

Care By Us Ltd

# Care By Us Limited

## Inspection report

Millars Three  
Southmill Road  
Bishops Stortford  
Hertfordshire  
CM23 3DH

Tel: 01279755875  
Website: [www.carebyus.com](http://www.carebyus.com)

Date of inspection visit:  
10 June 2016  
16 June 2016  
17 June 2016

Date of publication:  
09 September 2016

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

This inspection of the office location took place on 10 June 2016. On 16 and 17 June 2016 we visited and contacted people and relatives for feedback about the service they received.

Care by Us is a large organisation which offers personal care and other related services in East, West and North Hertfordshire, Essex and North London. This inspection covered the services provided in East and North Hertfordshire and West Essex reaching out to approximately 1200 people.

The services provided included, domiciliary care; flexi care scheme; live in services; specialist care from home services; respite care; parent support and supported living. The provider also provided a free of charge charity service which offered specialised transport with staff support for people with mobility difficulties to access the community.

The provider had specialist staff teams trained to offer a wide range of excellent care and support tailored to the individual needs of people with complex health and social care needs. These included end of life care; people with behaviours other may find challenging; people living with learning difficulties, dementia and other illnesses which required staff to have specific knowledge such as epilepsy, diabetes and eating disorders.

There was a long standing registered manager in post who was also one of the owners of the company. 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 were supported to have control and choice over their care and to develop their own care plan with staff assistance based on their needs, wishes and what was important for them. Staff recorded people`s wishes, what dignity and respect meant for people and gave people choices and control over the support they required and wanted. The care and support people received was effective and enabled them to remain in their own homes and live independently.

Staff were knowledgeable in what constituted abuse and their responsibilities in reporting any concerns they had internally and externally to local safeguarding authorities. Staff were aware of the whistleblowing policy and how to report their concerns about the service if they felt there was a need for it.

People told us staff were very kind and caring towards them and offered support which met their needs and made them feel safe. Staff showed a caring attitude when talking about people and were able to tell us how they delivered individualised care which met people`s needs.

The provider delivered care and support to people against the seven outcomes of the `Ageing Well in

Hertfordshire` strategy. People were enabled to live well, independently and safely, for as long as possible in their own homes, people were treated with dignity and respect. Support was offered at the right time, people had choice and control over their lives, people were helped to make informed choices about their end of life care.

The provider placed a strong emphasis on the importance of people eating and drinking well. Staff attended cookery lessons part of their induction training where they learned basic cooking skills and how to promote healthy eating for people they were supporting. Staff were knowledgeable about people`s nutritional needs and different types of diets people had.

People told us they felt staff were knowledgeable and knew how to deliver care and support in an effective and safe way. There were staff designated 'champions' in the service who actively supported staff to make sure people experienced good outcomes to remain longer in their own homes. In addition staff had their competencies in the areas of their responsibilities regularly checked by their managers and they worked towards a personal development plan which was reviewed in regular supervision sessions and yearly appraisal meetings.

The provider had developed a close working relationship with commissioners and local authorities from their catchment area to develop new services in response to the needs of people in the community. This had a positive impact by helping people remain in their own home as long as possible with the support from Care by Us staff and in preventing unnecessary hospital admissions. This was of benefit to people receiving a service from Care By Us and also to the other related services within the community.

The provider actively sought feedback from people and took prompt action to resolve any concerns. When people started using the service or if they were any experiencing problems with their care and support the provider arranged weekly well-being visits from a senior staff member. This was provided for every person who needed it free of charge and it was used by the provider as an opportunity to monitor the service provision and enable people to easily feedback their experience about the service and identify ways to improve. The provider offered this service until people were happy with the support they received.

People received comprehensive information in a service user guide that explained how to complain and who to complain to and offered an overview of the services provided, offices opening hours and responsible staff contact details for each department within the service. The provider appropriately logged and responded to complaints. They investigated each complaint and if improvements were needed these were implemented and shared with the staff team to ensure there was learning by all.

Due to their commitment to deliver a highly effective service responsive to people`s needs the provider was chosen by two local county councils to develop and implement their accelerated hospital discharge projects across Hertfordshire and West Essex. They were the only provider working on these projects and successfully built and facilitated safe discharges from hospitals for people back to their own homes. They also provided enabling care and support for these people until assessments were carried out by social care professionals to establish the type of support people needed until they regained independence and were able to stay safe in their own homes.

The provider developed a recruitment strategy and aimed to recruit staff living within the area of the people they were supporting. In areas where they were short of care staff the provider offered relocation packages to their existing staff to ensure they were able to deliver a continuous quality care service to people. This was particularly important in the more rural areas of the counties they operated in. Care by Us were considered by the local authority in Hertfordshire a reliable and high performing partner in offering care and support to

people living in remote rural areas.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service delivered care to people safely.

