

Continued Care from Oakville Ltd

Continued Care from Oakville Ltd - Harrogate

Inspection report

Unit 4, Grove Park Court
Grove Park Terrace
Harrogate
North Yorkshire
HG1 4DP







Tel: 01423 871003

Website: www.continued-care.co.uk

Date of inspection visit: 24 November 2015

Date of publication: 18/05/2016

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

We undertook this announced inspection on the 24 November 2015. At the previous inspection, which took place on 30 September 2013 the service met all of the regulations that we assessed.

Continued Care from Oakville Limited is registered to provide personal care to people who live in their own home. The service supports people who live in the

Harrogate, Knaresborough and surrounding villages. The agency office is situated in a business park in Harrogate. There is parking available at the front of the building. At the time of this inspection the agency was providing support for 164 people. The agency employs 72 care staff and a registered manager.

Summary of findings

There was a registered manager at this service. 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.

People told us they felt safe and trusted the care staff who came into their home to support them. They described staff as 'trustworthy and tremendously good.' Staff were aware of safeguarding procedures and could demonstrate how they had taken action to safeguard people when necessary. Staff also told us that the registered manager listened and acted on their feedback. The safeguarding policy was up to date. Appropriate risk assessments were in place to reduce the risk of harm. These were kept under close review and the staff approach was very flexible to allow for changes in circumstances.

The service recruited staff in a safe way making sure all necessary background checks had been carried out. Care workers were organised and deployed in a way that met people's individual care needs, with small individual teams of staff who knew people well. People who used the service and their relatives told us that they received an individual, consistent and reliable service.

The service had health and safety related procedures, including emergency plans, in place. Staff had regular contact with other healthcare professionals at the appropriate time to help monitor and maintain people's health and wellbeing. We saw staff had been pro-active where people required medical attention and they were provided with care and support according to their assessed need.

Systems were in place for reporting and recording accidents and incidents, including detailed reviews and actions, were in place. The care records we looked at included individual risk assessments, which had been completed to identify any risks associated with delivering the person's care. Where people's needs were complex relevant professionals had been involved to provide advice and training. People gave good examples where staff had acted quickly in accessing medical assistance for them when needed. This meant staff acted quickly

and appropriately to ensure their health care needs were met. Records also showed that risks were managed positively, so that people were supported to develop confidence, skills and independence.

Care plans were comprehensively detailed to ensure people's care needs were met by staff from the service. Some of the people who used the service were supported with taking their prescribed medication and staff were trained and competent to assist people with this. People we spoke with confirmed that they received good support from staff with their medicines and that they always got them or were reminded to take them.

People's care records showed that their needs had been assessed and planned in a very detailed and person centred way. People who used the service and their relatives told us that they were involved in planning and reviewing their service and that their views were listened to. We saw clear examples where staff had supported people to take positive risks and develop their independence. People we spoke with told us that staff from the service obtained their consent and treated them in a dignified way and always respected their wishes.

We saw exceptional examples of where staff had gone the 'extra mile' ensuring people they supported not only received good quality care, but involved them to become less socially isolated and enabled them to continue to live in their own home. We saw where staff had shown great understanding when assisting people living in the community from staff teaching people to re-learn to play the piano again, helping to replace furniture and equipment, where people did not have relatives close by to assist them with this.

People and their relatives told us that staff were caring, treated them well and respected their privacy. Staff were able to describe how they worked to maintain people's privacy and dignity. We saw clear examples of people being supported to develop skills and independence.

Staff had been provided with training and support to help them carry out their role. This included specialist training and support from relevant health care professionals where someone had complex needs. People who used this service and their relatives told us that staff were competent and knew what was expected of them. Staff told us they were well supported by the registered manager and other managers, who had clear

Summary of findings

expectations and provided regular support. We saw evidence of staff being encouraged to develop their own professional expertise and there was a strong focus on professional development.

The service supported people in their own homes and provided help with meal preparation, eating and drinking where this had been agreed as part of the person's care package. If people needed support with eating and drinking this was detailed in their care plan and professional advice had been sought if people had complex nutritional needs. We saw good examples where staff took the initiative and had compassion for people whose appetite was poor. We also saw how pro-active staff were to encourage people to eat and spent quality time with them to ensure this happened.

People had been provided with a handbook about the service, which included the formal complaints process. People also told us that they were given opportunities to raise issues or concerns on an on-going basis. We saw complaints that had been made since the last inspection had been thoroughly investigated and responded to by the service. There were many compliments and letters of thanks.

