

Home Counties Carers Limited

Home Counties Carers

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Home Counties Carers provide personal care and support to older people and people with disabilities living in their own homes both as live in care and domiciliary care visits. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. At the time of our inspection all 48 people received personal care.

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

Staff found ways to make sure people were at the heart of the care they provided. People were treated as individuals whose life and experiences mattered to the staff. The Provider and staff went out of their way to ensure that people and their relatives were comforted and looked after in a kind and compassionate manner and treated with dignity and respect.

People and relatives were at the centre of decision making about their care. People and their relatives placed great value on the friendships that they developed with staff. They felt that staff went beyond all expectations in the care that staff provided. Relatives fed back that using the services had a huge positive impact on theirs and their family member's lives. The service had a strong, visible person-centred culture and was exceptional at helping people to live their lives to the fullest.

People, their relatives and staff told us the provider and all of the senior staff were caring, friendly and approachable. The provider and senior management took a personal interest in people and staff and knew them well. The provider worked in partnership with people's families, the wider community and outside organisations to improve the care and support people received. The provider had systems in place which monitored health and safety and the quality of people's support. The systems were responsive and had led to changes being made. The provider was proactive with regard to how people's support could be improved.

People told us that they felt safe with staff. Staff understood risks to people's care and what they needed to do to reduce the risks of injuries to people. Staff had received training in how to safeguard people and what they needed to do if they suspected abuse. Before staff started work checks were undertaken to ensure that they were suitable.

There were sufficient numbers of staff employed at the service and systems were in place to ensure that there were no missed calls to people. People's medicines were managed in a safe way by staff. Staff followed best practice with regards to infection control.

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.

Before staff started work, they received a detailed induction. Staff told us that they felt supported and that training at the service was effective. People told us that staff knew how to provide care and understood their needs. Training was continuous and staff competencies were reviewed regularly through spot checks and one to one meetings with their manager. People's opinions were sought in relation to how they wanted their care to be delivered.

People were supported with the meals that they liked and in line with their dietary needs. Staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. Staff worked within health care social care guidance. Regular reviews were undertaken and any changes to people's needs were actioned by staff. The provider had a clear and accessible complaints procedure.

Rating at last inspection and update

The last rating for this service was outstanding (published 25 October 2017)

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

The overall rating for the service has remained outstanding based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Home Counties Carers on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

Home Counties Carers

Detailed findings

Background to this inspection

The inspection

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

Inspection team

Our inspection was completed by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were two registered managers in post one of whom was also the provider.

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.

Inspection activity started on 12 July 2023 and ended on 25 July 2023. We visited the location's office on 12 July 2023.

What we did before the inspection

The provider completed a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of monitoring activity to help plan the inspection and inform our judgements. We used all information to plan our inspection.

During the inspection

We called and spoke with 4 people and 5 relatives of people who used the service about their experience of the care provided. At the office we spoke with the provider [who was also one of the registered managers], the other registered manager, the nominated individual and 7 members of staff. We called and spoke with 5 members of staff. We received feedback from 3 external professionals.

We reviewed a range of records including 4 people's care plans, daily care notes, multiple medication records, incident records and complaints. We reviewed a variety of records relating to the management of the service including 4 staff recruitment files, spot checks and quality assurance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe with staff when they visited them in their homes. Comments included, "Absolutely safe, [they] stick to same carers as much as possible" and "Only care I have ever had and feel perfectly safe." A relative told us, "Definitely safe, all extremely friendly, very professional."
- Staff understood what constituted abuse and what they needed to do if they had a concern that abuse may be taking place. One member of staff told us, "In this company we look out for everything. My eyes and ears are open. It could be financial, sexual, physical. I am there to look after them." Another told us, "I would report to the line manager, and they would usually take it from there or I would take it and contact safeguarding and report what I have seen."
- Staff received safeguarding training and there was a whistleblowing policy that staff could access if they needed to. Any incidents of alleged abuse were reported to the local authority and investigated by the provider and actions taken to prevent further occurrence.

Assessing risk, safety monitoring and management

- Steps were taken to identify risks to people to reduce the risk from harm. These included the risks related to skin integrity, mobility, nutrition and dehydration.
- Risk assessments provided guidance to staff about action to take to minimise the risk and how to safely support people. One person told us, "I need help with bathing, ladies [staff] are good with this, I feel perfectly safe."
- Staff were knowledgeable about reducing risks to people when giving care. One staff member told us, in relation to risk of falls, "[Look out for] tripping hazards particularly for those partial sighted. Rugs that are loose that they may be likely to trip on and clutter on the floors."
- In the event of an emergency such as bad weather there was a contingency plan in place that ensured that people's care was prioritised based on their needs.

