

Angel Carers (Uk) Ltd

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Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Angel Carers is a domiciliary care service registered to provide personal care to people in their own homes. The service provided domiciliary care and 24-hour live-in care. At the time of the inspection the service was supporting 43 people with the regulated activity of personal care. People receiving support from the service were adults or older people. Some people were living with dementia. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were positive about the service they received. People, their relatives and professionals expressed their complete trust and confidence in the staff and the management team. Comments included, "Staff really care and make such a difference"; "I couldn't find anything better; they are excellent. I couldn't manage without them now" and "We have been blown away by Angel Carers and how they have handled everything. They are part of our family now..."

The service was caring. People received support from committed and compassionate staff. A strong caring ethos was promoted by the management team and company directors, which ensured the staff team kept people at the heart of the service. The management team and staff had created caring and meaningful relationships with people, which resulted in positive outcomes for them. Staff were proactive in promoting people's independence and we heard from several people how their general condition had improved with the help and support from staff. One relative said, "We have been blessed with the staff; it makes a significant difference. They enabled (the person) with her rehabilitation and promote her independence. What they do with (the person) is phenomenal".

People received care and support that was personalised to meet their individual needs. People and their relatives were at the centre of planning their care and support. The management team carefully matched people's needs, preferences and interests to care staff to ensure the best possible care and support was delivered. One person said, "I would give them 100%. We were in a very difficult situation and the whole process has been amazing. They have gone above and beyond". There was a strong focus on promoting social inclusion and enabling people to lead active lives. People were supported to access the local community and take part in their hobbies and preferred activities.

People who used the service, and their relatives, described a service they could rely on. They confirmed visits were not missed and staff arrived when expected. They said the service was safe. There were sufficient staff employed to ensure all planned visits were undertaken.

People were safe and protected from avoidable harm. Staff knew how to identify and report any concerns relating to the risk of abuse. Risks to people's health, safety and well-being were assessed, and measures

were in place to reduce the risks. People's medicines were managed safely. People were supported by staff who had been safely recruited.

Staff had received appropriate training and had their competency assessed to help ensure they were sufficiently skilled and knowledgeable.

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.

The management team was especially effective when working with other professionals to ensure the best possible outcomes for people. Professionals held the service in high esteem. Comments included, "I work with different care agencies in Dorset. They are the best; without reservation I say that" and "This is the type of service we want to encourage".

A complaints procedure was in place, which people confirmed they were aware of. People's concerns and complaints were listened to, addressed in a timely manner and resolved quickly.

People said the service was very well managed. There were effective systems in place to monitor the safety and quality of the service. Regular feedback about the quality of the service people received had been sought. Where improvements had been identified there were on-going plans for improving people's experience of the service. The management team continually looked for ways to improve the service.

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

Rating at last inspection

The last rating for this service was Good. Report published on 14 February 2017

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Angel Carers (UK) Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

There has been no registered manager in post since May 2018. A registered manager is a person who has registered with the Care Quality Commission to manage the service. We spoke with the directors of the service during the inspection. They had appointed a manager in May 2019, however, they withdrew their CQC application to register. The nominated individual was taking responsibility for registered manager duties along with other experienced members of the senior management team until a new manager could be appointed.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

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

During the inspection-

We visited two people living in their home with their permission and observed staff as they supported people and spent time with them. We spoke with 11 people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the directors of the company, members of the senior leadership team and care staff.

We reviewed a range of records. This included four people's care records and their medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

We spoke with four professionals who regularly work with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People continued to be protected from the risk of abuse. People and their relatives said the service provided was safe. Comments included, "I am safer with them than without them"; "Never a worry with them (staff). I trust them all" and "I have never had a problem with them". A relative said, "(Person) feels safer and happier (with live in care). As the family live away, they feel very reassured that (person) is getting the best care. It has taken lots of worry from them".
- Policies and systems were in place to protect people from abuse. Staff had received safeguarding training and demonstrated an awareness of safeguarding procedures and how to report an allegation of abuse or concern.
- Where concerns had been raised, the management team had ensured they were dealt with in a timely, open and transparent way. They had worked with the local authority safeguarding when necessary to ensure any concerns had been investigated. There were no safeguarding concerns at the time of the inspection.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety and wellbeing continued to be assessed. Individual and environmental risks were assessed, and guidance was in place for staff to follow to reduce risks. For example, where people needed support with a modified diet due to swallowing and choking risks. Records held clear instructions for staff to help keep people safe.
- Staff confirmed they received the necessary information about people's needs to be able to provide a safe service. One explained, "The records are getting more and more detailed. If we are unsure we ring the office."
- Staff were aware of the procedures to follow in an emergency. For example, if there was no response from a person when staff visited; or if they found a person unwell or collapsed. This meant there were arrangements in place to deal with foreseeable emergencies.
- The provider had an open and transparent culture. Any safety concerns raised were investigated. Following one incident, a senior member of staff met with the person using the service and their family to discuss what had happened.
- All staff were involved in lessons learnt. There was discussion in staff meetings and where necessary, informal coaching was undertaken with staff involved in incidents to prevent reoccurrence.

