St. Anthony Of Padua Community Association

St Anthony of Padua Care Services

Inspection report

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Date of inspection visit:
25 January 2018
29 January 2018
31 January 2018

Date of publication:
28 March 2018

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

This inspection took place on 25, 29 and 31January 2018 and was announced. This service is a domiciliary care agency based in Newcastle upon Tyne. It provides personal care to people living in their own homes in Newcastle and North Tyneside. Services were provided to adults with a wide range of health and social care needs including physical disabilities, sensory impairments, learning disabilities, mental health needs and dementia. At the time of our inspection there were approximately 275 people receiving a service.

Not everyone using St Anthony of Padua Care Services (known locally as St Anthony's) receives regulated activity; The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

Our last inspection of the service was carried out in November 2015 and we rated the service as 'Good'. At this inspection we found that the service had improved further and was 'Outstanding'.

The service had a well-established registered manager in post who had been registered with the CQC since February 2016. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff told us that the Chief Executive Officer (CEO) for the provider organisation was an exceptional leader and that the service has become much better since their appointment over two years ago. We saw the service had significantly developed the quality assurance processes and improved their engagement with people who used the service for example. We found the CEO had a clear vision for the service which put people at the heart of it.

Both the CEO and registered manager had extensive employment histories supporting vulnerable people who require personal care and assistance. The service benefitted from a reliable and steady team of devoted staff who told us they were proud to work for the provider and loved their jobs.

The service was based in the heart of the community it served where people and staff were welcomed into the office and community day centre. As the provider was a charitable organisation they were especially keen to make strong links with the community and neighbouring services. We saw a host of successful collaborations had been made with other local businesses which helped local people including those who used the provider's care at home service. The provider used a wide range of methods to engage with people and empowered them to voice their opinions. A recent 'service user' survey had been carried out in October 2017 which was positive.

There was a strong quality assurance framework in place across the service to ensure that the monitoring of

the service was methodical, meaningful and in-depth. Audits carried out by the management team and provider's board of trustees demonstrated that checks on the service were systematically undertaken and where issues were identified, action was taken. The senior management team and board of trustees had oversight of all matters arising to make sure these had been effectively and correctly dealt with in line with the provider's policies and principles. A detailed action plan for continuous improvement had been drafted and was used to direct the management team and support them to focus on the provider's key priorities.

The service had an excellent person-centred culture. The management team and staff were extremely committed to delivering a service which was exceptionally caring and empathetic. People and relatives overwhelmingly expressed their satisfaction about the service and told us their care workers provided first class sensitive and compassionate support and they respected their homes and their belongings. People said staff consistently maintained their dignity and privacy and continually treated them as individuals.

We found staff were highly motivated and inspired to provide individual care to people by their senior managers who were described as "open and really nice", "supportive" and "approachable" by the staff. Staff we engaged with displayed remarkably kind, caring and considerate attitudes and spoke professionally and passionately about their job role. The equality and diversity policy was fully embedded into the service and staff were able to easily describe many positive outcomes which had been achieved for people with a variety of differing needs.

People were consulted in innovative ways to gather their opinions and encouraged to get fully involved in the running of the service. The provider operated a day centre and they always invited and encouraged people who used their care at home service to attend. Coffee morning drop-in sessions and scheduled 'service user' meetings took place. People and their relatives were actively encouraged by the provider to become involved with management decisions and in developing the service further through these meetings and regular informative newsletters.

Staff were continually reminded of the management's appreciation of their hard work and dedication. We saw the registered manager sent memo's and newsletters to staff as well as individual emails of thanks to care staff who had gone 'above and beyond' in their role.

People told us they felt very safe and comfortable with staff who visited their home. Robust policies and procedures were in place to assist staff to safeguard people from harm and abuse and the staff we spoke with understood their responsibilities with regards to protecting people. Incidents of a safeguarding nature has been thoroughly investigated, reported, recorded and monitored. Lessons learnt from incidents were a fundamental part of the continuous improvement of the service. The local authorities involved told us they had no concerns about this service.

Care workers supported people within their own homes to maintain their health, safety and welfare. Risk assessments were routinely carried out where staff had identified specific risks to people. We saw these were frequently reviewed and updated as people's needs changed. Staff were confident about how to react and what actions they would take in an emergency situation. Preventative measures were taken to minimise the risk of cross contamination as staff often visited multiple people in their own homes.

Staff told us there were enough of them employed by the provider to look after people safely and to meet their varying needs. People told us that they had regular care workers who were consistent and punctual.

A safe, transparent and vigorous recruitment process was in place. New staff had received a comprehensive induction in line with best practice and staff training was up to date. Staff attended regular supervision

sessions, annual appraisals and meetings in order to discuss any issues, share best practice and develop their skills and knowledge. Staff told us they felt extremely valued by the management team and that there was an open, friendly and honest culture, whereby they did not feel afraid to discuss anything.

People told us they received their medicines in a safe and timely manner. Regular competency checks were conducted with care workers to ensure that the high standards of care which the CEO and registered manager expected, continued to be delivered. Medicine administration records were reviewed often and we saw they were completed to a good standard.

All staff demonstrated an understanding of the Mental Capacity Act 2005 (MCA) and worked within its principals, including gaining appropriate consent to care for people who lacked mental capacity. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care workers promoted a healthy and stable diet among the people they supported. People told us their care workers made them meals of their choice in line with their likes and dislikes. Dieticians and other external health professionals were involved with people's continuing care needs to ensure their well-being.

There was a complaints policy and procedure in place. Lessons learned from complaints were shared with the staff to improve their practices. Everyone we spoke with had no complaints about the service. Staff who had received a compliment about the work were commended by the CEO or the head of the trustees.

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.

