

Mrs Helena Anna Farrell

Panacea Care Services

Inspection report

5 Bowfell Close
Tilehurst
Reading
RG31 6QR

Tel: 01189431642

Date of inspection visit:
20 April 2021

Date of publication:
10 June 2021

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Panacea Care Services is a domiciliary care service providing personal care to seven people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. Panacea Care Services provides support to older adults, people living with dementia, sensory impairments, physical disabilities and younger adults.

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

People were placed at the heart of the service and experienced exceptionally person-centred care, which consistently achieved good outcomes, significantly improving the quality and longevity of people's lives. People valued their relationships with their allocated staff and felt that they went 'the extra mile' for them, when providing care and support. The service provided outstanding end of life care, which ensured people experienced a comfortable, dignified and pain-free death. Staff also cared for and supported the people that matter to the person who was dying with empathy and understanding.

People experienced excellent continuity and consistency of care from designated staff who made them feel safe. People received safe care and were protected from avoidable harm by trusted staff, who had completed safeguarding training and knew how to recognise and report abuse. Staff effectively identified risks to people and managed them safely. The registered manager ensured enough suitable staff were deployed to meet people's needs. Staff underwent a robust recruitment process, which explored their conduct in previous care roles to assure their suitability to support people. People received their medicines safely from staff, in accordance with recognised guidance. People and staff consistently praised the registered manager for keeping them fully informed regarding changes in government guidance relating to infection control during the pandemic. Lessons from accidents and incidents were used to drive improvements in the service.

Staff assessed all aspects of people's physical, emotional and social needs and ensured these were met to achieve good outcomes for them. The registered manager effectively operated a system of spot checks, supervision, appraisal and monthly meetings, which supported staff to deliver care based on best practice. Staff emphasised the importance of eating and drinking well and reflected best practice in how they supported people to maintain a healthy balanced diet. Staff worked effectively with healthcare professionals to make sure care and treatment met people's changing needs and achieved good outcomes. Staff were very kind and caring in their approach, respecting people's individuality and promoting their independence. People were fully involved in decisions about all aspects of their care, which made them feel valued.

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.

The service was well managed and well organised. The registered manager was highly visible and provided clear and direct leadership, which inspired staff. The registered manager had the skills, knowledge, and experience to lead effectively. There were robust arrangements to manage complaints and monitor the quality of the service, the performance of staff and to drive continuous improvements, to ensure people experienced high quality care.

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

Rating at last inspection

This service was registered with us on 23/05/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service was first registered with us.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Panacea Care Services

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was also the nominated individual and the proprietor of the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

We gave the service 48 hours notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection. Inspection activity started on 20 April 2021 and ended on 6 May 2021. We visited the office location on 20 April 2021.

What we did before the inspection

We reviewed other information we had received about the service, including notifications received from the provider. The law requires providers to send us notifications about certain events that happen during the running of a service. We sought feedback from the local authority, community professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We reviewed the provider's website. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we

inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and eight relatives about their experience of the care provided. We spoke with the registered manager and six staff. We reviewed a range of records, including four people's care records, medication records and daily notes. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed, including the provider's policies, procedures and quality assurance audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with five community professionals who worked in partnership with the service, supporting people living in their own homes.

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 for 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, relatives and professionals consistently told us people experienced safe care and treatment from staff they trusted. One person told us, "I couldn't be any safer, they [staff] are so kind and gentle with me and keep telling me what is happening." A relative told us, "The thing I find reassuring is they [staff] are so proactive. They [staff] are really on the ball and quickly pick things up and deal with them." Professionals consistently said the registered manager was very responsive to people's needs and had a person-centred approach to ensuring people were safe. One professional told us, "They [staff] spot things early and arrange interventions, which averts the need for hospital admissions."
- People were protected from avoidable harm and discrimination by staff who had completed safeguarding training and understood their responsibilities to protect people from abuse.

Assessing risk, safety monitoring and management

- The service had clear processes to assess and manage risks to people, which were reviewed regularly in response to people's changing needs, to ensure they were met safely.
- People experienced safe care from staff who were aware of people's individual risks. The registered manager had effectively identified and assessed risks to people, which staff managed safely. Support plans provided staff with the necessary information and guidance to enable them to mitigate identified risks, such as choking, malnutrition, moving and positioning and developing pressure area breakdown. For example, one person who was immobile had a comprehensive moving and positioning plan, aligned to their support plan to prevent pressure area breakdowns.
- People's independence was actively promoted, whilst ensuring they were safe. Staff worked closely with people and their families to understand how to manage their risks safely, in the least restrictive way. People and relatives consistently told us the registered manager had fully involved in the needs and risk assessment process. One person told us, "They [staff] listen to me and what I want, which makes me feel they really do care about me."
- Staff were knowledgeable about people and could explain how they supported people to minimise risks to their health and wellbeing.

