

Inchwater Ltd

# Inchwater Home Care

## Inspection report

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### 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?	Good 
Is the service well-led?	Outstanding 

# Summary of findings

## Overall summary

### About the service

Inchwater Home Care is a domiciliary care agency providing personal care to people. At the time of the inspection the service was supporting 27 people with the regulated activity personal care. People using the service were mainly older people and people living with a long-term health conditions which affected their physical and mental wellbeing. Not everyone who used the service received personal care. 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, their relatives, staff and health and social care professionals continued to be consistently positive about the service. People and their relatives said, "They have excellent rapport", "A friend recommended them to me and I would recommend them to others", "I am very, very happy. [My relative] is very well looked after.", "The service is excellent, it is highly recommended.", and "I can't speak too highly of them."

The providers continued to promote a high-quality caring service delivered by staff who worked in line with their values. This was supported by an in-depth recruitment process which focused on recruiting staff who were kind and compassionate. Staff and people were matched based on people's preferences, interests and personalities and there were strong bonds between people and staff built on trust. This meant people were comfortable speaking to staff if they had any concerns or worries about their health or safety.

People continued to be supported by highly skilled and well-motivated staff. One staff said, "I wouldn't switch jobs for the world." This meant people had the confidence they needed in staff to support them well. People were provided with support to continue managing their own medicines where appropriate and medicines were managed safely. When things did go wrong the providers were open and honest and focused on learning rather than blame. This meant staff could reduce the risk of events re-occurring

The staff and providers worked in close partnership with other organisations to promote people's health and wellbeing. This support was extended to relatives as staff understood the importance of family carers in the lives of people who used the service.

People continued to have excellent levels of support with eating and drinking. Staff used innovative approaches to encourage people to eat well and people had improved their health and wellbeing through eating better.

There was a strong focus on encouraging people to maintain or regain their independence which had achieved positive outcomes for people. People were treated with respect and were supported to lead dignified lives. Staff regularly went the extra mile and were proactively kind to people and their relatives. Relatives were also treated with kindness and told us they found the service provided them with support they found invaluable and led to better outcomes for people.

The providers had continued to be passionate about high standards of care and had continued to drive forward improvements. The provider helped to develop best practice and share this learning internally and with the wider community. The values of the service were understood by staff who actively followed them. This led to a positive culture, a strong commitment to quality and improved outcomes for people. The provider was proactive at encouraging people to feedback about their experiences of the service. People were well supported to express themselves and be involved in planning their own care. Care plans were frequently reviewed with people. Where there were complaints these had been addressed. The providers fully analysed trends in complaints and had used this to identify and address the root causes of any discontent to improve the service.

People told us they felt safe and were supported and to continue or re-engage in the activities or sports they had enjoyed throughout their lives. This had a positive impact of people's wellbeing.

There was a focus on the individual and promoting well-being and positive mental health. Care, including the care at the end of people's lives was person centred and based on the preferences of the person. 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 enabled people to have control of their care and lead active lives. This started at the assessment stage where assessments concentrated on people's strengths and led to care plans focused on wellbeing and encouraging independence.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Outstanding (published on 17 November 2016).

#### 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 re-inspection 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 exceptionally effective.

Details are in our effective findings below.

Outstanding ☆

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

# Inchwater Home Care

## 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

This 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.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection and arrange to speak to people on the telephone before we visited the office. Inspection activity started on 6 June 2019 and ended on 11 June 2019. We visited the office location on 10 June and the 11 June 2019.

#### 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 sought feedback from health and social care professionals who work with the service. We looked at the notifications and information we had received from the service. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and two relatives on the telephone. We also visited two people in their own home and spoke to one other relative during a visit. We received feedback from two health and social care professionals and one organisation which worked in partnership with the service. We spoke with the two providers during the inspection, one of whom was also the registered manager. We also spoke to five other members of staff.