The service had effective systems in place to safeguard people from harm and abuse.

A robust recruitment procedure was followed, which ensured that there were enough staff safely employed to meet people's needs.

Risks to people's health and wellbeing had been assessed and reduced. There were policies and procedures in place to ensure people received their medicines in a safe manner.

Risks associated with infection control were minimised.

Is the service effective?

Good

The service was effective.

People received care from suitably trained and well supported staff.

Staff knew people very well in order to meet their individual needs and choices.

The service ensured that people's needs were assessed in line with best practice, which achieved positive outcomes for people.

People's rights were protected in line with the principles of the Mental Capacity Act 2005. The service ensured people were supported in the least restrictive way.

The service supported people to access external services in order to ensure their health and well-being was maintained and improved.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

People and their relatives were extremely positive about the

outstanding care they received. People, their relatives and professionals told us the service went 'above and beyond' to ensure people's needs were met.

People were supported by a dedicated and caring team of staff who supported them to build and maintain their independence. The staff provided exceptional support which enabled people to develop and meet their own goals and wishes.

There was an excellent person-centred culture across the organisation. Staff were incredibly knowledgeable about people, their needs and preferences which had a beneficial impact on people's lives.

Is the service responsive?

Good

The service was responsive.

People received care that was thoroughly assessed, personalised and regularly reviewed to meet their individual needs and choices.

People were supported in a compassionate way at the end of their lives by well-trained staff who supported people's choices, preferences and wishes to remain at home.

The service had an effective and thorough approach to managing complaints and people were encouraged to provide feedback and raise concerns.

Is the service well-led?

Outstanding

The service was extremely well-led.

There was very strong leadership at all levels. The senior management team had been actively involved in all aspects of the service and had extremely good knowledge about the needs of the business and the satisfaction levels of people who used it.

There were clear business strategies, visions and values for the service to continually improve the standards and quality provided by passionate staff, management and volunteers.

There was an exceptionally robust quality assurance framework in place. Care delivery was always of a high standard as was the management of the service and record keeping.

Staff felt valued and their contribution to the service was recognised and rewarded.

St Anthony of Padua Care Services

Detailed findings

Background to this inspection

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

This inspection took place on 25, 29 and 31 January 2018 and was announced. We gave the service short notice of the inspection visit because we needed to be sure that staff would be available at the office to assist us to access records and liaise with people who used the service on our behalf.

We visited the office location on 25, 29 January and 31 January to see the registered manager and office staff; and to review care records and policies and procedures. We visited people who received care in their own homes on 29 January and two experts by experience conducted telephone interviews with people and with care workers on 25 January. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed all of the information we held about St Anthony of Padua Care Services, including any statutory notifications that the provider had sent us and any safeguarding information we had received. Notifications are made to us by providers in line with their obligations under the Care Quality Commission (Registration) Regulations 2009. These are records of incidents that have occurred within the service or other matters that the provider is legally obliged to inform us of.

In addition, we contacted local authority contract monitoring teams and adult safeguarding teams to obtain their feedback about the service. All of this information helped to inform our planning of the inspection.

We also used information the provider sent us in the Provider Information Return to support this inspection. This is information we require providers to send us at least once annually to give some key information

about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 13 people who received care at home, eight people's relatives, six care workers, one senior care worker, the human resources manager, the registered manager, the chief executive officer and the chair of trustees to gather their views about the service. We also spoke to a visiting external professional. We reviewed a range of care records and the records kept regarding the management of the service. This included looking at five people's care records, five staff files and records related to the quality monitoring of the service.

The inspection was partly informed by feedback from questionnaires completed and returned to us by 15 people who used the service, six members of staff and two external professionals.

After the inspection we invited the office staff to provide us with their feedback in confidence via email. We received responses from three care coordinators and a deputy care coordinator.

Good

Is the service safe?

Our findings

People told us they felt safe living at home with the support from the care staff. Comments included, "Yes I feel safe with them all", "No issues with safety" and, "I don't worry with staff in my home I trust them implicitly." Relatives added, "I've absolutely got the confidence to leave and be out of the house whilst they support [my relative], I have complete peace of mind leaving her at home when I know they are coming in to deliver her care", "I have no concerns regarding his safety with this team of staff" and, "I'm more than happy for staff to come in and get on supporting [my relative] without me needing to be involved, I feel he is very safe in their hands."

There were robust safeguarding procedures in place and staff were knowledgeable about what action they would take if they suspected anyone was at risk of harm or abuse. Through discussion with us they highlighted examples of concerns they had raised, which demonstrated an understanding of their role in protecting people. They were aware of the provider's safeguarding and whistle blowing policies and assured us they would have no hesitation to report anything they witnessed. Staff training in safeguarding vulnerable people was up to date and regularly refreshed. Incidents of a safeguarding nature were comprehensively investigated, recorded, reported and monitored. The registered manager tracked trends on a quarterly and annual basis to ensure any patterns which formed were analysed and actioned.

We checked three recent incidents, all of which included a comprehensive description of what had happened, investigation notes, staff witness statements and facts gathered from people and relatives. We saw actions taken after outcomes to safeguarding incidents ranged from sharing lessons learned through staff meetings to invoking the staff disciplinary procedure.

Thorough risk assessments were in place to reduce the risks which people faced in their daily lives, such as falls, mobility, communication, choking and scalding. This meant that these risks were controlled and action was taken by staff to help keep people safe. Daily notes made by care workers showed they were recognising risks and reporting it to their care coordinator. There was evidence that care coordinators and senior care workers conducted reviews, updated documentation and cascaded new information to care workers. This meant care workers provided care which met people's current needs in a safe manner.