People had their medicines administered by staff who had been trained in the safe administration of medicines and had their competencies regularly checked by managers.

Staff were trained and knew how to safeguard people from abuse and knew how to report concerns internally and externally.

Risks associated with the support people received were assessed effectively mitigated and regularly reviewed.

Recruitment processes were robust and there were sufficient staff with the right skills and experience to meet people's needs at all times.

### Is the service effective?

Outstanding ☆

The service was effective.

People received personalised care and support from staff who were appropriately trained. Staff had the skills and competency to meet people's individual needs in the way that made a positive difference to their lives.

Staff felt supported and motivated by managers.

People were offered the support they needed to eat a healthy balanced diet. The provider ensured staff received training in preparing meals.

Staff worked collaboratively with health and social care professionals to promote people's health and well-being and respond to any health concerns.

### Is the service caring?

Outstanding ☆

The service was very caring.

The provider put people and what mattered to them at the heart

of the service. People were in control of the support and care they received.

People developed positive relationships with the staff helped by consistent staffing.

People were supported to retain and regain their independence and live in their own homes for as long it was possible.

People were treated with dignity and respect and their privacy was maintained.

The staff helped people who had complex behaviour, health and social care needs to achieved positive outcomes and live independently.

### **Is the service responsive?**

The service was very responsive.

People received personalised care and support which was appropriate to their needs, preferences and aspirations.

The service was very flexible and staff adapted the support they provided to constantly meet people`s changing needs.

People were aware of how to make a complaint. Complaints were investigated and outcomes were shared with staff for lessons to be learned and sustain the changes implemented to improve the service.

**Outstanding** ☆

### **Is the service well-led?**

The service was very well-led.

The manager had a clear vision about the service they provided and promoted an open and transparent culture with a strong emphasis on personalised care and support.

There were very robust and effective systems in place to monitor the quality of the support provided and to drive continual improvement.

The provider had a close working relationship with local councils and commissioning teams for local authorities in the area they operated in. They developed new services for people living in their own homes to prevent hospital admissions.

Care by Us mentored other providers of similar services to assist

**Outstanding** ☆

other services to improve.

---

# Care By Us Limited

## 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 was 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 10 June 2016. The location was inspected by one inspector, however visits and phone calls to people who used the service and relatives were done by a team of inspectors and two experts by experience. The expert by experience is a person who has personal experience of having used a similar service or who has cared for someone who has used this type of care service. We told the provider 48 hours before our visit that we would be coming to ensure we could access the information we needed.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

Following the inspection on 16 and 17 June we visited people in their own homes to ask for feedback about the services they received. We also contacted people and relatives by phone. We asked social care professionals and commissioners for their feedback about the provider and the services they deliver.

We visited and talked to 46 people using the service and 12 relatives. In addition we talked to 15 staff members, managers of different departments in the service, the registered manager and the nominated individual. Five social care professionals and commissioners gave us feedback about the services offered by Care by Us in the community.

We looked at documents relating to 20 people and other documents and quality assurance systems the provider had in place to monitor the effectiveness of the services provided to people.



## Is the service safe?

### Our findings

People who used the service told us that staff helped them in a way which made them feel safe and comfortable. People's comments included, "I do feel safe, I can trust them.", "I do feel safe because the way they [staff] look after me and make me comfortable. I don't feel any anxiety around them [staff].", "I feel very safe with them [staff]. I talk about my family with them [staff]." One relative told us, "I do feel the care is safe, they help [relative] to remain independent and this gives us peace of mind."

Staff were aware of their responsibilities in protecting people against the risk of avoidable harm and abuse. Staff told us that safeguarding people from all forms of abuse was an important part of their role. They said the regular safeguarding training and updates they received helped them be competent in understanding how to keep people safe. Staff gave us examples of when they had reported concerns to their manager and discussed ways to keep people safe. For example staff told us about a person they were asked to provide support for by the commissioners from the local authority. The person had initially been assessed as requiring visits from one staff three times a day. Staff assessed the person and found that they needed two staff to help the person mobilise. Staff also raised concerns to the registered manager about the person's food and fluid intake as they were not able to mobilise. The registered manager put in the increased support needed to keep this person safe; they allocated two staff and four visits in a day and then reported this to the local authority.

Staff were knowledgeable about risks involved in supporting people in their own homes. One staff member told us, "We are constantly assessing risks. The minute we arrive to a person's home all the way through the time we are there." Staff told us they assessed risks to people's well-being and risks for themselves whilst in people's homes. One staff member said, "We discuss with people if we feel there is a risk of any sort and we will give them options in how to mitigate these. Ultimately the decision is theirs and we will respect their choices." This meant that people were in control of their life and staff supported them respecting their wishes.