People who used the service were extremely positive in their comments about the running of the service and the staff. They told us that this was an 'excellent tailor made service' with 'staff supporting people to maintain their independence, enabling them to remain in their own home.'

The service was well-led. The registered manager was very well qualified and experienced. The management team were committed to providing a good quality service. People who used the service and their relatives all told us the service was very well led, with an ethos of providing high quality, person centred care. Staff were passionate about providing high quality services that focused on the individual.

The service had introduced and had implemented the role of 'staff champions' in areas such as dementia, medicines, safeguarding people, dignity and respect and disabilities in all of their care teams working for the organisation.

Systems and processes were in place to monitor the service and make improvements where they could. People who used the service, relatives and other professionals were routinely involved in meetings, reviews and on-going work so that their feedback could be taken into account.

There were good auditing and monitoring systems in place to identify where improvements were required and the service had an action plan to address these. Policies and procedures had been updated to ensure they were in line with current legislation.

The service had exceptional systems in place for people who used the service or their relatives to communicate with them. For example a 'web portal' had been introduced. This could be accessed remotely from people's own home or their relative's home. This allowed people to access and view the care schedules and see who was attending the visit and to book and amend visits and send messages directly to the rota coordinators. The service also arranged 'service user forums'. This gave people who used this service the opportunity to meet with other people who also received a service from Continued Care. The service also arranged each year a Christmas Party for people who used the service, which we were told was well attended and thoroughly enjoyed by those people who attended.

The leadership team had an appetite to continually improve the service; one example of this was their focus on work to develop 'service user champion roles.' This would give people who used the service opportunity to discuss their 'user experience' at the 'service user forums.'

The organisation continued to be audited both internally and externally to check and set benchmarks to ensure the services practice, quality and standards of care were continually maintained to a high standard. The service had sustained outstanding practice and improvements over time as they held the Investors in People – Gold. The service is also an ISO 9001-2008 accredited organisation.

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.

People who used the service told us they were safe with staff from the service. People described staff as 'trustworthy and tremendously good.'

Staff knew how to report issues of abuse and said concerns raised would be dealt with appropriately. They had been trained in safeguarding procedures.

People's needs were assessed by appropriate professionals, to identify risks and put in place the necessary training, equipment and support to deliver people's care safely. Risk was managed positively, with people supported to reach their potential.

Recruitment checks were completed on all new staff prior to their employment. Newly appointed staff shadowed more experienced staff and completed training at the beginning of their employment.

Good



Is the service effective?

The service was effective.

Staff received the training and support they needed to do their jobs, including specialist training and support where necessary. There was a strong emphasis on professional development and sharing good practice.

People who received a service and their relatives were included in decisions about how care and support was provided. If people needed support with eating and drinking this was detailed in their care plan and professional advice had been sought if people had complex nutritional needs.

Detailed information about people's health needs was included in their care records. Staff liaised with other social and healthcare professionals at the appropriate time to monitor and maintain people's health and wellbeing.

Good



Is the service caring?

Is the service caring?

The service was caring.

People told us that staff were caring and that they were always treated with respect and were at the centre of the service's approach. Staff were focused on, and skilled in, helping people develop their independence and reach their potential.

People described the service as being 'individual and tailored to meet people's needs.' People also told us that staff were 'kind, caring and the service provided an excellent service.'

People were involved in day to day decisions about their care, including how their care was provided. Staff knew how to treat people with dignity and respect. People told us that their wishes were always respected.

Excellent examples were seen where staff had supported people to have positive outcomes regarding their care.

Good



Summary of findings

The registered manager and staff were committed to providing a caring and compassionate service. This was reflected in their day-to-day practices.

Is the service responsive?

The service was responsive.

People told us that the service responded well to any changes they may have and that they offered a flexible service. Care staff showed a good understanding of the importance of preventing social isolation.

People's assessments and care plans were person centred and contained individual, detailed information about their needs and preferences.

Care was provided on an individual basis, based on people's individual needs, with changes being made to reflect changing circumstances. We saw examples of bespoke and innovative packages of care being provided.

People were encouraged to provide feedback about their service through customer satisfaction surveys, service user forums and having access to the organisations portal on their web site. People had been provided with information on how to make formal complaints.

Good



Is the service well-led?

The service was well led.

People benefited from a service with strong leadership and an ethos of providing high quality, bespoke care and support. People who used the service and their relatives expressed a very high level of satisfaction with the standard of care provided.

The service was well led, with the registered manager and staff committed to providing a high quality service. Care staff we spoke to told us they felt well supported and talked about the passion to deliver a high standard of care which started at the top of the organisation.

Quality monitoring took place and included listening and acting on feedback from people who used the service, staff and other professionals.