Staffing and recruitment

- People and relatives told us their calls had not been missed and if staff were running late, they would be contacted by a member of staff at the office. One person said, "We have regular carers, they work very well together. If they are going to be late (very rare) the office contacts me."
- In the event of sickness or absence from work this would be covered by other staff at the service. The provider told us, "We have an on-call phone for out of hours and encourage our carers to call us as soon as they know. No other visits needed to be changed to fit those in and resource someone in the management team."
- Staff fed back that there were sufficient numbers of staff to cover the calls and were able to spend the

required time there. One member of staff said, "I don't feel rushed, that is the lovely thing. You get a good 5 to 10 mins to actually chat to the clients. Not looking at the clock constantly."

- The provider ensured there were sufficient staff to cover the breaks for live in carers each day. One member of live in staff said, "We have regular breaks, 2 hours. If anything happens, I needed to go home the company will work together to get cover."
- The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people. The provider also ensured live in staff were appropriately matched to people.

Using medicines safely

- People told us where needed staff supported them with their medicines. One person said, "Staff apply two patches in a morning, they make a very careful note where they have put them, keep good records."
- People's medicines were recorded in the electronic MARs. The MAR chart had details of allergies, what medicines they needed and the reasons for this. There were medicines prescribed on 'as required' (PRN) basis and these had protocols for their use.
- Staff undertook training around medicines and their competency was observed and assessed before they were signed off. A member of staff said, "You have to make sure it's the right medicine, right dose and right time." Another told us, "I was not allowed to dispense [medicine] unless I had the training which I have had now."

Preventing and controlling infection

- People and relatives told us that staff adhered to good infection control. One person said, "They definitely wear aprons and gloves and at the moment masks which is good."
- Staff understood what they needed to do to ensure that people were protected from the risk of infection spreading. One member of staff told us, "I wash my hands. Gloves and aprons and mask if any coughs. Its stopping cross contamination."
- Spot checks were carried out on staff to check that they were following infection control procedure and using personal protective equipment (PPE) when providing care. The provider ensured staff had sufficient stocks of PPE.

Learning lessons when things go wrong

- Where accidents and incidents occurred, staff responded appropriately to reduce further risks. One member of staff told us, "I will assess the area first to make sure they are safe. Press their pendant or call the ambulance. There is a form that we do online on the app with date, time and everything that has happened."
- All accidents and incidents were reviewed by the management team to look for trends. Actions were then taken to reduce the risk of incidents occurring. For example, where people had falls, contact was made with external health professionals and people's risk assessments were updated with information on how to reduce further risks.

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 our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Information about people's needs had been assessed before the care package was taken on to ensure they knew the service could meet their needs. A member of staff would visit the person to gain information beforehand whether in the person's home or in hospital.
- Assessments included information about communication, allergies, medical background, weight, dietary needs, mobility, memory and cognition. Information from the pre-assessment was then used to develop care plans for people. A member of staff told us, "I assess the needs and put the care plan together. We really pride ourselves at matching carers to clients."

Staff support: induction, training, skills and experience

- People and relatives told us that they felt staff were competent in their role. Comments included, "I think they are well trained", "Extremely experienced and very good, have complete confidence" and "Highly qualified to be a live in carer."
- Inductions for staff were thorough and staff did not provide care independently until they were assessed as competent to do so. People and relatives confirmed with us that staff shadowed other staff to understand the role. One relative told us, "New staff come with someone else."
- Staff were provided with face to face and inhouse online training. This included training in moving and handling, food hygiene, nutrition, skin integrity, health and safety, dementia care and epilepsy. The provider told us, "Training is such a big part of ensuring our staff are confident and competent in what they are doing."
- Staff were required to complete the care certificate [The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.] Staff were complimentary about the training and support at the service. Comments from staff included, "The training is good, online and face to face, very regular and very thorough" and "The training here is incredible, they want you to get the best to give the best."
- The senior staff undertook regular supervisions with staff to assess their performance and to provide support. This included spot checks and one to one meetings. One member of staff told us, "I find them helpful and supportive. Discussions on 'How I am doing? How I am feeling?', 'Am I happy, are the hours ok?' If anything is bothering me. If I want to make a suggestion about training."

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

- People told us that they were supported by staff to ensure that they had sufficient food and drink. Comments included, "They cook my meals. I absolutely decide what meal I'm going to have" and "I choose my meals and have them delivered, they warm them up."