Risk assessments were comprehensive and identified the risks to people's well-being and gave guidance for staff in how to mitigate these. For example, staff had guidance in how to approach people who were known to be anxious at times which led to them being verbally and physically challenging. There were also risk assessments for staff to follow in how to keep themselves safe in case any risks emerged whilst being in a person's home. For example staff told us if they had to support a person who was known to have unpredictable behaviour they always had to ensure they had a clear route of exit in case they had to leave.

Staff were supported by the provider and the registered manager to positively manage risks for people which led to people being able to live in their own homes longer and stay safe. For example a person who was living with dementia often left their home and walked around areas in their neighbourhood, visiting local shops. Staff made contact with the staff from these shops who were asked to notify Care by Us offices if they saw the person in their shops. The provider has increased visiting times for this person with an extra evening visit without charging extra costs to ensure the person was safe and back in their home before the night. They also arranged payment for the goods the person took from the shops they visited in agreement

with this person`s next of kin. This support helped the person stay independent in their home.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed. The provider had a constant recruitment drive due to the vast number of people using their services. Candidates were interviewed and all necessary pre-employment and identity checks were done before staff were offered employment. There were enough suitably experienced, skilled and qualified staff available to meet people's individual needs.

We asked people if staff arrived and spent the agreed time with them to offer the care and support they needed. One person told us, "Yes, and if they're going to be late they normally phone up, but on the whole they're on time. I have them in the morning and at night. If they've got a problem they phone me – I've never been let down." Another person said, "Oh yes, they do. In the morning I have a half an hour shower, but at night I don't need as long but they stay for half an hour which is the shortest time they do, and I just let them go if they've finished."

People told us that staff were rarely late. We reviewed the information the provider sent us including their weekly analysis of late or missed calls. These were electronic records generated by a computerised system which monitored live data from when care staff arrived in people's homes and when they left. The logs showed that for a period of two weeks there were six percent of the calls logged as late with an average of two and a half minutes late and no missed calls. We also found that some people who told us care staff were not arriving in time used the specialist home service offered by the provider which was not a time specific service. On occasion people were not given the correct information when they left hospital and they were expecting time specific visits from staff. The provider had addressed this issue by developing an information leaflet for people explaining the service which they received in hospital before they were discharged back into their own homes.

People told us staff supported them to take their medicines, and where people were able to take their own medicines staff always reminded them. People's relatives told us they felt medicines were handled and managed safely by staff. One person told us, "They [staff] give me my tablets in the morning. They already know what I take. They've got the book that they write in and it's all in there. They [staff] always make sure I've got lots of water, I drink a lot." Another person said, "They prompt me to take them. I've got a dosett box with all of my medicines in – there is one that needs to be mixed with water and they [staff] do that for me."

## Is the service effective?

### Our findings

People who used the service and their relatives were consistently positive about the staff who provided care and support. One person told us, "They [staff] help me a lot, they do a lot and they're very good. I was a bit worried about them coming in but they're very good, they help me a lot. I look forward to them coming in." One relative told us, "The staff I would say are 100% brilliant. I have never had a problem with them. [Relative] calls them 'My girls'."

Staff were trained and knowledgeable about the needs of people they were caring for. Staff described the five day induction training they had when they joined the service and felt it had prepared them well for their roles. One staff member told us, "I had very good induction training. It was very comprehensive and I felt prepared for what I needed to do." Another staff member said, "The training is very good. We receive messages on our work phone if we are due to do any refresher trainings. We need to do training otherwise we cannot work."

Following induction staff worked alongside a more experienced staff member and were introduced to the people they were to support. At the end of their induction staff obtained the 'Care Certificate' qualification. One person told us, "They [staff] all got the skills, I get a lot of trainees and after a couple of weeks they're learning – they're always accompanied by a more qualified carer." Staff were also required to attend a comprehensive training programme to learn how to manage and offer support to people who lived with different medical conditions. For example, epilepsy; behaviours which may challenge others; Parkinson's; multiple sclerosis as well as other subjects relevant to their roles.

The provider recognised the importance of promoting good nutrition and hydration. Staff attended cooking lessons as part of their induction training where they learned basic cooking skills and how to promote healthy eating for people they were supporting. The provider had also purchased and given specialist dictionaries that gave definitions of both medical and social care needs to all the staff so they could better understand people's requests and their condition. This helped staff develop the knowledge and skills needed to meet people's needs effectively.

