

A & D Homecare Ltd

My Homecare Chelmsford

Inspection report

Coach House, Furze Hill
Ivy Barn Lane, Margaretting
Ingatestone
CM4 0EW

Tel: 01245608233

Date of inspection visit:
16 February 2023
20 February 2023

Date of publication:
17 March 2023

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

My Homecare Chelmsford is a domiciliary care agency providing the regulated activity of personal care to people in their own homes. The service provided support to people living with dementia and people with a physical disability. At the time of our inspection, 26 people were receiving personal care.

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

The service was exceptionally well led and managed to a high standard. It had strong values and principles which was demonstrated by the provider, registered manager and staff in providing high quality care to people.

People, relatives and staff were, without exception, positive about the staff and management of the service. Strong governance systems were in place to monitor, maintain and improve the quality of the service to ensure it was person centred in all aspects.

People received safe care from staff who knew them well. There was a safeguarding policy in place and the registered manager and staff knew how to identify and report any concerns.

The service had enough staff to meet the needs of the people using the service. Staff had been safely recruited.

Staff supported people with their medicines. People told us they received their medicines on time. Staff had access to personal protective equipment and there were effective infection prevention and control measures in place.

Staff had received an induction and training to enable them to meet people's needs. We saw that supervisions and spot checks for staff were carried out and staff told us they felt very valued and supported to perform their role by the management team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were very caring, kind and genuine. They provided care and support to people in a respectful and compassionate way, respecting their individuality and culture.

The service carried out an assessment of each person's needs and how they liked to be cared for and care plans included guidance for staff on how to meet those needs. Assessments of people at risk were identified and plans put in place to mitigate those risks.

People's nutritional needs were met. They received support to eat and drink enough to maintain a balanced

diet. No-one at the service was receiving end of life care.

The registered manager sought support and liaised with health and social care professionals when needed. As a result, staff met people's need safely and effectively.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 26 July 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

My Homecare Chelmsford

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to ensure someone would be in the office to meet with us.

Inspection activity started on 14 February 2023 and ended on 20 February 2023. We visited the location's office on 16 February 2023.

What we did before the inspection

We looked at all the information we held about this service. We used all of this to plan our inspection. The

provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with 1 person using the service and 10 family members. We spoke with the registered manager and 1 care staff and had emails from 10 members of the care staff about working for the service. We also received feedback from 2 professionals about the service.

We reviewed a range of records. This included 2 people's care plans and medicine records. We looked at 3 staff files in relation to recruitment and a variety of records relating to the management of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks associated with people's care and their living environment had been identified and assessed. People had risk assessments in place which included how risks to people could be minimised.
- Risks to people's health and wellbeing were monitored, dealt with quickly and discussed at regular meetings.
- An electronic system was used to monitor staff entering and leaving the person's home, completion of tasks and medicines administration and the care notes. This provided the registered manager with assurance the service was running smoothly, and any issues or concerns could be picked up quickly.

Staffing and recruitment

- Recruitment procedures were in place which included obtaining references, identification and Disclosure and Barring Services (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, we found some gaps in people's employment history and made the registered manager aware of this. Before the end of the inspection, they had corrected this, amended the wording on their application form and all staff's employment history was completed.
- There were enough staff to meet people's needs. Management and office staff were all trained in a caring role and could provide care when needed. A staff member said, "There is enough staff, there has been an increase when people's needs change and there have always been staff to support this."
- People told us the staff were on time and they had not experienced any missed visits. Staff always stayed the allocated time or as some people told us, stayed beyond their time if needed, and were not rushed. A family member said, "Staff are very good indeed, arrive early because [relative] is diabetic and needs their insulin on time." Another family member told us, "If there's time at the end of the shift, they often ask to do anything extra."

Systems and processes to safeguard people from the risk of abuse

- People felt safe with staff providing their care. A person said, "The staff support me well and they are always on time." A family member told us, "[Name of person] is safe with the staff and they are well trained to care for them."
- The registered manager understood their legal responsibilities to protect people and share important information with the local authority and CQC.
- Staff had undertaken safeguarding training and knew how to identify and report any concerns. Comments included, "Yes I learnt that I have to let my manager know if I have any concerns regarding a person I am working with." And, "Yes, I know how to protect vulnerable people from abuse, harm and neglect and would take the right action at the time."

- There was a whistleblowing policy in place and staff felt able to use it. A staff member told us, "I would feel confident to whistle-blow on any poor practice I encountered." Another said, "Yes I would be able to whistle blow. Never had to but would contact the office."