Care workers supported people to remain safe in their own homes. Staff assisted people to regularly test smoke alarms, check equipment and monitor water temperatures. Information about utilities was recorded in care records so staff could assist people to turn off the gas, water or electricity in an emergency situation. In some cases, care workers used specialist equipment to move and position people who were unable to hold their own weight. This included manual and electric hoists, slings and standing aids. The staff we spoke with told us they performed visual checks of the equipment before use and ensured it had been serviced. Equipment which did not appear safe to use was reported to the office staff for attention. They also told us they were vigilant for other environmental risks such as pets, loose flooring and adverse weather conditions. This meant care workers were aware of potential risks which could occur in people's homes and they took positive steps to avoid harm.

Accidents and incidents continued to be monitored and analysed. Records were made of actions which had been taken or recommendations which had been made to correct working practice or prevent further accidents occurring. Where necessary people's individual risk assessments and care plans were updated following accidents or incidents. The service had recently maintained their CHAS (Contractors Health and Safety Standards) accreditation following a successful renewal application.

Medicines continued to be managed safely and hygienically. People told us they received their medicines as and when they expected them. Comments included, "I have medication twice day, the [care workers] always stand with me and wait until I swallow them", "I do take my own medication but the first thing they do when they come in is check to make sure I've remembered them" and, "Yes they get my medication out of the blister packets, and make sure I've taken them." There was a robust system in place for the administration of medicines. Staff had their competencies regularly assessed to ensure they remained capable of this task. Medicine administration records were completed accurately and were up to date. Any gaps in the records were investigated and explained on a medicine records audit.

The provider had a policy in place to protect people from the risks of infection and cross contamination. People told us they had observed staff following best practice guidelines, such as wearing personal protective equipment. Staff were issued with uniforms, disposable aprons, protective gloves and hand sanitising gel to reduce the possibility of cross contamination.

The provider had maintained a safe and effective staff recruitment process. Staff records demonstrated the appropriate pre-employment checks had been undertaken. This meant the provider assured themselves that applicants were of good character and suitable to work with vulnerable people. People who used the service were encouraged and supported to participate in the recruitment process by playing an active role in interviewing prospective employees. Staff files contained evidence of shadowing of more experienced staff, a probationary period and on-going training, support and development. This demonstrated the service was proactively recruiting suitable people with a mix of skills, knowledge and experience to meet the needs of the people who used the service. The staff we spoke with confirmed that the appropriate pre-employment checks had been carried out prior to them commencing their employment.

We considered the service had enough staff to operate safely and efficiently. Staff told us they felt there were enough staff employed to care for people safely. One care worker told us, "Yes there is enough staff, when someone goes off sick, there is always someone to cover, I've had to cover a few times, there's always reliable [staff]." People told us their care workers were reliable and consistent. Their comments included, "Yes they turn up on time almost always, odd occasion where things have just delayed them slightly", "We have continuity from Monday to Sunday, very occasionally we may have a dip due to sickness", "They are very, very punctual, only missed a couple of times due to snow", "I don't think she's (care worker) ever been off sick or been late" and, "Yes always come on time, not late."

We reviewed five care workers' rotas at random for the previous four weeks and saw they had appropriate hours and suitable breaks. There were no visits overlapping which meant travelling time had been planned to enable care workers to get from one person's home to the next.

The office staff managed an 'on-call' service which operated outside of normal business opening hours. This meant they were available to support staff and people in urgent situations. Written logs were kept of incoming and outgoing calls during this time to ensure that issues and concerns were reported to the relevant staff or to external agencies as necessary. On-call staff had secure access to the contact details of all people who used the service and their relatives. Staff contact details were also accessible so they could be called upon 'out of hours' if needed at short notice.

Good

Is the service effective?

Our findings

People received effective care from staff who had the skills and knowledge to suitably perform their role. People told us their care workers were well trained and relatives confirmed this. One relative said, "Safety wise, staff we have now, are really good at using his hoist correctly, he has had quite a severe back operation and needs to be lifted in a way that supports his back, all his staff are trained to do it his way. I have no worries about safety with this team."

We reviewed training information which was maintained by the human resources manager to ensure staff training was kept up to date. The provider used external training companies to deliver mandatory and refresher training courses. On-line training was also used to update staff as and when needed. Staff told us, "I did my safeguarding training just before August", "If I needed more training they would arrange it for me"; "I've done MCA (Mental Capacity Act) training on line. We keep going on the website for updates" and, "All my mandatory training is up to date, it is renewed regularly, I have also completed over thirty e-learning courses."

All care staff new to their role had completed or were in the process of completing the 'Care Certificate'. The Care Certificate is a benchmark for induction of new care staff. It assesses the fundamental skills, knowledge and behaviours that are required by staff to provide safe, effective, compassionate care. New care workers also completed a probationary period in which they shadowed experienced staff and had their competencies regularly assessed through planned and unplanned spot checks of their working practices before being signed off as competent. They also attended supervision meetings with their line manager. A new member of staff told us, "I did some MCA and DoLS (Deprivation of Liberty Safeguards) training in the Care Certificate workbook" and, "I've had a one to one (supervision) with managers after three and six months." Existing staff attended regular refresher awareness courses in topics which the provider deemed mandatory, such as safeguarding vulnerable adults, health and safety, moving and handling of people, safe handling of medicines and MCA awareness. We saw evidence of health and social care qualifications, training certificates and assessments of learning in the staff files. Two members of the office staff had recently completed a 'train the trainer' course for medicine awareness and end of life care which had enabled them to devise and roll out a bespoke training programme for the staff.