Communication was effective with regular meetings meant care staff had the opportunity to share good practice.

The organisation continued to be audited both internally and externally and set benchmarks, to ensure the quality and standards of care were consistently maintained to a high standard, for people who used the service.

Good



Continued Care from Oakville Ltd - Harrogate

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.

This inspection took place on 24 November 2015. It was announced and was carried out by one adult social care inspector. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office to meet with us.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We also looked at previous inspection reports. We

received a Provider Information Return (PIR). The PIR 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.

During the inspection visit we looked at records which related to people's individual care. We looked at eight people's care planning documentation and other records associated with running a community care service. This included three recruitment records and the staff rota. We also reviewed records required for the management of the service such as audits, statement of purpose, satisfaction surveys and the complaints procedure. During our visit to the agency we spoke with the registered manager, care manager, office manager and three care staff. We telephoned a total of twenty people. We spoke with sixteen people who received a service and four relatives.

We received information from Healthwatch. They are an independent body who hold key information about the local views and experiences of people receiving care. CQC has a statutory duty to work with Healthwatch to take account of their views and to consider any concerns that may have been raised with them about this service. We also consulted North Yorkshire County Council to see if they had any concerns about the service, and none were raised.

Is the service safe?

Our findings

All of the people we spoke with were positive about the care they received. People told us they felt safe with the care staff in their homes, and trusted the staff that supported them. Comments included, “Safe – without a doubt and trustworthy,” “Absolutely safe,” “Yes I feel completely safe. The staff are very professional.” One person told us, “I feel a lot safer since I have started having them (staff) visit me.”

Relatives shared this view and told us they were happy the service provided safe care. One relative said, “Yes my husband is very safe indeed. It has really worked out well. He looks better now and he looks forward to them coming.” Another relative told us, “They (staff) are all tremendously good. I would recommend them to anyone.”

The staff we spoke with showed a good understanding of how to support vulnerable adults and protect them from avoidable harm. They knew what to do if abuse occurred or if they suspected it. Everyone said they would take immediate action to keep the person safe and then report any concerns to the management team. They were confident the management team would respond appropriately. Staff we spoke with told us they had received training in safeguarding and this was regularly updated. The staff records we saw supported this.

We looked at the arrangements that were in place for safeguarding vulnerable adults and managing allegations or suspicions of abuse. Safeguarding policies and procedures were in place and provided guidance and information to staff. The staff we spoke with showed a good understanding of how to support vulnerable adults and protect them from avoidable harm. They knew what to do if abuse occurred or if they suspected it. Everyone said they would take immediate action to keep the person safe and then report any concerns to the management team. They were confident the management team would respond appropriately. One member of staff told us, “I would tell (name of registered manager) straight away with no hesitation.” Staff we spoke with told us they had received training in safeguarding and this was regularly updated. The staff records we saw supported this. The service has two appointed safeguarding trainers who were also safeguarding champions and who had completed the local authorities ‘train the trainer’ course. This meant that the service ensured that staff were well trained in this area.

The whistleblowing policy was up to date and contained clear guidance for staff about who they could contact if they had any concerns. All of the staff we spoke to told us they felt any concerns they raised would be listened to and acted on by the management team.

The service operated a robust recruitment and selection process. A thorough recruitment policy and procedure was in place. We looked at the recruitment records for three staff and saw that they had been recruited safely. Records included application forms (including employment histories and explanation of any gaps), interview records, references, proof of identity and evidence of a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals. This helps employers make safer recruiting decisions and minimises the risk people who are unsuitable working with children and vulnerable adults. All care staff we spoke with confirmed that rigorous checks were carried out by the service and that they ‘shadowed’ experienced staff for several weeks before they commenced working on their own. The registered manager explained to us they were keen to recruit, ‘the right people’ as they believed ‘100% in selecting the right carers’ this information was confirmed in the PIR. This showed they operated a selective recruitment process, and were keen to employ a high calibre of caring and compassionate staff.

We reviewed the staff rota or bookings list referred to by the service for the last four weeks; there were enough staff available to meet people’s needs and there were gaps between care calls to allow care staff to travel to the next person’s home. We were informed by the registered manager that staff retention was running at 85%. People received support from a consistent team of staff and people told us calls were never missed, and that if the member of care staff was running late they always got a phone call to let them know. The service had a 24 hour, seven days a week on call system. The member of staff on call had access to electronic records and the service used a call monitoring system (ICARE business manager data base). All care staff had access to this system on their smartphone which linked into the system. This enabled them to record when the member of care staff arrived and left the person’s home. This raised an alert to the office or on call person if the member of care staff had not arrived and therefore, prevented the risk of care calls being missed.

