

BJP Home Support Limited

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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?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

We inspected BJP Home Support Limited on 27 June, 5, 6 and 20 July 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in to assist us. At our last inspection of the service in March 2015 we rated the service as Good. At this inspection we rated the service as Outstanding.

The service is registered to provide personal care to people living in their own homes. The service provides care and support to older people, people with mental health conditions, people with a learning disability, physical disability or those people who are at end of life. At the time of the inspection 147 people were receiving personal care.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a clear management structure in place and oversight from the provider. There were systems in place to monitor the safety and drive the continuous improvement of the quality of the service provided. A comprehensive programme of audits and checks were in place to monitor all aspects of the service, including care delivery, accidents and incidents, health and safety and medicines. Audits resulted in clear action plans to address shortfalls or areas of improvement.

The manager displayed good leadership qualities, drive and enthusiasm. They empowered staff to provide care that was tailored to people's individual needs. Without exception people, their relatives and professionals told us they experienced and we observed compassionate care from staff who strove for excellence. This ensured the service was run in the best interest of people who used the service.

People received care and support in a personalised way. Staff knew people well, understood their needs and the way they communicated. Care was focused on people's wishes and preferences. This meant people were able to maintain their independence and achieve a good sense of self-worth and wellbeing. The impact this had on people was outstanding and had resulted in them being settled, content and helped them to lead as full and active lives as they wanted to.

Staff developed exceptionally positive and caring relationships with people and their families. Staff were very motivated and demonstrated a commitment to providing the best quality care to people in a compassionate way. People told us their privacy and dignity was maintained at all times.

People and their relatives told us the service kept them safe. Risks to people were assessed and plans put in place to reduce the chances of them occurring. Policies and procedures were in place to safeguard people from abuse. People's medicines were managed safely. The provider and manager monitored staffing to

ensure enough staff employed to support people safely. The provider's recruitment process minimised the risk of unsuitable staff being employed.

People told us staff had the skills needed to support them effectively. Staff were supported with regular training, supervision and appraisal. People's rights under the Mental Capacity Act 2005 were protected.

Some people received support with their food and nutrition. Where this was the case their nutritional needs and preferences were recorded in their care records. The service worked with external professionals to maintain and promote people's health and wellbeing.

Care plans were personalised and reviewed regularly to ensure they reflected people's current support needs and preferences. Procedures were in place to investigate and respond to complaints.

Staff spoke positively about the culture and values of the service and also spoke positively about the manager. People said the manager was available to speak with if they wished to raise any concerns or feedback. The manager and provider carried out a number of quality assurance checks to monitor and improve standards at the service. Feedback was sought from people and their relatives. The manager had informed CQC of significant events in a timely way by submitting the required notifications.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Outstanding ☆

The service was extremely caring.

People who used the service and their relatives consistently praised the excellent care provided saying care staff went the extra mile. People were supported to maintain their independence and received support from a consistent team of care staff.

Staff interacted with the people in a way which was particularly knowledgeable, kind, compassionate and caring.

Care staff spoke passionately about being committed to delivering high quality care.

Is the service responsive?

Outstanding ☆

The service was extremely

People received personalised care and support which was appropriate to their needs, preferences and aspirations. The service was very flexible and staff adapted the support they provided to constantly meet people's changing needs.

Care and support was planned with people and their families. Reviews took place on a regular basis and people we spoke to told us they, and their families, were involved in reviews and changes to their care plans. Care plans were personalised.

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

Is the service well-led?

Good ●

The service remains well led.

BJP Home Support Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 June and 5, 6 and 20 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in to assist us.

The inspection team consisted of one adult social care inspector and two experts 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. The experts by experience contacted people and relatives by telephone to seek their views on the care and service provided.

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We contacted the commissioners of the service, the local authority safeguarding team and other professionals to gain their views of the service provided.

During the inspection we spoke with 19 people who used the service and 12 relatives. We also visited three people who used the service at home with their permission. We looked at seven care plans, Medicine Administration Records (MARs) and handover sheets, staff files which included the recruitment records of five staff. We spoke with the provider, manager, general manager, care manager, training manager, audit manager, Mental Capacity Act advisor, house leader of the people we visited at home, two senior care

assistants, three care assistants and the receptionist.

