

Curo York Ltd

# Radfield Home Care York, Thirsk & Ryedale

## Inspection report

Unit 3a  
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Date of inspection visit:  
09 January 2023  
10 January 2023  
11 January 2023  
12 January 2023  
13 January 2023

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Radfield Home Care York, Thirsk and Ryedale is a domiciliary care agency providing personal care to people in their own homes. The service is registered to provide support to younger and older adults who may be living with a sensory impairment, physical disability, mental health condition or dementia.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection, 31 people were using the service, of which 30 people were receiving support with personal care.

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

Staff were outstandingly kind, caring and considerate and regularly went above and beyond with thoughtful gestures which had a positive impact on people's wellbeing. Staff were extremely knowledgeable about people's needs, preferences and personal histories which supported them to provide exceptionally personalised care. Without exception, people, their relatives and professionals spoke very highly of the staff; they developed honest and genuinely caring relationships with people and their relatives. A relative said "They're very nice people, who are good for [Person's name]. The staff are chatty and keep them entertained and interested. they have a rapport with them and [Person's name] is 100% happy with the staff."

The service was excellently managed and was a positive role model to other organisations and the local community. The provider lived and worked by their values which were embedded throughout the service and shared by staff. The provider truly valued staff for their terrific work, ensuring they were fully supported and recognised for going above and beyond. The management team understood issues in the local community and worked to address them through effective working with a wide range of other organisations.

People were supported safely by staff with the relevant training, skills and knowledge to manage risks to their safety and well-being which included raising safeguarding concerns when required. Staff administered people's medicines safely and wore PPE in line with current guidance. The provider's recruitment systems ensured only suitable staff were employed.

People's needs were assessed, recorded and regularly reviewed and updated which ensured staff had current information to support them to effectively meet people's needs. Staff communicated and worked closely with relevant professionals for the benefit of people's well-being.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff sought people's consent before providing care.

Systems were in place to support people at the end of their lives in a comfortable and dignified manner. Complaints had been acted upon and resolved through appropriate action. People were supported to access social activities where this was part of their commissioned package of care.

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

#### Rating at last inspection

This service was registered with us on 25 October 2021 and this is the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

# Radfield Home Care York, Thirsk & Ryedale

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was completed by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

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

At the time of our inspection there was a registered manager in post but they were on extended leave from the service. Prior to going on planned leave, they had supported the deputy manager to step up and be the acting manager during this planned period of leave.

### Notice of inspection

We gave the service 4 days' notice of the inspection. This was because we were using technology to review and assess the performance of the service and the service needed time to gather and share evidence with us.

Inspection activity started on 9 January 2023 and ended on 13 January 2023.

### What we did before the inspection

We looked at information sent to us since the service registered with us such as notifications about accidents and safeguarding alerts. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

This performance review and assessment was carried out without a visit to the office of the service. We used technology such as phone calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation. Inspection activities took place on 9, 10, 11, 12 and 13 January 2023. We looked at a range of documentation including care files, daily records and medication administration records for 3 people. We looked at 2 staff recruitment files and reviewed documentation relating to the management and running of the service such as staff rotas, training and audits.

We spoke with 6 members of staff including care staff, senior care staff, the care co-ordinator, the manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with 5 people who used the service and 6 relatives. We received feedback from 2 health and social care professionals.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. 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 with staff. People said, "Yes, I do feel safe" and "Very safe, some of them are more like members of the family than carers. They're friendly but professional."
- Staff were trained in safeguarding and had the skills and knowledge to identify and report concerns.
- Staff were confident any concerns would be appropriately dealt with. A health and social care professional said, "The service have a robust safeguarding approach and frequently communicate to me any behaviours of concern."

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

- People and their relatives trusted staff to keep them safe. A relative said, "When the carers came, it was like a breath of fresh air; the carers look after [Person's name] while I get an hour to myself, knowing they're safe and looked after."
- Staff understood how to minimise the risks to keep people safe from harm. One person said, "I have lots of different equipment they use to help me, and they definitely know what they're doing. I've never had any incidents or accidents with them."
- Risks to people's safety and wellbeing had been identified and addressed. Risk assessments and care plans detailed control measures for staff to follow to keep people safe and were regularly reviewed.
- Where risks were identified by staff these were shared appropriately. A relative said, "The staff are also alert to potential risks they've seen in the home and have passed these on to me."
- Systems were in place for reporting and monitoring accidents and incidents if they occurred.