Staffing and recruitment

- There were enough staff, with the right mix of skills, to support people safely in accordance with their support plans. The registered manager completed a staffing needs analysis before taking on new care packages and were focussed on delivering quality care.
- The registered manager refused to compromise on the quality and safety of people's care. To achieve consistency and continuity of care, people had a team of staff specifically designated to them. Documents demonstrated how the registered manager had declined care packages, where they could not guarantee

enough suitable staff to meet people's needs. A professional told us, "I have always found [registered manager] extremely responsive to referrals and ensures a thorough assessment of the person's needs. There have been occasions when she has not been able to take on a patient, and in my experience, she is always mindful not to over stretch her staff team as she aims to give the best possible care."

- The registered manager completed a staffing needs analysis, based on people's dependency assessments. This ensured enough staff were deployed, with the right mix of skills to deliver care and support to meet people's needs safely.
- The provider effectively recruited and retained staff who were able to develop meaningful relationships and nurture trust in people.
- Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included references to evidence the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- People received their prescribed medicines safely from staff who had completed the required training and had their competency reassessed annually by the registered manager.
- The provider's policies and procedures gave staff clear guidance how to manage people's medicines safely. The registered manager completed regular observations to ensure staff managed medicines in practice, in accordance with their training, current guidance and regulations.
- The registered manager and designated staff completed regular audits to check staff administered medicines safely and clearly identified any issues or actions to be taken. Staff understood the action to take if a mistake happened, to ensure any potential harm to a person and any future recurrence was minimised.

Preventing and controlling infection

- People and staff consistently praised the registered manager for keeping them fully informed regarding changes in government guidance relating to infection control during the pandemic.
- Staff adhered to the provider's infection control policy and procedures and told us the registered manager had ensured there were ample supplies of personal protective equipment. People and relatives were reassured by staff, who used personal protective equipment in line with government guidance.
- People and relatives told us that staff demonstrated the required standards of hygiene and cleanliness whilst delivering care and support.
- People's health was protected because staff consistently followed good food safety and hygiene practice when preparing or handling food. Staff had completed relevant training in relation to infection control and food safety.

Learning lessons when things go wrong

- Staff understood their responsibility to report concerns and were aware of the provider's whistle blowing policy, which gave them confidence to speak up if they had concerns.
- Staff accurately recorded all incidents and accidents, in accordance with the provider's policy, which the registered manager analysed and investigated thoroughly. Any learning or changes to risk assessments were discussed with staff. The registered manager had ensured that staff took the required action to keep people safe, by reducing the risk of further incidents and accidents.
- The registered manager told us they strove to instil the right values in staff, so that accidents and mistakes were seen as a chance to improve.

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 assessments and care plans considered all aspects of people's care in accordance with recognised standards and guidance. Staff understood and delivered care in line with standards from the National Institute for Health and Care Excellence, other professional bodies or organisations and advice from specialist healthcare professionals.
- The service achieved good outcomes for people by delivering care based on effective assessments and care plans. Care plans clearly detailed people's needs, individual preferences and choices, and how they wished to be supported. This enabled staff to support people effectively to achieve good outcomes, such as working to increase their strength, mobility, nutrition or to maintain healthy skin.
- The registered manager emphasised the importance of gaining as much information as possible to ensure people received good quality care to meet their needs. The registered manager also used such information to allocate the most suitable and compatible staff member to develop meaningful relationships with people to ensure the best outcomes. For example, staff who shared similar interests to people they supported.