Is the service safe?

We looked at the arrangements that were in place for risk assessment and safety. The service had in place policies and procedures relating to health and safety. These provided guidance to staff on how to work in ways that kept themselves and people using the service safe. Risk assessments had been completed in the care records we looked at and included environmental risks and any other risks relating to people's health and support needs. The risk assessments we read included information about action to be taken to minimise the chance of harm occurring. For example recorded in one person's care plan we saw that 'keeping them safe' meant that staff 'ensure that I wear my pendant (lifeline) at all times' (this is a device which can be activated by the person in cases of emergencies). The service told us in their PIR that 'they risk managed complex cases to ensure service user safety was paramount' and we found this to be the case. Staff had access to supplies of protective clothing including gloves and aprons to reduce the risk of any spread of infection.

Accidents and incidents were recorded appropriately. We saw records of accidents that had been recorded. These were clearly logged and any actions taken were recorded which meant that the staff could easily identify trends.

People who used the service told us they felt well supported with their medicines. People told us they always

got their medicines when they should or were reminded by staff to take them. One person said, "They (staff) help me with my medicines and they give me them on time." The service completed a medication assistance screening tool to establish the support people needed with their medication. We also saw people had signed to agree to have support with managing their medications. We reviewed the medication administration records for four people who used the service. These were completed correctly and were audited by the service once they were returned from the person's home. The service had reported one medication error in the last 12 months.

Staff told us they had received medicine training and this provided them with the skills and knowledge to support people with their medicines. The staff training records we looked at confirmed what we had been told. The service also has a medication champion in place to ensure good practice is promoted throughout the service. The service had a policy and procedure for the safe handling of medicines. People's risk assessments and care plans included information about the support they required with this. People we spoke with confirmed they received their medicines. One person said, "I always get my medicines." Another person told us, "They (staff) give me my medicines on time."

Is the service effective?

Our findings

People spoke highly of the care staff that supported them from Continued Care Harrogate. One person said, “My overall experience with this service is very good.” Another person told us, “I have had the same carer for about 5 years. She does everything she can to help me.”

The service encouraged and promoted independence and we saw good examples where the service had been effective in a re-ablement role. For example we saw one person used to play the piano. A member of staff taught the person to play again, whilst another member of staff downloaded concert pianist music on to their iPad, which the person had found to be very therapeutic.

The service worked in partnership with a number of organisations. The examples given in the providers PIR they completed was ‘we are particularly effective at collaborative working and shared care working closely with NYCC (local authority) and START team (short term assessment and re-ablement team). The registered manager told us they had a good working relationship with local GPs and the community nursing team. We saw evidence of the service working closely with healthcare professionals and other agencies such as the local authority in the care plans we looked at.

Care staff we spoke with showed they had a good understanding of the importance of a good diet and ensured people had enough to drink. One person told us, “They heat my food for me or they make me something light like an omelette or poached egg or a salad. They always make sure I eat something I like and have a drink.” We saw in the care plans we looked at that where people required special diets, such as for example someone who was diabetic. We saw this was recorded in the eating and drinking section of the care plan. This record showed clearly what the person enjoyed eating, what they could and could not eat, any allergies a person may have and how staff supported people with their meals. This could be either by staff cooking or warming a meal. We also saw in care records where staff supported a person to prepare their meal each evening.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people

make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA and found that they were. The registered manager demonstrated a clear understanding about how they involved people in decision making and acting in their best interests. We were told that they visited people to discuss their requirements before any services was provided and a contract/consent was signed after a trial period to ensure the person who used the service was happy with the support they received. We saw in the providers PIR that they told us, ‘we hold getting to know you introductions, this works well and reduces the stress and anxieties of people. Our assessments are individualised.’ It was confirmed by the registered manager at the time of inspection that the service had not made any applications to the Court of Protection. The service had two mental capacity train the trainers and one care services manager was a qualified mental capacity assessor who had chaired best interests meetings.

We saw in people’s care plans, assessments had been carried out before any services had commenced. We saw in the assessments that people requiring a service, their relatives or health/social care professionals had been involved where necessary, to ensure the service could meet people’s needs. People we spoke with confirmed that assessments had been carried out before they received any services from the provider.

People we spoke with who received a service told us that staff obtained their or their relatives consent when staff assisted people with their care. One relative told us, “The staff always explain and ask (name) what he wants and what they are going to do.”

We saw in one of the customer satisfaction surveys that someone had written ‘I was particularly grateful when one of your carers alerted me to a pressure sore just beginning to start. I got the doctor the same day and the district nurses came regularly. Quick treatment was very helpful.’