Using medicines safely

- Medicines were managed, monitored and recorded and showed people received their medicines as prescribed.
- People told us they received their medicines when they needed them. Where people administered their own medicines, this was very clear in the care plan. A family member said, "Staff warm the croissants in the oven or toast bread ready and then help [relative] with their medicines from the blister pack and they take them out themselves. Just that little bit of help is needed."
- Staff received training in safe medicine management and were assessed as competent before administering to people. Staff told us about the spot checks and discussions at team meetings about medicines. Comments included, "I feel very competent to administer medicines safely and completed my assessment on shift when I started." And, "I've received all relevant training and feel confident to safely administer medicines which I've been required to do many times."
- There was a system in place for people to receive medicines as and when needed, for example, for pain. Staff knew people well and knew the signs to look for. A staff member told us, "I would know if someone was in pain by their facial expressions. I would check on the system to see when they last had their medicines and if in doubt, call my manager. I wouldn't take any risks."
- Medicine records were audited regularly and where any concerns were identified, action was taken with the staff member.

Preventing and controlling infection

- People and family members described how staff had worn personal protective equipment (PPE) throughout the pandemic for protection and safety. Comments included, "For a while PPE hasn't been worn, but I'm sure staff would if we wanted. A uniform and gloves are all put on already." And, "Staff ask [relatives] permission if a mask is needed to be worn or not, and [relative] prefers they don't but staff always wear gloves and aprons during the visit."
- Staff had received training in infection control practices. They were able to describe to us good infection control processes.
- PPE such as gloves, masks and aprons were provided for staff. Spot checks were undertaken which showed staff were following current good practice guidelines and the provider's procedures.
- The provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Systems were in place to monitor accident, incidents, safeguards, complaints and compliments.
- The registered manager told us about the lessons they had learnt when things go wrong. One example they gave included reviewing the training staff had received in moving and handling people as it had previously been from an external trainer. They now had their own staff who had completed a train the trainer course and all staff were now competent and confident in this area.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to their care and support commencing with the service. A family member said, "Someone came to see us in the beginning to see what's convenient for us and there has been a further visit. Since then, we have a folder stating exactly what they need to do."
- People's protected characteristics such as their age, gender, religion, culture and ethnicity were recorded to ensure the service met their individual lifestyle choices effectively.
- The registered manager was resourceful in utilising information from a range of sources in order to keep up to date with current guidance and good practice.

Staff support: induction, training, skills and experience

- Staff received a thorough introduction to the service and its aims and values. This included an induction, shadowing experienced staff and training until they felt confident in their role.
- We saw members of staff had completed a range of training including completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Specialist training in continence care and diabetes to meet the needs of people who used the service had also been undertaken.
- Staff received supervision and spot checks and told us they felt valued and well supported. Comments included, "The training covered everything, and I was excited to start. It has now been over a year since I started and I'm more confident in myself and a happier person."
- The provider was very proactive in encouraging staff to advance their skills and knowledge through completing advance professional training.

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

- People were supported to eat and drink in line with their requirements and wishes. We saw from daily notes and care plans that people's preferences, likes and dislikes had been recorded. A family member said, "We asked the manager can you give us somebody who can cook a basic meal from scratch i.e. lasagne or spaghetti bolognese. My Homecare has been so accommodating, agreeing to our request and it all works really well."
- Staff were trained in meeting people's nutritional needs. One staff member said, "I stayed late to make sure [person's name] had eaten their tea in the evening, as they had hardly eaten any lunch and had been very down when the lunch time staff member went. By the time I left them, they had eaten and were in a great mood."

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

- The service worked effectively with other professionals. For example, when people's needs changed, they made referrals to relevant services to ensure people received the support they needed. A professional told us, "If the manager sees a need, they make a referral very quickly so that people's needs are met without delay."
- People and relatives told us the service was flexible if they needed to go to a hospital or other appointments. A family member told us, "We have no complaints about the care, and if I need to cancel when [relative] is in hospital I'm able to do so, and start up the package again when they are discharged. It's easy to reconnect with My Homecare Chelmsford as well as the manager who answers the phone if I need them at any time." Another family member said, "If [relative] has a hospital appointment, I can contact the manager to cancel a visit and update them when they are back, communication is very good."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- We saw documented evidence where people and relatives were consulted and asked for their or their family members consent before providing care and support.
- Where a person lacked capacity, it had been recorded if there was a Lasting Power of Attorney (LPA). An LPA allows an individual to make Best Interests decisions for and on behalf of a person who lacks capacity to make their own decisions.
- Staff completed MCA training and encouraged and supported people to make their own decisions. One staff member told us, "Everyone is assumed to have capacity unless it has been deemed otherwise. People have the right to make their own decisions, rightly or wrongly and should be given all the information to make the right decision not told they can't do something because you think it's wrong." Another said, "Even people with dementia can make informed decisions if we choose the right words, time of day, person to talk with them."