Records showed that formal one to one supervision meetings and annual appraisals regularly took place and recurring spot checks of care delivery were carried out with existing staff. Care staff confirmed they had received supervision and appraisal, been spot checked and that their performance at work had been competency assessed by senior staff. Staff comments included, "I'm doing NVQ3. I feel supported; I had supervision last month" and, "I had an appraisal last month and a supervision (meeting) two days ago." NVQ3 was the old terminology for the now Diploma in Health and Social Care.

The office staff used an electronic recording and rostering system to effectively manage the way the service was operated. People who used the service benefitted from this system because it assisted the staff to ensure continuity of care and assisted the management team to monitor compliance, safety and quality assurance.

People saw positive outcomes to their needs. We heard multiple examples of how staff had found ways to ensure people received an effective service. For example, one person with very complex needs attended college each morning and they had been missing an early morning social activity due to the time they arrived at college. The staff worked with the person and their family to introduce new care workers at a steady pace to ensure consistency, safety and confidence which enabled the morning call for personal care to be moved to an earlier time thus enabling the person to arrive at college sooner and participate in the social activity. The person's relative told the registered manager this had greatly improved their relative's well-being and social inclusion.

Another person who was extremely reluctant to accept assistance with personal care experienced a positive outcome after it was identified that they engaged better with a male care worker. After accepting the support of a male care worker for a shave, the person began to accept more assistance and started to ask for additional help. This enabled the service to provide more personal care, medicine and social support which greatly improved the person's wellbeing and home environment. The registered manager told us, "[Person] appears to be taking more pride in his appearance. He has recently asked if he could go out with the care worker to help purchase items for his home, which is another indication that he wants to keep his home clean and tidy. Through assessment we have reduced any risk of potential overdose of medication with his agreed consent, and reduced potential fire risks."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We observed that the service assessed people's capacity upon initial referral to the service and used local authority assessments to support this. The registered manager told us there was currently no one who used the service under any restrictions in line with the MCA, however policies and procedures were in place to support staff should the need arise.

We asked care workers how people were involved in decision making. Comments included, "You ask, it's person-centred how they want things done, I think chatting is important to people, to get to know them" and, "We involve clients in decisions, we have a care plan to follow, I ask them if there's any changes, do they feel comfortable, I ask permission, you are in their home, you respect that." These responses confirmed staff were aware of the need to ensure people were fully involved in the decision making process.

Care plans showed that people had been involved in their assessments and had consented to their care and treatment. Where appropriate, relatives had signed on people's behalf. People told us that their care workers always knocked on their front door before entering and always asked for consent before carrying out any tasks.

Care workers ensured people had enough to eat and drink. Entries made in the daily report books showed that care workers monitored people's nutrition and hydration needs and gave them the necessary support to manage a balanced diet. People told us that where required their care workers prepared a meal for them or made something for them to have at a later time. Comments included, "Yes they ask you what you want, what you want making and then go through the cupboards and find the food for you", "They do my breakfast, lunch and tea, I enjoy them coming, they break my day up", "Two sets of ladies (care workers) come different days, they do my food" and, "Yes always very good, they are good cooks, make vegetables and meat, I'm very surprised because they do proper food for me, not just soup. I am very happy with this." A relative told us, "[Person's name] has visits four times a day; staff are always very good they encourage her to eat, it's not the same when you're eating on your own."

Daily report books showed care workers had reported any issues and concerns to their care coordinator regarding people's needs which meant they had supported people to sustain their general health and wellbeing and ensure their needs were continually met. Records showed and staff told us that they were involving and referring people to other external professionals; such as a dietician, a social worker, an occupational therapist or a speech and language therapist. One relative told us, "In December the visits went up to three a day, I spoke to a supervisor and social services and it was quickly increased. They [the service] were proactive and the changes were prompted by notes made by the care workers."

Outstanding ☆

Is the service caring?

Our findings

Without exception, we received extremely positive comments about the staff. Comments from people included, "The staff are really very good, the regular ones that come are exceptional. I was in hospital awhile and when I came out the staff helped me get over my nervousness"; "I will give them the best marks I have got"; "I trust [care worker] with my life. I value them not just as staff but as good friends. I can't praise them enough. They are professional, I feel completely confident having them in my home taking care of me"; "They are perfect, they are spot-on, kind and very friendly" and, "If I was without them, I would be completely lost, they are wonderful. I would recommend them all the time, I am very, very happy."

Equally, relatives were overwhelmingly satisfied with the service their loved ones received from St Anthony's. They told us, "The people employed are always committed, they are very professional and very caring, they do what we want them to do, it's service user led"; "The regular carers are like family"; "Mam was quite ill, [care worker] was absolutely amazing, she was very, very good, very calm, lovely with Mam who was upset about it, she went above and beyond what I would have expected"; "Quite a few are brilliant, very patient. I can't fault them"; "They are excellent, very, very good" and, "[Person] knows who they all are, and his face lights up when they come in. The carers are absolutely fantastic."

The excellent relationships between people and their care workers had given people and relatives the confidence to express their views and make requests of the service, which in turn provided them with a bespoke service which met their needs and wishes. One relative told us, I just ring the office and they change the times to fit around what we have to do. I never feel it's a problem for them, they always say, that's fine let's try and sort it, which is really good as I always know I can ring them and ask for things to be changed without feeling like I'm messing them about."

Through discussions with the chief executive officer (CEO) and the registered manager we found that they truly demonstrated the provider's values of "Quality, Support and Respect." Their main focus was to keep people at the heart of the service and keep the service in the heart of the community. We saw this was implemented through care delivery and their engagement with people, relatives, the local community and staff. Values based questions were an integral part of the interviewing process for new staff to ensure the staff employed had similar caring based values which met with the provider's expectations and ethos. The human resources manager told us the provider's values were being revamped to include a set of behaviours and characteristics which the provider would look for in their staff.