Care staff we spoke to confirmed they had access to regular training, supervision and all felt they were well supported by the leadership team. One member of care staff said, “The training here is excellent, we have access to all the training we need to do a good job.” Another member of

Is the service effective?

staff told us, “The management team are brilliant. You have back up from them all of the time. They are superb at supporting me.” One member of staff said, “It is a good company to work for. I will continue working here until I retire.”

Staff told us that they completed an induction period and shadowed more experienced staff before working alone. One member of staff told us that they had two weeks shadowing with a senior care worker and they were then shadowing a second experienced member of staff until they felt confident to work unsupervised. They told us they thought this form of shadowing was ‘very thorough.’ Another member of staff we spoke with also confirmed that they had received three weeks shadowing before they worked unsupervised. One member of staff told us that they had received training in first aid, moving and handling, safeguarding adults and had achieved a diploma in care. Several people who received a service we spoke with mentioned to us that new staff shadowed more experienced staff. The service had newly implemented an induction team who took all new starters and shadowed them. This team was specific to developing new starters skills and monitoring their performance for a number of months.

We looked at three staff files and could see records of supervision taking place on a regular basis. This also included spot checks that had been undertaken in people’s homes to make sure they were happy with the care provided and to also monitor staff performance. We saw that these had been carried out by managers from the service. We also saw training records in staff files that they had completed. We saw a range of training had been

completed by staff. Training covered areas such as diabetes, safe moving and handling, diet and nutrition, principles of risk assessments, MCA, medicine, equality and diversity and death and dying. This was just some of the training that had been undertaken by staff.

Each member of staff had a ‘supervision form/contract’ which was signed by the assessor and the member of staff, this set out the purpose and aim of supervision. Supervision is where staff meet with their line manager to discuss all areas of their work and any training they may need. The supervision records we looked at showed a detailed record of discussions and set clear targets for the member of staff to work towards. The supervision form covered aspects of people’s care such as hygiene, diet and nutrition, moving of clients and use of equipment. The form also covered any identified training staff either wished to complete or needed to do. Staff supervision was usually carried out every two months by the member of staff’s line manager.

Each file also contained a ‘personal development plan.’ This was an annual appraisal and identified areas of good practice, any ongoing development needs and a performance rating. We saw feedback received from people who used the service contributed to the appraisal discussion and record. The service operated an internal excellence staff award scheme which recognises and rewards/shares good practice. Care awards are given to staff by management and also included referrals by people who used the service. A newsletter was sent to all staff every other month and we saw these covered areas such as, practice, training and events.

Is the service caring?

Our findings

People who used the service told us they received high quality, compassionate care. They also told us that the service was individual and tailored to meet people's needs. All of the people we spoke with told us that they would recommend the service to other people and several told us they had done so. Comments from people who used the service included, "The service is 99% excellent," "I have the best carer I have ever had," "She (staff) is excellent, very good indeed I have the same carer all of the time," and "They (staff) always treat me with respect. My experience has always been very good. They are all very kind and caring."

Family members of people who used the service were equally pleased about the care their relative received. Comments from relatives included, "Continued Care was my first introduction to have help with my mother. I was very pleasantly surprised as it provides a tailor made service. We get regular carers who are very approachable to fine tune the service. We are very happy they (staff) have ticked all of our boxes," "Everything is done in a polite and courteous manner." Other relatives commented, "The staff are very respectful. They make (name) laugh. They (staff) are kind and he enjoys their company. He is happy and always smiles when they arrive," and "He looks forward to them coming. They (staff) are all kind to him. They (staff) all love him and he loves them. I am really satisfied with what they do for him. They are all doing a brilliant job. It has made my life easier."

The registered manager explained care staff are matched to people based on shared life experience or interests, and we were told care staff were always introduced to people before the service started. This meant that people knew who would be coming into their home to deliver personal care. People who used the service confirmed this was the case and one person said, "I receive an excellent service. They never send anyone new without them being introduced first."

We saw evidence of this in some of the care plans we looked at where staff from the service had gone that extra mile. For example we saw where a member of staff asked a person who had lost their appetite "What do you fancy to eat that you haven't had for ages." The person replied, "Lobster and a glass of wine" The member of staff drove the person to the local seafood emporium, where

they chose lobster and dressing and they returned home. Together they cooked and served lobster, which the person thoroughly enjoyed." This meant that staff spent quality time and had compassion for people to ensure they received a good quality service.