Staff support: induction, training, skills and experience

- Staff delivered care in accordance with people's assessed needs and guidance contained within their care plans. Staff had previous experience working in hospice environments, providing palliative, end of life care. Staff were able to provide detailed examples to demonstrate their knowledge and experience in this area.
- Professionals and relatives consistently referred to the high level of staff knowledge and expertise. One relative, with experience of other providers said, "We have had some really good care agencies before, but Panacea are head and shoulders above all of them. The quality of care just stands out because all of the staff are cut from the same cloth as the manager."
- The registered manager used supervision and appraisal to effectively develop and motivate staff, review their practice and focus on professional development. Staff consistently told us they received effective support and training, which enabled them to carry out their roles and responsibilities effectively. One staff member praised the registered manager for their support in their personal development, to achieve their ambition to become a qualified nurse. The registered manager demonstrated how they had supported staff with their continued professional development to maintain their nursing qualifications.
- Staff were supported to access training and develop skills relevant to their role. Staff consistently told us they felt well supported during their induction to the service, with face-to-face induction training provided by the registered manager and shadow shifts with more experienced staff. Staff consistently praised the quality of their training and made positive comments such as, "She [registered manager] is so committed to people we care for and us [staff] and is always there night or day. If there is a problem, she comes out straight away." Another staff member told us, "It is a pleasure working for [registered manager] because she

has such high standards and invests time to make sure you understand what to do and how to do it."

- People and their relatives spoke highly about the skills of staff, reporting they were knowledgeable and capable.

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

- People were supported to have enough to eat and drink to remain healthy. The registered manager placed strong emphasis on the importance of eating and drinking well to maintain people's health and well-being.
- People's dietary needs were assessed, and plans were put in place that supported these needs. Care plans explored whether people had a good appetite, if they had any dietary restrictions or preferences and if they were at risk of malnutrition, weight loss or weight gain.
- Staff followed guidance from relevant professionals to protect people at risk of poor nutrition, dehydration, swallowing problems and other medical conditions. A relative of a person identified to be at risk of malnutrition told us how the consistency of caring staffing had stimulated their loved one's appetite, which had significantly improved their health and wellbeing. The relative said, "The staff know [loved one] so well now and have managed to encourage them to eat more which has improved their strength and general health."

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

- Staff worked well with other agencies and ensured people had access to the support they needed to meet their healthcare and wellbeing needs. The service made prompt referrals and liaised with other healthcare professionals when the need arose. For example, staff informed a person's family member about a small growth they had discovered. This enabled the relative to arrange an early referral to the appropriate professional, which achieved a successful outcome for the person. when
- Professionals told us that staff supported people well, in accordance with their guidance and liaised promptly regarding concerns about people's health and mental well-being.
- Supporting professionals consistently referred to the significant benefit of a small dedicated staff team focused on delivering specific outcomes for people. For example, staff identified a person's mobility had deteriorated and they were at increased risk of falling. Staff worked effectively with the community occupational therapy team to achieve a successful outcome for the person, including the provision of supportive equipment, which supported the person to mobilise safely.
- Staff ensured that people received consistent, person-centred care and support when they were referred to, or moved between different services, for example; admissions and discharges from hospital.

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.

- Staff had completed training and familiarisation about the MCA. Staff were able to demonstrate their understanding of mental capacity and how this impacted on people, including how to promote choice and control wherever possible for people.
- All staff knew when to offer people a choice in relation to food, clothing or pastimes, and when to allow people to make unwise decisions. Staff understood when they needed to intervene to keep people safe.
- People's capacity to consent to their care had been assessed, where appropriate, and accurately recorded.
- Care plans clearly detailed how staff should support people to make choices, using their preferred methods of communication.

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 good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were highly motivated and consistently told us they were inspired by the registered manager to deliver support that was caring and compassionate.
- People experienced meaningful relationships with staff who treated them with kindness in their everyday care. One person told us, "They [staff] are all wonderful, just how you imagine nurses should be. They're [staff] really caring."
- People received good continuity of care from regular designated staff, with whom they shared a strong personal bond. People and relatives consistently reported staff were focussed on caring for them and were not task driven. One relative told us, "They [staff] have time to stop and chat and listen to [loved one], which sets them [Panacea Care Service] apart from others [care services]. The ladies [staff] are never in a hurry and stay as long as it takes."
- Staff training included equality and diversity, which prepared staff to meet people's diverse needs arising from their individual cultures. People's diverse needs were clearly identified in their care plans and staff provided support to meet them, including those related to disability, gender, ethnicity and faith. The registered manager allocated staff in line with people's preferred choice of gender.
- All staff were able to tell us in detail about people's needs and how they promoted people's dignity and independence, for example; how they encouraged people to do everything they were able to themselves.

