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Action Homecare

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service:

Action Homecare is a domiciliary care service. It is registered to provide personal care to people living in their own homes in the community, including older people and people living with dementia. The service operates in Long Sutton, Sutton Bridge and Holbeach. At the time of our inspection 66 people were receiving a personal care service.

People's experience of using this service:

- People were at the heart of the service. Staff had a deep understanding of each person's individual needs and preferences and used this knowledge to provide them with flexible, responsive support which enhanced the quality of their lives.
- People were closely involved in the development of their individual care plan and met with the provider on a regular basis to discuss and agree any changes.
- The provider had a meticulous approach to the deployment of staffing resources. This meant people experienced a high level of staffing continuity which had a very positive impact on their safety and well-being.
- Staff were caring and friendly and supported people with kindness and compassion in ways which often went far beyond the provider's formal contractual agreement. People were treated with dignity and respect and were encouraged to retain their independence and exercise choice and control over their lives. End of life care was provided with sensitivity and compassion.
- The provider had established highly effective relationships with a wide range of health and social care services and went to considerable lengths to support people in maintaining their health and well-being.
- The registered manager demonstrated strong, inspirational leadership which was admired and appreciated by her team. The provider went to considerable lengths to promote the welfare and happiness of the staff team. Staff had the knowledge and skills to meet people's needs and were encouraged to study for advanced qualifications.
- Without exception, people told us they were completely satisfied with the service they received and could think of no ways in which it could be improved. Any concerns were dealt with promptly and effectively and formal complaints were extremely rare. The provider maintained a range of auditing systems to monitor service delivery and ensure it remained in line with people's needs and preferences.
- Systems were in place to identify organisational learning from significant incidents and the provider was committed to the continuous improvement of the service in the future.
- The provider assessed any potential risks to people and staff and put preventive measures in place to address them. People who needed staff assistance to take their medicines were supported safely and staff assisted people to eat and drink whenever this was required.
- Staff knew how to recognise and report any concerns to keep people safe from harm and were aware of people's rights under the Mental Capacity Act 2005. 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.
- There was a registered manager ('the manager') at the service and the rating from our last inspection was

displayed in the office. The manager was aware of the need to inform us of any significant events and incidents.

Rating at last inspection:
Good (Published May 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. At this inspection we were pleased to find service quality had been sustained in some areas and improved in others. As result the rating of the service is now Outstanding.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service continued to be exceptionally caring.

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive.

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our Well-Led findings below.

Outstanding ☆

Action Homecare

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 checked 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.

Inspection team:

One inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Action Homecare is a domiciliary care service. It is registered to provide personal care to people living in their own homes in the community, including older people and people living with dementia.

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

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit. This is because the manager is often out of the office providing care and we needed to be sure that they would be in the office to participate in the inspection. On 28 February and 1 March 2019 our expert by experience telephoned people who used the service to seek their feedback on the service. Our inspector visited the office on 28 February and 5 March to interview the manager and office staff and to review care records and policies and procedures.

What we did:

In planning our inspection, we reviewed information we had received about the service since the last inspection. This included any notifications (events which happened in the service that the provider is required to tell us about). We sought feedback from the local authority and other professionals who work with the service. We assessed the 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 our inspection we spoke with 16 people and eight relatives to ask about their experience of the care provided. We also spoke with the manager, two care workers and two local social care professionals.