- Staff told us they would ensure that people had enough food and drink available. One said, "We encourage, and we leave water to hand at all times. We encourage them to drink whilst we are there. Cut up apples. If they are not eating, I would speak to [manager] first, mention the meals are not being eating and try and encourage whilst I am there. It could that they have forgotten."

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

- Staff worked well as a team to provide effective care to people. Where there was a change to a person's health, they would update the person's electronic notes system to ensure that all staff were aware. One member of staff said, "On our care app there is a lot of information. We can view the notes someone wrote before. Everything is on the app. We have a WhatsApp group where we can report things."
- One person had been admitted to hospital. Whilst they were there the provider communicated with the health care professionals before the person was discharged home to ensure person had the appropriate safety equipment in place and the person's fridge was stocked and home cleaned. The person's representative fed back, "Home Counties Carers are a very trusted and important company...we know we can rely on them to look after our client to a high standard, providing that extra service."
- When staff had a concern with a person's health, they ensured that the appropriate health care professional was consulted. One relative said, "[Loved one] fell off toilet a month ago, carers not there, he used call button, agency made referral to OT [occupational therapist] and got lots of equipment."
- A relative contacted the provider as their relative had fallen. The relative was too far away to attend the loved ones home to wait with them for the ambulance. The provider requested a member of staff go to the person's home to be with them and to reassure the family. The relative fed back, "I am very grateful for the support that Home Counties Carers provided."
- One health care professional fed back, "Ultimately, they care greatly and really do view each patient individually. They understand their limits and will strive to find ways of working with Health and Social care professionals."
- Information recorded in care plans showed that people had access to all healthcare professionals. Including the GP and hospital appointments. We saw that staff were following any guidance provided by health care professionals. One member of staff said, "I talk to a lot of professionals including OT, GP and district nurses."

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

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

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

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People told us they were asked their consent before care was delivered. One person said, "They don't do anything before asking." A relative told us, "They definitely ask [loved one] before doing anything."
- The provider and staff were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. Staff had received training and had a good understanding of the principles of MCA. One told us, "You assume everyone has capacity and people have the right to make their own decisions. If a person wanted to do something risky, I will look at ways of encouraging them to do things in a safer way."
- There were people at the service that lacked the capacity to make decisions about their care. A capacity assessment had been undertaken by either staff at the service or a health care professional along with evidence of a meeting with the family to assess what care was required and what was in the person's best interest.

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 our last inspection we rated this key question outstanding. The rating for 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

- Staff and the management team were able to build considerate and caring relationships with the people they were supporting. Without exception, people were complimentary about the caring nature of the staff. Comments included, "They are kind, friendly, compassionate, all genuinely fond of [staff member] easy lady to like, very very decent people" and "What they all have in common is exceptional professional skill, thoughtfulness, kindness and care."
- The provider and staff showed compassion for the people they provided care for. They employed staff with the right skills and values, and many had worked for the agency for a number of years. These staff showed kindness and consideration towards the people that they cared for.
- One member of staff, whilst on their lunch break, stayed with a person who they knew had very few visitors. The member of staff fed back, "It was a break from the routine, [Person] said she felt spoilt and look forward to seeing me next week." A relative fed back, "Remarkable how [service] manage to find such good people. They are more than just 'carers'. It is clear that that actually really care."
- People and relatives valued their relationships with the staff team and feel that they often go 'the extra mile' for them, when providing care and support. The provider and staff delivered Jubilee mugs and cream teas to all the people they supported. One person fed back, "We wanted to thank Home Counties Carers for the coronation mug which we found on our doorstep. It was a lovely thought - especially as we are both of an age to have been given Coronation mugs 70 or so years ago!" A member of staff told us, "Seeing the difference it made to their days was amazing."
- One person was sent flowers by the provider. The person fed back how much this meant to them and said, "Thank you very much for the lovely flowers you so kindly sent me last week. I gather you grew them in your garden from seed. Once again, many thanks." Staff also visited another person who was celebrating their birthday. They delivered flowers and a cake and sang happy birthday to them. A member of staff told us, "It's the little personal things that make it special for people."
- People's religious and cultural needs were considered. It was important for one person to be supported to church. The member of staff told us, "She is a Christian. We go to church most Sundays." Another member of staff told us, "If I haven't got the information at hand regarding their culture or religion, I would look to find out more information about that. I don't impose my values and beliefs. I am very open minded and treat everyone as equals."

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

- People's care records confirmed that staff had taken time to gather the outcomes and goals that people wanted to achieve, for example to remain living in their own home. The management and staff team were

determined and committed to enabling people and their relatives to live their lives as they wished and found ways to overcome obstacles.