Staffing and recruitment

- There were sufficient staff in place to deliver the necessary care. People said the service was reliable. They confirmed they had not experienced any missed visits and staff were on time.
- Staff said they usually had sufficient time to allow for travel between people's homes. This was sometimes

affected by the seasonal traffic, which could cause minor delays. They said they were allocated enough time for each visit and did not have to rush people.

- Effective recruitment and selection processes continued. All pre-employment checks had been carried out before new staff began work at the service. This ensured staff were suitable to work with vulnerable people.

Using medicines safely

- Arrangements were in place to safely support people with the management of their medicines. There were comprehensive policies in place to guide staff practice, which included the collection and disposal of medicines. The registered manager had developed a form to ensure any returned medicines had been agreed with the person and received by the pharmacist.

- Where people needed support with their medicines they continued to be supported by trained staff.

- The provider ensured regular audits and spot checks of medicines records were completed. Where an error had occurred, there was a detailed procedure in place for staff to follow.

Preventing and controlling infection

- Staff had received training in the prevention and control of infection and food safety and understood how to keep people safe.

- Staff had access to equipment such as gloves and aprons to reduce the risk of infection. The care supervisor was the infection control champion and completed spot checks to ensure good infection control standards were adhered to.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Senior staff visited people prior to a service starting to assess their needs, to the service and ensure their needs and expectations could be met. Information gathered from these assessments was used to develop individual care plans. People said the initial assessment process was thorough and unrushed. One person explained, "They (staff) took time to get to know us. We have been fully involved from the beginning. The placements (of staff) have been brilliant."
- Comprehensive assessments were completed, which considered all aspects of people's health and care needs. Information about who and what was important to the person was also discussed and incorporated into care plans.
- Staff had access to best practice guidance to support good outcomes for people. Staff worked closely with other health and social professionals to ensure care was delivered in line with best practice standards. For example, staff worked closely with a nurse specialist and speech and language therapist to ensure people with complex needs received the best possible support. A professional said, "Communication is excellent, and they always act on my recommendations."

Staff support: induction, training, skills and experience

- The staff team were well-trained and skilled, and received the support they required to work safely with people.
- Everyone we contacted said staff had the experience and skills to support them. Comments included, "They (staff) are on the ball; they are amazing. (Person) was poorly and staff really cared and made such a difference" and "The ones who come here seem very well trained and have their wits about them. Angel Carers are very good." These comments were echoed by relatives and professionals. "We have complete confidence in them" and a professional said, "The feedback we get about this service is always very positive."
- New staff received a formal induction to ensure they worked safely. The training covered elements of learning from the Care Certificate standards, as well as shadowing more experienced staff. The Care Certificate is an identified set of standards that health and social care workers adhere to. Staff said they had the training and support they required. Comments included, "This is a really good place to work. The atmosphere here is just great. We have good support and they treat us well. I would recommend them as employers."
- Some staff training was developed around people's individual needs. External specialist professionals provided training opportunities for staff, so they could fully meet some people's complex health needs. For example, physiotherapists; specialist nurses and speech and language therapists. One professional said, "They had small core team of staff for (person). The nature of (their condition) was complex, so this was the

only way it worked. They (person) received excellent care."

- The provider had invested in training a member of staff to deliver moving and handling training as this was difficult to source. As a result, the service was able to offer this training to other services in the area. Connections had been made with the local Dementia friends' groups. Staff had completed training with the group and in return had provided some moving and handling training. A new training room had been developed on ground floor of the office. This enabled the service to deliver practical moving and handling training for staff as it had the necessary equipment available for staff to practice with. Virtual reality training was being sourced for staff to increase their understanding of living with dementia.