We reviewed a range of records. This included three people's care records and medication records. We looked at one staff file in relation to recruitment. We looked at staff training, supervision and appraisal records. We also looked at a variety of records relating to the management of the service, including incidents, complaints and surveys.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing continued to be very well managed by staff who had the skills, knowledge and information they needed to support people effectively. Staff had taken a sensitive thoughtful approach when supporting people with risks. For example, one person was at risk of poor health from self-neglect and staff had found a creative way of supporting them to maintain their health and wellbeing whilst respecting their dignity by encouraging them to access avenues of support within the community.
- There was a culture of supporting people to take positive risks to improve their wellbeing. The provider said, "It's about living life, there has got to be something fun in the middle of it all." For example, staff were supporting one person to plan how they could access the community safely.
- The providers had proactively considered the risks from events which could stop the service and had put measures in place to make sure people were provided with consistent care and support. New risks had been identified and planned for. For example, the service was based near a busy shipping port and the providers had planned for a possible change in external circumstances which could lead to excessive traffic levels. People had been introduced to alternative care staff in case they needed to cover their calls. Alternative routes had been planned, including some staff could undertake on a bicycle. Extra supplies were also kept in stock in case deliveries were delayed.

### Staffing and recruitment

- The recruitment process continued to have a strong focus on selecting staff who supported the providers vision of delivering a high quality, compassionate service. The induction was led by the providers and had been extended and improved since the last inspection. The induction was part of the staff selection process. At the end of the third day the providers assessed if prospective staff fit the service's ethos and would deliver a service in line with the providers values. This meant the providers had spent a considerable length of time with prospective staff before deciding to appoint them. The provider said, "During the induction they need to show compassion and common sense. The staff we take on see kindness as a normal part of the day." People and their relatives told us staff met this standard. One person sent a compliment to the service which stated, 'I have found all my carers kind, considerate and capable in every way and ready to go that extra mile.' Staff said, "The recruitment is really good, I think they take on some really lovely people."
- Visits continued to be arranged for staff to be introduced to people before they were assigned to provide care. One relative said, "Inchwater introduced her to my [my relative] to ensure that they get on." Another relative said, "It's really important that the staff know [my relative] because their needs are complicated. It is so reassuring that other carers are introduced in case the regular care staff are off."
- Staff continued to have the time to support people in the way they wished to be supported. Staff said, "We get to build a stronger relationship and people feel more comfortable." People told us that staff had the time to listen to them and were never in a rush to leave. One relative said, "They wait, if it's the end of the call

and [my relative] needs something they will always stay and help."

Systems and processes to safeguard people from the risk of abuse

- Staff and the providers were committed to safeguarding people from the risk of abuse. Staff had developed strong bonds of trust with people which meant people were comfortable speaking to them if they were worried about anything. One person said, "I can call them if I am worried about anything, I feel really safe with them."
- Where staff had identified a concern about a risk of abuse, they had acted quickly to ensure any immediate concerns had been addressed and that the person was safe.
- Staff were confident when we spoke with them about safeguarding and able to give a good level of detail about how to identify and act upon concerns.

Using medicines safely

- People were supported to manage their medicines as independently as possible. For example, staff prompted people to order their medicine on time, so they did not run out. One person wanted to reduce a medicine. Staff supported the person to access medical advice on how to do so safely and the person had managed to reduce the amount of medicine they were taking. Staff said, "[name] has much more energy now".
- Staff had the training and skills they needed, and their competency was checked to make sure they continued to administer medicines safely. Medicines administration records (MARs) were complete and accurate. The provider checked MARs on a monthly basis to make sure there were no gaps or errors. One relative said, "They are very good with [my relatives] medicines, they know they need to be on time."
- There was information for staff on how much support people needed to take their medicines and how they liked to take them.
- Where people had 'as and when' medicines such as pain relief there was information for staff about these. This included how to identify if the person should be offered this medicine, for example how to identify if the person was in pain where they may not express this directly.
- There were detailed body maps in place where people needed support with creams. For example, there was a body map to show where one person wanted cream to be applied. The map also showed areas where not to apply the cream because the person found it uncomfortable if the cream was applied to some areas.