Is the service safe?

Our findings

People who used the service told us that staff helped them in a way which made them feel safe and comfortable. One person told us, "I always feel safe." Another person said, "My carer never leaves before filling up the kettle for me because I find it too difficult to hold it under the tap any more. At least if [care staff] fills it just halfway, I can still make myself a hot drink when I fancy one and [care staff] always leaves me a small jug of cold water so I've got a cold drink to have as well." A relative commented, "What makes me feel safe, it's just knowing that whilst I'm 100 or so miles away from [person], there is someone going in to check on [person] twice a day, The agency have been so good. I have to say I have slept much better at night since the agency started looking after [person] than I ever did before."

The staff we spoke with demonstrated a good understanding of how to support adults and protect them from avoidable harm. They knew what to do if abuse occurred or if they suspected it. All staff said they would take immediate action to keep the person safe and then report any concerns to the management team. They were confident the management team would respond appropriately. Staff told us they had received training in safeguarding and this was regularly updated. The staff records we saw supported this. One staff member said, "I have had training in safeguarding adults and safeguarding children, which was very informative. In this training we also went through whistle-blowing [reporting poor practice]. I have confidence if I reported abuse this it would be dealt with immediately."

We saw written evidence that the manager had notified the local authority and CQC of safeguarding incidents. The manager had taken immediate action when incidents occurred in order to protect people and minimise the risk of further incidents.

People were kept safe because risks associated with their support needs, lifestyle choices as well as those relating to the environment had been identified and action had been taken to minimise and reduce those risks. Where risks had been identified, plans were developed to help ensure staff knew how to support people safely. For example, risks with moving and handling, skin integrity and risk associated with people's health and medical conditions. Although the service was not responsible for people's premises and equipment, senior staff carried out risk assessments and checks to ensure the physical environment was safe.

Accidents and incidents were also monitored to see if changes could be made to make people safer. A business contingency plan was in place to ensure people received a continuity of care in emergency situations.

We reviewed staff rotas and saw there were enough staff available to meet people's needs and there were gaps between care calls to allow care staff to travel to the next person's home. People received support from a consistent team of staff and people told us their calls were never missed, and that if the member of care staff was running late they always got a phone call to let them know. The service used a call monitoring which enabled them to record when the member of care staff arrived and left the person's home. This raised an alert to the office or on call person if the member of care staff had not arrived and therefore, prevented

the risk of care calls being missed.

The provider and manager monitored staffing levels to ensure enough staff to support people safely. At the time of the inspection there were 106 staff employed. All people we spoke with said they were supported by a regular staff team who arrived on time. One person said, "They are never more than 5 to 10 minutes late and on the very, very rare occasion where they've got held up with the previous client, somebody from the office has always called to make sure I'm alright and to let me know what's happening." Another told us, "I've never had a problem with their timekeeping. If anything, they usually stay a few minutes longer than they are supposed to as they like to make sure that there is nothing else I need before they go." Another person commented, "They call in and out to the agency when they arrive in the morning and just as they are about to leave and to be honest they are usually a couple of minutes over the time by the time they've sorted everything out, written in the records and taken the rubbish out with them."

The manager understood their responsibility to ensure suitable staff were employed. We looked at five recruitment records. Recruitment records contained the relevant checks including a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check whether the applicant has any past convictions that may prevent them from working with people. References were obtained from previous employers as part of the process to ensure staff were suitable and of good character. The service had a staff disciplinary procedure in place to help manage any issues whereby staff may have put people at risk from harm.

The provider had an infection control policy and procedures in place. Staff had access to protective equipment to reduce the risk of cross contamination and the spread of infection for example, protective gloves and aprons. Staff had received training in infection control and the spot checks of staff care practices were used to ensure they followed good infection control principles. One person said, "Compared to previous agencies that I have used, the carers here always have their gloves and aprons with them. My carers constantly change their clothes between jobs and probably go through a good five or six pairs when they are here with me every morning." A relative commented, "The carers always bring their gloves and aprons with them. When they are sorting [person's] catheter and bags out, they change their gloves each time and they always. Make sure they go in a separate rubbish bag."

