

# Poppy's Homecare Limited Poppy's Homecare Limited

#### **Inspection report**

Unit b, Purn House Farm Purn Way, Bleadon Weston Super Mare Somerset BS24 0QE Date of inspection visit: 21 October 2019 22 October 2019 31 October 2019

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Ratings

## Overall rating for this service

Outstanding  $\Rightarrow$ 

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

Poppy's Homecare is a domiciliary care service providing personal care and support for people living in their own homes in the Weston-super-Mare and surrounding villages. At the time of the inspection they were providing personal care for 65 people. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were supported by a service that was extremely well led and a management team that was passionate about providing high-quality person-centred care for people living in the community. There was an emphasis on including and empowering people to maintain control over their lives and to lead decisions about their care package.

People received care and support from a service which was exceptionally caring and passionate about ensuring people were treated with dignity and respect. Staff at Poppy's Homecare went over and above what was expected of a community care provider. Staff invariably carried out social visits and support outside of their working time. People and relatives told us that staff did far more than they expected. Staff supported people to maintain friendships and avoid social isolation as well as ensuring they had access to new and innovative information to help them maintain their independence.

The management team worked closely with other organisations to improve the experience of people receiving care and support in their own homes.

People told us they felt safe and looked forward to the visits they had from staff. One person said, "I really don't know what I would do without Poppy's. "Another person said, "I can't remember life without them [staff]. They have made my life worth living again."

People received effective care and support from staff who were exceptionally well trained. The registered manager/provider promoted social care as a career and supported staff to progress in care to become social workers or qualitied nurses.

Staff morale was very high, and this was reflected in the high standard of care provided. Staff were listened to and their opinions were valued. People said that all the staff they met were, "Professional," "Caring," "Compassionate" and "Well trained."

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.

People could be assured that at the end of their life they would be supported with care and compassion. The registered manager/provider ensured that people reaching the end of their life were not left alone and a member of senior staff was available to sit with them at no extra charge.

There were quality assurance systems which monitored standards and ensured any shortfalls were addressed. People and staff felt listened to and said they could speak with a member of the management team at any time. Any complaints made were fully investigated and treated as learning to enable the service to improve.

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

Rating at last inspection The last rating for this service was Outstanding (published 02 March 2017)

Why we inspected This was a planned inspection based on the previous rating.

### 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.	



## Poppy's Homecare Limited

## Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector and an expert by experience who made telephone calls to people who received personal care. 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:

Poppy's Homecare is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection. This was because 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 site visit activity started on 21 October 2019 and finished on 31 October 2019. We visited the office location on 21 October 2019. On 22 October we visited people in their homes and spoke with care workers. On 31 October 2019 we spoke with the care manager and reviewed records.

#### What we did before the inspection

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

#### During the inspection

We visited four people who used the service and spoke with 12 people and three relatives over the phone about their experience of the care provided. We spoke with ten members of staff including the registered manager/provider, care manager, office and care staff.

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

## Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

• People told us they felt safe. One person said, "I always feel safe when Poppy's staff are here, the girls are all lovely and very caring." A relative said, "It gives me such peace of mind. I know [the person] is safe and I trust [the registered manager/provider]. I know they do only the best because that is what they strive for, the best and safest care they can provide."

• The registered manager/provider and care workers understood their responsibilities to safeguard people from abuse and what actions to take to protect people.

• Records showed care workers had received training in how to recognise and report abuse. We saw examples of where they had raised concerns and been managed immediately by the registered manager/provider.

Assessing risk, safety monitoring and management

• People's care plans contained detailed risk assessments linked to their needs. These included the actions care workers should take to promote people's safety and ensure their needs were met. They included guidance on how to minimise risk to people especially when assisting them to use equipment or go out in the community.

• The service helped people to stay safe in their homes. For example, they provided guidance for people on staying safe in adverse weather conditions. Either keeping warm in the winter or staying hydrated in hot weather.

• To ensure the environment for people was kept safe, care workers helped people check their fire alarms were working and care plans included guidance on ensuring all equipment used was regularly serviced and safe.

• Records showed care workers checked people were wearing their personal call alarm before they left. Care plans reminded staff to ensure they checked personal alarms and the house was secure.