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

- People and relatives were fully involved in decisions about all aspects of people's care and support. People and relatives told us staff made them feel their opinion truly mattered. They told us how people's views about the care they wanted were acted on, such as the time of a care visit, the duration of this and the care and support that was needed.
- Relatives told us the registered manager and staff were very good at explaining treatment options in a way people could understand and their preferences and choices were respected.
- The registered manager and designated staff reviewed people's care plans and risk assessments monthly or whenever people's needs changed. This ensured they were accurate and reflected people's current needs and preferences. People also received six monthly quality assurance visits from one the registered manager, where they were able to share their experience about the quality of their care and identify any areas for improvement.

Respecting and promoting people's privacy, dignity and independence

- People experienced care which promoted their independence and respected their privacy. Care plans used respectful language, to promote people's dignity and choice. People's needs were regularly reviewed

and focused on any change in their independence. People told us staff encouraged them to be as independent as possible.

- Staff skilfully persuaded people to engage in decisions about their care, using an encouraging approach. People told us that staff held their privacy and dignity in high regard. Staff ensured people were given space and privacy in their care. People told us that staff respected their individuality and their personal wishes. Relatives consistently told us that staff knew how to support people in ways which comforted them and made them feel special.

- People, staff and professionals praised the consistent support provided by specifically allocated staff, during people's lengthy periods of rehabilitation. For example, two people told us how staff knowledge and encouragement had led them to develop and regain their independence lost due to health conditions.

- Staff had completed required training and understood their responsibility to maintain the confidentiality of people's care records to protect their privacy. The provider had appropriate systems in place to protect people's confidential information, whilst ensuring this was readily available to those authorised to view it.

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 outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People, relatives and staff told us the registered manager established their commitment to provide excellent care from the outset. People and their families were empowered to lead the development of their support plans, which ensured they were highly detailed, reflecting all aspects of people's life, culture, needs, preferences and choices. The registered manager and staff took time to get to know people, spending time with them and their families before delivering any care. Dedicated staff were allocated to create relationships based on mutual respect, trust and shared values.
- The registered manager met people and their family where appropriate, to complete a detailed needs and risk assessment. This was followed by a second visit when the registered manager introduced the person's dedicated care staff. The registered manager and dedicated staff then went through how the person wished to be supported. The registered manager then observed the dedicated staff deliver care to confirm the person was happy with the way staff supported them. One relative told us, "After the first meeting we knew we had found the right service. She [registered manager] has very high standards and will accept nothing less from her carers [staff]. Another person's relative, with experience of other providers told us, "We were quite taken aback by how personal and thorough the initial process was and the introduction of a dedicated carer [staff] was just so reassuring."
- Visiting professionals consistently told us that the service was focused on providing person-centred care and support, which achieved exceptional results. For example, one person being supported with multiple serious health conditions had been paralysed and immobile for a long time. Staff worked closely with family members, community physiotherapists and occupational therapists to deliver a daily exercise programme. This has resulted in the person now being able to mobilise independently using a walking frame. Health professionals consistently told us this was an unbelievable outcome, which flew in the face of traditional medical wisdom. For example, one professional told us, "Recently with the physio team, they [Panacea Care Services] have mobilised a person who was bed bound. This is truly amazing." Another professional told us, "It is a staggering achievement." A relative told us, "It was a great team effort but a major factor was undoubtedly the nursing skills of [named dedicated staff]."
- The relative of a person diagnosed with a terminal illness, who was a healthcare professional, told us, "The care they [staff] provide is exemplary, with their hospice experience they understand the process, particularly medicines and pain relief. They really treat [loved one] with dignity and respect and always speak and check what she wants, offering choices."
- Staff were supported and encouraged to go the extra mile for people, to spend time with them and provide care which made a difference and achieved positive outcomes. For example, a person experienced anxiety in relation to their personal care, and would not accept support from family members, which had an

adverse effect on their skin integrity. Due to the close bond developed with their staff, this person now received support with their personal care, including massage, which has led to a significant improvement in their skin integrity.

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 used creative ways to make sure that people had accessible, tailored and inclusive methods of communication. For example, staff were enabled to support people with their assistive technology and how to support the person if this was not available. One person with limited verbal communication used an eye-controlled speech generating device. Staff had been trained how to communicate with the person effectively using this technology. However, this device was not easily portable, so staff had to be conversant with the person's unique language, which was a mixture of the person's body language and expressions. For example, whilst the person was taking a shower. This person's relative praised the staff for the way they had embraced their loved one's different communication methods, which ensured their needs and wishes were understood and acted upon. The person's relative told us, "They [staff] know him so well and are always talking. He [loved one] can say so much just by raising an eyebrow and they [staff] are so in tune with him and how he communicates what he wants."
- The registered manager made information about how to access advocacy services available for people who wished to have additional support whilst making decisions about their care. At the time of our inspection some people were supported by a lasting power of attorney (LPA). A lasting power of attorney is a person legally appointed to help people make decisions or to make decisions on their behalf. One LPA told us the registered manager had compassionately supported them to ensure their loved one's wishes were respected and that they received "outstanding care". The provider had obtained and recorded full details in relation to people's power of attorney, which ensured staff understood who to consult in relation to decisions about their care.