There were staff designated 'champions' in the service who actively supported staff to make sure people experienced good outcomes. For example ensuring people received care and support that enabled them to remain longer in their own homes. For example the provider appointed three safeguarding champions, a dementia champion, falls prevention, nutrition and two medication champions. The champions held the highest qualification in their subject areas and actively trained and coached staff. This reinforced the training staff received and as a result staff acquired knowledge and skills to meet people's needs effectively. One staff member said, "We are learning a lot about safe handling of medicines and what best practice means. If we are unsure we have our champions they know how to guide us."

Staff told us the support they got from their managers and the provider was second to none. They felt inspired and motivated by the providers attitude and approach towards them and the people they supported. One staff member told us, "I am well supported and happy in my job. It is good to know that

whatever happens I have a nice tight support around me. [Provider`s name] is brilliant. They are so passionate and supportive." Another staff member told us, "I have regular supervisions. However the door is always open here if I need to talk with a manager or the directors [provider]. It is really extraordinary how they [provider] know us [staff] and the support we get."

The provider encouraged staff to develop and progress in their career within the company. Staff confirmed that they were encouraged to progress in their chosen fields such as senior care staff or management training. We found that 20% of the existing care staff were undertaking national vocational qualification training and a further 50% of staff had already completed it. Five staff were studying for the Level 5 Health and Social Care qualification in view of taking up manager positions for the different types of service the provider offered to people. This meant that staff were motivated to stay and work for the provider longer which gave continuity in the care and support people received.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People were supported by staff to take informed decisions about their care and support. People told us staff always asked for their consent before they attempted to offer care and support. One person told us, "Although they [staff] know what I like and how I like it, they will always ask if it is ok to do this or that. I am very grateful they let me decide on a daily basis what I need." Another person told us, "I came out of hospital thanks to these people [staff], they will ask me what I need and if it is ok for them to help me. I really feel comfortable with them. They listen and respect me, and my decisions."

Staff demonstrated a good knowledge when we asked them about the five principles of the Mental Capacity Act. They told us what actions they would take in case they felt a person may lack capacity. They gave us numerous examples of when they initiated best interest processes where they involved social and health care professionals to ensure the care and support of people who lacked capacity received was in their best interest.

Staff told us of an example where the provider had gone the extra mile to provide additional support because it was in the person's best interest. The person lived with dementia and was very anxious every times they were away from their own home. The person had been admitted to hospital; however they become restless, anxious and distressed. Following a best interest meeting all participants agreed that it would be in the person`s best interest to be cared for in their own homes, however they needed 24 hour staff presence and this could not be fully funded by the funding authority. The provider still offered the 24 hours service for the person. Staff told us, "It is about the person and what is in their best interest. Sometimes funding is secondary. The most important thing is that [person] condition improved and they could be cared for in a familiar environment without distress and anxiety."

There was a strong emphasis on the importance of eating and drinking well. Staff told us if people needed this support they always encouraged people to choose healthy options. One person told us, "They always make sure I've got lots of water, I drink a lot." Another person told us, "The thing that sticks in my mind is when staff encouraged me to take the stuff I had to take to put weight on, and they were very encouraging and helpful." Other peoples` comments included, "They [staff] get me up, wash me and get my breakfast ready. They come in the evening and cook my meal for me.", "They always make me a cup of tea. It is a very good service.", "I am very pleased with the care, and wouldn't you [member of the inspection team] be if they made you cheesecakes!"

Staff were knowledgeable about people`s nutritional needs and different types of diets people had. One example was a person who lived at home alone and often went out and walked for long periods of time was at risk of dehydration and malnutrition. Staff were worried that they were not drinking enough so put several glasses of water out for the person in the morning and then monitored how much they were drinking when they visited the next time. They told us by leaving the glasses of water out the person was prompted to pick up the glass and drink despite not remembering to fill a glass themselves. This approach from staff to promote a good fluid intake helped the person to keep well hydrated and promoted their well-being.

We found examples when people were supported to lose significant amounts of weight and improve their health and fitness levels including lowering of their cholesterol. People were supported to attend weight loss sessions and activities to promote healthy lifestyle like, arm chair exercises, swimming, football, forest walking, horse riding and dancing clubs to support a healthier lifestyle.

Staff told us of several examples of how people living with dementia who were at risk of malnutrition and dehydration were supported to eat well. Examples included the use of coloured plates and brightly coloured foods for people to easily distinguish food on their plate. Staff also told us they chopped food up as finger foods as they realised that sometimes when a person's eye sight was poor they ate much better, if they could easily pick food from the plate. This demonstrated that staff were knowledgeable and followed best practice when offering care and support for people living with dementia. This approach helped and enabled people using the service to remain in their known environment, maximised their nutritional intake and promoted their well-being.

People told us staff were proactive in promoting their health and well-being. One person said, "If they are worried about me they call my GP." Another person told us, "If I need them to collect my prescription, bring my medicines or deal with my catheter, they are very prompt in doing all of this. They will call my GP or the nurses if I need it."