• At the time of the inspection the registered manager/provider was introducing an innovative system adopted from a national police initiative called the Herbert Protocol. This was a record system that helped to safeguard people with memory problems who may leave their home unaccompanied and get lost. The system included information about places or people that were meaningful to them. This could include where the person used to live, their favourite pub or café and who they might visit. This meant if a person went missing they could be found quicker with less risk to them.

• The service had a contingency plan in place to ensure people continued to be supported in adverse weather conditions. The registered manager/provider had access to 4x4 vehicles and staff rotas could be altered so they were within walking distance of people needing support. One person had contacted the office to say thank you. They said, "Thank you to all your staff for all you did for us during the snow. You all went way beyond the call of duty, but you were our lifesavers."

Staffing and recruitment

• People were supported by enough care workers to meet their needs. People were sent a rota to tell them which member of staff to expect. People told us staff were always on time and often stayed longer than the allotted time. One person said, "I can tell the time by them. Always on time and sometimes earlier to do little extras. Never go early often stay late. Couldn't ask for better really."

• Staff told us they were always given enough time to carry out the care and support required and plenty of time to travel between visits.

• People told us they had a consistent team of staff who they knew and trusted. One person said, "I have my own little team who know me and all my little quirks. Lovely girls I have got to know very well. Almost like a family member coming to visit."

• Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work with vulnerable people.

• There were also systems in place to protect staff from harm. Initial assessments identified if there were any risks around the property, location or pets.

• All staff were provided with clothing suitable for adverse weather conditions. One staff member said, "I was amazed, as well as my basic uniform I have a waterproof coat, fleece and grips to put on my shoes to stop me slipping on the ice. [The registered manager/provider] really cares about his staff as much as the people we support."

#### Using medicines safely

• Some people were assisted with medicines as part of their care package. Where this was needed it was carried out safely.

• All staff administering medicines had received relevant training and were assessed as competent. Clear risk assessments and agreements were in place to show how and when assistance was required.

• Some people required time specific medicines. Where this was identified, care visits were arranged to ensure the medicine was given at the right time to be fully effective.

Preventing and controlling infection

• Staff were aware of the importance of minimising people's risk of infection when providing care and support. Staff received regular training and were supplied with personal protective equipment (PPE) such as gloves and aprons.

• People told us staff always wore gloves and aprons when required. One person said, "The girls are all very well equipped for any eventuality. Gloves and aprons, they have it all and use it. [Care manager's name] pops in every now and then to check they are using them."

#### Learning lessons when things go wrong

• Accidents, incidents and complaints were analysed to look for trends or ways to prevent a recurrence. The time, place and any contributing factor related to any accident or incident was considered to establish patterns and monitor if changes to practice needed to be made.

## Is the service effective?

## Our findings

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

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law • People had a personalised care and support plan. The service was clear that people owned their care plans and they would decide how and when they wanted care and support provided.

• People's needs were fully assessed before they started to receive care and support. The registered manager/provider told us how they tried to match staff to people, so they had something in common, for example interest or lifestyle. People told us they had been involved in the assessment and their care plans reflected their needs. One person said, "I know at first they talked to [relative] then when I was able to, I said what I wanted, and they put it all in."

• Staff were supported to deliver care in line with best practice guidance. Information on supporting people living with specific health conditions was available. If a person had a specific health condition a care manager researched, it and advised staff on best practice. For example, during the inspection we heard the care managers and some staff looking on the internet for information and guidance around a specific continence aid. This meant staff were able to support people with the correct knowledge about their care needs.

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

• People's changing needs were monitored and were responded to promptly. Staff supported people to see health professionals according to their individual needs. People were supported to attend regular health checks.

• People told us staff supported them when they were unwell. One person said, "They [staff] were brilliant they knew I was unwell and helped me get an appointment. Then they went with me just in case I did not understand what was being said."

• Where specialist advice was needed staff referred people to other health professionals to ensure they received the support they required. For example, people had been referred to tissue viability nurses [TVN] when they were identified as at risk of developing pressure damage.

• People's care plans included hospital passports. This meant information about a person, their family/important people, and their specific needs could be clearly communicated if a hospital admission was required. Hospital passports also included a section entitled. "If we had to pack a hospital bag for you what would you like us to include." People had included a list of the items they felt they would need.