The service had received numerous compliments and 'Thank you' cards. We were shown multiple examples which reflected the provider's values and behaviours. Comments included, "Caring, friendly and knows what to do without being told, remembers small things and is attentive of needs" and, "Wonderful staff, excellent care [person] receives from you. You all go above and beyond what is expected." An external professional wrote, "[Care worker] is really good at engaging [person] in positive and constructive ways."

Relatives we spoke with were very grateful and appreciative of the support St. Anthony's provided. One relative said, "We really appreciate that they are here every morning to support him, as times gone on

they've just gone from strength to strength. He is definitely the priority of the staff, they listen to us and we couldn't be more pleased with the service we have from them." Another relative told us the care staff had built up such a good relationship with their relative that this had given them the confidence to go on holiday. They told us, "Last year I got away for two nights, the first time in ten years."

Staff named in compliments were sent a letter of thanks from the CEO or head of trustees. We saw one letter kept in a care workers file which read, "With personal thanks from [CEO] for your positive contribution to the client and her son's lives. They were singing your praises (during a routine review) for an 'excellent service' and they could not speak highly enough of you."

Through conversations with staff they all demonstrated to us how they maintained people's dignity and respected their privacy during physical and intimate care and support. For example, we were told, "To protect the client's dignity when showering I draw the blinds, give them privacy, stay out of the room until they need support and cover them with a towel" and, "I know what's important by talking to them, interacting with them." One relative told us, "Staff will ask Mam if she wants her dressing gown fastened. [Care worker] hands Mam things when she wants them in the shower." Another relative said, "[Person] needs to see the same faces. They are just brilliant with him. They close the door when they are carrying out his personal care, and put towels around him."

The CEO and registered manager championed national initiatives such as 'The Dignity Challenge'. They made sure that dignity was embedded into every aspect of the service and that all staff were working together to create a respectful, trusting and caring environment which made a difference to people's lives. We found this had positively impacted on the service people received.

People told us they were empowered to be as independent as they wanted to be. One person said, "They always ask if they can do anything, I try to do my own thing." Another person told us, "I'm independent; I've worked all my life." The staff we spoke with described examples which implied they encouraged independence and respected people's wishes to try to do things for themselves.

We found staff to be highly motivated and they told us about feeling inspired by the provider and in particular the CEO to deliver a high quality, caring service. We spoke to staff about the people they cared for. They demonstrated a sound knowledge of people's likes, preferences and routines. They knew people well such as their life history and family background which showed they had invested their time in getting to know people. One care worker told us, "They have stories to tell, what they like, what they don't like, and their pictures on their walls." All staff believed people were safe and happy with the service overall. They told us they had no worries about people's welfare and they felt they had a good team of caring and compassionate care workers who delivered a great service to people. One member of staff said, "I believe we deliver an excellent service to our service users and are always looking for ways to further improve this." All of the people and relatives we spoke with corroborated this. One person told us, "It's peace of mind for the family. They know my preferences; they know me quite well by now to know how I like things done." A relative told us, "Mum has regular ones (care workers) that really are good at what they do. They know what she needs. They are very experienced." This showed that staff had developed remarkably positive, caring relationships with the people who used the service and their relatives.

Equality and diversity policies were in place to ensure that people were treated with dignity and respect regardless of the sex, race, age, disability or religious beliefs. Records showed care plans were created with people's and relative's input to ensure their needs were met in a way which reflected their individuality and identity. Staff had attended equality and diversity training which encouraged them to promote individuality and ensure people's personal preferences, wishes and choices were respected. We saw this had impacted

on people's lives because staff were able to share multiple examples of positive outcomes which have been achieved for people because staff had supported people individually and flexibly. For example, staff worked with one person for months to build up a positive relationship and improve their quality of life. The person went from complete reluctance to engage with staff to attending the office weekly to have a cup of tea and socialise with the staff who worked there.

People and relatives told us they had been involved with the planning of their care. They told us that staff from the office visited their home to carry out an initial assessment of their needs and some people told us that senior staff had revisited to check everything was OK. Office staff told us they ensured people made the decisions about who supported them and how they would be supported. For example, by giving options about male or female care staff and what time they preferred each visit to take place. Where ability allowed, people had signed the care records themselves or an appropriate person had signed it on their behalf to confirm their involvement.

We were told that communication was excellent. One person told us, "Communication is 100%." Another person said, "It was different this morning, [regular carer] is on holiday, the new carer has been here before but they still asked if I wanted a woman or a man (care worker)." Relatives confirmed this. One relative said, "[Communication is] first class, my sister who lives [away] and I feel fully involved in all aspects of care, they will ring me or leave a message, they will get either me or my sister. It's brilliant." A care worker told us, "We have someone who is deaf/blind; we always explain what we are going to do before we do it. We write on his hand to communicate with him. I give the best care I can."

People and relatives told us that at their request they received a weekly rota from the office staff which showed them which care worker was assigned to their visits all week. Relatives told us they really appreciated this form of communication as it alleviated a lot of anxiety and worry for their family members. One relative said, "I rang the office and asked them about having the list of shifts emailed over to me so mum was able to see who was on duty. They send this over every week now, so mum can check the rota, there was no issue or complaints about doing this for us. It's such a simple thing but makes so much difference for mum." This demonstrated that staff looked for different ways to communicate with people.

People were given a 'service users guide' which had been continually developed and improved since our last inspection. It contained information about the provider; what to expect from the service, what assistance could be offered, policies and procedures and contact details. Other information which would benefit people, such as contact details for the local safeguarding team, the Care Quality Commission (CQC) and ombudsman were also made available.