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

- People were supported to eat and drink enough to maintain their health. Care plans included detailed information about people's dietary needs and preferences. This meant staff knew how to prepare food in a way people liked, which supported them to eat well. During a home visit, we observed the staff member was cooking an old favourite for one person's lunch. The person told us, "It smells delicious. They are cooking me nice meals. They know what I like. We eat together which makes it sociable for me." A relative described the improvement in the person's appetite, "They are cooking for her and she is eating more now. It is reassuring to know they are with her."

- Staff identified when people were not eating well and took action to provide effective support. One person was a risk of weight loss. Staff fortified their meals with additional calories and monitored their weight regularly. Any concerns were discussed with the GP. Healthy food options were encouraged through collaboration on food shopping trips.

- The nominated individual (NI) for the company accompanied us on home visits. She brought one person a cake, as they had a very sweet tooth and their appetite was poor at times due to their medical condition. The person was delighted with this thoughtful gesture.

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

- People's healthcare needs were identified, monitored and discussed with the person or family members as part of the assessment and care planning process.

- The service had worked well with other professionals to ensure people received the best possible care and support. Staff were proactive in identifying changes in people's health and involved health professionals in a timely way to find the best solution for people.

- Feedback from health and social care professionals was consistently positive. Comments included, "We have no concerns about the service. It is not often I can say that" and "They always take our advice and are really good at escalating any concern to us. They are very astute about wound management and skin care. They will ring us if they have any concerns."

- Where people needed support to access health care, staff would accompany them when appropriate and if the person wanted them to. This ensured people had effective support and remained as well as possible.

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

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

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

- No one using the service was being deprived of their liberty under the Court of Protection. Mental capacity assessments were carried out to determine whether the person had capacity to make decisions related to their care. Where possible, people had signed consent forms for the delivery of the care. This showed people were fully involved in the care they received.
- When people had appointed another to act on their behalf (a lasting power of attorney) this was noted in their care records, along with the associated documentation evidencing the appointed person had enacted this power.
- If a person lacked capacity to make complex decisions, the service worked with them, their family and other professionals to ensure best interest decisions were made on the person's behalf.
- People confirmed they were always asked for their consent before care and support was provided. During home visits we observed staff involving people in decisions about the care they received. This meant people were supported to have maximum choice and control of their lives.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Without exception, everyone we spoke with praised the service for its caring approach. People shared moving stories with us about how the service had a positive impact on their daily lives.
- Both within the live-in care service and daily service, the senior management team carefully matched people's needs to care staff. This was based on attributes and preferences, which may include, working with pets or having similar interests and hobbies. People who wished to attend church services with care staff were matched with workers of the same denomination. Another person described their love for their garden. Staff allocated to them had an interest in gardening, which meant they had a shared hobby. The person was looking forward to spending more time in their garden with staff.
- People had developed positive and trusting relationships with staff. One relative explained, "Staff are having fun with (the person). She is a completely different person now as she feels safer and happier. As the family live away, they feel very reassured that (the person) is getting the best care. It's taken lots of worry from them".
- Another relative talked about their concern of having staff live in their home saying, "When live in care was mentioned we were apprehensive, but the benefits of having them here to help us has worked brilliantly. They have helped the whole family." They described staff as "personable, compassionate and understanding". A professional said, "This is what I have observed and experienced; staff have built up a very good rapport with people".
- A professional told us when one person was admitted to the hospice, their regular staff team continued to carry out visits with them. They read to the person and provided company and reassurance. Another professional explained staff had supported two people living with dementia to go to the hospital and spent time with them there; they added "That's over and above what you expect".
- The service had a very strong person-centred culture and staff at all levels were motivated and committed to delivering the care and support people needed and wanted. People described staff's empathetic approach and the impact on the care and support delivered.
- To promote a person-centred culture, staff training included equality and diversity, person centred care and communication. A member of staff described how they had developed strategies for one person to ensure they ate enough food to maintain their health when they were reluctant to eat. This person centred approach ensured the person received the nutrition they needed.
- Staff were sensitive and respectful when talking about the people they supported. They knew people well, including their preferences and interests. People told us staff never rushed them; they always had time to chat with them and listen to them. One person said, "I would give them 100%. We were in a very difficult

situation and the whole process has been amazing. They have gone above and beyond".

- Staff had also been involved in developing the core values for the service. These included, acting with integrity, doing the right thing, building relationships and being respectful and supporting and empowering people. Conversations with staff demonstrated that they understood and worked to the core values. One staff member said, "I love my job. It is not like any other. I enjoy helping people". A person using the service said, "I couldn't find anything better. They are excellent. Polite and very professional. I couldn't manage without them now". Another said, "They (staff) are amazing; young ones, old ones, they all do a good job. They are the best".