Staff support: induction, training, skills and experience

• The provider was supportive of staff with training. A full training programme was in place which included courses that could assist staff with a career in adult social care. The registered manager/provider told us

some staff had gone on to train as registered nurses. One staff member told us the training was, "Excellent, amazing training, and if there is anything you are not sure off you only need to ask and they find it for you." • The provider had considered the different ways staff could be supported to learn effectively. One staff member said, "Training is mostly face to face so much better than going on line or reading books." • All new staff completed a full induction process which included the Care Certificate. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people. One staff member said, "No other company I have joined has provided one-to-one induction training with such an extensive workbook. I am proud to be a Poppy."

• When a staff member completed their care certificate and probationary period they met with the care manager and discussed their progress and any other training they felt they needed. They were then presented with a badge and the full red Poppy's uniform.

• We observed one staff member go through this meeting and presentation. They said the induction and probationary period had been intense and they had learnt a lot. They told us they had received a lot of support and felt valued.

• People told us new staff shadowed experienced staff before joining their team. One person said, "I never see a new member of staff without them working with a regular carer first."

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

• Some people required support with meal preparation. Care plans were very clear about people's likes and dislikes and the level of support they needed.

• If people wanted to go out for a meal the care package could be adjusted so they had support from a staff. During our visits one relative told us, "They [staff[ are really good I was away for the day and rang up and asked if they could get [the person] fish and chips. They did that and got themselves some and sat with him to eat so he was not alone. I really appreciated that."

• Records showed staff prompted people to drink and remain hydrated. Drinks of choice were always left within reach when staff left.

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

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

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

• People only received care with their consent. Records showed people had signed consent forms when they began to use the service. People told us staff always asked what they wanted them to do. One person said, "They [staff] always ask me if I am happy and what they can do."

• Staff received training about the MCA during induction and annual updates. All staff spoken with were aware of their responsibility to ensure people were given the time to understand what was being said and make their own decisions.

• The registered manager/provider had a good understanding of the MCA and supported families where appropriate to make sure people's rights were protected.

## Is the service caring?

## Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. 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.

• Since the last inspection the service had continued to ensure that staff understood and upheld the culture of an exceptionally kind and supportive service.

• Each care plan we looked at started with an outcome of visit statement which read, "To provide me with support which reflects my values, choices and beliefs in a respectful and dignified and non-discriminatory manner." Staff told us how this was the way they all worked. One staff member said, "One of the reasons I am so proud to work for Poppy's is that the clients always come first. They are all respected as individuals, and if any staff member did not remember that they wouldn't stay long."

• All the people and relatives we spoke with spoke highly of the caring experience they had with the service. Everybody said the organisation was very caring. People and relatives told us Poppy's staff all go "Above and beyond." We were given many examples when staff had gone beyond what was expected of them.

• For example, one staff member helped a person pack and move into a care home. They continued to visit the person in the care home to help them settle in and ensure they had a familiar person to talk to.

• Another staff member knew a person's family lived too far away to visit them in hospital, so they visited daily to ensure the person had everything they needed. The staff member also liaised between hospital staff and the family member until they arrived.

• Another record showed a staff member had supported a person to tidy their house following a fire.

• One person told us, "[Registered manager/provider's name] is lovely he comes and sits to talk with me helps us out with things and then doesn't charge us. Does it out of the goodness of his heart."

• Records showed the service had ensured one person reaching the end of their life was not left alone. The registered manager/provider had known the person for a number of years. They said they wanted to die at home. A package was put in at no extra charge to ensure the person could go home. The registered manager/provider sat with the person when other staff were not there and talked with them or read to them. The person passed away with the registered manager/provider at their side. Most of the staff who had cared for the person attended their funeral.

• Following the inspection, the registered manager/provider shared with us a note they had received from a person a staff member had helped. The note said, "[Staff member's name] retyped my fading love letters from my holiday in 1963 and it made me feel happy. It bought back all my memories."

• A record of compliments was kept and shared with staff. Comments included, "We would like to thank you very much for the outstanding care and compassion shown to [the person]." And "Thank you so much for the extremely high level of care you have given to [person's name]. This has enabled her to remain as independent as possible in her own home for so long." And "Thank you all very much indeed for all the kindness, practical help and support which you have given us over these last few weeks. Life would have

seemed much bleaker without that support.