We asked staff if anyone they supported used advocacy services and they told us that a small number of people did. The provider welcomed the use of external advocates and also provided this type of support to the local community as part of their wider organisation. An advocate is a person who represents and works with people who need support and encouragement to exercise their rights, in order to ensure that their rights are upheld. Staff were aware of how to refer a person to an independent advocate from the local authority if people needed that level of support. Due to having a sound understanding of their local community, staff were able to offer advice and support about other services in the local areas in order to help people explore any additional help that may be of benefit to them. Some people had family who acted on their behalf formally with legal arrangements' in place such as relatives acting as a lasting power of attorney for finances and health matters. The registered manager told us they would always ask for proof of this arrangement before agreeing to provide care and support to a person who lacked mental capacity.

People's personal information and sensitive data was stored consistently securely to uphold confidentiality.

We saw that records containing people's private details were kept locked away and computers were password protected. Staff demonstrated that they were aware of the legal requirements to keep information about people safe and secure under data protection laws.

Good

Is the service responsive?

Our findings

The service carried out an initial assessment of people's needs upon receipt of a referral which was usually from a local authority social worker. Office staff completed these assessments and undertook routine reviews of the care they provided to people to ensure that when their needs changed, their care and support plans were changed to reflect the current situation. They also checked that the service was working towards or achieving people's desired outcomes, such as provision of appropriate food and drinks, a good routine with medicines and a clean and comfortable appearance. People told us, "They've (office staff) been down a couple of times, to look in the file and ask how it's going and if I have any questions. Up to now they have been good to me"; "The file is updated, I have a read sometimes"; The office staff have been down a couple of times, they ask to look in the file" and, "They are very helpful, open to other ideas, any changes, they address any issues." A relative said, "We have had a six monthly case review, we make suggestions, they will do whatever we ask, they give the night time tablets properly, the Warfarin dosage was changed and the care worker had the foresight to check on the file."

Assessments and care plans were very person-centred which meant they included information about the people's lifestyle, previous employment, hobbies and interests, their preferences and routines. One care plan read, "Care staff to knock on window before entering and enter through the back door" and, "[Person] may say she has had something to eat but please check and do not just accept what is said." It also contained information about the person being "anxious and weepy" and for care staff to provide lots of reassurance and encouragement. There was very specific information about people's likes, for example, "For breakfast [person] likes two slices of toast with butter, banana, cup of tea, milk and no sugar."

Care plans described people's individual needs in detail and included information about their current situation, how they were managing, what support was required, what staff should do if there were any difficulties in providing the service, information on tasks to complete and their preferred days and times. The records demonstrated that the service took a holistic approach to meeting people's needs as staff had taken into consideration all needs such as, health, personal care, emotional, social, cultural and religious needs. Relatives told us how the service had been responsive to their needs and had been able to provide additional support to their family members in order to allow them time to pursue their own matters.

We were told the service was responsive to people's needs. One person told us, "They do a lot of small things for me like my washing, pay my bills and getting my shopping and to be fair there absolutely great at it. They show respect to me and for my home. They do the washing just like I ask them, I'm a little fussy how I like it done, I just ask them and they do anything you ask them too, nothings to much trouble. Another person said, "I get help with cooking and tidying my house, also reading my mail. They help me look after my little girl and my dog. If I'm feeling well enough, I go out shopping as well." A relative told us, "They know [person] enjoys sleeping in, they make adjustments to fit around him, so at weekend they come later so he can have a sleep in. And on days he's not at college they try and come a little later so he can enjoy his time off college with a sleep in." Another relative said, "The main carer is really good at picking up a lot of things, when she's showering my husband she checks his legs really thoroughly and will remark if she thinks there is something that she is not happy with. I really appreciate this, as although I put him to bed I don't get close

enough like she does, she checks out marks and bruises, things that may need the doctor to look at, it's really reassuring having her as an extra pair eyes."

People and relatives told us the service was very flexible and they had been able to re-arrange visits at short notice to accommodate appointments and social occasions. Staff shared examples with us of how quickly they have been able to provide additional support when people's needs had changed. Similarly, some services had been decreased when people regained some or total independence. One person said, "They (office staff) swap the times around for my benefit." Relatives told us, "They are flexible if [person] goes out and sometimes [person] doesn't want them" and, "I get the rota every Friday, which is really useful however, with all the appointments that we have to go to with my husband, we often need to change our visit times." The relative went on to tell us that the changes were promptly made.

At the time of this inspection the service was not supporting anyone at the end of their life. We reviewed the provider's 'End of Life' policy and looked at the care plan of the last person who was supported. The care plan showed that outcomes were identified, such as people being comfortable and pain free, there was information about their current situation, the level of support required and increased review dates. The person's DNAR (Do Not Attempt Resuscitation) status was highlighted so staff could see at a glance what the person's wishes were in respect of this. Risk assessments were thorough, contained the level of risk (severity-v-probability) and control measures. Information about dignity and promoting independence were included throughout the care plan and risk assessment documentation. The staff worked in conjunction with GP's, district nurses, the NHS palliative care team and families to ensure people received the best care possible. In other people's care plans we saw they had declined to share their preferences at the time of the assessment but staff had revisited these options at each review.

Everyone we spoke with told us they knew how to complain and would feel confident to do so if they needed to. Whilst some people told us they had never had cause to complain others told us that the service had responded quickly to previous issues and resolved them to their full satisfaction. For example a relative told us, "I rang up and they (office staff) came here for meeting. They listened to what I was saying and agreed with my concerns and then they put all my [suggestions] in place, he has a full team, that are trained and know him well, which is just working out fantastic."