Respecting and promoting people's privacy, dignity and independence

- People valued their independence and said the service helped them to remain independent and living at home. Several people said they couldn't manage without the support of the service. One person commented, "I am very glad to have them (staff) as I wouldn't be able to stay at home without them. They are all very good...kind and considerate".
- Staff were proactive in encouraging people to maintain and improve their independence. A relative described the improvements to their loved one with the support of staff. They explained staff were helping the person work towards their rehabilitation goals. They added, "They (staff) are working towards (person's) goals. We have been blessed with the staff; it makes a significant difference. They enabled her with her rehabilitation and promote her independence. What they do with (the person) is phenomenal".
- One person described how their confidence had increased with support from staff. They said, "I feel safe with them. I wasn't before, and I want to be at home. Having them here means I can stay in my own house".
- A relative told us how the service had supported their loved and them during very difficult times. They said, "the service has had a huge impact on us, we are getting our lives back on track with their help... wouldn't want to change the agency. We can't praise the staff enough."
- People and their relatives said staff were very mindful of their privacy and dignity. One person said, "I never feel embarrassed with them. They make me feel completely comfortable, they put me at ease..." A relative explained how live-in staff were extremely mindful of the family's privacy. They said, "They very mindful of our space...she will make sure we have time alone, but she is there as soon as we need her - even at night. That is reassuring to know. All the staff fit in with us. They are not at all intrusive". Another person said the service had been "very thoughtful" with the allocation of staff for them. They added, "We all get on very well. They are very thoughtful and mindful of our privacy. They never assume anything and feel like part of the family now".
- Care plans included detailed information about people's preferred daily routine, including how people wanted staff to promote their privacy and dignity. For example, one care plan instructed staff to leave the person in the bathroom for some private time, as they wished.

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

- People said they had been fully involved in the assessment and planning of their care, and they felt listened to. One person described the difficult journey for their family and how daunting the thought of live-in care was for them. However, due to diligent research by the deputy manager of the person's condition, and their knowledge, empathy and understanding shown during the assessment period, the family were given "hope and confidence..." The person described the attention to detail in identifying family dynamics as crucial to the success of the care provided. They added, "The support has made a huge difference to us. (The person) is more relaxed and able to continue their rehabilitation".
- A relative explained how their loved one and family members had been fully involved in the planning of their loved one's care. They said, "We were impressed by the comprehensive assessment. They really wanted to get know (the person)".
- The service was flexible and accommodated people's requests and decisions about their

care. For example, one person said their visit times were changed when need, so they could go out for family time. They added, "They are always very obliging... It means I don't have to miss out".

- People confirmed that staff involved them in their daily care activities and always asked if there was anything else the person might want staff to do. One person said, "They will also do little extra jobs, like take out my bin or help me with my washing. Nothing seems to be too much bother for them. They do things with a smile". This showed that people were free to direct the care and support they received.

- Feedback from a completed annual survey carried out in 2019 showed 100% of people believed staff behaved in a professional manner and were respectful. Overwhelming people reported they felt comfortable with the staff assisting them. Comments included, "The care workers always act in my best interest"; "(Name of staff) is really helpful and provides me with comfort" and "Highly professional".

- New staff were always introduced to people before they started working with them. This meant people did not have strangers arriving at their home.

- People had copies of their care plans in their homes, so they could access them, and check information was accurate. One person said communication between them and staff was extremely good. They added, "They (staff) have a very detailed handover between staff. Staff work hard to ensure everything is accurate and as we want it".