People received their medicines from care staff who had received specific training and supervision to carry out the task. The provider undertook regular competency checks on staff to ensure they followed safe practice when supporting people. People told us medicines were managed safely. One person said, "I'm quite forgetful when it comes to taking my tablets, so my carers now take them out of the medi pack, put them in a small cup and I take them with some water. They then write in the notes so everyone knows I've had them." One relative commented, "The carers need to prompt my dad to take his tablets. He can organize it himself but just needs reminding so they will make sure that they watching him take them and then they write to say that they have seen him take them."

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were very positive about the staff who supported them. One person told us, "My carers have been specifically trained to prepare my PEG feeds four times a week. I was impressed with how quickly they set this up and the carers were very keen to learn and help me. I haven't had a single problem since they started." PEG stands for percutaneous endoscopic gastrostomy, a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. PEG allows nutrition, fluids and/or medications to be put directly into the stomach, bypassing the mouth. Another person said, "I am partially sighted and can't really make any food for myself these days. While they cook my main meal, they'll make me a sandwich so I just have to get the plate from the kitchen when I'm ready to eat it. They always tell me what I've got in the fridge and the cupboards and then I can choose what I fancy."

People were supported by well-trained staff that knew them well and had the skills to meet their needs. The provider had employed a training manager to deliver training to the staff. Records showed newly appointed staff undertook the Care Certificate induction. This is an identified set of standards used by the care industry to help ensure care staff provide compassionate, safe and high quality care and support. The training manager spent time with new staff working through an induction program. This induction also included shadowing more senior staff when they were providing support to people in their homes. Care staff told us their knowledge and learning was monitored through one to one meetings. One staff member said, "My induction was very good. We did theory and also went through the basics of caring, moving and handling, medicines first aid and lots more. I don't think there is anything that I am not prepared for."

In addition we saw some staff had received specialist training for the people they supported such as supporting people with lymphedema.

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Staff told us they found supervisions useful and supportive.

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. We saw that the service was working within the principles of the MCA. Care plans contained evidence of the involvement of people's Lasting Powers of Attorney (LPAs). People told us they were given choices and care staff asked for permission before providing support. However, decision specific MCA assessments and best interest decisions had not been completed for some people who lacked capacity. We pointed this out to the manager on the first day of the inspection who told us immediate action would be taken to address this. On our visit to the service on 20 July 2017 we saw records to confirm this process had commenced.

Some people received support with their food and nutrition. Where this was the case people's needs and preferences were recorded in their care records. People told us staff helped prepare the food and drink they wanted. One person said, "I work with them to prepare fresh food and they cook it."

The manager and staff told us they worked with other healthcare professionals to support people. We were told how they spoke and worked with social workers, health care staff and occupational therapists as parts of people's assessment and on-going care. This meant people were supported to maintain good health and had access to services.

Is the service caring?

Our findings

People who used the service told us they received high quality, compassionate care. Without exception everyone we spoke with was extremely complimentary about the agency and the staff who supported them. One person said, "My carer knows I hate having a cold shower so [staff] will usually pop into the bathroom and warm it up before I start to get undressed. [Staff] will also put my towel on the heater just to warm it up a bit for when I get out the shower. Particularly in the winter, it makes all the difference." Another person said, "I look forward to my carer arriving. [Staff are] almost a member of the family now and it's lovely just to be able to have a bit of a chat with [staff] and I can talk about anything because I know [staff] know me very well now. Sometimes it's only about the weather, or what we've watched on the television."

We were shown the many written compliments the service had received. One read, 'We would not have certainly been able as a family to keep [person] in his own home without them [care staff]. Their care and dedication was outstanding.' The compliment also stated, 'The very last week [person] was put on end of life the carers were professional and their care was exemplary. I'd also like to take this opportunity to thank you all for the tremendous assistance you have provided to [person] over the last six months. I have spoken recently to others who depend on carers in London, Lincolnshire and in Leicester and it is obvious that the care [person] was receiving was far superior to theirs.'