• We were told by staff that they registered manager/provider not only cared for people but also for his staff. One staff member said, "What is brilliant about this company is how they care about staff to get the right work home balance. We discussed what would work for me and we can discuss if something is not working well."

• Staff respected people's diversity, they were very open and accepting of people's faiths and lifestyles. For example, one staff member told us how they ensured one person's visit on a Sunday was arranged so they could continue to practice their faith.

• There was no evidence that people protected under the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination. A staff member told us, "I love working for Poppy's because they treat everybody as an individual. I like to think I provide the care that my grandma would be happy with."

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

• The service was exceptional in the way they supported people to express their views about the service provided.

• People and relatives told us how they had been involved in making decisions when care needs changed. One person told us how much they were involved. They said, "It is all about me, they [staff] talked about what I wanted. We discussed the best ways to provide it then it was all written up and I agreed it." A relative told us, "It was so stress free. We discussed what [the person] needed and they [care manager] listened and gave us so much advise and support, don't know what we would have done without them."

• Regular reviews of people's care plans were carried out. Records showed people, or their relative/important person were involved, and changes were made following comments. One relative said, "The review process is really good, we get involve and talk about any changes we need or extra time. They [the service] are so flexible we only have to mention something, and it is changed."

• Care managers met with people regularly to follow up how staff were managing and if they had any concerns. One person told us, "When we have a new carer the care manager comes and makes sure we are happy with them and they know what they are doing."

• The registered manager/provider told us how they sent people questionnaires about staff just before their appraisal, so people could comment. One person told us how important it was to them that they could share their experiences with senior staff. They told us. "I thought I would be letting go and being done to. But it is nothing like that. I have remained in control and my opinion is very important to them [care managers]."

Respecting and promoting people's privacy, dignity and independence

• The service supported one person to independently visit their parent for holidays and at Christmas. The person had been unable to find a care package for temporary stop overs. The registered manager/provider explained how they supported the person and visited them and assisted them with shopping on their visits.

• Staff told us about how they ensured people felt their dignity and privacy was respected. They were very clear about supporting people in a manner that would make them feel at ease. One staff member said, "It's not just making sure doors and curtains are closed. It is about the client being comfortable with you providing the care. Another staff member said, "I always think it is important not to talk too loud because sometimes they feel others might hear."

• People told us they were able to choose the gender of care professional who supported them. One person said, "I'm not that particular really but it is nice to have the girls, I feel more comfortable."

• The registered manager/provider and all the staff were passionate about the high-quality care they provided. They valued people as individuals and included them in all aspects of their care.

• The service regularly completed fundraising events. For example, they had raised funds for a young girl to have a special wheelchair.

• Staff spoke warmly and respectfully about the people they supported. It was evident they really cared

about the impact they had on people's lives.

• All care professionals were careful not to make any comments about people of a personal or confidential nature in front of others. One person told us, "It is very refreshing to have carers who are so professional. They never talk about the job they have been to or are about to go to."

## Is the service responsive?

## Our findings

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

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

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

• All the staff at Poppy's Homecare were passionate about providing a high standard of person-centred care which promoted people's independence and included them in the planning and delivery of care.

• People received care and support that was about them and not systems in place. Staff spoke with people daily about what would be important to them that day, even though they had care plans with information and guidance. Staff told us people could have good and bad days and they needed to be aware.

• People told us they were involved on a daily basis, and their opinions were valued. One person said, "They [staff] are brilliant I don't know what I would do without them. Always a smile and a cheerful hello, and it is all about what I would like and when."

• People told us staff did more than was identified in their care plans and were flexible to meet any changes either in their care or the time they visited.

• People told us care managers visited to discuss their care plans and to ask if they were happy with the way staff supported them. One person said, "I did have to say once I did not get on with a carer, nothing bad just a personality clash. They [care manager] managed it immediately for me."

• The service responded promptly to people's changing needs, staff were quick to notice a change and suggest ways to support people. For example, one person told us they had been, "A bit off colour and the carer sent a urine sample to the doctor and got me some antibiotics while we waited for the result. They [staff member] were right." They know me so well."