We reviewed a range of written records including two people's care plans, two staff recruitment files and information relating to the administration of medicines and the auditing and monitoring of service provision.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing and recruitment

- In organising staffing resources, the provider took great care to ensure each person was supported consistently by the same small team of staff who worked to a fixed shift pattern on a rolling fortnightly rota. The manager said, "Continuity is the key [issue] for people and their families. Our rotas are written in stone and the clients get to know [exactly who is coming and when]. Yesterday a client said to me, 'It's Thursday tomorrow, so it will be [name]'. A written copy of the rota was provided to anyone who wanted it. One person told us, "There are three or four regular staff who come. I know them all very well." Another person said, "It's just two staff who come. One on each visit. I am very satisfied." A local social care professional commented, "Staffing continuity. That's why I [refer] people to this service. [Here the clients] know who is coming through the door. That is very, very important to the vulnerable people we support. [Some of the people I have supported to move to this service] were at their wits end [with their previous homecare provider]. I wish [all homecare providers] could be like [this one]." A family member told us, "[Staffing continuity] was promised at the beginning by [the other companies we used]. But in a few weeks we had staff [who didn't know my relative] ringing me up to ask what to do with mum."
- The provider also took care to match people with the staff most able to meet their individual needs and preferences, wherever this was possible. The manager told us, "I wouldn't want to spend [several] hours a day with someone I didn't bond with. I was [working with a client] on Sunday who told me she particularly liked one carer. I told her I would look at the rotas to make sure she gets her as much as I can." Commenting approvingly on the staff who supported her, one person said, "I am in my 90's [and like to have] more mature staff. I feel they give me respect. I am very happy. This agency is much better than the company [I used previously]."
- This principled, client-led commitment to maintaining a very high level of staffing continuity had a positive impact on people's health and well-being and reduced potential risks to their safety. For example, a staff member told us, "You get to know how [people] have their tea, their sandwiches. Little things to us, but big for them. Also, when something is wrong, you know there is something wrong, as it is out of character. For instance, if someone's [behaviour has changed] it could be a urine infection [which I need to] flag up to [the manager]." Similarly, a relative said, "Seeing the same members of staff [who know] her routines is very important to [name]. We have had the same care staff since day one which is what [the manager] promised. We are 100% satisfied."
- The provider also took care to ensure staff arrived on time and had sufficient time to meet people's physical and emotional support needs without rushing. The manager told us, "I wouldn't want new calls to have a knock-on effect [on existing ones]. So I don't say I can do things I can't [and] always get staff in place before I start a new client." One person said, "The staff arrive on time. I am more than happy." Another person commented, "The staff know they are company for me so they don't rush."
- The provider was aware of any 'time-critical' care requirements and scheduled calls appropriately. For

example, the manager told us, "[Name] is on pain relief [medication] so we make sure calls are spaced out every four hours."

- Despite the many pressures on her time, the manager worked daily as a member of the care team. Her hands-on role was another key component in ensuring the delivery of a safe, effective and responsive service. Describing her approach she told us, "I love the day-to-day contact with clients. I wouldn't want to change. It makes me a better manager. I see what the staff are dealing with on a day-to-day to basis and I make sure clients are getting the standard of care I expect." Talking of the manager, one staff member said, "She is ... very knowledgeable. [In my experience] I don't think there [has been] anything that she doesn't know. It's unreal. I let her know if anyone is showing any signs of being unwell and she always immediately acts on it." Another member of staff told us, "[The manager] is work, work, work. She is very dedicated. If there is ever a problem the family just ring her, as they know she will get it sorted."
- The manager also took great care in the recruitment of new staff. Describing her approach, she told us, "I am very particular. I would rather wait than [appoint the wrong person]. The right person always comes along." We reviewed recent recruitment decisions and saw that the necessary checks had been carried out to ensure that the staff employed were suitable to work with the people who used the service.

Systems and processes to safeguard people from the risk of abuse

- Reflecting the provider's consistent and person-centred deployment of staff, everyone we spoke with told us they felt safe and secure in their home. For example, one person said, "I trust the staff [and] feel safe with them in the house." A relative told us, "[Name] is very safe. We are extremely satisfied."
- Contact details for the local safeguarding authority and other relevant organisations were included in the 'service user' guide given to people when they first started using the service.
- Staff had received training in safeguarding procedures and were aware of how to report any concerns relating to people's welfare, including how to contact the local authority or CQC, should this ever be necessary.