- One relative fed back their loved one was reluctant to accept care but that, "All the carers and coordinators are friendly, loving, patient, caring, professional and go the extra mile to make a difference. Mum loves her care visits, sings, laughs, chats and feels happy, safe and secure in 'Home Counties Carers' care."
- A member of live in staff supported a person who was visually impaired to collate their memoirs which they had printed in a book. The person credited the member of staff for their support.
- One person's had a particular passion for a sport that they were no longer able to play. A member of staff supported the person to watch the sport being played locally which meant a lot to the person.
- The provider and staff had consideration for people's whose life had been impacted by the loss of a loved one. One relative fed back, "I cannot tell you how much I appreciate the care, skill and generosity of spirit all [person's] carers show - she says they're all her friends - never just carers. As you know my mum takes a long time to adapt to change. [Staff names] in particular, have really helped her in her journey without my dad."

Respecting and promoting people's privacy, dignity and independence

- People and relatives said that staff were always respectful and treated people with dignity. Comments included, "[Staff are] kind, friendly, efficient, and of course treat me with dignity and respect" and "Dad says he is very pleased with them and respectful of him."
- Staff understood the importance of supporting people to remain as independent as possible. One member of staff said, "We encourage people to do as much as they can to their ability. It's not for me to come in and take over their lives."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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; End of life care and support

- Care plans were personalised and included information around the person's backgrounds, preferences and how staff could support them with their care. One person told us, "They do things how I want them done." Another told us, "Definitely kind, helpful, one main carer, very ready to do anything we want." A member of staff told us, "Everything is built around the individual." An external professional told us, "[Providers] focus was on the people they deliver care to in a very person-centred way."
- The provider ensured that live in staff were matched appropriately with the people they were providing support to. One relative fed back, "We had good chats with (member of staff) who was really interested in any information we could give her to help my mother. She now has an expanded list of foods and type of music she likes. It's so nice to see the great relationship they've built up."
- Whilst one person receiving care was admitted to hospital the provider ensured their partner who remained in the home was supported by a live-in carer at short notice. The relatives fed back, "This meant our mum was able to safely remain at home as she was extremely reluctant to go into residential care. It was a huge relief to us as a family to know that [member of staff] was with her as she could not have coped on her own."
- Staff read people's care plans and understood the care that needed to be delivered. A member of staff said, "[Senior member of staff] does a fantastic job on the life history and on my first visit I will read over the visit plan, and I will find out about everything."
- The provider told us that they were not providing end of life care to a people however they would ensure that preferences and choices around their end-of-life care would be recorded. Staff were provided with training and support in end-of-life care. One told us, "Letting them know you are there. When you lose someone it's so traumatic. It's important that when you see your parent is gone."

Meeting people's communication needs

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

- Care plans had communication records in place to guide staff how best to communicate with people. This included whether they needed their hearing aids in or whether they required their glasses for reading.
- The registered manager told us, "We have done large print documents. With the client updates they have been sent out in large print. We have also read them out, so they didn't miss out." Another member of staff said, "One lady had Sight for Surrey and they gave us information on how best the lighting should be, where

to place things."

Improving care quality in response to complaints or concerns

- Complaints and concerns were taken seriously and used as an opportunity to improve the service. People and relatives told us that they knew how to complain. Comments included, "I would talk to [manager] and feel I would be listened to" and "I have no complaints, I know who to speak to and they would listen."
- Although no recent formal complaints had been made, concerns had been investigated thoroughly and people and their relatives were satisfied with the response. Staff supported people if they wanted to make a complaint. One told us, "I would support them. If it's serious I would advise them to speak to [managers]. If I can put them mind at rest and I will and ensure they are happy with the outcome."

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 our last inspection we rated this key question outstanding. The rating for 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 service had a culture which was positive, open and inclusive. The people who used the service were at the heart of everything they did. It was clear throughout the inspection that the provider and staff that worked at the service were passionate about delivering good quality care. Comments included, "I am really loving my job. I am loving seeing people and helping them" and "I feel very supported, I feel like a princess. I feel like I am giving them something and they do something for me. We are a partnership. United we stand."

- People and relatives were extremely complimentary of the provider and the management team at the service. Comments included, "Its well-managed, organised and understand older people, they have connections with lots of organisations and can get things done faster, very grateful for their support" and "I would also highlight the expertise and professionalism of Home Counties Carers, from matching carers to handling the day-to-day administrative tasks whilst keeping the family informed."

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

- Staff understood their role, what was expected of them, were happy in their work, were motivated and had confident in the way the service is managed. Staff had a sense of pride and a feeling of being integral to the service's success. One member of staff said, "It's the support and values that we all share and that's down to the recruitment. It's the drive that we share to go above and beyond. If I didn't work for here, I wouldn't work for care anymore. The caring side everything shares just shines through."