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care and support that was responsive to their needs and preferences. People we contacted were receiving personal care and support from the service. Care and support was planned and delivered to meet people's needs and wishes. Comments from people included, "We have been provided with an amazing team of carers and a high level of service, enabling us as a family to move forward and look to a positive future" and "This is a valuable service for me and I would highly recommend it" and "I have had other care companies, but got rid of them. Now I am with Angel – it's the best thing I ever did. They are the best around".
- Relatives and professionals were equally positive. Relatives told us, "(The person) gets on with the staff like a house on fire. They matched her spot on with staff and they feel like part of the family already. (The person) is really settled now" and "The live-in carer was on annual leave for a week and she wrote a detailed handover of all (the person's) quirks. We were really impressed with that. Things are amazing and going really well".
- Professional's comments included, "The service is absolutely responsive, and we get a very positive response to any of our queries. We would like more (providers) like them out there..." and "I would use this service for my own family, without hesitation. They have the best care. We have never had a bad experience with them".
- People had an individualised plan of their care and support, which clearly outlined their needs and preferences in relation to their health and support, as well as their desired outcome for the support. Care plans contained information about their family, past life history, and interests. This meant staff had conversation points and showed they took an interest in people beyond their immediate care needs. One person said staff loved to hear their stories from their work life. They added, "They always have a little chat which is welcome as don't see anyone during the day."
- Professionals confirmed staff were responsive to people's changing needs. For example, one professional said staff were "very observant" of people's changing needs. After discussion with the person and professional, additional measures were put in place. This resulted in the person becoming less tired. The professional said, "We are getting really good feedback from staff about changes or ideas they have to make life easier for the person." This showed that staff were thinking of ways to make life better for people.
- Staff had undergone specialist training in order to be responsive to people's complex needs. Professionals described the complex care needs of some people and how staff supporting them had undertaken additional training to ensure they could provide the right care. For example, one person required their nutrition to be delivered via a special tube (PEG) and staff managed this competently. Staff had also been trained how to use a special ventilator to help the person to breathe. The professional added, "We work with different care agencies in Dorset. They are the best - without reservation I say that".

- We heard how the training and quick thinking of one member of staff saved the life of a person during their visit. The member staff remained calm and professional and started resuscitation before the ambulance crew could get to them.

End of life care and support

- People were well supported at the end of their life. Where possible, people were supported with their end of life care in the way they and their family wanted. The service ensured people's wishes were fully recorded and met where possible.
- Staff were trained and worked with other professionals to ensure people had a comfortable, dignified and pain-free death. One professional said, "Staff are excellent. It is not just a job for them. They are passionate and committed".
- People received their care and support from a service which was flexible and able to respond to individual requests and changes at short notice. The service reported they had recently been able to support a person with an additional waking night care worker to allow the day carer worker to rest and to allow the family time together. The person was therefore not left alone and felt comforted by this. It meant family members were able to rest as well.
- A specialist nurse described how staff had supported one person's move to the local hospice. Staff stayed overnight to ensure the person was settled and that hospice staff had a detailed handover. Staff continued to visit the person until their death. The specialist nurse had written to the service, "Thank you for the compassion; kindness and intelligent care and for always welcoming me. Her family know she received good care, which will be a comfort for them." The nurse told us, "Staff were really exceptional".
- Another community professional explained, "I have worked with Angel Carers a lot, particularly with end of life care. I have to say their care is second to none. Their approach is kind and compassionate. They are very skilled".
- This demonstrated staff's compassion and dedication in making sure people were supported as they wished at the end of their life.

Meeting people's communication needs

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

- Care records identified if a person had a sensory loss and what staff should do to support them to improve communication. For example, where they used a hearing aid or needed glasses to read or see.
- One person used a computer application designed to give them a voice as they were unable to verbalise their requests, thoughts or feeling. A speech and language therapist explained, "Staff have been very good with practicing this over time and the system is being used functionally now. So, (person) received really good support from staff".
- The directors confirmed documentation, such as the complaints procedure was available in other formats, such as larger print, if requested.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People looked forward to staff visiting and said they enjoyed their company, which helped to avoid social isolation. One person said staff were the only people they saw during the day, so the social contact was very important to them. They said, "They always have time to chat. They are interested in me and like my stories".
- The provider information returned stated, "We give our clients the opportunity to tell us what hobbies or interests they would like to continue or pursue. We are able to support hobbies very well in a Live-In Care

setting and have clients that are regularly supported with activities from domestic to outside of the home. In our domiciliary setting we have clients that we support for attendance to social meetings and assist them to access the community, thus maximising independence. Through listening and ensuring wishes are met, we have clients we walk with, we take out to garden centres, coffee shops and swimming".

- One person receiving daily visits told us how much they enjoyed their regular shopping trip with staff. They added, "We get a cup of coffee and a cake. I look forward to that". Another person receiving daily visits explained they would feel unsafe when out on their own. They added, "I have shopping trips. They are flexible and will do anything I ask. It really does help me a lot; helps my independence and confidence too. I wouldn't want to go out on my own; they make me feel safe..."

Improving care quality in response to complaints or concerns

- No complaints were raised with us during the inspection; people only had praise for the service. We heard consistently that the service was a reliable, valuable and made a positive difference to people's daily lives.

- People said they would contact the office if they had any concerns or complaints and they were confident their concerns would be listened to. One person said, "I have no cause to complain. I feel sure (director's name) would sort things out quickly if I had".