Assessing risk, safety monitoring and management

- The provider maintained highly effective systems to ensure potential risks to people's safety and welfare had been considered and assessed. As an example of the provider's complete commitment to ensuring people's personal safety, the manager told us of one person who lived alone and was a heavy smoker. With the person's permission, the manager had arranged for a local fire safety officer to visit and provide advice and equipment to enable the person to manage this risk more effectively.
- As a further means of safeguarding people's health and safety, staff were provided with first aid training and carried a first kit to all of their calls.
- Reflecting her detailed knowledge of each person gained through her own hands-on care, the manager personally reviewed and updated people's risk assessments on a regular basis.

Learning lessons when things go wrong

- Systems were in place to promote organisational learning from significant events. For example, there had been a spate of burglaries from clients of other local homecare providers as a result of criminals noting the person's key safe number whilst the care worker was in the house. In response, the manager had issued revised guidance to all staff and conducted a focused round of unannounced spot checks to ensure her staff were resetting the number and closing key safes during each care call.
- Similarly, staff had identified instances when a pharmacy had supplied people with the wrong number of tablets in their 'blister pack' of medicines. As a result, all staff now counted the number of tablets in every blister pack before they administered them, reporting any discrepancies to the manager to raise with the

pharmacy.

Using medicines safely

- Where people needed support with their medicines, this was provided safely in line with their individual needs and preferences. Commenting positively on the support they received from staff in this area, one person told us, "I had an ear infection recently and the staff put in the drops. They will also get my tablets ready." Care staff received medicines training and regular spot checks were conducted by senior staff to ensure their knowledge and practice remained up to date. Describing the care with which she approached the administration of people's medicines, one staff member said, "Touch wood, I've not made a mistake with medicines. I don't just plough on, not with medication. If in doubt, I call [the manager]."

Preventing and controlling infection

- The provider had implemented a range of measures to help prevent the risk of infection. Care staff received hand-washing training and were provided with disposable aprons and gloves for use when providing personal care. Additionally, plans were in place to provide staff with refresher training in food hygiene.

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.

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

- Effective systems were in place to assess and determine people's individual needs and preferences. These were set out in a high degree of detail in each person's care plan which were reviewed regularly by senior staff.
- Staff had access to a variety of information sources to ensure they remained up to date with any changes to good practice guidance and legislative requirements. For example, two staff had joined a 'dementia ambassadors' scheme to promote greater understanding within the service of the particular needs of people living with dementia. As part of their contract of employment staff were required to sign a 'care values' policy which included key principles of the NHS and Community Care Act 1990 relating to promoting independence and choice.

Staff skills, knowledge and experience

- Everyone we spoke with told us staff had the right knowledge and skills to meet their needs effectively. For example, one relative said, "The staff are very good at what they do. We are extremely satisfied." Talking specifically of the support provided to people with mental health needs, one social care professional commented, "They are very knowledgeable ... which has been very positive for my client."
- New members of staff participated in a structured induction programme which included initial training followed by a period of shadowing experienced colleagues. One staff member told us, "[My induction] absolutely prepared me. I [shadowed] for about two weeks [and] felt quite competent." Where required, new recruits completed the national Care Certificate which sets out common induction standards for social care staff.
- The provider maintained a record of each staff member's annual training requirements and employed an external trainer to deliver a range of courses to meet their needs. Commenting positively on the staff team's approach to training, the external trainer had recently stated in an email to the manager, 'The staff ... are eager to learn [and] continually ask questions about how the knowledge learned can be placed into the lives of the people they support. This is refreshing and makes the courses enjoyable for all.' The manager also organised bespoke training events to assist staff in supporting people with particular conditions, including Parkinson's.
- Staff told us that they felt well supported by the manager and other senior staff. Talking of the manager one member of staff said, "I there is something I am not sure of, I always ring [the manager]. She is absolutely happy to do that, even if it is 9pm at night." Senior staff conducted regular spot check supervisions of each staff member's hands-on care practice. Commenting positively on a recent spot check,

one staff member said, "It was a tea call. [The manager] watched me give the medications, prepare the food and chat to the client. She was happy [with me]! I didn't know she was going to be there. She does it with us all. It keeps you on the ball."