Learning lessons when things go wrong

- There was a positive culture of learning from when things went wrong. The provider said, "We work hard not to make mistakes and try harder to learn from them when we do. We try to eliminate 'blame' and encourage 'responsibility' and learning."
- The providers carried out any investigation in to incidents, they visited people and kept them informed of progress. Where action needed to be taken this had been done and changes had been made to people's support or environment.
- Staff were encouraged and reminded to report 'near-misses'. A near miss is where an incident had not occurred but could have due to the circumstances. People's daily notes were audited to check for any near misses or changes to people's habits which had not been identified by staff.
- Accidents, incidents and near-misses were discussed at staff meetings to make sure staff were aware of what had occurred and to share the learning. This included incidents which had happened at other services where the providers had identified they could learn from these. For example, following an incident in another part of the country the provider and staff had reviewed what actions staff took if a person failed to answer the door.

Preventing and controlling infection

- Staff had undertaken training in infection prevention and control and knew how to reduce the risk of infection from occurring or spreading.
- The provider supplied staff with gloves, aprons and shoe covers where these were needed. We observed staff using gloves and aprons and changing these between tasks. Where two people received care in the same household they told us staff always changed gloves in between caring for each of them.

## 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 Outstanding. At this inspection this key question has remained Outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- Since the last inspection the provider had introduced a 'strength-based approach' of assessment based on best practice guidance from the Social Care Institute for Excellence (SCIE). The assessment process had been improved to focus on people's strengths and abilities to support people to maintain and regain their independence. This assessment was used to develop a care plan. People and their relatives expressed the positive difference staff had made to their lives.
- The provider had continued to build on their previous strengths and had improved their approach to care planning to focus on the nine areas of wellbeing as identified in the Care Act 2014. These areas of wellbeing include personal dignity, physical and mental health and emotional wellbeing, the persons contribution to society and their control over how care and support are provided. Care plans were truly holistic rather than focused on tasks. People were very well supported around these areas of wellbeing. For example, one person living with dementia had been supported to re-engage in a physical sporting activity. As a result, the person had seen an improvement in their mental health and a reduction in behaviours which could have a negative impact on their physical health. Another person was no longer able to drive but wanted to retain the ability to go out independently. Staff supported the person to identify a taxi company which not only met their transport needs but was also understanding of their health condition. This enabled the person to continue to go out. Compliments received by the service included, 'Having Inchwater support [my relative] has given them a new lease of life.' And, 'They have supported and encouraged [my relative] to continue to do the things they love. They have offered a very personal service for my [relative] and really treat them as an individual.' People told us, "We are more than satisfied, we feel safe and supported but not stifled in anyway."
- Staff assessing people's needs continued to take the time to ensure they listened to people. One relative told us, "The initial assessment was extremely helpful, and it put my mind at rest. They explained absolutely everything, and I felt comfortable with them. They took the time to listen to us which was really reassuring."
- The providers took the time to get to know people and match people with staff who had the skills, interests and personality which suited them. People were supported by the same small consistent team of staff. People and their relatives told us they valued this approach. Person said, "The service is excellent, the staff are excellent. They are not obtrusive and not too perky. They suit us perfectly.", and "I am happy all round. The care staff are excellent and very lovely." One relative said, "They put in staff who are confident with undertaking the things that need doing."

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

- There continued to be a strong focus on promoting health through maintaining people's nutrition and

hydration. Staff received training in nutrition and were knowledgeable about supporting people to eat. The provider said, "Caregivers are taught about the need to ensure a client's diet is balanced and some of the unique difficulties faced in supporting someone to eat and drink, whilst at home."