One person told us the staff had visited them in the morning and they noticed that the person had a health issue. They called the person`s GP who visited and asked for the emergency services to take the person to hospital. Staff remained with them until they arrived. This person told us, "I am so grateful for this. I am all alone but they [staff] look after me and will stay with me until I go to hospital."

Staff offered enabling care and support to people recently discharged from hospital. They liaised with GP`s, health and social care professionals like physiotherapist until people regained their independence. One health care professional told us, "We developed a number of specialist hospital discharge pilots in partnership with Care by Us and hospital social care teams to better support rapid and safe discharge from hospital across a number of acute hospitals in Hertfordshire. They [Care By Us] have integrated their services and their teams well in to the discharge teams within the hospitals and this is undoubtedly having a positive effect both in terms of easing system pressures and supporting elderly and frail patients home after a period in hospital."

## Is the service caring?

### Our findings

People who used the service and their relatives consistently told us that staff provided support in a kind, compassionate and caring way. People told us they liked staff coming in their homes and lifting their mood if they were sad or just have a chat. One person told us, "I don't think they could do any better. Tell them [inspector], the carers that I've got, and had are fantastic!" Another person told us, "Staff do very well at lifting my mood if I'm feeling a bit bad. They are very caring." We found that people had trust and faith that any problem they had they could turn to the registered manager and staff for help.

We found that there was a strong emphasis on a personalised and caring approach towards all the people using the service from staff and the provider. The provider ensured people's voice was heard and central to the care and support provided and that they cared for people in a holistic way rather than viewing their care needs in isolation. They planned care and support around people's wishes and they made all necessary arrangements people needed to have their wishes accomplished.

We found examples of where the provider had gone over and above their responsibilities for people to be able to be cared for where they wished. For example we saw that the majority of people wanted to remain and be cared for in their own homes for as long as possible. Sometimes this meant that they had to have equipment fitted in their home and other adaptations to enable them to be cared for safely. The provider identified that at times there was a delay from other agencies to deliver the equipment people needed to stay safe. The provider built up a stock of mobility equipment such as walking frames, hoists, slings. After people had their assessment from health care professionals the provider was able to loan people the equipment they needed promptly until they received equipment from the responsible agency. This meant people were able to fulfil their wish to remain at home.

We saw examples when people returned from hospital in their own homes and staff found they had no food or drinks available to them. The provider set up a credit line for staff to use and buy food and drinks for people if there was a need for it. Often the cost of the shopping was not reimbursed to the provider, however this had not stopped them offering this to every person in need. The provider told us, "Care comes first! The reason we get out of bed in the morning is to care for vulnerable people who need support. Everything else is secondary and this is a core value that we share with all of our teams."

People, relatives and social care professionals we spoke with told us staff were exceptional in enabling people to remain independent. One person told us, "I was living downstairs; as time's gone by I've had some adaptations done to allow me to have a shower upstairs and staff have helped with that by adapting to the changes. I can load the washing machine now and they hang it out for me. I can put it away." Another person said, "Oh yes, they help me with my clothes and washing, I put it in the machine and they [staff] do the things I can't do. I like to be a bit independent." One relative told us, "They [staff] assist [person], [person] can do quite a lot and their [staff] presence promotes that. [Person] often gets ready for bed because they know staff are coming." Another relative told us, "Without the carer's visits [person] would be unable to live independently and that is their absolute desire."

A social care professional told us, "Their services [Staff from Care by Us] enable people to be independent,

they link with other organisations like YMCA, hospital discharge teams, GP`s to give everyone a choice and the feedback from people is consistently excellent." They gave us several examples when the enabling service provided by staff from Care by Us promoted independence for people and had a positive impact and outcome on people`s life and well-being. One of the example was how staff from Care by Us supported a person to be discharged from hospital with a very large care package to start with, but with a focus on the person`s personal goals. With an enabling support plan they were able to manage personal care, prepare their own meals and also attend a coffee morning independently. The package of care ceased when the person become fully independent.

Another person had been discharged from hospital with visits four times a day by two staff members. Staff from Care by Us worked with the person offering support which included lots of physiotherapy under the direction of the medical team and confidence building. The person became more independent and their package of care decreased to one visit from two staff in the morning and only one staff for the remaining three visits. Staff were working with the person to increase further their independence.

Another person was supported by staff with visits four times to help a day gain confidence with bathing, meal preparation and bed making. They re-gained their full independence with the assistance from staff and no longer require support.