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People and family members told us, without exception, that staff were exceptionally caring, treated them well and they felt respected. One family member told us, "The staff come in the evening and always give [relative] a choice whether they want to get into bed themselves or whether they would like assistance. Staff are so flexible to [relatives] requests." Another family member said, "I would recommend the service as they are accessible, and you can get hold of staff when you need them. They're on time and when we've requested anything specific My Homecare are only ever happy to accommodate us."
- People were supported by staff who had gone out of their way to get to know them well. This was evidenced by the provider having a strong, visible person-centred culture which emanated throughout the service. One staff member said, "I have stayed late on many of my calls recently, it was just things that cropped up while I visited people, and I couldn't just leave without sorting them out." Another staff member told us, "I feel I know all the people I visit very well and would regularly discuss their family, their previous jobs or life history, where we both feel happy and comfortable with each other."
- People valued the relationships they had made with staff and felt cared for and felt they went the extra mile in providing individualised care and support. A family member said, "I would recommend this service, I already have and the response has been very good. I've recommended it a lot to all my friends who have similar aged relatives. That is the best thing I can do to say thank you."
- Staff spent time talking with people about their history and past work, their likes and dislikes. This included people's religion, their culture, food they preferred and their traditions and all was written in a very respectful way. There was strong emphasis on reading the care plan and the daily notes and liaising between staff to ensure they knew exactly what care they were providing to people and when any changes to their care was needed. A family member told us, "Staff haven't missed a visit since day one. There's a team of them that have come to know us which we really appreciate. I'm 100% satisfied and give them 10 out of 10 in recommendation." Another family member said, "The communication between us and the staff is lovely. They have a very good working relationship with my [relative]."
- Staff were highly motivated and committed as individuals and as a team and were inspired to offer care that was kind and compassionate. They were creative in overcoming any obstacles to achieving high quality care for every person using the service. A staff member told us, "I check all the doors and windows on my calls and found a person's back door was unlocked at 9pm, a friend had taken the key home with them. I couldn't leave it like that. After a big hunt around the person's house, we found another key that they didn't know they had, so problem solved. The visit took double the time though, but we couldn't leave the door unlocked all night." Another staff member told us how they had created a song for a person with dementia to sing to help them remember to put their footwear on and use their stick so they were safe walking in their

home."

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

- People and their relatives were actively involved in making decisions about the support they received. One family member said, "[Relative] likes to talk about old times. They have five regular staff and they all understand each other, and call [relative] by their nickname which they really like." Another family member told us, "It's the best thing that we have a regular staff team so that we don't have different ones visiting. That was my main request that this company took on board, having the same staff enables [relative] to build a relationship with them."
- The service went above and beyond to provide additional support to people's family members. They recognised the strain on family carers and helped to provide opportunities for them to discuss their needs, worries and need for support. A family member said, "It can be a strain on us, so we're very grateful staff have given us respite because then we have rest and that really helps." Another family member told us, "My [relative] has [name of diagnosis] and may be moving onto the stage where we would need additional help, but I know I wouldn't hesitate to ask and see what else My Homecare could provide for us in the future." A person's friend told us, "The staff don't just look out for the person, they clock the needs of family members and go all out to ensure they reduce the stress and anxiety they are facing at the time. Like ensuring the house was clean, putting things back in the right place and being respectful of their home, all whilst caring for someone who was very poorly."
- We saw people's views had been gathered during regular reviews and spot checks. A review we saw said, "I am ahead of my expected recovery and I have to give credit to the staff for their contribution towards this. They have used humour when needed, they encourage when I struggle, and noticed when I needed a bit of tender loving care. I wouldn't be at this stage if it wasn't for them. I will be happy when I recover but also sad to lose these lovely people." Two further reviews stated, "My staff are regular, thoughtful and kind. I look forward to the days they come to me." And, "The service suits my needs absolutely. I bless the day I contacted you."

