values and practice.

The registered manager had signed up as a dementia friend and had enrolled to become a champion to deliver dementia awareness sessions to others. The registered manager was actively encouraging staff to do the same. The dementia friends scheme is designed to raise awareness of the needs of people living with dementia through a pledge to do something that improves the life of a person living with dementia. The registered manager had also encouraged staff to sign up as dignity champions and staff wore their badges with pride. People benefitted from the proactive approach of the registered manager in developing the service to reflect best practice.

Staff told us they felt valued and supported by the registered manager and the provider. They told us, “The manager is brilliant” and “The manager will listen and do her best to resolve things.” Staff were provided with feedback about their performance in their one to one meetings and annual appraisal. This included the manager sharing any compliments that had been received from people they supported. The manager told us, “It is so important that staff receive positive feedback about how they are making a difference.” Members of staff were welcome to come into the office to speak with the management team at any time and we saw that they approached them in the office during the day. Staff told us they were happy in their roles. Comments included, “This is one of the best companies I have worked for”, “I am very happy here” and “Everyone feels part of a family here.” Members of staff confirmed that they had confidence in the management.

Staff had easy access to the policies and procedures for the service. The policies were continually reviewed and updated by the registered manager. The registered manager had an effective system for ensuring they remained up to date with changes in legislation that could affect the service. Staff had signed to confirm they had read and understood the policies. This system ensured that the staff were aware of procedures to follow and of the standards of work expected of them to provide safe, effective and responsive support for people.

People were asked their views of the service at regular intervals. An annual satisfaction survey was carried out,

Is the service well-led?

which the registered manager reviewed to identify how the service could improve. A supervisor or the registered manager visited each person every six months to review their care plan and seek feedback on the service provided. The registered manager sent out a newsletter to people three to four times a year to update them on improvements to the service. They also used the newsletter to reach people who may feel isolated in their community. They had recently set up a book sharing scheme to bring people together and to provide books to those unable to get to a library. The registered manager held seasonal events where people could visit the office and meet staff and others for a social gathering. The registered manager worked closely with other services, such as a support service for carers, to ensure that people were able to access the support they and their relatives needed. Where the service was unable to meet an additional need the registered manager signposted and supported people to access other services. The registered manager had developed a library of information about community services and resources that may be of use to people and had identified the benefit of expanding this as part of their service improvement plan. This promoted people's links with others in their community.

A system of quality assurance checks was in place and implemented. The way that staff provided care for people was monitored through regular checks that recorded staff performance. Staff told us, "The manager will come out and do observations of our work." The registered manager sampled people's care plan records each month to ensure that staff were consistently delivering the agreed care plan. The supervisor carried out a six monthly check of all people's care plan to ensure it was effective and being delivered appropriately. Audits were carried out to monitor the quality of the service and identify how the service could improve. These included checks of documentation to ensure that all care plans and risk assessments were appropriately completed and followed. The registered manager had a compliance matrix that was updated

weekly to ensure that all audits, reviews and checks had been completed. The registered manager had carried out improvements in the way the service was run. For example, they had introduced the Care Certificate for all new staff and were introducing an electronic staff scheduling system to reduce the risks of late and missed calls. The provider held a business continuity plan that was updated every six months. This system ensured ongoing improvements to the service.

The registered manager participated in forums with other managers of similar services to exchange views and information that may benefit the service. They were working to forge ongoing links with other providers to share good practice. The registered manager told us they used relevant social care practice websites such as Skills for Care and the Social Care Institute for Excellence to stay up to date with changes in legislation and good practice guidance. Staff told us that the registered manager shared new and interesting practice information with them.

The registered manager consistently notified the Care Quality Commission of any significant events that affected people or the service. Records indicated the manager took part in safeguarding meetings with the local authority when appropriate to discuss how to keep people safe, and kept them involved in decisions concerning their safety and welfare.

People's records were kept securely. All computerised data was password protected to ensure only authorised staff could access these records. Records were maintained of contact people, their families or health professionals made with the office to discuss the service provided. People's care records were detailed and provided staff with clear information about how to meet their needs. Daily records of the visits made to people outlined the care provided as required by their individual plan. The records were sufficiently detailed to allow the registered manager to monitor that people received the care they needed.