People told us staff were attentive and protected their privacy, dignity and respected their preference regarding the gender of staff looking after them. One person said, "The girls are lovely and they'll do whatever I ask them. I won't have men – I said before they started that I only wanted women and they have only sent women." Another person told us, "They're very respectful. When I first started my [relative] didn't like a male carer washing me, and they respected that."

People had confidence in staff and told us they were trusting that staff would maintain confidentiality about their personal information and care. One person said, "Absolutely, it's just a general feeling that I can talk to them about anything – I feel comfortable. I know it's not going to go anywhere else." Another person told us, "Well I know that they don't give away anything they shouldn't or anything personal." This meant that people felt able to build trusting and meaningful relationships with staff and this made them feel valued and safe.

People who received a service from Care by Us, and where appropriate their relatives, were involved in the planning and reviews of the care and support they received. One person told us, "[Name of staff member] from Care by Us came and discussed it [care needs], they [staff] did suggest three times a day but we have chosen to have mornings and evenings." One relative told us, "Yes, it was the senior management who came to discuss the care plan and care needs. I was there; it was very professional and very understanding of my [relative] needs."

People told us staff listened to their views and took into account their preferences when delivering care and support. One person said, "They [staff] do listen, it does help because they're so kind, they understand. I cannot say a bad word about any of them – they understand how I feel about my hygiene and all that." Another person said, "Yes, I do stipulate that I have to have someone over twenty-five who can drive. We go out quite a lot, shopping, into the countryside, visit my family, lunches, and I have a very good rapport with both of them [staff]."

Staff were highly motivated to offer care that was kind and compassionate with a strong, visible person-centred culture. One staff member told us, "This is a very rewarding job; people rely on us to enable them to live in their own homes for as long as possible. We do everything possible and impossible to make sure we

can achieve this." Another staff member said, "Care comes first in this company. That is why I work here. We are motivated by [provider`s name] to put people first." They continued to say. "So many times [provider`s name] led by example and demonstrated what `care` really means. They [provider] even cares for people when they are not getting paid for it. I just think this is inspiring."



## Is the service responsive?

### Our findings

People told us the care and support they received was responsive to their needs, and they or their rightful representative were involved in regular reviews of their care needs. One person told us, "I had the initial set up and two weeks later we had a face to face review. They [staff] said it would be six months from the set up (next review), but that we could talk to them anytime." Another person told us, "Yes, I've had like little reviews and had my care plan adjusted and I look through it to remind myself of what they [staff] are here to do."

The provider told us in the provider information request we sent them, 'It is essential that we understand service user's desired outcomes. We will measure and focus on the results achieved and regularly review and reflect.' We found that this approach has been adopted for all the people using the service. There was a strong emphasis from the provider to ensure every person using their services had the best quality care and support delivered to them.

We found the provider delivered care and support to people against the seven outcomes of the 'Ageing Well in Hertfordshire' strategy and they incorporated these in people's individual care plan. The outcomes of this strategy were: people were enabled to live well, independently and safely, for as long as possible in their own homes, people were treated with dignity and respect, support was offered at the right time, people had choice and control over their lives, people were helped to make informed choices about their end of life care. The outcomes also covered the support offered to family carers to ensure they had their own needs met to maintain their own physical and emotional wellbeing and also the staff supporting people and their families were compassionate, capable and confident in delivering support.

We saw that people achieved these outcomes due to the thorough initial planning and assessment and the help and support received from staff. For example we were told by a social care professional about a person who had received care from a number of agencies, all of whom had not been able to sustain this person's care package due to their challenging behaviour. They told us they commissioned Care by Us to offer care and support to this person. The registered manager led the way in trying to improve the situation and work with the person and his family to try and find a solution to improve the behaviour of the person towards the staff. They gathered a lot of information the person's background and career. The registered manager researched events from this person's past and career and prepared a video with these. They purchased a video player that had special big buttons that the person could operate. The registered manager also took the time to replicate the medals the person had won in their military career. The afternoon when the registered manager presented these to the person the person recognised all the events and items in the video and spent hours talking about their life and their career.

This information and subjects for conversation were cascaded to all the staff involved in supporting this person. The social care professional told us from that moment on the package of care transformed and the person felt valued and proud that staff knew how much they had done in their career. On their six month review the person said, "My wonderful carers- please never leave me!"

The provider offered different types of services to people living in the community. For example, live in care services, domiciliary care visits, supported living, specialist care at home service and many others. One social care professional told us, "They [staff from Care by us] work with our Community Learning Disabilities team to develop and deliver creative and person centred packages of support for people with learning disabilities. I have, on a number of occasions, visited some of their support living service users within their homes and am always struck by how the environment staff create really enable our vulnerable residents to thrive, build on their positive strengths, and support them to be part of the communities in which they live."

Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans and all staff we spoke to knew the needs of each person well. People using the service also commented on how well their individual needs were met. For example people told us their wishes were respected if they expressed a preference for female or male staff members to support them.

The service provided to people was flexible and responsive to people's individual needs and preferences. Staff enabled people to live life as fully as possible. For example staff were required to offer care and support to a young adult with learning disabilities. Staff reported to safeguarding authorities their worries and observations about this person being neglected and uncared for in the home they were living in. After several meetings the person had been moved to alternative accommodation. The registered manager allocated 24 hours support and care for the person to facilitate this change. We found that the effective care and support delivered by staff improved the person's quality of life. Their mobility and speech improved. They were able to access the community in their own adapted vehicle and go on holidays with the support from one staff member.

We found that the specialist care at home service positively impacted on 2500 people's life in the last two years. People were helped by a team of care and support staff who worked collaboratively with health and social care professionals and facilitated safe discharges from hospital.

One social care professional told us, "Care by Us always work with us in an open, cooperative, and responsive way – quickly grasping problems with some of our most vulnerable and complex service users and offering solutions that are focussed on the wellbeing of our service users, always willing and able to go that extra mile to ensure we are providing our service users with the very best quality care."

People we talked to told us they had no reason to complain about the service they received, however they knew where to find the provider's complaint procedure should they wished to complain. One person told us, "Yes, I've got a telephone number that I can ring, but I've never needed it. If I need an earlier time I'll ring them to ask and they're very helpful." Another person said, "They [staff] are quite good, I've got nothing to complain about."

Some people told us they had complained in the past and the issue they complained about resolved. One person told us, "I did once [complain] and I sat and had a chat with my morning carer, who then had a chat with the manager, and things improved since then." Another person said, "I did inform them [office] about the tea time call coming too early. I said "go away" [to staff], you're too early. It all settled down after that."

People we visited had been given a service user guide when they started using the service with information about the services provided by Care by Us including the complaints procedure to enable them to raise concerns or make a complaint. The provider actively engaged and promptly responded to concerns with an initial visit to the person and discussing the areas of concerns face to face. The provider arranged wellbeing visits for people who had reasons to complain to ensure their concerns were resolved and their needs were

being met. This approach helped raise confidence in people that they could share their worries and complain and doing so had no negative impact on the service they received.

One social care professional told us, "Complainants are visited within agreed timescales to address and resolve emerging issues. Learning from the outcome of complaints feeds into training, policy updates and procedures where necessary. The provider organises wellbeing visits to ensure the service user settles and is happy."

We saw following complaints from people in the past regarding visits being late the provider developed 'Fast Response Team' to quickly and easily access people in their catchment area in case the call monitoring system flagged up that the staff visiting people were running late. This had a positive impact on the care people received and reduced the number of missed calls significantly. For example we saw in May 2016 the provider registered zero missed calls and very few late calls. We found that approximately six percent of the total calls were registered as being late with an average of two to three minutes. One relative told us, "Once my [relative] called me that they had a fall and I called them [Care by Us] they managed to get to [person's name] in 20 minutes and everything was fine. I thought this was very good." This meant that the fast response team was able to reach out to people in case of emergency outside their agreed visiting times.

One social care professional told us, "Problems, when they arise, are always responded to swiftly, effectively, and in the spirit of transparency and partnership. Care by Us is an organisation we trust to work with our most vulnerable people. "

## Is the service well-led?

### Our findings

People we talked to and visited were extremely satisfied with the service provided, they rated the services they received good and outstanding. They praised the quality of care, the friendly, caring and happy personalities of the staff and their preparedness to go the 'extra mile' to meet their needs. One person told us, "Outstanding [the service] – as simple as that!" Another person said, "They [staff] are so gentle when they get me out of bed, they don't rush me or seem keen to go. I feel like they're looking after me ever so well. Fantastic service!"

The provider put a strong emphasis on continually striving to improve the services provided to people. The providers recognised, promoted and regularly implemented innovative systems in order to provide a high-quality service. One staff member told us, "Before I applied for a job at Care by Us I have researched about them and it became obvious they were a caring company. The directors are leading by example and always put the service user first. They listen to us [staff] if we suggest any improvement and it is nice that they never think about the costs if we can improve the life of someone." Another staff member said, "They [providers] are always around to talk to us. They are really focussing on the wellbeing of our clients. We [staff] learn that 'people come first' in our first day of induction."