- Professionals expressed confidence that any concerns or suggestions would be addressed. One explained, "We have never had a concern or raised any issues but just on meeting staff and knowing the directors we have full confidence they would be receptive to any suggestion".

- The service had received two complaints in the past 12 months. Complaints had been investigated and resolved quickly.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service did not have a registered manager in post. The provider had made reasonable efforts to recruit and register a manager, with three appointments of a new manager since the last inspection. They had kept us up to date about the progress. Following the inspection, the nominated individual confirmed they would consider registering as the manager for the service, as they had previously been the registered manager. In the meantime, the experienced management team, including the nominated individual, were responsible for the day to day running of the service.
- The service was well organised. There was a clear staffing structure and lines of accountability. The management team were competent and experienced.
- Staff demonstrated a good understanding of their roles and we received positive feedback from them about the support they received. Staff said they would recommend the providers as good employers. Staff confirmed they found the management team "really helpful"; one said, "They are all brilliant. They have time for us."
- The registered provider had grown the business steadily to ensure continuity of care and that staffing levels were maintained. People confirmed the service was extremely reliable.
- Effective governance systems were in place which enabled the management team to examine trends and outcomes to improve the service. For example, regular reviews of accidents, incidents and errors. Where improvements were identified action was taken.
- The management team ensured notifications were sent to us when required. Notifications are events that the registered person is required by law to inform us of.
- The service received regular quality monitoring visits from Dorset Council. The last report from August 2019 showed good standards were in place. Feedback from an officer included, "Our last visit found processes were good, no concerns at all. We get positive feedback from local social services teams, saying the service goes the extra mile for them".

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

- The company directors, management team and staff were committed to providing a personalised and safe service, which had a positive impact on people's wellbeing. This is demonstrated throughout this report.
- A professional reported, "I have known the directors since they opened 12 years ago, they have built that business up and have an excellent reputation. They are fastidious with who they employ. The staff are of a

high calibre. The service is incredibly well managed".

- Everyone we spoke with said they would recommend the service, without hesitation. They described the positive outcomes they experienced when using the service. One person said, "I am not just saying it, but they are a lovely company. I've had several and they knock spots off the others. It is a valuable service for me and I would recommend it". Other comments included, "They have a good reputation locally and I would recommend" and "They help me such a lot. They are very good-humoured people".
- The management team ensured staff were appreciated and felt valued. There had been celebrations during National Carer's week and a carer of the month was celebrated to recognise staff's contribution.

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; Continuous learning and improving care

- The management team understood their responsibilities under the Duty of Candour. This places an obligation on providers and registered managers to be open and honest and take accountability when things go wrong.
- Where incidents had occurred, these were investigated, and apologies given where the service was found to be at fault. Any learning from incidents was shared with staff to reduce the risk of reoccurrence.
- The provider was keen to continue to improve people's experience of the service. They had invested in a moving and handling trainer; developed a new training room; and were investing in a new computer care planning system to enable any changes to be made to people's care plans immediately and shared with staff.
- Since the last inspection a real time monitoring system had been introduced, which enabled the management team to monitor people's visits. When arriving or departing staff scanned a barcode. This was recorded in real time and ensured people's visits were within schedule and allowed easy checks on staff's safety. It enabled the management team to monitor and audit people's visits to ensure they were as planned and requested.

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

- People were fully involved in their care and were encouraged to express their views about the support they wanted. People said they were able to offer feedback and felt listened to. Comments included, "I feel we are at the heart of this service, everything is about us and what we need..."
- People were asked to share their views about the service through care review meetings, regular phone calls and the use of satisfaction surveys. 'Spot checks' were also carried out to observed staff practice and approach, and ensure they worked safely and displayed a respectful attitude.
- The most recent satisfaction survey showed very positive results, with 100 per cent of people stating staff were professional; respectful and punctual. People confirmed staff always acted in their best interest and any queries were dealt with promptly.
- Staff also had an opportunity to share their views about the service, through meetings and staff surveys. Staff rated their employer as good or excellent.

Working in partnership with others

- Feedback from professionals showed the service worked in partnership to ensure the best outcomes for people. One professional said, "It has a small company feel and personalised approach...This is the type of service we want to encourage".
- The management team worked with the local fire service where necessary to ensure people's homes were safe. As a result, some people had fire sensors fitted free of charge on their homes.
- The provider and management team supported local charities with regular donations and fund raising, for example for the local food bank.