Respecting and promoting people's privacy, dignity and independence

- Staff were exceptional in enabling people to remain independent and have an in-depth appreciation of people's individual needs around privacy and dignity. Staff gave us examples of where they had protected people's dignity including where a person had had an accident and was unaware of it. The staff member cleaned everything up whilst they chatted and distracted the person saying, "If they had known what had happened, they would have been very upset, and I wanted to protect their dignity." A family member told us, "[Relative] becomes really unwell sometimes with a urine infection and suddenly becomes muddled. Communication with My Homecare is very good and I'm alerted if anything is unusual, which is so reassuring - because I'm not seeing [relative] every day."
- People could choose the gender of the staff who supported them, and this was put in place. Staff with particular skills or interests were identified to work with individuals as it was felt important that there was a common thread so they could link together through a mutual interest. The registered manager told us this worked well. A family member said, "We requested female only for [relative] and that has always been honoured." Another family member told us, "We have five or six different staff on a rota but [relative] likes their male staff to help them more than females and this is respected."
- Staff were highly motivated to provide kind, compassionate and genuine care for people. A staff member said, "[Person's name] loves a good laugh and joke. They can communicate how care is delivered in what order and I facilitate this to happen. It's so rewarding being able to help someone to be independent." Another staff member said, "If I am helping a person with personal care I would make sure they are comfortable, have privacy to themselves and inform them of what's happening and what they would like done, I would also encourage them to do as much for themselves as they are able."

- People and family members told us their dignity and privacy were maintained and staff were very respectful. A person told us, "The staff are very good at making me feel okay about getting washed and dressed, it can be a task, but I feel so much better after they have been." A family member said, "I believe My Homecare have enabled my [relative] to remain in their home environment. I feel staff have my [relatives] best interests at heart, genuinely they want what's best for [relative]. It's important that they have nice people visiting them. If we weren't happy, we wouldn't have them." Another family member told us, "Staff do try to get [relative] to do as much as they can but they are nearly [age] so that's not always possible."
- There were numerous examples of where people's independence and outcomes had been improved by the caring and loveliness of the staff. The registered manager told us about how two people's quality of life had been altered and improved by what they saw as doing very ordinary things. "One person loves a takeaway but was unable to order this as they can't get to the door. We often take them different ones. The one we took yesterday made them become so emotional as in their words, "It gives me a little of my old life back again." And another, "A person had been really suffering from social isolation since COVID-19. We provided 2 calls a week, got them ready and took them out to coffee shops, supermarkets, to meet friends and increased their confidence. This helped them so much, and they told us that we changed their life giving them the courage and confidence to 'go it alone'. They no longer require our services as we gave them the confidence to be able to do this again independently."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's physical, sensory, mental health, personal care and social care needs were thoroughly assessed, and their care plans were regularly reviewed.
- People's oral health and ways of communicating were also recorded. A family member told us, "[Relative's] skin gets bad and staff make sure it is looked after. They also help brush her teeth to keep them nice. I always feel involved in their plan of care." Another family member said, "[Relative] is very hard of hearing and if staff wear masks, they can't hear them, so we agreed for staff not to wear them only when doing close personal care. Some days [relative] doesn't want to shower so they go with the flow and change what they are doing to fit with them."
- People told us staff were very responsive to their needs. Care plans were written in a person-centred way, easy to read and updated as their needs changed. Daily notes were written after each visit and provided details of tasks undertaken. We saw these were written in a respectful way. A person said, "They're very responsive to enquiries about doing things differently when my needs change. Nothing is too much trouble."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The AIS tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of their responsibilities under the AIS. People's care records contained information about their preferred ways of communicating. A family member said, "My [relative] has medicines to take and staff do have to help them with this because they are visually impaired and can't do it themselves, but they explain everything really clearly."
- The provider had information about the service produced in different languages to ensure those whose first language was not English would have equal access to key information.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise a complaint. Comments included, "Staff are all good and prepared as they come through the door, so we have no need to make a complaint." And, "I have no complaints or concerns, if I did have, I would call the manager because they are very easy to contact."
- The provider's complaints process demonstrated that when complaints or comments had been received, they were investigated, responded to and lessons learnt as a result.