Visiting professionals also spoke highly of the service. One professional wrote to us and said, 'BJP work closely with family to ensure that a package of care meets their needs, often tailoring the package of care in great detail. I have direct contact with co-ordinators who are currently managing my clients, as do my other colleagues. If ever there have been issues with packages of care myself and a manager has always attended with client and family to discuss a way to solve any issues. At times they have gone above and beyond 'to ensure a client's needs have been met.'

The care manager explained care staff were matched to people based on shared life experience or interests, and we were told care staff were always introduced to people before the service started. This meant that people knew who would be coming into their home to deliver personal care. People who used the service confirmed this was the case.

Staff told us, and we saw from the rota's, that people were offered excellent continuity of care and had regular care staff who provided the majority of their care. One person who used the service told us, "I suppose I have four or five regular carers who I see for the majority of the time and then there's one or two who I also know, who will fit in when some of the others can't. If I'm going to have a new carer, they will usually come along with one of my regular carers and shadow them so they can see what it is I need help with." This meant people who used the service had the opportunity to get to know staff who were supporting them.

People told us they very much valued the rota they received each week detailing the times and the care staff who would be visiting them. We were told the rota was accurate and if there needed to be a change of care staff or time someone from the office would phone to discuss the changes with people.

Care staff spoke passionately about the people they supported and wanting to provide excellent care for people. One staff member said, "I do love my job and what we do. I think we provide an excellent service. "Another staff member said, "We provide an exceptional service. I think we go above and beyond as that is what people deserve. We are very focussed on person centred care."

The service demonstrated a very strong and visible person centred culture by providing a service which put people at the heart of everything they did. For example staff shared their experience of supporting a person living with dementia, anxiety and depression. The person had difficulty in accepting care so the management team carefully matched a small team of mature care staff to support the person. At a review about this person it was identified the person was interested in recording information and their memories so future generations of family would be able to read about them. The care manager knew the person so well they were able to carefully match an additional staff member who lived in the same area as the person grew up in. The staff member was introduced to the person and over a period of time visited Castleton and Danby, visiting lots of famous landmarks the person was familiar with and recognised. This was extremely successful and resulted in a decrease in anxiety and the person's mood improving. The person and staff have made numerous notes with a view to having theses published into a book.

Staff told us about a person who the service who they provided an in depth package of care to. The service provided care and support for the person to live in their own home. A professional for this person wrote and told us, 'BJP worked very well with [person] and [their family] in identifying and recruiting appropriate support workers and supported them through what was a difficult and traumatic transition. [Person's] support team [BJP staff] have provided person centred care and focussed on developing skills and instilling confidence. Over the past seven years [person] has gone from being shy, overweight, and really difficult for people who don't know [person] to understand and somebody who did not like socialising to a confident, happy young [person] who finds it much easier to socialise and communicate with those around [person], and confident in [themselves]. The transformation in [person's] life has been amazing and a pleasure to see and BJP have played a large part in enabling [person] to make such progress.

The provider had come up with a new initiative that had and would continue to improve the quality of people's lives. The provider operated a care home in the Guisborough area. They had introduced the initiative of 'spare seat Sunday'. One person who used the domiciliary care agency who lived alone and only occasionally saw their family was invited to the care home for a three course lunch which was free of charge. In addition to lunch they were invited to spend the afternoon at the care home where they enjoyed spending time chatting and singing with other people.

Another person who received an intense package of care from the service was talented enough to qualify for the Special Olympics in Sheffield in August 2017. The provider and staff wanted to support the person so set about fundraising to do so. In addition staff had cared for and supported the person at the regional Special Olympics when they achieved a gold medal. The provider was also to attend the Special Olympics to show their support for the person.

People and their relatives told us staff were kind and treated people with dignity and respect. One person said, "I have a local shop just across the road from me and my carer is very good because if I am running out of milk and bread and things like that and I don't feel like going out on my own, [care staff] will pop across and get me anything I need before [care staff] finishes in the morning. I'm very grateful to [care staff] because there's nothing worse than being without the essentials and I don't always see a member of the family for a few days, so without [care staff's] kindness, I'd be a bit stuck." A relative commented, "My wife's carer always pops up the stairs and I can hear from where I am downstairs that she always knock's on the bedroom door and calls out her name and then waits for my wife to tell her she can come in, after which she

closes the door behind her. We do like people to be polite, because we were brought up that way." Another relative said, "[Person] has motor neurone disease and needs to be hoisted. [Person] was very wary about having to use a hoist to start with, but I have to say [person's] carers have been very patient with [person] and they take as long as [person] needs to make sure that [person] feels fully supported in the sling before they even attempt to lift [person] up and transfer [person]. [Person's] anxiety levels have virtually disappeared because of their patience and care."