The service maintained a complaints register to track complaints and monitor trends. The register was up to date and included a brief description, an outcome and any follow up action. There were four complaints made between April 2017 and January 2018. We saw all complaints had been logged on a 'complaints form' and were acknowledged with an initial letter. Each complaint record contained investigation notes, witness statements and copies of documentation analysed by the registered manager to assist with their investigations. We read through some outcome letters which has been sent to complainants. Records included an apology (where necessary) for an unsatisfactory service and an explanation about what action had been taken to prevent the matter from arising again. We saw timely responses had been given at all stages of the process. One record showed that staff had been disciplined as a result of a complaint and a memo had been sent to all staff with reminders of good practice. This demonstrated the service operated an effective complaints system and had acted on feedback from people about the quality of the care provided.

Outstanding ☆

Is the service well-led?

Our findings

Consistently throughout the inspection, we saw the senior management team demonstrated their passion and commitment to the service and they enthusiastically promoted an admirable person-centred culture whereby people who used the service were at the heart of everything they did. People told us, "To be fair if you have any concerns or questions the office staff seem to have enough power to make the changes that you need to solve your issues" and, "The ethos this organisation seems to have a nice balance between the budget and putting people first in the equation. I think they are a fabulous organisation. I'm just so lucky to have found them."

An external social care professional told us, "This is one of the best domiciliary care agencies I work with. They are very community focussed. They have good staff, for example a new care worker was so nervous and almost in tears with thought of academic work on induction. I've met them today; they have done so well, put loads into the work, clearly researched it and put a lot of effort in. I was so proud of her, I had to go and tell the manager how well she had done."

At this inspection, the established and extremely experienced registered manager was still in post and had been registered with the Care Quality Commission (CQC) to manage this service since February 2016. The registered manager was fully supported by the 'nominated individual' who was also the chief executive officer (CEO) of the provider organisation, both of whom had extensive working knowledge of supporting vulnerable people. The registered manager was aware of their responsibilities and had submitted notifications as and when required. The registered manager and CEO were present during the inspection and assisted us by liaising with people who used the service and staff on our behalf.

The service was part of the provider's wider organisation which also provided day care, extra care, housing and youth support. This service benefitted from being based in a large community centre built in the heart of the community because it was very accessible to local people. The aims and objectives of the provider organisation included, "The provision of facilities in the interests of social welfare so that conditions of life may improve, to develop people's mental and spiritual capacities so that they mature as individuals and members of society, and the relief of poverty, sickness, disability, old age and conditions of need by providing housing, day and domiciliary care services with the object of improving people's lives. People who used St Anthony's care at home service benefitted from these additional services because the provider actively encouraged them to participate in organised events which reduced social isolation.

There was a systematic approach to working with other services to achieve positive outcomes for people. We saw in a variety of records that staff worked effectively with other healthcare professionals to ensure people's welfare was prioritised and continually assessed to improve their lives. There was an exceptional commitment from the registered manager to maximise people's independence and reduce reliance on social care services. For example, staff supported one person who described themselves as "institutionalised" upon initial referral to the service. Over time, the registered manager and staff worked with housing support officers, mental health social workers and medical professionals to enable the person to fully move into their property and manage daily living tasks with the support of regular care workers. The

registered manager told us, "They (the person) have built great trust with the staff and have regular access to the community to browse the shops. They now manage their own finances and all medical appointments which has ensured their mental health is sustained. They have successfully remained in their own home and had no readmissions into hospital since receiving support from St Anthony's." This demonstrated that the staff had had a remarkable positive influence on this person's life.

The service enjoyed strong links with other services within the community. There were consistent high levels of engagement with the local community, including people who used the service, staff, volunteers and the wider community. Several local businesses used the community centre to reach their customers. The registered manager promoted the internal and external services which would be of benefit to people through newsletters and word of mouth. Staff were also encouraged to work in partnership with and participate in events, such as those which promoted healthy living and well-being, which staff confirmed they did.

The service facilitated other constructive engagement with people who used the service. An annual satisfaction survey was issued to people and there were regular visits to people's homes to conduct reviews and spot checks of staff. The board of trustees also visited people on a quarterly basis to further assess their quality assurance process, personally meet individual staff and assess their performance, gather feedback from people on their service and complete an independent quality assurance assessment. We saw from the reports produced that the provider welcomed challenge and criticism and staff who engaged with people ensured concerns were fed back to the registered manager and if necessary the CEO to resolve any issues. For example, one relative who asked for a weekly rota to be sent to their parent instigated a change to working practice. We saw office staff now offered everyone the option of having a weekly rota posted out to them.

The most recent satisfaction survey had returned a good response, which meant the provider was able to collate the data and make a robust judgement. The overall results showed a very positive opinion from people and the outcome was celebrated with staff and shared with all interested parties. Nine out of the 10 questions asked showed an improvement on the previous year. Some responses had achieved100% such as, 'Staff treat me and my home with respect' and 'I have privacy and dignity maintained'. Other results showed 95% of people found the office staff were friendly and helpful, 97% felt the service kept their information confidential and 87% of people said, "Matters I have queried have been looked into and I have received an answer." An action plan had been developed in response to the survey which showed that managers and staff were constantly striving for excellence through consultation, research and reflective practice.

The staff we spoke with were highly motivated and proud to work for the provider. The service had an extremely low turnover of staff and the CEO told us they were proud of their lowering sickness rates, the effectiveness of their absence management procedures and how well these were now embedded into the service. Staff told us, "I love my job, it's brilliant"; "I love my job, we have a fantastic team, we all get on, the managers are very approachable and friendly" and, "If you pop in the office, you get to see the managers, they are always welcoming." Staff told us the service has "got much better" since the CEO took up their post. One care worker told us, "I had a four week holiday and when I got back, they [the CEO] said they'd missed me." Another care worker said, "[CEO] is so open, she stops and talks to you which is really nice, the office staff are amazing too." Our pre-inspection survey showed that 100% of staff who completed it said they would recommend the agency to their own family members and that managers were accessible, approachable and dealt effectively with any concerns.