Staffing and recruitment

- Staff were recruited safely. Appropriate employment checks were completed before staff started working with people.
- There were enough staff deployed to meet the needs of the people who used the service.
- Staff attended calls when they were planned to and informed people of any unexpected delays. People said, "By and large they're very good at being on time. If there's a problem with the traffic or anything, the office let me know" and "They've only been late once, and they let me know. There's always someone on call, ready to come out and fill in for anyone, which is very good."
- Where possible, people were allocated a regular staff team who they built close relationships with. A person said, "Some are like friends now, not strangers. They fill in a chart each week, so I know who's coming. All the staff are friendly, and we have a bit of a laugh together." A relative said, "They've been very consistent with the carers – 3 regular ones mainly, so my relative knows them well and they know [Person's name]. Having someone [Person's name] is getting to know is really nice. I've been impressed that each

carer knows how to chat with my relative about things they like and are interested in."

#### Preventing and controlling infection

- Staff were trained in the use of Personal Protective Equipment (PPE) and infection prevention and control practices. The management team completed competency assessments and spot checks to ensure staff had the required skills and knowledge.
- Staff had sufficient access to hand sanitiser and PPE and understood how and when to use it. People confirmed staff wore PPE.

#### Using medicines safely

- People received their medicines safely and as prescribed. One person said, "I have several different creams to put on my body; the carers change their gloves in between so there's no cross-over of the creams, which is important."
- Where there was a contractual arrangement in place, staff supported with the ordering and collection of people's medicines which was appropriately risk assessed and recorded in their care plans. One person said, "They check that I've taken my medications okay and if I have enough. They have taken me to the doctors to pick up my prescription, or to the chemists."
- Staff were trained in administering medicines and their competency had been assessed to ensure the safe management of medicines.
- Medicines monitoring processes were kept under review to ensure they remained effective. The acting manager reviewed and updated monitoring systems during the inspection to ensure they continued to identify and address all shortfalls.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to using the service and information was used to create care plans and risk assessments.
- Care plans and risk assessments could be amended when required and were also reviewed and updated on a regular basis to ensure they accurately reflected people's needs. A relative said, "The carers are very responsive to [Person's name's] needs on a day-to-day basis. Any changes the carers report to the office and they contact me so we can change the care package if necessary."

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to appropriately support people and meet their needs. One person said, "If staff don't know something, they ask; there's a new carer coming with one of my regular carers, to see how things are done, the more training they get the better."
- All staff were up to date with their mandatory training and new staff completed a thorough induction programme, which included shadowing more experienced staff and completing mandatory training.
- Staff were positive about training and the support they received from the management team and the office staff on a day to day basis and with regular supervision.
- The management team ensured staff continued to have the appropriate skills and knowledge for their roles during spot checks, competency assessments and arranged additional specialised training when required.

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

- People and their relatives told us appropriate support was provided with meals and drinks when this was part of their commissioned package of care. One person said, "They'll ask me what I want, and prepare it, usually freezer to microwave. They also use the slow cooker to cook a load of something and put batches in the freezer for me... Also, they make up a flask of drink to cover the afternoon for me."
- Staff supported people to plan and prepare meals and drinks of their choice. A relative said, "I cook food for [Person's name] and box it up. The carers ask what they want for breakfast, lunch and tea. The carers don't just go in the freezer etc and take something out, and they also always make a drink for [Person's name] before they leave."
- Care plans included details about the support people needed with preparing food and drinks and if any assistance was required with eating and drinking.

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

- People and their relatives provided positive feedback about support from the service with people who were ill and needed extra support. One relative said, "During a medical crisis I couldn't have coped with it on my own; the girls were fantastic, bed bathing [Person's name], they were really caring."
- The management team communicated changes in people's needs to commissioners and people's relatives so care packages could be appropriately adjusted to meet people's needs. A relative said, "The carers have alerted me to a couple of things and when they have, they've also passed it on to the manager, who told me. For example, when a carer felt that [Person's name] had been distressed about something, she passed it on. There's good communication and care."
- People were supported to access healthcare services and appointments where required. Staff advocated on people's behalf to ensure their concerns and views were heard by healthcare professionals. One person said, "The carer reported a medical treatment issue to the office, and the office rang me and asked if it was okay to contact the district nurse, the district nurse came out and dealt with it, all within the morning. You can't get better than that."
- The management team and staff communicated effectively with relevant professionals. A health and social care professional said, "The communication from the management team, both to myself as the professional, to their staff on the ground and the client themselves has been excellent. In addition, they liaise with the multi-disciplinary team as well."