Managers and staff at all levels were committed to working in a person-centred way. The service had dignity champions. The manager strove continually to develop the approach of the staff team, motivating and inspiring them to continue offering kind, compassionate care. The expectation of a caring and person-centred approach to people was made clear to staff at induction, and was reinforced through on-going supervision and training. The manager told us dignity was on the agenda at meetings and supervision to re-enforce the 10 dignity points all people who used the service and staff were aware of. Before the Dignity in Care campaign launched, numerous focus groups took place around the country to find out what Dignity in Care meant to people. The issues raised at these events resulted in the development of the 10 Point Dignity Challenge (now the 10 Dignity Do's). The challenge describes values and actions that high quality services should do to respect people's dignity.

One of the 10 points of dignity was to engage with family members and relatives. People and relatives confirmed staff at the service communicated with them exceptionally well. One relative said, "We've only been with the agency for five weeks and when we started, we met a manager who came to meet us and talk about everything that [person] needed help with. We chatted for quite some time, and then [manager] went away and put all of that into [person's] care plan, which they then sent us to look at. Once we were happy with it, a copy went in [person's] folder here so it's here for the carers if they need to look at it. We certainly felt that [manager] was genuinely interested in [person's] needs and also how [they] likes things to be done which were all addressed in the care plan."

The service and staff had celebrated Dignity Action Day in February 2017. This provided an opportunity for people in health and social care to come together to uphold people's rights to dignity and provide a memorable experience for people. Staff from the service hosted an event on Guisborough high street to promote dignity. The manager told us free tea and coffee had been provided and the event had been both enjoyable and successful.

People told us they were involved in planning their care and records showed the service provided to people was based on their individual needs. When planning, staff took account of the support the person required, the preferred time for calls and where possible the care staff they liked to be supported by. People's views were respected and acted on and the managers always tried to match the skills of care staff to the person they were supporting. Where appropriate family, friends or other representatives such as advocate were involved to act on behalf of the person using the service and were involved in planning care. Advocates help to ensure that people's views and preferences are heard. Policies and procedures were in place to arrange advocates for people should this be needed.

People told us they were supported to maintain their independence. One person said, "Independence for me has been about staying in my own home for as long as I can do. I know my family worry about me, that's why I agreed to have carers coming in twice a day, once in the morning and once in the evening so that the family know I've been checked and I'm still alive!"

Is the service responsive?

Our findings

We found care and support was planned in partnership with people and their families. People told us they were involved in developing and reviewing their care plan on a regular basis. One person said, "I've been with the agency for a long time but I do remember when the care plan was first put together and it has been changed quite a lot since those days because I now have extra visits to help where I'm not quite as mobile as I used to be." Everyone we spoke with said staff had taken time to find out their preferences, the care required and how the person wanted to be supported.

People and relatives told us they felt the service was flexible and responsive to their needs. A professional wrote and told us, 'I have always found BJP to be responsive to their clients needs and proactive when clients need change.'

One person who used the service had regular visits from staff at the service to ensure their care needs were met, however BJP staff also needed to provide care at many other times in the event of crisis. The manager and staff had been able to respond to all crisis situations even at short notice. This had enabled the person to stay at their family home. A professional wrote and told us, '[Person] with significant learning disabilities, has been supported by BJP for several years now. Due to [person's] level of needs and situation within family home there has had to be lots of changes made to [their] support plan and package of care over the years. BJP have responded positively and in a timely manner to any requests to change the package of care from the social worker. BJP have been able to respond to emerging crisis situations also to ensure the needs of [person's] are safely met.'