Staff providing consistent, effective, timely care within and across organisations

- Staff in all parts of the service worked closely together to ensure the delivery of effective care and support. For example, describing her relationship with the staff who worked in the office one member of the care team said, "Whenever I drop into the office, I am always treated with a smile!" To facilitate effective communication, the manager used 'group texts' to alert all staff to important issues. Looking ahead, the manager told us she was planning to introduce an encrypted 'chat room' on an online messaging service to enable staff to communicate securely with each other in real time.
- Staff had also forged effective working relationships with a wide variety of external organisations. For example, one local social care professional told us, "I can always get hold of [the manager]. She is always on the ball and doesn't let things build up." To further enhance communication with local healthcare providers, the manager had obtained an NHS email address for the service, to enable people's confidential medical information to be shared securely, if required.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked proactively with a range of health and social care services on behalf of the people who used the service, including district nurses, GPs and local hospitals. Describing a recent incident, a staff member told us, "[Name] had a rattily cough. I was hoping it wasn't a chest infection. I couldn't get hold of his family so I let the manager know. She took him to the doctor and got it sorted."

Supporting people to eat and drink enough with choice in a balanced diet

- People told us that staff assisted them to eat and drink whenever this was required. For example, one person said, "I can do my own breakfast but the staff get me a hot meal for lunch." Reflecting the provider's very strong commitment to staffing continuity, staff knew each person's particular likes or dislikes and supported them to enjoy food of their choice. One person said, "Today the staff are cooking me fresh salmon and salad. I have choice."
- Staff were also aware of potential risks related to nutrition and hydration. The manager told us, "We have a couple of clients we weigh monthly. [Name] is [losing weight] and we have flagged [our concerns] to the family and asked the GP to make a dietician referral."

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

- Staff had received training in the Mental Capacity Act 2005 (MCA) and understood the importance of obtaining consent before providing care or support. The 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. Describing their approach in this area, one staff member said, "Some people just assume people with dementia [can't make decisions for themselves]. But I think they can make lots of decisions. We don't just take over and do what we feel [they need]." The manager had a clear understanding of formal best interests decision-making processes and worked alongside other agencies if these needed to be used for someone using the service.

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

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported

- Without exception, people told us that the staff who worked for the service were warm-hearted, caring and kind. One person said, "Nothing is too much trouble for the staff. They are all very kind and will do anything I ask. The staff are very good to me. I am very happy." A relative told us, "I can't fault them. They are absolutely fantastic. They know how to get Mum laughing, which is very hard."
- The manager worked as a member of the care team, delivering care on a daily basis. Talking of the manager, one relative said, "[The manager] is lovely. She works hands on herself which I was quite surprised about. [Recently] when Mum got very upset, I rang [the manager] and she came straight out [to help me comfort her]. And she made a point of going round the next morning to check she was alright." Describing her personal philosophy of care, the registered manager told us, "I do my utmost to treat the clients as individuals and to listen to what they say to us. My clients' well-being is foremost in my working life." This determination to put people at the heart of the service and to deliver individualised care of the very highest quality was clearly understood by staff and reflected in their practice. For example, talking about the way she interacted with the people she supported, one staff member said, "I treat people how they want to be treated. It's all worked around them. That's what person-centred care is all about. They're in charge."
- Reflecting this commitment, as at our last inspection, we identified many examples of the provider's exceptionally caring approach which often went far beyond the formal contractual agreement. For example, on their birthday, the provider sent each person a card. Every Christmas, the manager organised a lunch party for the people who used the service. Talking of the most recent event the manager told us, "The local school came and did a Christingle service which they loved. We had a Michael Bubl  lookalike ... and some belly dancers! Father Christmas came and brought everyone a present." This event was provided free of charge. Commenting on this extraordinary commitment to promoting people's well-being and happiness, the manager said, "[Although] there is a cost to me, it is good to put something back. For some people it was the most exciting part of their Christmas. Sitting at a table having a conversation, instead of eating alone."
- People also told us staff habitually went out of their way to provide them with additional support and made no charge for their time. For example, one person told us, "If the staff see I have run out of something, they will say I am going shopping later and I can get that and pop it in for you. And if they have a cancellation in the area they will pop in and have a cup of tea with me. They know I don't have visitors." Another person said, "The staff stop and do the odd jobs I need doing."
- Confirming the staff team's willingness to go 'the extra mile' in fulfilling people's individual needs and wishes, one staff member said, "If someone has been worried [during their care call] I will go back at the end of my shift to make sure they are okay. Some people haven't got anyone else." Recalling a recent incident, the manager told us, "[Name] rang me on Saturday. I'd just got back from a bike ride. Her cat had been put