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

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

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

- People and their relatives confirmed staff sought people's consent before providing care. A relative said, "The carer always asks 'Would you like to come to the bathroom now? Shall we get you dressed?'"
- The provider worked within mental capacity legislation and staff were trained in MCA. Processes were in place to complete capacity assessments and best interest decisions if required and care plans documented where there were people with legal authority to make decisions on people's behalf.
- Care plans informed staff how people gave consent and daily records showed consent was sought for all aspects of care provided. Staff were knowledgeable about how to gain people's consent.

# 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.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- Staff were exceptionally caring, kind and attentive. We saw evidence of countless examples where staff had gone out of their way with thoughtful, personalised gestures for people. Considerate gestures included sending people birthday cards, baking their favourite cakes, giving flowers and books, bringing in people's favourite takeaway and helping people to participate in meaningful ways during important dates in their lives such as Remembrance Day.
- People told us staff often went above and beyond their expectations to ensure they got the practical and emotional support they needed to promote their well-being and improve their quality of life. One person said, "They go out of their way to be helpful; they go the extra mile to finish a job, even in their own time. When a supermarket let me down with my food order, one carer said, 'I've got an hour spare, let me have a look at your list.' She went and got my shopping, everything that was on my list. I think staff go out of their way to help you."
- There was an embedded culture of kindness and respect which also extended to people's relatives. All feedback from people, their relatives and health and social care professionals was very positive about how respectful staff were. A relative said, "They're all very nice, very cheerful; I can hear them sometimes, chatting away and laughing with [Person's name]. I think they've helped me as well."
- People, relatives and health and social care professionals were unanimous in their praise of the staff. One person said "They are more like members of the family than carers. They're friendly but professional." A relative said, "My relative loves them all to bits, and is very happy with the care they get." A health and social care professional said, "All of the staff in my client's team are a good example of the attributes and skills that people working within care should have."
- Staff provided incredibly personalised care which helped people to live the lives they wanted. One person said, "It's a very good service, I'm very happy with the staff and if I didn't have them then I wouldn't be me." A relative said, "They're extremely caring in an individualised way for my relative."
- Staff were acutely aware of people's likes, dislikes and personal routines which they respected and followed. Staff were able to tell us in depth about people without referring to support plans.
- Staff were passionate and enthusiastic about providing great care and considered it as part of their everyday role. Staff told us, "I love doing the work" and "To me, doing a good job is part of my job, recently someone wanted a risotto, so I went and got them one, I take another person a coffee or cheeseburger in from McDonalds. I've been to shop today to buy someone a birthday card and I've taken in a cake for someone."

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture. Without exception, people and their relatives told us staff were respectful and maintained their privacy and dignity. One person said, "I was very embarrassed about receiving personal care, but they didn't seem to bat an eyelid and were very matter of fact and kind, which made me feel okay about it." Comments from relatives included, "Every one of the carers is polite and respectful" and "When my relative was ill, they were wonderful with helping and always did their best to make [Person's name] feel okay about things, however unpleasant it was."
- Staff were particularly sensitive in identifying when people needed additional emotional support. Staff knew people extremely well and were able to identify and respond positively to early signs when people needed more support. A relative said, "When [Person's name] was very tearful, the quality of every single carer was very good, in terms of the emotional support they gave them." A health and social care professional told us, "Staff were extremely responsive at noting changes to their behaviour and reported this to the office team... Changes to the support approach were required during this time and the staff adapted appropriately to deliver a different approach to care as their needs had escalated at this time."
- Staff understood the importance of maintaining people's independence. A relative said, "My relative washes and dresses themselves when they are well, and they let [Person's name] go ahead and do that." A health and social care professional said, "My client is supported with personal care and domestic activities and this is done with respect and dignity to enable them to be as independent as possible within their limitations."
- The consistency and reliability of the service meant staff were able to build positive, trusting relationships with people. A relative said, "They give a very high standard of care because of the regularity of staff."
- Staff were knowledgeable about how to maintain people's privacy and dignity and this was sensitively recorded in people's care plans.
- Personal information was stored securely and access to records could be granted or revoked when required. People were given access to their care records and where they consented, access was given to chosen relatives.