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, relatives and professionals consistently told us that staff went "the extra mile" in every day-to-day interaction with people to avoid social isolation, which was an area of particular strength. For example, a person who lived alone had developed a facial tumour, which caused them to become very self-conscious and withdrawn. This led to the person becoming isolated and reluctant to meet her best friend. Dedicated staff worked closely with the person building their confidence and improving communication with family members. Staff eventually supported the person to meet their friend and re-establish their close bond. This culminated in a 'beautiful afternoon tea' made by staff, with close friends and relatives which made the person feel 'really special.' A palliative nursing specialist told us, "I have frequently seen [registered manager] and her team do some wonderful things but this always stands out for me."
- A relative told us how family members, including children and grandchildren, had been encouraged by staff to become actively involved in their loved one's rehabilitation. This not only achieved an excellent outcome in relation to their rehabilitation but also reinforced close bonds within the family and made the person feel valued.
- The registered manager showed dedication and flexibility to meet people's and their families' needs, which inspired staff to strive for excellence. For example, one relative told us, "We would have been lost without [registered manager]. When I felt I just couldn't cope, she was there to support me." A person

receiving care told us, "It's not just the unbelievable support they provide for me but when [loved one] is at a low ebb and feeling overwhelmed, [named staff] will come out and help us through it."

End of life care and support

- The service provided outstanding end of life care which ensured people experienced a comfortable, dignified and pain-free death. When people were nearing the end of their life, they received extremely kind and compassionate care. The service provided continual care for people and were supported when required by external palliative care specialists. Palliative care is the active holistic care of patients with advanced progressive illness. Palliative care specialists consistently told us that the service provided exceptional end of life care. For example, one such specialist told us, "Patients [people] receive holistic personalised care and the manager and staff work and support all the family. She [registered manager] goes over and beyond to ensure the best experience for her patients [people]. Another told us, "Although I'm not able to recommend care agencies, I'm always really pleased if someone chooses to use Panacea because I feel confident in the care they will receive."
- Professionals consistently identified previous staff experience working in hospice environments to be a real strength in the service provision of end of life care. One professional told us, "Prior to founding Panacea, the registered manager was a nurse at [named hospice]. As such she has great experience and insight into providing care for palliative patients, which is really valuable for the people I support, who want to be cared for at home for as long as possible."
- We spoke with relatives who had received end of life care from the service before passing away. They consistently praised the registered manager and staff for the exceptional care provided to their loved one at the end of their life. The care provided was passionately described to be outstanding, compassionate and understanding, whilst referring to the staff as extremely loving and caring.
- Families consistently told us that staff had provided compassionate and uplifting support for them when they were feeling despondent and demoralised. One relative told us how on one occasion, when they had become emotionally drained and in the depths of despair, the registered manager came straight out with staff to support and comfort them.
- Another family member told us the registered manager explored all of their loved one's wishes, which they then respected and fulfilled. For example, they identified which individual staff the person preferred. The designated staff all volunteered to change their shifts and rest days until further notice to ensure the person always had their favourite staff available.
- Staff understood how to support people's spirituality in the widest sense, not just their religious beliefs and faith but other things which gave meaning to the person's life, such as the arts, nature, and special interests. Staff were knowledgeable about how to minimise any food related discomfort experienced by the person, whilst maximising their enjoyment of food. Staff told us how they were actively encouraged by palliative care specialists to provide as much social interaction as possible. This meant people were supported to be as comfortable as possible surrounded by family and staff that cared for them.
- Relatives consistently told us that a great strength of the service was their engagement with relevant health professionals to arrange more appropriate equipment to support the person to move and feel more comfortable. The provider proactively ensured people were supported with the appropriate equipment to meet their end of life care needs. For example, one person spoke about their frustration relating to the rapid deterioration of their loved one's health and the perceived lack of action by other professionals. They told us, "I have so much faith in [registered manager] because she wouldn't take no for an answer and got other [professionals] involved who didn't think [loved one] required the support."
- Families praised staff for the empathetic way staff explained the dying process every step of the way so they knew what to expect. Relatives told us they were 'uplifted' by attentive staff who also wanted to know how the service could support them as well as their loved one.