- Staff had followed research, training and best practice guidelines about encouraging people living with dementia and long term physical and mental health conditions to eat well. This included supporting people to reconnect with food familiar from their past, eating with the person to make them feel more comfortable in their environment, making meals sociable events and introducing finger foods and regular snacking. As a result, people had improved their appetite and gained or maintained their weight. For example, one person was passionate about gardening. Staff regularly sat with the person in the garden and ate canape's together as this was a finger food which reminded them of their past. As a result, the person began to eat better, put on weight and developed a closer bond with staff. Another person's appetite was very poor due to a long-term health condition. We observed staff used information about the person's history to encourage them to eat. Staff talked to them about their memories of growing the food they were eating, and the person ate well. A relative told us, "They encourage my relative to eat, I worry if they don't eat, it's a relief to have them come and help."
- Where people needed to eat modified diets such as soft food staff had the information they needed to support people to remain safe and encourage them to eat. For example, one person was on a soft diet for a period after being unwell. Staff supported the person to experiment with different foods such as warming up their favourite snack bar until it was a safe consistency to eat. As a result, the person began to eat again and regained their appetite which they had lost when they were unwell.
- One person had a hot meal delivered by a meal supplier. Staff identified the person was not eating well and supported them to find a different delivery company whose means they preferred. Staff said, "We don't take away people's independence, but we do encourage people to eat better and make suggestions. I'll suggest vegetables people might want to have with their meal and offer more drinks if they are not drinking well."

Staff support: induction, training, skills and experience

- There was a strong commitment to making sure staff had high levels of training which made a significant impact on people's quality of life. Staff training included wider topics such as training in Parkinson's, advanced dementia, stroke care and the aging process. Staff also completed training prior to using specialist equipment such as feeding tubes and slide sheets. Since the last inspection the provider had introduced an online booking service so staff could access training easier and expanded the training provided. For example, all new staff now undertook dementia training. Staff had used this training and knowledge to help improve people's lives. For example, one person lived with dementia. Staff had used their knowledge of dementia to support the family to understand changes in the person's behaviours and make adjustments to their support. As a result, the person was able to remain living at home rather than having to move home. Another person was living with dementia and liked to spend time outdoors and went for regular walks. Staff used their knowledge to help the person and their family plan for the future so they could remain safe. The person was able to remain at home and continue to undertake the outdoor activities they had always enjoyed. Another person had a complex medical condition which caused them to have temporarily stop responding. Staff had the skills, knowledge and confidence they needed to support the person to remain safe during these times and remain living at home which was their wish.
- Since the last inspection the provider had introduced 'bite size' refresher courses at staff meetings to make sure staff knowledge was up to date and share changes in best practice. Staff told they had recently completed a refresher in basic life support and mental capacity. One staff told us, "All the training is clear and precise, we have just refreshed our training in anaphylactic shock."
- People and their relatives were very positive about staff's skills and knowledge. One person had a complex medical condition, their relative said, "I am very protective of my relative. I'm careful about who provides

them with support. These carers have skills they need, and I am confident they know what they are doing. I feel better knowing they can support [my relative] safely." And, "They know what they are doing with the hoist and are well experienced."

- The provider continued to be a research fellow at a local university and was involved in the development of best practice and research. This learning was used to develop staff training courses, for example, courses in supporting people with dementia and staff had an excellent understanding of how to support people with dementia well.
- Staff and the providers had identified a large proportion of the people they supported were living with dementia, or aging. Since the last inspection the service had improved and extended the induction to include dementia to ensure staff had the best understanding of people they supported possible. Staff said, "The induction was amazing, it was really professional", and "They made sure that you have the training you need and the confidence."
- Staff shadowed more experienced staff as part of their induction and when they were introduced to a new person. Staff said, "I wouldn't want to support a client without shadowing, it's builds trust and confidence, the clients don't want to continually tell care staff things."