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

- People decided who provided their support and when and care was completed at people's own pace. People's preferences were explored, clearly recorded and systems ensured only preferred staff were sent to provide care. A relative said, "I rang [Manager's name] and told her that my relative was happy with two particular carers, so that was sorted out quickly and they became my relative's regular carers, so they were happier and felt safer."
- People were encouraged to express their views, wishes, preferences and choices regarding their care. We received consistently positive feedback that showed staff were highly responsive to people's requests, and made sure people got the support they wanted.
- People were fully involved in decisions about their care, such as in their regular care review meetings and day to day decisions about the support they wanted. One person said, "I had direct involvement when it was set up. Everything I need is written in the care plan." A relative said, "[Person's name] is involved, along with me and [another family member] and that discussion informs a future plan." A health and social care professional said, "I have observed staff encouraging [Person's name] with choosing activities in the community and making sure that they feel in control of their choices."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People were offered choice and control regarding their care. People told us they were supported with their routines, at their own pace, and staff offered them choices. Care plans contained detailed information about people's individual routines. A health and social care professional said, "There is a flexible and bespoke approach to implementing the support plans. The model of care/approach is a great example of how agencies should operate to meet the needs of clients."
- People were supported by regular staff who knew them well. One person said, "They do little things, like leave things in the right position for me when I'm on my own, so I can use it if I need it. Little things like that make you feel they're a good firm." A relative said, "The carers have been really good. [Person's name] has their little rituals that they've all learnt and respond to. It helps [my relative] to feel cared for and safe."
- Care plans detailed people's preferred routines and personal preferences, and daily records showed their care plans were followed.
- People were offered a choice of male or female staff and their decisions were respected. Processes were in place to ensure staff could only attend calls where appropriate. A relative told us, "We were asked, and our choice has been respected."

Meeting people's communication needs

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

- Information was given to people in a way they could understand. For example, one person told us staff gave them information verbally due to a visual impairment.
- People's communication needs had been considered and their needs were recorded in their care plans.

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

- People had been supported to participate in meaningful activities where this was part of their care package. A relative said, "They give [Person's name] companionship, doing whatever they want to do such as singing and going for walks. They know that's what [Person's name] likes because it's in their care plan and will tell them, anyway."

#### Improving care quality in response to complaints or concerns

- People and their relatives understood how to raise concerns or complaints but had not needed to complain as they were happy with the service.
- The provider shared the complaints process with people and their relatives so they could raise complaints if needed.
- When complaints had been made, the provider followed their complaints procedure and took appropriate action.

#### End of life care and support

- Processes were in place to record people's needs and the support they wanted to receive at the end of their lives, although no one had wanted to complete this at the time of the inspection.
- The provider was aware of which health care professionals should be contacted to support people's comfort and dignity at the end of their lives.
- Most staff had not completed training in end of life care. We raised this with the provider who advised they would review staff training requirements to ensure they could effectively meet people's needs at the end of their lives.

# 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.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The ethos of the service was to provide people with high-quality, person-centred care. People were at the heart of the service and there was a strong commitment from staff to provide people with exceptional person-centred care to improve their quality of life. We were told of extensive examples where staff had considered people's needs and wellbeing and how they could improve it. One example included a person was passionate about art but had not done any for a while. Staff arranged an art lesson including afternoon tea for them which improved their mental well-being and their relative reported there was a continued positive effect after the activity.
- The provider recruited staff with the same values and ethos which promoted extremely person-centred care. Staff told us they had accepted roles with the provider as they shared their values, comments included, "I've stayed with this job because of their values; it's person-centred and not just looking after clients but also looking after the care professionals" and "They're a client-centred care company. I think that's very evident from the staff they have recruited, as all staff have same sort of ethos; clients come first, their wellbeing and enhancing their lives."
- The management team had worked exceptionally hard and had established an astoundingly caring culture at the service where staff continually went above and beyond for people which helped to improve their well-being and quality of life including that of their relatives. We saw evidence of a vast number of examples where staff had been compassionate and thoughtful in meaningful ways which was cherished by people who used the service. One example included supporting a person to play snooker and go to venues to watch professional snooker matches which they were very passionate about and had helped them to live their life in the way they wanted. A relative told us, "I feel as if I can always ring [the nominated individual]. When [Person's name] was at home very poorly, one of the carers came back in the evening, sent by the company, to offer to help. They were very proactive, and it was organised at very short notice. It was so helpful, because I was in a state and they recognised that."
- The management team had lived their values of caring for, appreciating, developing and rewarding their staff which had enabled staff to provide exceptional care. The provider had multiple initiatives such as financial rewards and generous gifts in place to fulfil these values and had ensured staff were fully supported when they needed it the most which had promoted staff well-being. For example, a staff member and their family were treated to a meal out at a family celebration as the member of staff continually provided outstanding care. Another example included the nominated individual buying carpets for a staff member when they moved into their new home which helped to support their well-being.
- Staff were truly valued for their hard work and caring approach. Staff unanimously told us they felt