We looked at eight people's care plans and saw that people had detailed assessments, risk assessments, protocols and plans in place. The records were very detailed and included input from other professionals when this was relevant to the person's care. The care records we looked at showed a variety of different care and support packages, which had been put in place to meet each individual's specific needs. There was a clear focus on empowerment and independence. For example, care plans contained programmes for empowerment and support, which included measurable goals and timescales, to help the person reach their own personal potential. The records we looked at confirmed that people were regularly involved in reviews of their needs and reviews also included a multi-disciplinary team of relevant professionals where necessary.

Relatives told us care staff went that extra mile. Comments included, "We are very happy with the staff from Continued Care as we feel they are well trained. They all have a sense of fun and humour and take time to listen and communicate with him (husband). They even assist him with social activities." Another person told us, "All of the girls are wonderful. They are all respectful, kind and make (name) laugh and he enjoys their company. There is a relaxed atmosphere when they come. They also take (name) out for a walk as the doctor has advised him to do this. He is always happy with them (staff). He always smiles when they arrive."

Staff told us, and we saw from the rotas, that people were offered excellent continuity of care, people had regular care staff who provided the majority of their care. One person who used the service told us, "I have the same member of care staff. I have had her for about five years She is excellent. She does everything she can to help me. In my opinion I receive an excellent service." Another person said, "We get the same regular care staff all of the time. He recognises them. They (staff) always explain or ask (name) what he wants or what they are going to do." This meant people who used the service had the opportunity to get to know the care staff who supported them, and care staff

Is the service caring?

could become familiar with people's choices and preferences about their care. This was especially important for people living with dementia. Staff and management had received Dementia Friends training.

Care staff knew people very well and spoke passionately about wanting to provide good care for them. All of the care staff we spoke with confirmed that they would be happy for the service to look after one of their relatives. One member of care staff said, "We try to provide a good standard of care. We have people's best interests at heart and make sure they get the best possible care."

The service had implemented champions in specific areas. For example one champion whose role was to ensure staff treated every person with dignity. We were told by everyone we spoke with that people were treated with great respect and regard to their dignity.

We also noted that the organisations logo on all correspondence stated, 'Caring for the people you care about.'

Is the service responsive?

Our findings

People who used the service and their relatives told us that the service was very effective and provided the care and support they needed. People told us that the service involved them at every step of their care. Comments made to us included: “They (staff) have a sense of fun and humour and take time to listen and communicate with him, they assist him with social activities such as going out for walks.”

We saw in people’s care plans that assessments had been carried out by the service before any services commenced. The care records we looked at showed a variety of different care and support packages, which had been put in place to meet each individual’s specific needs.

We saw in the assessments that people requiring a service, their relatives or health/social care professionals had been involved where necessary, to ensure the service could meet people’s needs. The PIR told us, ‘We hold getting to know you introductions, this works well and reduces the stress and anxieties of people. Our assessments are individualised. Care plans are person centred, goal orientated and written with them. We involve family members and significant others in assessments and reviews.’ We saw this in the care plans we looked at during our visit.

We saw evidence in the care plans and records we looked at where staff from the service had gone that extra mile. We saw in one case where a person’s sofa had become damaged and they could not afford to replace it. The staff found a new sofa on Freecycle that was fire retardant. The staff hired a van, collected the sofa and delivered it to the person’s home. The staff also arranged for the old sofa to be disposed of via the local authority. The person who used the service was very emotional that staff from the service acted with such kindness and thoughtfulness. We were also provided with further evidence from the registered manager of good examples where staff had shown compassion and caring attitudes. For example staff had nominated themselves to support a person who found difficulty with public transport to go to various concerts. This meant the person was supported throughout the experience and gave them piece of mind. A person who felt very socially isolated with no mobile phone and a broken laptop was bought a basic mobile phone and staff taught them how to use it. The laptop was taken by staff to be

repaired and staff taught them how to shop on line safely. The person became happier, independent and more sociable. One person had limited funding and did not have relatives close by. Staff had organised for a makeover of their lounge using local trade’s men who had offered their services for free.

We saw that the service had a ‘service user portal.’ This could be accessed remotely from people’s or their relatives own home. This allowed people to access and view the care schedules and see which staff were attending the visit and to book and amend visits and send messages directly to the rota coordinators. The registered manager told us that the feedback from people who use this ‘portal’ had been very positive.

We were also informed that the service were ‘exploring different ways in increasing communications with people who use the service and one of their aims was to increase attendance at the service users forums.

We saw a copy of the Christmas Newsletter which had been sent out to people who received a service. We saw that the Christmas rota had been attached so people knew which staff would be visiting them. We also saw that a Christmas Party (lunch) had been arranged for people who used the service. We were informed by the registered manager that this event was well attended by people who received a service from Continued Care. We were told that people enjoyed the annual event and having the opportunity of meeting and getting together.