The service employed a training manager who was also qualified and experienced to advise and assist in other areas such as moving and handling and the use of specialist equipment. Care staff told us if they found a person was struggling at home to manage, in particular with moving and handling the training manager would visit people at home to assess their needs and see if improvements could be made to enhance their quality of life. We were told how one person had pain and following assessment by the training manager they suggested a lumbar support. The training manager told us how once they had assessed people they worked closely with occupational therapists to ensure the right equipment was provided. The training manager told us they visited the person after they had been supplied with the lumbar support and how the person's pain had reduced. The training manager's qualifications and skills had meant that the person had not needed to wait and see an occupational therapist. Their needs had been immediately assessed and equipment had been provided, which had impacted positively on their comfort, movement and wellbeing.

On another occasion the training manager had worked with the family of a person who used the service to obtain a profiling bed, specialist chair and shower chair. A staff member we spoke with told us this service was invaluable. They said, "I was having difficulty with a client's equipment and [training manager] visited straight away. [They] recognised the equipment wasn't suitable and contacted the occupational therapist. Within days we got a different hoist and sling, which has really improved things. [Training manager] also recognises when an increase in call time is needed to ensure they [people] get the time and care they deserve. They then speak with professionals to arrange this." The manager and staff told us how this had

impacted positively on people's lives and in particular reducing the amount of time people waited to receive equipment.

We saw people consistently received person centred care. This meant the service put people at the centre of all decisions whilst working alongside other professionals to achieve the best possible outcome. During discussion staff told us how they carefully considered what people wanted, their values, family, lifestyle and treating the person as an individual. During our visit we reviewed care plans and saw people's needs had been individually assessed. The care plans included people's personal preferences, likes and dislikes. For example, the care plan for one person detailed on a weekend that they liked to stay in bed longer and lounge about in their pyjamas. The care plan for another person clearly described the step by step instructions staff needed to follow when applying creams to the person's legs. This helped to ensure that care was delivered in a way that was acceptable to the person. People and relatives told us they had been involved in making decisions about care and support and developing the care plans. Care plans provided consistent and up to date information about each individual. All of the care staff we spoke to told us they found the care plans invaluable, and that they had time to read and review these on a regular basis.

A daily record book was used to record the care and support delivered to people. Notes were kept of the support given, at what time and by whom. This meant staff visiting the person later in the day had the latest information on any support needs they had.

We saw posters advertising a Dementia Café. This was an event hosted each month by the service that provided an opportunity for people who used the service and relatives to come together and enjoy each other's company in a safe and supported environment. The manager and staff told us how people and relatives had shared their experiences, difficulties and coping mechanisms. The manager told us how since starting this event they had become increasingly popular and beneficial and more people and relatives were now attending. They told us they had opened the Dementia Café to the public. The manager told us as the number of people attending this event had increased this had had an extremely positive impact on both people, relatives and carers. They told us people, relatives and carers were becoming more confident in the safe environment and opening up to people who attended the event who were experiencing similar situations. The manager and staff had provided information leaflets and guidance on dementia and the impact of dementia on their lives as relatives carers or the person with dementia.

The service provided a 24 hour package of care for some people who used the service. The service had provided a continuity of staff and ensured people had been able to live independently as chosen. We visited three people at home who told us staff supported them to live an extremely happy and fulfilling life. They told us about their hobbies, interests and activities they took part in. People showed us around their home which was very homely, well maintained and full of pictures of holidays they had been on with staff. People told us they were supported to go out regularly to clubs and pubs and how they liked to sing. Two people showed us their bedroom which were extremely personalised and full of items associated with their interests. People told us staff had supported them to go on regular holidays. One person told us how they had enjoyed a holiday to Disney in America. A professional praised staff at the service for their care.

There were many occasions when staff were responsive to individual people's needs. One person who used the service was moving to a new home. They didn't have any family or friends to help with the move, however staff stepped in and helped to move the person into their new home in their own time.

One person who used the service was a keen artist who enjoyed drawing and painting. Staff at BJP became aware that this person was lonely as they lived alone. The manager and staff provided this person with the opportunity to volunteer and help out at activity time at the providers care home, which was nearby. The

person jumped at the chance to be part of an activity group for drawing and painting. This was an extremely positive experience for the person as it provided them with social interaction as well as the satisfaction of helping others and reducing their loneliness. The manager told us how this had also been a positive experience for people who lived at the providers care home as they had very much enjoyed the new art activity sessions.