down but the vet had found a replacement. I took her to the vet and the pet shop and settled them both back at home. She was very happy. It took about an hour and a half but I didn't charge for the call. [It was worth it just to see] her face when the cat was put in her arms." Similarly, in their own time, senior staff had supported another person to attend a funeral. Describing the occasion, the manager said, "[Name] hadn't been out of the house for seven years. But [my deputy] hired a car and we got her to her grand-daughter's funeral. It was heart-breaking, but I have never seen anyone so grateful." The manager also helped people who had no family support to fill in their council tax rebate and blue badge parking forms. Describing the caring, attentive approach of the staff team, one person said, "The agency will do all they can to support me. They go over the top to help. I can't praise them enough."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Everyone we spoke with told us that staff promoted their right to make choices in every aspect of their lives. For example, one person said, "Sometimes I am able to make my own breakfast and then other times, when I am not feeling so good, the staff make it for me." Describing their approach in this area, one staff member told us, "I always ask people what they want to eat, what they want to wear. It is important they make their own decisions. It makes them feel good [and] we don't want to take that away."
- People told us that staff also supported them to maintain their independence for as long as possible. For example, one person commented, "I am as independent as I can be and this is respected." Another person said, "When I can do it, I do it. When I can't, the staff help me." Talking of one person they supported with personal care, a staff member told us, "I hand [name] the flannel and encourage them to wash their own face and hands. I encourage [name] to do all the things I know they can still do themselves. It would be quicker if I did it, but it's good for them [to maintain some independence]."
- People also told us staff supported them in ways that helped maintain their privacy and dignity. For example, one person said, "The staff treat me with respect and give me privacy." Describing their approach to providing people with personal care, one staff member said, "I always tell [people] what I am going to do. So that they know before I start."
- The provider was aware of the need to maintain confidentiality in relation to people's personal information. People's care plans were stored securely and computers were password protected.
- The manager was familiar with local lay advocacy services. Lay advocacy services are independent of the provider and the local authority and can support people to make and communicate their wishes. At the time of our inspection, the manager was in discussion with one person about sourcing an advocate to provide the person with additional support in articulating their views.