• As previously mentioned in safe the registered manager/provider was also introducing into the care plan information for people who may leave the home to enable police to find them quicker.

• They had also introduced credit card size points of contacts for people to carry so if they needed help they could show someone the card and they would know who to contact.

#### Meeting people's communication needs

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

• The registered manager and staff were aware of people's communication needs. Care plans could be provided in large print or on tape. Information provided to people showed the service could also access care plans written in their preferred language if needed.

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

• As a community care provider Poppy's Homecare is not responsible for providing and arranging activities for people. However, they supported people to go to activities of their choice.

• Staff supported one person who organised monthly lunches for their club. Staff helped the person organise the venue and let people know. They then helped to provide support for people who wanted to attend. The person told us how much they appreciated the help.

• The care manager told us how they were supporting one person with transport to go to Devon for an activity weekend.

• The registered manager/provider told us how they had supported a person to go to a specific café, so they could meet up and make friends with people of the same age.

• A staff member told us how they had found specialist cutlery for one person which meant they could continue to go to their club lunches.

• One person had said they wanted to go to a specific sporting event. Changes were made to their rota' so a staff member would go in later to assist them to bed, so they could go.

Improving care quality in response to complaints or concerns

• The service had received few complaints as most people were very complimentary about the care and support provided. However, the registered manager/provider was committed to making sure the service was accountable and they listened to everybody's views.

• Any concern or complaint received was fully investigated and any trends or patterns identified. Any shortfall identified was used as a learning process for all staff to ensure people's views and opinions underpinned any change or improvement needed.

• For example, one person had expressed a concern about their key safe number when a member of staff left. This prompted the registered manager/provider to advise and remind everybody to change their key safe number regularly.

End of life care and support

• One person had recently returned home and was on end of life care. They told us they had discussed everything with the service and all the staff knew what they wanted.

• The registered manager/provider explained how following a weekend at a hospice the person had decided they wanted to be cared for at home with their regular care team. All the changes had been made immediately. The person told us, "They [registered manager/provider] are so understanding. They have put everything in place as I requested. They come and sit and talk with me and we have a really good time chatting over past times."

• People's end of life wishes was discussed at initial assessment or soon after a care package started. People were able to state their preferences for end of life care, this respected people's protected characteristics, culture and spiritual needs.

• One staff member told us, "[Registered manager/provider's name] is very understanding. If a member of staff does not feel comfortable with providing end of life care, he changes their rota so they do not have to do it." Another staff member said, "We are all supported when we assist with end of life care. We can go to counselling or come and talk with managers, and we are all given the time to go to the funeral if we want to."

## Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. 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 registered manager/provider continued to work hard and be committed to providing a high-quality service which was open, inclusive and empowering. People were supported and encouraged to maintain control over their care. People were empowered to voice their opinions and be heard. For example, every person we spoke with told us that they felt they had control over the service provided and their opinions were valued and acted upon.

• People were at the heart of the running, planning and development of the service. One person told us how important it was to them that they continued to be at the centre of decisions made about the way they lived. They told us, "It is very important to me that I remain at home and do not go into a care home. [The registered manager] listened to everything I said and has made sure I get the support I wanted the way I wanted it."

• People were also involved in staff development, for example they asked for feedback when staff had appraisals and when new staff started. This enabled the care managers to develop training packages based on people's recommendations. For example, one person had been personally involved in training for staff regarding meeting their specific needs. One person said, "I feel really involved I can make suggestions and they listen."

• The care manager said they were looking at ways to involve people interested in staff recruitment. They already had some questions for prospective staff that people had submitted. This meant people's expectations for care staff was taken into consideration rather than what managers thought people might want.

• The management team continued to be passionate about providing a service that was up to date with latest trends and adopted innovative ideas to support people to remain independent in the community. For example, the registered manager/provider introduced the Herbert Protocol as previously mentioned.

• The service also researched the best way to support both people and staff and provided people with information that enabled them to continue to live independently at home. For example, one person told us how they realised they could no longer use their bathroom safely. A care manager had supported them to access quotes for a wet room and assisted them through the whole process. They told us, "[Staff member's name] contacted the mobility people helped me liaise with them as she understood how stressful this was for me. [Name of staff member] has been there for me and has taken the stress and worry away. She has given me the confidence and reassurance to achieve what I want to do."