Another person who used the service was interested in gardening. The manager arranged for this person to volunteer at the providers care home with gardening. This person was supported to maintain new skills and enjoyed the social interaction and meeting other people and staff.

Staff were extremely responsive to need when they realised a person who used the service needed help. This person had cancelled their calls as they were to visit friends. However, staff on their way to visit another person noticed the person's blinds were open, which would indicate they were at home. This staff member made the decision to check on them and found them in an unconscious state. Immediately they rang emergency services who took the person to hospital. This staff member was congratulated by emergency staff and the manager as with their quick thinking and action this person made a full recovery.

We were shown a copy of the complaints procedure. The procedure gave people timescales for action and who in the organisation to contact. In addition the service had an easy read complaint procedure that was simplified with pictures. We spoke with people who used the service and relatives who told us that if they were unhappy they would not hesitate in speaking with the re manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. One person we spoke with said, "I know I've seen the leaflet somewhere that explains what to do if you've got a problem and you want to make a complaint. These days, I usually get my son to do that for me if I've got a problem and I'd ask him to contact the office and try and get it sorted for me. I'm sure they would listen and do something about it because they seem to be a very caring organization." Another person told us "I think I was given a leaflet about making complaints when I met with the manager with mum a few months ago. I certainly wouldn't hesitate in getting in touch with them if I did have any issues, but I have to say we have both been very pleased with the service we've got so far." There was a positive, open, transparent culture about complaints and concerns. Discussion with the manager confirmed that any concerns or complaints were taken seriously.

Is the service well-led?

Our findings

The service was well-led. It had an experienced and skilled manager in post, who provided stable and consistent leadership. This was supported by what staff told us. One staff member said, "[Manager] is fantastic. [They] make time for you. [Manager] is out in the community also [manager] isn't just a pen pusher." This staff member said, "[Manager] goes above and beyond to support staff. If I can't get into the office for PPE [personal protective equipment such as gloves and aprons] then [they] will drop it off for you." Another staff member said, "[Manager] is absolutely fantastic and makes staff feel so valued. We [staff] often get a little note with our rota saying thank you."

The manager demonstrated an up to date knowledge of all the people who used the service without referring to records. The manager directly supported people who used the service with their care and support. One staff member said, "[Manager] is a brilliant manager. [Manager] also does calls as well as it keeps [them] in the know. [Manager] is a hands on manager who knows all clients and staff extremely well."

The service had a positive culture that was person-centred, open, inclusive and empowering. The provider told us the service's vision, which was to be a pivotal part of the people's life and to ensure people were empowered to live the life they choose. Staff had a clear understanding of the values and vision of the service and told us how they supported people to be as independent as possible and live their life as they chose. The provider and manager told us about their values which were communicated to staff. The manager told us of the importance of honesty, being open and transparent and treating people who used the service and staff as individuals. They told us they valued their staff. The manager and provider had an open door policy in which people who used the service and staff could approach them at any time.

The provider was proud to tell us that BJP Home Support was a family owned service who continually strived to improve the quality of care and lives of people who used the service. They told us they empowered people to be as independent as possible whilst respecting people's rights to people's privacy, confidentiality and dignity. Staff spoke passionately about providing exceptional quality care and had a real sense of pride in their work.

The service benefitted from a strong management structure which provided clear lines of responsibility and accountability. The provider of the service, manager, general manager, audit manager, care manager, training manager and other office staff were available throughout the inspection. The management team worked closely together supporting each other with the different aspects of running the service.

People we talked to and visited were very satisfied with the service provided. They rated the service highly and praised the high quality of care, the friendly and caring nature of staff and people and relatives told us how staff would often go the extra mile. The service received many compliments. One compliment praised the service for making an additional call when the relative of a person called to say the person had been unwell and they could do with some help. Another compliment read, 'Special thanks go to [name of staff member] who kept us smiling, [staff] is one in a million and the lovely [Name of staff member] who was with

our beautiful [relative] at the end. We can never thank [name of staff member] enough for [their] kindness and care.'

The manager led by example and modelled good practice to staff. Staff told us how the manager prioritised the person's care and support they received above everything else. All staff we spoke with were extremely passionate about providing high quality care and told us they felt extremely valued. The provider and management team put a strong emphasis on continually striving to improve the services provided to people and told us they were driven by quality.