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Depending on the geographical area, either the manager and her deputy took the lead role in handling all new enquiries and referrals to the service. Following an initial home visit, if the person wished to proceed and the service had staffing capacity to accommodate them, the manager or her deputy returned to complete an extremely detailed assessment of their needs and wishes. Stressing the importance of this stage of the process, the manager told us, "We go through risk assessments and care plans and discuss their ideas and expectations. I was with someone for nearly three hours the other day."
- Once a person's care requirements and preferences had been identified, the first few care calls to that person were undertaken personally by the manager or her deputy – whichever of them had conducted the assessment. Describing some of the many positive benefits of this approach, the manager said, "It builds the basis of a good relationship. [Also, it means we] know exactly what the client's needs are [and can] build a better picture ... to inform staff."
- Following these initial care calls, to ensure continuity of care, the manager gave the staff who would be working with the person a detailed summary of their needs and wishes. She then finalised the individual care plan, working in close consultation with the person. Commenting on the provider's meticulous and exceptionally person-centred approach to developing her individual plan of care, one person told us, "The manager came and supported me for about 10 days to see what I needed. Then she wrote the care plan. I am happy with the plan and the care I receive." Another person said, "The manager and I wrote the care plan [together]. It is exactly what I want."
- The care plans we reviewed set out, in people's own words, their physical and emotional needs and wishes to an extremely high level of detail. For example, in their plan one person had stated, 'Please give me time [to speak at my own pace]. The more you get to know me, the easier this will be. I love a good joke and a laugh, so please be yourself around me.' Another person had stated, 'For breakfast I usually have Cheerios [and] for tea I like a mackerel sandwich.' Describing the value of the care plans, particularly when working with clients who were new to the service, a staff member told us, "Everyone's different. I read the care plan [and] know exactly what I am doing." The manager personally reviewed every care plan on a regular basis, agreeing any changes with the person or their family as appropriate.
- Reflecting the provider's exceptionally systematic and person-centred care planning system, staff had a deep and holistic understanding of each person they supported. As a result, everyone we spoke with told us they received extremely responsive and personalised support in all aspects of their life. For example, one person commented, "The staff seem to understand [just] what needs doing." Another person told us, "If necessary, staff will come with me to a [hospital] appointment [and] the agency will be flexible about the timing of [my care call] to [enable this to happen]." A staff member said, "People will say, 'Have a cup of tea'. And I know it's because they want to chat. So we have a cup of tea. They look forward to having someone

there." One person had commented on a customer satisfaction questionnaire, "Thanks for the great service. Without it I would not be able to lead the life I do."

- In one compelling illustration of the provider's complete commitment to putting people's happiness and well-being at the very heart of the service, the manager described a recent initiative. She told us, "There are three [people] who used to lead very active, physical lives. Every Thursday, at the end of my morning care round, I collect them and take them to the chair aerobics class [next door to the service office]. They pop in here for a coffee afterwards and then I take them home. It's all part of [promoting their well-being]. Being part of the community, feeling hungry for lunch. They really enjoy it." Confirming she made no charge for this support, the manager said, "[The lack of public transport] makes it so hard for people to be part of the community. I don't feel I am going out of my way."
- There was a sign in the service office which stated, 'What the world needs is more love and less paperwork.' Reflecting this ethos, the manager told us of other ways in which she had prioritised her own time to support people in an exceptionally responsive way which achieved very positive outcomes for their health and well-being. Talking of one person who had no family support, she said, "[Name] rang me to say their leg was hot and painful. I made a GP appointment and took [name] to it. Who else was going to do it? I didn't charge [my time] as an extra care call. It's only half an hour out of my time." Of another person, the manager said, "On Saturday afternoon, [one of my staff] rang me to say that [name] was very upset as they couldn't remember what their [late spouse] looked like. I went out [in my own time] and we sat there looking through photo albums. [Name] was a lot calmer when I left." During both our visits to the office, we observed the manager taking calls on her mobile from people and their relatives. Her responses were unfailingly warm and friendly, patiently seeking to identify how best to respond to the person's query or concern. When one person who was living with dementia rang to say they had run out of bread and milk, the manager kept them on the phone and asked them to go and look in their kitchen cupboards, as she knew a staff member had taken the person shopping the day before. The person was delighted to find they did indeed have both bread and milk and happily rang off. Without a hint of annoyance, the manager said, '[Name] rings me about six times a day.'
- Staff understood the importance of communicating with people in ways that met their needs and preferences. For example, one staff member told us, "I had dementia training last year. It taught me how to deal with more challenging clients, to see it from their perspective. For instance, if someone hasn't understood what I have said, I can bring [things] to them and they can choose that way." The manager was unaware of the national Accessible Information Standard but told us she would ensure the provider embraced it for the future.