Supporting people to live healthier lives, access healthcare services and support

- At the last inspection we found staff went above and beyond to ensure people received the right support with their healthcare needs. At this inspection staff continued to provide the same level of support when people were unwell. For example, staff continued to wait with them until an ambulance arrived. One person told us they had a fall immediately before staff visited and said, "When they arrived they helped make me comfortable. A second [staff member] came immediately and they waited all night for the ambulance with me. It was so reassuring to have them there."
- Some people had complex health conditions and people and their relatives were positive about the support they had to maintain and manage their health. For example, one person had been supported to improve their health by reducing behaviours which could put themselves at risk. As a result, the person was more active and went out more with staff support.
- Staff supported people to attend any healthcare appointments when needed. Staff were proactive referring people and their relatives to health care services such as the motor neuron disease (MND) nurse and occupational therapists. The provider said, "It is important that we look after them both as without the relative the person would need a lot more care." One relative said, "They support me too and make it easier for me."

Staff working with other agencies to provide consistent, effective, timely care

- Staff continued to work well with partners from with other agencies to provide joined up care to people. One partnership agency told us, "We complete joint reviews of people's care. There are honest lines of communication and with people's permission we share appropriate information to ensure clients have the best care possible." This meant people's care was consistent.
- Staff continued to work well with health care professionals to support people when they were discharged from hospital care. For example, staff contacted the specialist nurse who'd supported one person in hospital to discuss how best to support them to remain well and at home.
- The providers held a dementia awareness event for staff from the fire service and local community wardens. As part of the initial assessment staff identified people who were at risk of fire or who did not have a working smoke alarm and, with permission, referred them to the fire service for support.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- There was a strong focus in supporting people in their decisions. For example, one person had decided not to receive medical intervention for a degenerative condition. Staff were supporting the person to minimise the risks, whilst respecting their choice which was important to the person.
- Staff talked confidently and were knowledgeable about the MCA. Staff said, "We always talk about capacity and the MCA. There is the assumption that people do have the capacity. You can have capacity in different areas, so some people can decide things like what they want to eat but not bigger things." Staff showed a good understanding of how people's capacity could fluctuate and the need to ensure things are explained in different ways to support the person to make their own decision. Staff said, "As long as you take the time to explain things they can make their own decision. Sometimes you just need to change how you explain it and the words."
- The providers made sure staff put their learning on the MCA in to practice. For example, a spot check of staff practice was undertaken four times a year. This included checking staff offered people choices throughout the visit.

## 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 Outstanding. At this inspection this key question has remained 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

- The providers had a strong focus on recruiting staff who were kind and worked in a person-centred way. One staff said, "They care about the clients here. They treat their clients as people, it's not a list of jobs. There is the flexibility to do what the client wants rather than do a tasks list. For example, if we are to change the bed sheets, but the client wants to go for a walk or go to the shops instead, we do that. We just make sure the next [carer] knows that the bed needs changing".
- People and their relatives consistently spoke about how kind staff were and how they regularly went to extra mile to support them. One person said, "I needed some medicine from the hospital and the carer went 15 miles to get it for me in the middle of the night so that I didn't have to go in to hospital. That was so kind of them, I didn't want to go in to hospital, I didn't have to worry." A relative said, "If I am not feeling well they offer to take the repeat prescription to the doctors, they don't have to, but they say it's no trouble."
- There were many occasions where staff were able to demonstrate they had gone above and beyond what was expected of them. For example, one person liked to attend a venue for events. However, the venue was some distance away and the person was anxious about the journey. The provider worked with the person to identify how they could travel without feeling worried and the person was able to go to an event which was important to them. Another person left a spare key with a neighbour, when the neighbour was burgled staff supported the person to get their locks changed so they were not anxious about the safety of their home. Another person had moved in to residential care for a short period due to changes in their health. One member of staff chose to visit the person whilst they were there. During a visit they noticed the person was behaving differently and discussed this with the person. They identified the person needed some medicine and supported them to access help to rectify the concern.
- People and their relatives had built strong trusting relationships with staff which were based on mutual respect. A relative told us, "I see them as friends, they are valuable to me." And, "I couldn't imagine having someone coming in to our home, I was very unsure about it, but they made me comfortable and I would recommend them." Staff said, "We have all different people working here but it's all about the kindness. We get to build up a really good relationship with the client and we are expected to give a really high standard of care." The provider said, "It's about the 'mum test', we make sure we provide the kind of care we want our own family to receive."