Without exception, staff told us they felt valued and supported in their roles. At their induction into the

company new staff had been greeted by the CEO and registered manager. The head of the board of trustees also met with new staff at this point. The purpose of this was to welcome staff into the organisation and instil the provider's values at an early stage thus giving staff the confidence to speak to them about any issues they may face in their role. Comments included, "The managers are approachable, they are trying to make things easier"; "I really do feel supported. When I first started I'd never done care, everyone helps us, there's always someone there"; "I feel able to ring the managers. I've raised issues regarding the clients, health, increase in care, other things; management are fantastic, they listen, take suggestions. They are very open to suggestions" and, "If you see something, a way of planning the calls better, they are not annoyed, they sort it out."

The registered manager and CEO had expedited staff development and were developing the leadership skills of staff. All of the office staff had worked for the provider for a long time and had been promoted through various positions. They told us, "I thoroughly enjoy working for St Anthony's, I have worked for the company for almost six years, I started my career as a part time carer, then moved on to being a senior carer and then onto my current role and feel it is a company where you are encouraged to grow"; "I thoroughly enjoy working at St. Anthony's, I joined in 2014 as a care worker and have progressed to senior and now deputy co-ordinator, it feels like I am part of the 'family' and it is well-led" and, "I enjoy working here and have been employed here now for twenty years, I started as a part time home care worker, then part time coordinator, I now work full time as a coordinator and take part in the on-call rota."

The provider operated a host of staff recognition schemes including long service awards. They had also given all staff and volunteers a gift voucher at Christmas to show their appreciation of the hard work, dedication and achievements made. We saw that as part of their development plan, the provider aimed to introduce a 'refer a friend' recruitment scheme.

We reviewed a large sample of care records, staff records and records related to the management of the service. We found records were constantly stored securely and in line with data protection legislation; they were accessible to authorised people only and the confidentiality of people who used the service and the staff was not jeopardised. We found record keeping was meticulous. All of the records we examined were completed to an extremely high standard, legible, accurate and up to date. All of the records we asked for were made available to us in an exceptionally organised manner.

The registered manager monitored and maintained information regarding accidents, incidents, complaints and quality assurance and these were discussed in the senior management meetings and board of trustees meetings. We saw this information was routinely included in the meeting minutes and that the information was up to date. Other regular provider meetings were held such as care manager meetings and health and safety meetings. This showed the provider had a thorough oversight of the service.

There were also care staff meetings held on a periodic basis and a care staff focus group which had been set up with the board of trustees. The care staff focus group meeting minutes showed that staff were encouraged to play an active part of the running of the service and that their feedback was imperative to the continuous development of the service. For example, care staff were involved in the provider's response to our request for information prior to this inspection. We saw that workshops were held with staff representatives to discuss how they felt about the service. Their comments were included in the response which was submitted to CQC. We saw weekly memo's which promoted the engagement regularly invited staff to volunteer to be a 'staff representative'. A 'People, Culture and Performance' Committee was also well established and they held meetings to talk about health and safety issues, review and update key performance indicators, review the vision and values, discuss the trustee's aspirations and review the care service. This group received direct feedback from staff, volunteers and service users through their

engagement with the trustee members.

We reviewed the provider's annual report which gave an oversight of the provider's performance. Although this was a very professionally published report it was exceptionally person-centred and contained personalised information about the provider's care at home service. The provider's values of 'quality, support and respect' were evident from the CEO down to the care workers and volunteers and every other role in between. The report displayed the provider's community focus and their passion for helping the local community.

The CEO and registered manager demonstrated that they monitored service performance and risk as a key priority. We saw the provider had governance well embedded into the service with a strong quality assurance framework. We reviewed the provider's quality assurance process which demonstrated that people's views were the foundations of their quality monitoring. The process consisted of service monitoring and staff performance. The service's performance was scrutinised through initial assessment, a six week review, an observed practice of staff, spot checks, shadowing, a trustee home visit, a six month review and an annual satisfaction survey. The process was cross referenced with staff supervision which also incorporated recruitment, an in-house induction, a probationary period, one to one supervision, appraisal, care file audits and an annual staff survey.

We found the quality assurance process was effective and reduced the risk to people from harm. Records and action plans from the monitoring visits and the surveys showed there was evidence of learning from complaints and incidents. The records reflected that best practice guidance was implemented and promoted. We also saw how success had been shared with staff and people. The registered manager's feedback to staff clearly demonstrated that it led to continuous improvements in the service because targets set by the provider were improving and responses from surveys were improving year after year.

The provider had a practice/service improvement and development plan in place and the registered manager and staff used this to focus their attention on key priority areas. We reviewed the plan which has been in place for the past two years and we could see that the progress being made in each area of development was consistently achieving good and outstanding outcomes. For example, mobile devices which were originally only provided to community care staff were now being provided to the extra care scheme staff too as an additional security measure. We found that the service was sustaining excellent practice over time.

The provider was involved with a lot of nationally recognised initiatives such as the 'Disability Confident Employer' initiative. The 'Disability Confident' accreditation means that the provider has been assessed as an organisation that actively supports opportunities for recruiting and retaining staff with disabilities or health conditions. The provider also worked in partnership with the Dementia Champions Network. The registered manager had identified staff 'champions' who actively supported their colleagues through their excellent knowledge of dementia and the 'Dementia Friends' project to make sure people experienced positive outcomes which led to an outstanding quality of life. We saw this was promoted in the quarterly newsletters and that the senior management team worked with staff and volunteers to encourage their participation in the project and use their new knowledge and skills in this area to underpin their practice.