End of life care and support

- Staff had received training in how to care for people at the end of their life. A person's friend told us, "The staff provided a real personal touch, made [person's name] the centre of the world when they were with them. Spent time with her in a genuine and personal way. In their last days, talking about memories and having their things close by them, made it special. The staff were amazing and from their first diagnosis honouring what they wanted."
- People's needs were assessed and discussed as and when they needed palliative or end of life care. People could be supported through the provision of daytime or live in care if required. The registered manager told us about how they had learnt from a person about the specific requirements needed in a particular religion and culture and how they should be cared for after their death. These details were written in their care plan in a respectful way.
- No-one using the service was receiving end of life care at the time of the inspection.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had exceptionally high standards and a strong, person-centred culture. There was a strong and stable management team, who were passionate and committed to their values and principles. They promoted a positive and genuine culture of kindness, commitment and generosity which had been embedded into the service. They made sure people were at the heart of the service and these values were owned by all and underpinned their practice
- The registered manager and directors were very visible in the service and went above and beyond to show their support and respect for people and their families. For example, people were offered a Christmas dinner cooked and taken to them by the two directors of the service. This was taken up by 5 people and, one we were told, had not had a cooked meal for years. More recently, the registered manager delivered a Valentine's day hamper of goodies and a fleece blanket to people who used the service. A staff member told us, "This is so typical of them to do that, always doing something out of the ordinary to make a difference." Another staff member said, "I can't believe how lovely and caring the directors are as I've never worked with the directors of a company before."
- The registered manager was a strong leader and a role model displaying fairness, honesty, openness and direction. People and family members, without exception, were extremely positive about the registered manager and comments included, "Last week I spoke to the manager, they go above and beyond, and it doesn't matter what day or time I call. If they don't answer immediately, I get a call back as quick as possible. They are brilliant." And, "I'd describe the manager as exceptional. She's covered shifts before and I would most definitely recommend this company to other people."
- Staff spoke about the registered manager with warmth, affirmation and caring. They were passionate about supporting the staff in an inclusive and non-judgemental way. Comments include, "[Name of registered manager] is always so very approachable and fair." And, "I have never felt so supported by a manager, you can raise issues without being judged and feel listened to. All I can say is they are just brilliant." And, "We get amazing back up from management, who know exactly what is going on with everyone. I ring the office or on call, they know straight away what I'm talking about. That is worth its weight in gold when you're a lone worker and out at all hours!! They also go out and help with calls, so we're all in it together."
- The provider recognised staff achievements and hard work, knowing that this would support staff to feel valued, remain motivated and drive excellent care provision. Staff had access to a confidential counselling service, had their MOT for their cars paid for and a paid day off on their birthday. The provider held a wellbeing week and paid for staff to have a free coaching session. Staff were honoured by being 'carer of the

month' from feedback from people who use the service. A yearly awards ceremony had been introduced to celebrate the achievements of staff and the service. The registered manager told us, "Happy staff, happy team, make happy clients."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had robust systems in place to monitor the safety and quality of the service. The management team completed regular audits in key areas of people's support such as care planning and risk management, safeguarding and medicines administration. Results were analysed with key actions identified and completed within given timescales.
- There was a high expectation that people's notes were written by staff in a respectful and person-centred way and we saw this in practice. Care plans written were extremely person centred, easy to read and accessible.
- There was a clear management structure with easily identifiable lead roles. The management team were visible and accessible, and people and relatives knew who to contact with any queries. There was a key worker role where staff had extra responsibility and time allocated to check people's care plans and to spend time ensuring all was in place for them to have good care.
- The provider understood their responsibility to be open and honest with people when things went wrong. Safeguarding concerns, and incidents and accidents resulted in swift comprehensive review and actions to safeguard people. The registered manager was aware of their regulatory responsibilities including when to submit appropriate notifications to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- The provider was exceptional at helping people to express their views, so they understood things from their points of view. A family member said, "Staff have been brilliant. I can't stress that enough, how they listen to our views and that of [relative]. Communication with everyone is excellent."
- The provider found innovative and creative ways to enable people to be empowered and voice their opinions in the development of the service. For example, people were very involved in the induction and shadowing of staff. Their feedback about the way in which new members of staff meet and greet them and carry out tasks was fed back to the registered manager. Their views were taken on board to influence the employment of staff with the right values and monitor staff performance and training needs. A person's said of their experience, "I feel I can be part of recruiting new staff as at the end of the day the carers work in my home and not the office."
- The staff were given creative ways to make sure that people could express themselves. The registered manager gave us an example, "We obtained a key ring with cards so people could use the pictures to tell us how they felt and what their wishes were. This worked very well and really helped get to know them and their needs." A staff member told us, "I feel so included and valued and working with a brilliant team of staff. Management are very hands on, and I feel we help the service to develop and provide high quality of care. Everyone goes that extra mile for people and their families."
- Regular feedback both formally and informally was obtained through a range of surveys, meetings, phone calls and email updates. The registered manager told us this provided people and relatives with different opportunities to be involved in the service. There were numerous positive comments provided from people in their on-line feedback about the service.
- Professionals spoke highly about the registered manager and their passion for providing high quality care. Referrals to health and social care services were made quickly when people's needs were identified for them to continue to live at home as easily as possible. A healthcare professional told us, "People and their family

members tell me how extremely thorough and helpful the staff and registered manager are to them, making life that little bit easier." A person's friend told us, "The staff knew that we needed extra help and organised this to happen, they did it quickly and smoothly without any fuss. This showed a whole new level of what care could be like."