• Staff told us they felt included and empowered by the management team. All the staff spoken with told us they held regular client specific meetings, when a person's team met to discuss how they cared for the

person, any concerns and shared what worked well. This meant people received consistent care and support. For example, one staff member told us how they had discussed why one approach might work better than another. They had agreed to adopt one staff members method of working with the person. The impact on the person was that they no longer declined personal care for some staff members.

• All staff said the support they received from the management team was "Excellent and outstanding." More than one staff member said they looked forward to going to work. One staff member said, "I am very proud of the high standards of care we provide and lack of it is not tolerated this is achieved through top-class training and support."

• Other staff members told us how the registered manager/provider cared about them as much as the people they supported. One staff member said, "Poppy's goes above and beyond with the care they provide for their clients. Staff are valued and supported. Staff training is the best there is."

• In a recent client survey one person had commented on how good the staff were and how the service needed to concentrate on keeping them. The registered manager/provider had introduced staff rewards and looked at ways to retain staff. Good practice was openly recognised and rewarded. When a person made a compliment the staff member was contacted and thanked personally for their work.

• There continued to be a strong emphasis on finding ways to improve and have a positive impact on people's lives. For example, the registered manager/provider was looking at ways they could support people to avoid social isolation. Through lunches and book clubs so people could meet with peer groups. The registered manager/provider told us how one staff member was driving a person to a weekend away so they could meet with friends for an activity weekend.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

• The registered manager/provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment. Records showed that where incidents had occurred these were treated as opportunities to learn and improve.

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

• The registered manager/provider continued to have a clear vision for the service which was to provide a person-centred service which helped people to stay independent in their own homes. Their vision and values were communicated to staff through staff meetings and formal one to one supervision. Staff were aware of the providers vision and values and told us the management team were, very supportive and, "Passionate about making sure people continued to be heard and received the best care they could provide."

• The service continued to be well organised and the office staff had a very good knowledge of the people who used the service and the times and staff they preferred. This enabled them to plan the service around people's wishes. One person told us, "The office staff are wonderful; always ready to listen. They came out at Easter with Easter eggs and flowers. It was lovely to put names to faces."

• The service had robust quality assurance processes in place which included regular audits. All staff received spot checks of their work and records were kept and discussed in individual supervisions. Where additional training was identified as a need this was put in place. One staff member told us," He [the provider] is passionate we get it right, so all the checks are in place and if we have missed something it is discussed and raised when we have a one to one or a spot check."

• The management team continued to look for ways to improve the service offered to people. They met weekly to make sure they were all aware of any issues that had arisen during the week. This included any late or missed calls and any incidents which had been reported. This enabled them to identify shortfalls in the service promptly and take action to address them.

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

• The registered manager/provider continued to be passionate about promoting social care as a career. They continued to work to encourage staff to pursue a career in Social Care. Staff were supported to complete courses and diplomas in Health and Social Care. When staff had experienced difficulties with English and Maths, they were supported at the office to study. The local college had allowed staff to sit exams at the office due to nerves and had provided mock papers for the provider to support staff. Following this support the registered manager/provider told us of staff who had gone on to train as nurses having gained their access qualifications with the support of the service.

• Staff morale continued to be extremely good which created a well-motivated care team. All staff spoke highly of the management team.

• There were annual satisfaction surveys for people using and working for the service. Results of these surveys were analysed and changes in practice were made where needed, one person told us, "I did complete the questionnaire. I thought it was important to tell them how good they were." Comments in the survey included. "I can see no way that this service could be improved. This is a totally outstanding professional service from an extremely professional company." And, "Please keep up the excellent service you all make every day so much better for me." And, "I would certainly not like to be without Poppy's."

Continuous learning and improving care and, working in partnership with others

• The registered manager provider continued to promote a high standard of learning for all their staff including the management team. They kept their knowledge and skills up to date by research, training and taking part in local initiatives. They had a working relationship with local colleges and ensured staff had access to the latest guidance for specific illnesses/conditions. For example, staff recognised symptoms of low blood sugar levels and prevented a hospital admission. Guidance provided also gave staff very clear information on recognising one person's specific warning signs for a heart attack, which meant they could receive treatment sooner.