Respecting and promoting people's privacy, dignity and independence

- There was a strong proactive approach to encouraging people to maintain and regain their independence.
- People told us it was important to them to be able to be supported in their own homes for as long as

possible and they were supported to do so. Staff told us they would encourage people to assist with tasks and then slowly reduce the level of support they were providing until the person was confident to do this alone. Staff said, "We are slowly building [person's name] back up, they tell me if it wasn't for Inchwater they'd have to move in to a home." For example, one person was now undertaking house hold chores again. They told us, "They encourage me to do things for myself. They said the aim was to get me back to being independent. There is a marked improvement and I can do more for myself again."

- Staff continued to support people to access equipment to help them retain their independence. For example, one person said, "They told us about a seat that we could get to use in the shower. They used to help me in the shower but now they can leave me to do things myself."
- People, relatives and health and social care professionals were very positive about staff. One health and social care professional said, "My client is treated with respect and dignity and any concerns are reported to me and discussed." One person said, "I'm my own person and I like to do my own thing and they respect my privacy." Another relative provided feedback to the service and said, "The staff looked after my [relative] with great care and dignity, providing them with the ability to stay in their own little home, which was invaluable to them."

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

- People and their relatives told us staff were exceptional at helping people express their views and be in control their care. For example, staff had identified one person would benefit from classes to help improve their communication skills and supported the person to attend these. The person told staff they now found it easier to understand more complex choices and were able to engage with people in the community where they had been able to do so before. Another person's medicine brand had been changed. The person was upset about this and worried about taking the medication. Staff supported the person to discuss their concerns with the pharmacist. This allayed the person's fears and they were happy to take their medicine. Another person was at risk of social isolation, staff encouraged the person to attend a day centre and supported them to write a statement to express their opinion on what they wanted to do at the day centre and which staff they wanted to support them.
- Relatives also told us staff took the time they needed to understand people's needs where they were unable to express these for themselves. Staff had built strong trusting relationships with people. One relative said, "My relative is a private person, but [the carer] puts them at ease. My relative talks to the carer, which they don't do with other people." Another relative said, "They are intuitive, they take the time to observe things and understand what my relative wants." And, one relative fed back to the service and said, "It's always apparent that my relative is in charge and the carers do as she asks and not what they think she needs." A health and social care professional said, "Staff have an excellent understanding of client's needs, how best to support these".
- People's care and support was reviewed with them and their relatives frequently and people were involved in every aspect of planning their care. Care staff discussed any changes to people's care plans with them and their relatives every month. People were contacted by office staff every three months to ask if they were happy with their care and if there were any changes required to how they were supported. Where people had communication needs this was done by a visit. One relative said, "They always ask about how my [relative] wants to be cared for. [The carer] asked if we are happy and the care plan has been updated. It's always kept up to date. The best thing is that they go in depth, they spend the time."

## 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 Outstanding. At this inspection this key question is now 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

- There continued to be strong focus on providing individualised care to people and staff continued to be passionate about providing person-centred care people. The providers had built and maintained a strong, person-centred culture at the service and staff understood this was essential. One health and social care professional feedback to the service and stated, 'Their commitment to person centred care is clearly evident.'
- Care plans included an exceptional level of detail about people's preferences. Staff used this information to tailor the support they provided to the person. One health and social care professional told us, "The care records and care plans are excellent and are person focussed. I particularly like the fact that each person has an appointed monthly review by a named supervisor who visits and evaluates the care plan with the person/relative."
- People were supported to get out and be active and social. People had been supported to re-engage with activities they used to enjoy but had not done in some time, such as horse riding, going to the sea front or the garden centre. One relative said, "It really makes a difference, getting [my relative] out. They like to be around people even if it's to just sit and watch the world go by. It's important to us both." Another relative fed back to the service and said, 'They provided companionship enabling [my relative] to remain as independent as they could, accompanying them out on walks which they always looked forward to.'
- People were supported with their equality and diversity needs, such as support to maintain religion, culture or sexuality. People were supported to regularly attend religious service when they wanted to do so. At the time of the inspection no one wanted support with their sexuality or gender identity. However, the providers had consulted a best practice organisation relating to LGBT+ rights and had developed appropriate policies.