The service worked in partnership with the local authorities and commissioning groups in their catchment area and showed that through consistency and dedication they consistently managed to reach out and provide care and support for thousands of people. Representatives from the local authorities who gave us feedback about the service considered Care by Us one of the leading providers in West, East and North Hertfordshire and Essex. One social care professional told us, "Care by Us has been a strategic partner of Hertfordshire County Council in the truest sense. Having started as a small local agency, [provider's names] have grown an organisation that is committed to delivering the highest standards of care for people and working alongside the council to change the nature of domiciliary care in our county. Their services enable people to be independent, they link with other organisations to give everyone a choice and the feedback from people is consistently excellent. Every time I visit their office, their staff are genuinely happy to be there and are proud to work for their organisation. Care by Us occupies a large share of the homecare market in Hertfordshire - and as a council we have certainty that they will continue to deliver for the people who use their services, will work with us as a strategic partner and always be leading the way in their area of expertise."

The provider was not only responsive in meeting the needs of people who used their services, they were also contacted by local authority when there was a need for them to urgently take over people's care from a failing provider. We found examples where the provider successfully took over on Christmas Eve in 2014 the care and support for 80 people. The dedication and hard work from the managers and staff from Care by Us had resulted in people being safely able to remain in their own homes. This meant that the provider was not only meeting people's needs who used their services but was prepared and able with a well-developed contingency plan to support other people in their community.

The registered manager who was one of the providers told us, "All we care about is people. We started this

business because of our passion for care. It is important people have the care which enables them to stay and live in their own homes for as long as possible. We make sure we deliver the best possible care to make sure people can do this."

We found that the provider acted as a role model not just for their staff but for other providers who delivered a similar service. They shared their experience and helped smaller provider`s improve their practice and offer better quality care to people they were supporting.

One provider from a similar service told us, "At the time I met [Care by Us provider`s names] we [other provider] were struggling to meet new demands for our services for both complex and elderly care. They [Care by Us providers] supported us by sharing their recruitment strategy. We implemented a similar recruitment strategy in 2015 and we have now recruited and retained 25 care workers. This has had a significant impact on us being able to develop our services and offer consistent and quality care to our service users."

One social care professional we spoke with told us they asked the providers from Care by Us to mentor and support a similar organisation which was failing to meet their contract with the local commissioning authorities due to the quality of care they provided to people. They told us, "Care by Us were asked to support the Directors of the company, over a particular weekend. They quickly mobilised a support team to visit the branch and give an overview and report of the situation. Care by Us made thorough recommendations about the basics of the company and what they could do to improve and focus on. With their advice and support, which included training and mentoring for staff, this provider was able to turn their business around. They are now thriving and have increased their business and are one of our main providers in the area."

The provider established `Advisory Boards` in both East and West Hertfordshire with representatives of the Clinical Commissioning Group (CCG), acute hospitals, Health Watch, social services, representatives from a local care provider association, local GP'S, other lead care providers and service users. The aims of the advisory boards were to develop integrated working and the delivery of a better, safer community care service throughout Hertfordshire. This led to improved communication between all the agencies involved in people`s care. People had better planned discharges from hospitals, all agencies followed the same care plan and support people needed which led to a better continuity and more effective care and support.

The provider used innovative ways of communicating with staff who worked in the community to make sure they were informed of any changes in people`s condition and shared views and information about the people they were supporting. For example the provider developed and implemented their own call monitoring system and mobile application designed for their service. This was used by staff to accurately record the time spent in service users' homes ensuring care was being accurately charged, preventing missed visits and supporting lone workers. This application was being further developed to contain real time information to alert care workers of changes in care requirements like changes in people`s mobility or any medication changes. With people`s consent this could be accessed by their relatives for them to see times of completed care calls, tasks and the outcomes of the care delivered. District nurse teams could also link and respond promptly to any instant alerts sent by staff regarding people`s pressure areas, nutrition, and other needs. This was an innovative way to engage and work effectively with all the parties involved in the care and support people received in their own homes. As a result people received care which met their needs and promoted their wellbeing.

The registered manager implemented a robust quality assurance model which enabled them to keep a close eye on the quality of the services they provided to people. There were audits done daily and monthly

by care staff, managers of different departments, and the providers. These audits included spot checks for care staff, auditing care plans, checking medicines and staff competencies, safeguarding referrals. The data collected fed into a monthly report where the provider monitored their own compliance against their set Key Performance Indicators (KPI`s). In addition they used numerous methods to obtain feedback regarding the service levels from the people they supported. This helped them identify any trends in complaints.

We saw people received visits, telephone calls or a postal request for feedback on the service they received. These were analysed and the action points taken and tracked to ensure the necessary changes were made. For example the provider established a fast response team who had seven staff members on standby during the day to pick up and attend to people if their regular staff member had been delayed or in an emergency situation. The provider monitored the impact of the team and due to this being positive was looking into extend this. This demonstrated that the provider promoted a positive and open culture in the service encouraging staff and people to voice their opinion about the service they received on which they always acted upon. They demonstrated a strong commitment to continually improve the service.