Improving care quality in response to complaints or concerns

- People and their relatives had the opportunity to provide feedback about the quality of the service during care reviews, meetings and surveys. This feedback was consistently positive, with many complimentary comments about the support provided.
- The service had an effective complaints procedure in place. The registered manager treated any concern as a learning opportunity to drive continuous improvement.
- There had been no formal complaints since the service began to provide care. People knew how to raise a complaint or concern and consistently told us that staff encouraged and supported them to express their views if they had a problem or were unhappy about the service.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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 and staff placed people and their needs at the heart of the service by ensuring their dignity, independence and choices were prioritised. The registered manager had nurtured a strong, person-centred culture, which was reflected in the approach of all staff. All staff were passionate about working at the service and delivering the best possible care to enrich the quality of people's lives.
- People and relatives consistently reported that staff treated people like members of their own family. One professional told us, "An ethos of kindness, compassion and excellent care seems to be at the heart of what [registered manager] wants to achieve, and I think she is very mindful to nurture these qualities in her staff."
- Professionals consistently told us they were impressed with the registered manager's attention to detail and determination to deliver the highest quality of care to people in their own homes.
- People experienced personalised care from a stable staff team who knew them well and were committed to delivering care, which was tailored to meet their individual needs.
- People and relatives consistently praised the registered manager for being empathetic and responsive, whenever they were worried or required support. One relative told us, "She [registered manager] is always there for us and will come out anytime to make sure we are alright."

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 provider's policy clearly identified the actions the registered manager and staff should take, in situations where the duty of candour applied.
- The registered manager and staff were aware of their responsibilities and understood the importance of transparency when something had gone wrong.
- The registered manager had developed good relationships between people, family members and staff and actively encouraged critical feedback from people to help improve the service.

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

- There was a strong sense of leadership radiating from the registered manager, which set the standards for all staff. The registered manager was highly visible and provided clear and direct leadership, which inspired people and staff. Staff told us they felt well supported and respected by the registered manager, who valued their opinions and experience. People and staff consistently praised the registered manager and described them as an excellent role model.

- People, relatives and professionals consistently described the service as well organised and well managed. One relative told us, "[Registered manager] is an excellent manager. She is so good at sorting things out at short notice. She seems to know more than [other professionals] and gets things sorted out. Knowing she is there is a huge weight off our minds and all her carers [staff] seem to be the same." A staff member told us, "The support I have had here from [registered manager and colleagues] has been brilliant, just blown me away. Everybody just wants to do the best for people and are a great team who support one another. I can't imagine working anywhere else where you get so much support and encouragement to learn."
- The provider had established effective systems and processes for reviewing the quality and safety of the service. The registered manager used feedback from people and their families to identify necessary learning and areas for improvement. Designated staff completed regular audits and reviews of care records address any areas for improvement. The registered manager spoke with staff daily, where significant events were discussed to identify required improvement and ensure any required action was taken.
- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken.

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

- The registered manager had a 'hands on approach' which enabled them to spend meaningful time with people and staff.
- People and relatives consistently told us they were fully involved in all care decisions and that communication with the registered manager and staff was very good. Staff consistently told us the registered manager valued their views, which they were encouraged to share during supervisions, team meetings and at any time they needed to talk.

Continuous learning and improving care

- Community professionals consistently told us the registered manager was open to their guidance and welcomed constructive advice. The registered manager had developed good relationships between people, family members and staff and actively encouraged critical feedback from people to help improve the service.
- The registered manager shared good practice with the staff team including the latest government guidance around COVID-19.
- The registered manager promoted an open and honest staff team culture. One staff member said, "Whenever I'm unsure about anything, I just ask [registered manager] and she will come straight out to help me or show me, just to check I understand."

Working in partnership with others

- The registered manager and staff worked well in collaboration with external agencies including palliative care specialists, occupational therapists, hospital discharge teams, social workers and other care providers. This helped to ensure people received high quality, well-coordinated and consistent care.
- Guidance and involvement from professionals was promptly sought and systems were in place to check that these were effective in achieving successful outcomes to improve people's lives. Professionals told us they were impressed by the person-centred approach of the registered manager and had confidence in the staff's willingness and ability to follow their guidance to meet people's needs.