We saw that the service had a policy setting out how complaints could be made and how they would be dealt with. A handbook was provided to people who received a service which contained information on how to make a complaint. Everyone we spoke with knew how to complain and indicated that they would feel able to raise concerns if necessary. Nobody had made a complaint and everyone spoke positively about the quality and management of the service.

People told us they knew who to speak with if they had any concerns or a complaint. Comments included: “The service is so good. I have no complaints,” and “If I did have a complaint I would ring the office who would sort it out” and “I have a number to ring if I had a complaint but I have no complaints what so ever. It is an absolutely marvellous service.”

Is the service responsive?

There was a record of complaints and compliments, which we viewed during our inspection. There had been five complaints since the last inspection. Records evidenced that the service had responded thoroughly and resolved the matter at the first stage of the complaints process. There were many compliments and letters of thanks also on record, showing good feedback about the service. We

saw people had written to the service and made comments such as: 'Thank you for all your help and support and care for mum over the last few weeks. It was greatly appreciated by all the family. We know she was in good hands and she grew very fond of all the carers.' and 'Thanks for all your help during this difficult time. Mum has appreciated all the care and attention from all of the carers.'

Is the service well-led?

Our findings

Everyone we spoke with agreed and told us that they received an 'excellent service.' For example, one person said, "In my opinion I receive an excellent service." Another person said, "They provide a first class service. They (staff) are marvellous."

A relative told us, "They (staff) are all doing a brilliant job. I can now cope during the day with (name)." Another said, "I am really satisfied with what they do for (name). It has made my life easier." Several people told us they would recommend the service to others with one relative saying, "I would recommend them without a shadow of a doubt."

People we spoke with knew who they needed to contact at the service. Everyone we spoke with said that when they rang the office staff were always helpful. One relative told us, "Even when we ring the office they sort everything out for us."

The organisation belonged to the Independent Care Group (ICG). This is an association which shares good practice and helps to highlight areas of concern and raises social care profiles both locally and nationally. The registered manager who is a registered nurse and registered with the National Midwifery Council (NMC) has worked for the organisation since 2003 and had been in their current role since 2012, is also director of the ICG and was very well qualified and experienced. They were passionate about the service they provided and clearly communicated the services ethos of providing truly bespoke, person centred services that focused on the person. The registered manager had the required qualifications and experience and was competent to run the service. When we spoke with the registered manager they had a clear understanding of the key principles and focus of the service, based on the organisational values and priorities. They told us, "We try to do the best for our clients, and I think we do a good job." A strong management structure was in place to support the registered manager, including an experienced business manager. The registered manager was also a care ambassador for Skills for Care, which promotes practice and training within the health and social care sector by attending and facilitating local events. The service had four staff who held the NVQ Level 4 Registered Managers Award, with three other staff members working towards their Level 5 Registered Managers qualification.

The service sent out newsletters quarterly to people who used the service. We saw a copy of the last newsletter sent out to people, which covered areas such as the outcome to the service user questionnaire that had been sent out to them in August 2015. The newsletter informed people about the initiatives with voluntary services the service had been involved with, such as Dementia Friends and Safer Communities. The newsletter also informed people about staff achievements. We found the service to be continually striving and looking towards how they could improve. For example they were planning to introduce 'You said, We did' section in the newsletter sent to people. The service hoped to do this in the December 2015 edition. This meant that people who received a service and their relatives were kept regularly informed by the organisation.

People were sent customer satisfaction surveys every six months. Most people we spoke with confirmed that they had completed the surveys and returned them, some people could not remember. We saw and received a copy of some of the responses from the last questionnaires the service had sent to people. People made positive comments about the service such as, 'Flexibility' 'Friendliness and ability to communicate' 'Being able to adapt to specific needs' 'Reliable and good time-keeping' 'Promptness and trusting' 'Always a predictable excellent service' 'Quality of staff and personal service' 'Being treated as a normal person' 'Reliable but also flexible' 'Best care my son has ever received.' Another parent had written, 'I would recommend your company as my son has been very lucky and has a really nice person helping him. You obviously excel in employing the right staff. I know that this has to be right because we all want to be treated in the nicest way with trust, honesty, compassion, empathy, care and understanding.' These were just some of the comments made. People were sent a copy of a bi-annual survey results and the service response from previous surveys in order to improve the service. For example the implementation of the Christmas Party for people who used the service was just one example we were given. This showed that the service listened to what people who use the service told them and took action wherever possible.