Staff development was a key strength of the service in providing high standards of care to people. The provider and management team demonstrated a commitment to ensuring staff were provided with the right skills and knowledge to support people well. The induction was effective and in depth and aligned with the values and ethos of the organisation, as well as the fundamental standards of care. Training was interactive and centred around the people they provided care and support to. The management team demonstrated a commitment to supporting staff to have the skills to help people living with a dementia to live well. We were told people received high quality compassionate care. The management team were committed to matching staff and people who used the service. This demonstrated their understanding of the importance of ensuring common interests and values in delivering good care.

The provider invested in creating an effective staff team and told us the importance of ensuring staff were well trained. At the time of the inspection the manager, care manager and general manager were undertaking a level 5 diploma in leadership for health and social care.

People's quality of life at the service was enhanced by the staff commitment to their work. All of the staff we spoke to told us they were committed to delivering an excellent service to people and felt very well supported, comments included, "I absolutely love my job. We get fantastic training, are well supported and I feel extremely valued." Another staff member said, "Everything I have asked for they [provider] have given to me. I asked for extra time to deliver more dementia training and I got it. [Provider] has backed me up and supported me. [Provider] hasn't skimped on money and has given everything and more."

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with a good service and meet appropriate quality standards and legal obligations. Monitoring of the service was good. The audit manager completed a wide range of audits to maintain people's safety and welfare. These looked at quality in areas of the service such as medicines, care records, staff records and health and safety. Any areas identified as needing improvement during the auditing process were analysed and incorporated into a detailed action plan. A detailed report was frequently produced in relation to quality. We saw there was a culture of continuous learning and improvement.

Staff meetings took place and this provided them with the opportunity to share good practice and to be updated on any changes to people's needs. Staff told us there was an open door policy and they felt comfortable to approach any of the management team. A staff bulletin was produced regularly with news and updates. We looked at the newsletter for July 2017 and there was a strong focus on values and work ethic.

In April 2017 a newsletter was introduced for people who used the service and relatives. In this newsletter they provided an analysis of the results of the recent survey undertaken to seek the views of people who used the service. The providers were pleased to say that 96.5% of people would recommend the service

provided.

The provider carried out an annual survey to seek the views of people who used the service. This had been carried out in January 2017. Feedback from people was very positive. Comments on surveys read, 'They [staff] are all good. There are several who are outstanding, very good, helpful caring and attentive.' Another person commented, 'All staff go the extra mile.' Another person said, 'Excellent staff who deserve recognition.' Another person wrote, '[Name of staff member] from the office is brilliant and has helped me and arranged extra calls when needed.' Another person said, 'Professionalism shines from our carers.'

In addition to surveys, we saw people received visits and telephone calls for feedback on the service they received. These were analysed and the action points taken and tracked to ensure the necessary changes were made.

The provider told us they were committed to ensuring staff were happy and morale remained high. To alleviate everyday pressures for staff they had introduced a weekly payment of salary for those staff who wanted this as well as continuing to pay some staff monthly. The provider regularly praised staff and provided a monetary reward if staff received a compliment or if they had been mentioned in surveys. Staff told us how this had made them feel valued. One staff member said, "I got a Christmas bonus which was a nice touch. Also on my birthday I got a card that was signed by all the office staff. Little things like that mean a lot." Another staff member said, "I got a thank you and money from the [provider] when I did CPR [cardio pulmonary resuscitation]. I have to say it is very nice to feel appreciated."

In addition the provider rewarded staff for long service of over three years. Staff told us how they appreciated being recognised for their commitment. The management team told us how important it was to value staff as this meant staff continued to work at the service which in turn ensured them to maintain a stable staff team.

The provider also shared with us their commitment to raising money for charity. In December 2016 staff celebrated Christmas Jumper Day and raised money for Save the Children. Staff also raised money for Red Nose Day. These events didn't only raise money but encouraged team work and raised morale. They also supported the local community by sponsoring Guisborough football teams, Guisborough in Bloom and a Christmas tree in the local church.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service in the form of a 'notification'. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.