incredibly appreciated by the provider and management team. Comments included, "I've never worked at a company where staff are so looked after, it's really refreshing," "They care a lot about care staff and carers well-being, a lot of companies don't really care but these have been brilliant" and "There's a lot of job satisfaction, it is nice when praise comes and you feel you are doing a good job."

Working in partnership with others; Continuous learning and improving care

- The service was an excellent role model to other services. The management team had gone out of their way to establish positive relationships with other organisations including charities and health and social care services. A health and social care professional said, "I have been more than happy with the service provided and I would use Radfield again with other clients who require a robust care package. They are a fantastic example of care providers and how it should be done."
- The management team volunteered their time for the benefit of the local community. This included teaching first aid skills to young people so they could use them in an emergency and collecting old Christmas trees for a local scouts group. This had raised funds for their weekly meetings and building maintenance which helped ensure young people had a safe and enjoyable space to attend in the community.
- The management team understood issues in the community and worked with charities and organisations to help address issues in society. The management team provided people with information and guidance for accessing local charities, had donated supplies to a local foodbank and activity books to be distributed with the aim of improving people's well-being and quality of life. A staff member said, "All the staff, particularly the management team were so keen on what they were doing and were very hands on. They were very aware of how older people were and the problems they faced and the efforts they made to try and help them."
- Opportunities to improve local systems and reduce pressure on healthcare services had been pursued. The management team had worked with local organisations to improve local systems through regularly participating in meetings, providing valuable feedback, training of their staff and providing joint packages of care. One example was the management team had worked with another service to share a package of care which enabled a person to return home to live their life as they wished. Another example included working with a local health group to improve the local hospital discharge process which had helped to make it safer through effective communication and information sharing.
- The management team communicated very effectively with relevant professionals to meet people's needs. A professional said, "It's an excellent service and it is well managed. Great communication from management. I regularly receive timely updates regarding client's wellbeing and any concerns from the managers."
- Accidents and incidents were appropriately acted upon and monitored to identify patterns and trends and learning was shared with staff for their development.

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

- The management of the service was outstanding. We received excellent feedback from people and their relatives about the quality and leadership of the service. Comments from people included, "I'm very happy; the care I get is outstanding," "They're twice as good as my previous care company" and "I'd give them 9+ out of 10." A relative said, "They're absolutely excellent. I would say outstanding because there's nothing that I can say I'd improve."
- High quality care was promoted and embedded in the delivery of the service. The management team understood best practice and regulatory requirements and used systems effectively to maintain the quality of the service. An audit was reviewed during the inspection to ensure it would continue to identify quality shortfalls.



- People were incredibly happy with the service provide. All feedback we received from people, their relatives and health and social care professionals was positive. One person said, "I've no complaints, they're very, very good."
- Staff had a clear understanding of their roles and excellent support from the management team. A staff member said, "In my working career I've never known a company like it, the management and support is fantastic, which is why I'm still here."

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

- Systems were in place to ensure people were kept informed about changes to the company. One person said, "It is well run, yes. I know the management team. They're very good at telling you what's happening in the company, any changes like the manager being on leave. Communication is very good."
- Feedback from people and staff was used to help develop the service. Surveys had been completed by people and staff with very positive responses about the service.
- Regular meetings were held with staff and there was regular two-way communication about the service and anything staff needed to be aware of.

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 management team understood their responsibilities to uphold the duty of candour which included engaging with and apologising to people for any failings and systems in place had been appropriately followed by the management team.