The service arranged 'service user forums'. These meetings took place usually three times a year and gave people who used this service the opportunity to meet with other people who also receive a service from Continued Care and discuss if improvements could be made. We were told by the registered manager that although the meetings were

Is the service well-led?

not always well attended, the service continued with them as they felt it was important to give people the opportunity to contribute to how the service was run. We saw from the minutes from the last meeting that discussion were held about events and developments relevant to people and the service they received. Records showed that people's views were encouraged and listened to. People who belonged to the 'service user forum' also assisted with interviews of new staff wherever possible.

The service had set up a 'service user portal'. This meant that people who had and used a computer had easier and effective access to communicate with the service directly.

The service devoted a considerable amount of time to charitable and professional organisations, such as Springboards Homeless daycentre and supported the local hospice. The staff from the service also completed a number of events such as race for life, (breast cancer Macmillan), Colour Rush (local hospice), fishing competitions (hooked for heroes and Yorkshire cancer research) and a half marathon (in aid of Yorkshire Cancer Unit).

We found there was a strong emphasis on continually striving to improve, recognise, promote and implement innovative systems in order to provide a high quality service. The service had sustained outstanding practice and improvements over time and had achieved a recognised quality assurance accreditation system, for example, the service holds Investors in People - Gold. This was awarded in 2014 by the Investors in People who are an independent impartial organisation that supports worldwide business improvements through the development of people and have an award scheme which promotes the best workplaces. We were given a copy of their report for Continued Care which stated 'Investors in Gold recognition is only awarded to organisations who have demonstrated the achievement of world class best practice.' The award is then reviewed after 18 months with a re inspection in 2017.

The service also holds ISO 9001-2008 accredited organisation, which is recognition in good practice that the service held. The service was audited and re-credited in June 2015 and continued to meet the set criteria. This was completed by external auditors who verified and benchmarked practice. The service also hold the North Yorkshire County Council Framework contract to deliver services on their behalf until 2019.

Staff received regular support and advice from their line manager via phone calls, texts and face to face meetings. Staff felt that managers were available if they had any concerns. One member of staff said, "They (managers) are really good and will always help you out." Another member of staff told us, "The managers listen to us and they are supportive." Staff told us that managers were approachable and kept them informed of any changes to the service provided or the needs of the people they were supporting. Staff told us that they would feel confident reporting any concerns or poor practice to the managers and felt that their views were taken into account.

Staff attended full staff meetings, team meetings and management meetings were also held regularly. Staff told us they felt these were useful meetings to share practice and meet with other staff. Records showed that staff team meetings had been held, which gave opportunities for staff to contribute to the running of the service. We saw the minutes from these meetings and saw that they had been held regularly. Staff were also sent a quarterly staff newsletter to keep them up to date with what was happening within the organisation. We saw that staff were also surveyed for their views about the service. The staff surveys had last been sent out in October 2015. We saw the analyses carried out by the service which showed positive responses from staff. Yearly staff surveys were reviewed by external consultants. The organisation operated a 'staff awards ceremony' for dedicated staff and for those who had completed long term service.

The service had introduced and had implemented the role of staff champions in areas such as dementia, medicines, safeguarding people, dignity and respect and disabilities in all of their care teams working for the organisation. The aim of the champions was to act as 'Service user's colleagues who are empowered to improve the service in their specialist area.' Champions attended staff meetings and were responsible for promoting their specialism in training sessions and were significant contacts in dealing with issues that arise in their specialist area.' The service was also considering consulting with people who used the service, around taking up a champion role, with the intention they could discuss their experience in the service user forums.

The registered manager was also able to show us the quality checks and monitoring that they undertook. For example, monthly audits of personnel files and client files

Is the service well-led?

to ensure that records were up to date and included all of the required information. The service operated a traffic light system on client files which identified the most vulnerable people in the event of a crisis. Records showed that this process was thorough and included cross referencing different records to ensure procedures had been followed. For example, checking care recording and accident records to ensure any incidents had been recorded, reported and actioned appropriately. There were also audits for areas such as medicines, which included spot checks and competency checks were carried out to ensure that staff were working within good practice guidelines. This demonstrated the commitment of this service to improving and developing the service.

The service had a business plan in place which was reviewed every six months to ensure the provider was meeting the organisations targets, staff training and moving forward in the planning and setting of new targets in providing a high quality service.

The registered manager submitted timely notifications to both CQC and other agencies. This helped to ensure that important information was shared as required. Although very few accidents and incidents occurred all were recorded and these were reviewed each month. This helped to minimise re-occurrence.