Improving care quality in response to complaints or concerns

- The providers were proactive in encouraging people to contact them about concerns and recording any comment which was not positive about the service and logging these as complaints. Where complaints had been raised by people, relatives or staff these had been recorded and acted upon appropriately. One person said, "I have no complaints, they told to us to call immediately if we were concerned about anything at all."
- The providers had analysed complaints for trends and identified themes and had acted on them both. For example, one theme was communication both between the office to the client, and the office to the carer. The provider had introduced a new 'Lead Caregiver role'. This role acted as a link between people, staff and the office and meant staff saw a senior member of the team on a more regular basis. They had also revised internal processes and the staff structure, so lines of communication were improved. Communication sheets were introduced and used to capture important daily events such as tasks which needed to be

completed on the next visit. Feedback was positive about communication with the service. One relative said, "They know what is what. They let me know what's going on. I am very pleased and very re-assured."

#### End of life care and support

- At the time of the inspection the service was not supporting anyone at the end of their life. However, they had done in the past. Staff had completed end of life care training which had been improved since the last inspection to focus on real life experiences. Staff said, "The training was excellent, really in depth and made you think."
- Where people had been supported at the end of their life the staff had discussed their wishes and preferences with them. People had been supported to remain at home or go to the hospice if this was their choice. Where people wanted a visit from a religious person such as a priest this had been arranged. The provider said, "It's important that we support people to have a positive death where we can." One relative sent a compliment to the service and said, 'They were compassionate and caring and communication with the family was excellent. They stayed with [my relative] for hours into the night until we could get there.' Another wrote, 'Inchwater supported my family with our routine day-to-day tasks, allowing family members to spend more time with [my relative] than would have otherwise been possible.'
- People and staff were supported when they experienced bereavement. Staff had access to a counselling service and were encouraged to go to the person's funeral. A person well known by people and staff died and the providers were organising an event for people and staff to get together to celebrate the person's 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.

- People's communication needs had been assessed and information was provided to them in a format which they could understand. All care plans had been reviewed to make them clearer to read and more accessible. Staff had spent time with people who needed support to understand written information.

## 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 Outstanding. At this inspection this key question has remained 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 providers had built a positive, person centred, open culture based on the values of high standard of care, relationship building, compassion and kindness. Staff continued to uphold the providers values and said, "I feel that we are different from any other care companies as you feel like you have achieved something. There is great quality care. We get to build up a really good relationship with the client." The provider said, "When you are task focused you lose the person, we have worked hard to get away from that and focus on the individual."
- People continued to receive a high standard of service which was focused around the needs of the individual. One person liked cake but didn't like it from a shop so care staff baked for them as the person was no longer able to do so themselves. One person had a pet. Staff understood this was important to maintain their mental wellbeing and had supported them to look after it. Their relative feedback to the service, 'It makes such a difference to my [relatives] life.'
- The provider and office staff continued to provide care to people. The provider said, "I also don't want my staff to do things that I am not prepared to do. It also helps you recognise what the demands are for staff." Staff were positive about the support they received from office staff. One said, "The energy in the office is really positive and they look after you, it's really reassuring."