- The provider told us, "We continue to network and look for opportunities to improve and promote the social care sector." The provider was engaged with two university studies which were used to reflect on how they deliver care and demonstrated the provider's use of research and reflective practice in striving for excellence.

- One person was reluctant to receive care due to a negative previous experience. Once the care package started staff identified areas that could improve the person's quality of life and make the care call a more pleasant experience for the person. The provider organised for external professionals to make improvements to the person's environment. One health care professional fed, "What an amazing job you and your carers have done to both [person's] home and also with [person]. She seems so much more upbeat and happy - you and your team have improved her quality of life dramatically."

- The provider and the management team undertook audits to review the quality of care being provided. This included audits of supervisions, training, care plans, medicine records, care notes and infection control. One member of office staff told us, "With the auditing we don't just sit in front of the computer. We go out and meet with carers. I would look on the system and we would measure infection rates. Review the policy

and ensure its in line with current guidance."

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

- People's views about the quality of the service they received were important to the provider. People, relative surveys were completed. Comments from these surveys included, "Really cannot find fault with the service you provided us" and "Excellent service which we cannot fault."
- One relative had asked if staff could take a person's blood pressure readings. The provider told us, "We gave all carers a session in using oximeters and blood pressure monitors. The carers were not expected to interpret the results but understand parameters and reporting values." They told us they were able to share the data with the GP which took the onus off the person's relative to do this.
- The provider ensured people with live in carers were supported by staff who shared common interests. The provider told us, "The client and carer were introduced a week before the package was due to start and they hit it off straight away." The relative of the person fed back, "You made it possible for us to have a holiday - celebrating a special birthday and a wedding without having to worry about [persons] care and quality of life whilst we were away. Thank you so much for this it meant a lot to us."
- Staff fed back to the management team about how they felt about the supported and valued. One member of staff said, "If you look after your work team and your staff are happy you will get the best. [Provider] has organised for us to have massages. Go on walks for lunch during lunch hour. She recognises that day to day life in care is not always easy. It's a company that is supportive and cares about its staff."
- Staff were congratulated by the management team and the provider for things that they had achieved in the service. One member of staff said, "I do feel valued, I feel what I do is important. I am doing it well. I will be told how well I am doing. It keeps me going." Staff were encouraged to progress within the organisation and were offered specialised leadership training and other opportunities to help with their development. One member of staff said, "I am encouraged to progress. They ask in supervision where do we see ourselves?"
- The provider and staff had nominated a member of staff for 'Care Worker of the Year' at the Surrey Care Awards. One relative had fed back about this staff member, "[Staff member] has been the one constant factor caring for [person] for nearly 6 years. She is so friendly, kind and caring and takes her responsibilities very seriously. We cannot speak more highly of such a wonderful lady."

Working in partnership with others

- Steps were taken by the provider to drive improvements and to provide the best possible quality of care to enhance people's lives. They worked with external organisations to help with this. One member of staff told us about an initiative they worked on called 'Blankets with borders' where they knitted twiddle handheld muffs for people with sensory needs including those living with dementia. The member of staff told us, "People wanted to get in involved. I started contacting local charities. We give to people with Autism and people with dementia. We take them to care homes and ambulance service. Every client got a knitted rainbow and a knitted rainbow poppy during COVID."
- The provider and staff developed a charity connecting care sector charities in Surrey with volunteers and donors. Most recently they had invited unpaid carers in the wider community to a Dementia Music Therapy Awareness Session to help with guidance on supporting their loved ones living with dementia. Comments from attendees included, "The session was a good balance between general information about the disease and the practical things that I can do at home" and "I have employed many of the tactics learnt and they are generally useful." The provider told us, "It is important we find joy and innovation within our sector."
- There were systems in place to ensure that people received their calls from staff. Staff used an electronic timecard that they logged into when they arrived at a call and when they left. This alerts the office if care staff were running late or if they had missed a call.

- The provider and staff worked closely with the safeguarding authorities and other external professionals. Where they identified an increasing need of a person, they contacted the appropriate health care professional in a timely way. The provider was member of local good practice groups. One professional told us, "I always welcome Home Counties to any network meeting I am holding as I know they will contribute so much and support other managers."

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

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The provider had informed the CQC of significant events including significant incidents and safeguarding concerns. The records that were kept at the service were comprehensive, kept securely, well ordered and easy to navigate.
- Whilst there had been no formal incidents the provider understood their responsibility to inform people and families when something had gone wrong.