Working in partnership with others

- Feedback from professionals was exceptionally positive. Professionals told us the service worked with them and listened to their advice. One said, "The managers and staff are highly response to recommendations and advice; they are prompt and professional." And, "They are always keen to work with us as well as the person in order to achieve best practise for them."
- The service was a member of the 'Dover Dementia Action Alliance Group'. The providers and staff were actively involved in raising awareness of dementia and helping to build a dementia friendly community. One member of staff was a dementia champion and organised three Dementia awareness events. Two of these events were for people and the public and one was for the for the local fire service. The had also held a talk for the local community wardens.
- The provider also organised a 'care fair' which included around 20 other local organisations. This focused on providing local older people with information on dementia and lasting powers of attorney as well as information on what local services were available to people.
- The service had organised a number of events since the last inspection to support charities which were important to people who used the service. People were invited to join in these events and to attend. For

example, people had baked for a charity coffee morning for people and staff.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The providers had continued to drive forward improvements at the service.
- There was a strong focus on sharing learning and developing best practice. One provider was a research fellow at a local university and had contributed to books on Dementia and was writing a book on Outstanding care. The providers continued to attend and speak at regional and national events such as the Motor Neurons Disease conference and conferences on Dementia. The providers were working to support another local care company to improve and said, "We are looking to raise the standards in the care community, it's not a competition, there is room for us all to do well and provide excellent care."
- Since the last inspection the provider had won a "Top 20 Care Award" for the third time. This was awarded based on reviews given by people who used the service. 30 people or their relatives had provided feedback, all of whom had rated the service as excellent. Review's included comments from relatives such as, "I couldn't have asked for anything better." And, "They have been fabulous! Very professional, kind and hard working."
- There was a registered manager in post who was also one of the providers. Both of the providers worked at the service on a day to day basis and were passionate about providing high quality care and supporting the staff. Both of the providers were experienced, qualified professionals and had an exceptional level of knowledge.
- The provider had introduced a career map for care staff to support them to progress. This included opportunities to enter care management if a member of staff wished to do so. Career progression was discussed with care and office staff. For example, one member of staff who had started as an apprentice had expressed an interest in HR and was being supported to undertake a diploma in the subject. Staff told us they felt valued at the service and were well motivated which had a positive impact on the support they provided for people. One staff said, "I wouldn't switch jobs for the world. I would recommend this as a place to work."

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

- Since the last inspection the provider had improved communication with staff. For example, each staff meeting was now held three times meaning staff could choose from three dates. This had improved staff attendance at meetings. Staff said, "It's easier to get to the meetings now so I'm feeling more informed about what is going on with the company. We are always encouraged to say our opinions at meetings are they listen to what we have to say."
- Staff were asked to feedback on the service both through an annual survey and through ongoing supervisions and staff meetings. Staff meetings were collaborative, and staff had been asked for input on all areas of the service. For example, staff had helped to shape a HR policy, changes were made to the content of the induction based on staff suggestions and different types of gloves were available for infection control to meet staff preferences.
- The providers had developed a flyer to make it easier for professionals to provide feedback and encourage them to do so, this had been effective. Professionals were asked to rate the service and had rated it 'Outstanding'. One health and social care professional said, "Inchwater have provided excellent bespoke care for the clients we work with."
- People and their relatives were frequently asked to feedback on their experience of the service. People were contacted every 3 months to ask them if they were happy with the service and if there were any concerns. The provider also completed an annual service review, feedback from this was positive. As part of this review people were also asked if any past concerns they had raised had been dealt with

appropriately. This meant the service checked its own quality assurance system against people's expectations. The providers continued to visit people themselves and people we spoke with knew the providers well. One health and social care professional said, "The providers visit all the [people] in order to review the care provided and to ensure that [people] and relatives are happy with their care."

- People and their relatives were invited to social events at the service. The providers held events such as BBQ's and wellness sessions for people. This encouraged and enabled people to engage socially and build closer relationships.

- People and their relatives were sent a regular newsletter. This included a variety of information such as who the office staff were and what their roles were. It also included information on safety such as the fire risks some creams posed and information on local services such as volunteer driving services and how to access a free smoke alarm.

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

- There had been no duty of candour events at the service. However, the providers were open about concerns and provided people and their relatives with honest feedback.

- When things went wrong or there were concerns the providers had dealt with the concerns directly and visited people and their relatives to keep them informed. The providers said, "It's the personal contact that's important to us and to people." One staff said, "If I have any worries I ring the office and I know they will come out."