Improving care quality in response to complaints or concerns

- Information on how to raise a concern or complaint was included in the service user guide given to people when they first started using the service. However, everyone we spoke with was entirely satisfied with the service they received and told us they had no reason to complain. One person said, "I am very well looked after. I can't find fault." Another person told us, "I have never had any problems."
- Reflecting this feedback, the provider had received no formal complaints in the three years since our last inspection. The manager attributed this to her high visibility within the service which made it easy for people and their relatives to alert her to any issues or concerns. Describing her approach, she said, "I know every single client [and] have close involvement with families. They know they contact me with any issues. We have a very close relationship." One relative commented, "Today, [the manager] texted me to say that mum was all showered. Communication is fantastic." Another said, "They keep us informed. If there is problem they will be on the phone. We are very happy."

End of life care and support

- Staff worked alongside specialist agencies to support people at the end of their life, whenever this was required. Describing the provider's person-centred and sensitive approach the manager told us, "We develop a new end-of-life care plan and work with the family. We empathise if they don't want us to carry on with our visits [when other agencies get involved]. But usually families prefer the continuity of familiar faces." Following the recent death of their loved one, a relative had written to the staff to say, 'Thank you each and every one of you for the care you gave mum over the years. You supported her to continue to live in her bungalow with her cat ... where she was happy surrounded by her memories. You really made a difference. Remember the good times and how you helped mum live happily at her home.'

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

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Without exception, the people we spoke with us told us how highly they thought of the service and the way it was managed. One person said, "I am very happy I have changed over to this agency. They are so much better than the [company] I used previously." Another person told us, "I am more than happy with the care I am given. I would recommend the agency." A relative commented, "I can't fault them. They are absolutely fantastic. It's the best care company I have come across." One staff member who had worked in other care services before joining Action Homecare told us, "This is the best service provider I have worked for. They care about the clients and the staff."
- As described throughout this report, the manager was deeply involved in all aspects of the running of the service. Her inspirational, client-focused leadership style set the cultural tone in the service and was clearly admired and respected by everyone connected to it. One staff member told us, "I look up to [the manager]. The way she handles things, her experience. The way she talks to the clients and deals with their issues." Another staff member told us, "I came here because of [the manager's] reputation. She has very high standards and expects us to uphold them. [But] she is lovely to work for. She looks after us [and] I feel a valued part of the company." A social care professional commented, "[The manager] runs the service very, very well. I think she is brilliant. The service is very, very good."
- The manager was supported in the running of the service by a deputy manager and two administrative staff. The deputy manager had worked with the manager for many years and her experience and knowledge was appreciated by clients and staff alike. Talking of the deputy manager, one person told us, "[Name] comes here to see me. They are a very understanding person."
- The manager had a deep interest in the welfare and happiness of her team and went to considerable lengths to promote this. For example, she told us, "I send [each staff member] a card on their birthday, with a gift. [Name] loves her horses so I got her a voucher for a horse shop. A personal thing." At Christmas, the manager hosted a party for all the staff at her house. She told us, "I do a buffet. It's easier to chat [in my house] than down a long table in a restaurant." Commenting with enthusiasm on the most recent Christmas gathering, one staff member said, "[As part of the event] we each made a Christmas table centre-piece. I really enjoyed it. We are doing a wreath next Christmas. It's nice to work somewhere where everyone seems happy." Commenting on why she had not introduced a staff recognition scheme, the manager told us, "I wouldn't want to single anyone out. They are all carers of the month."
- Reflecting the caring approach of the manager and the exceptionally open and positive organisational

culture she had created, staff told us they were proud to work for the provider and enjoyed coming to work. One staff member said, "Without a doubt, it was a good decision to come here and I am not planning to go anywhere else. It's professional but we [also] have a giggle! I'm a happy bunny." Another member of staff said, "I love it [and] wouldn't change anything in the way it's run. It's lovely. I would recommend it to anyone."

Engaging and involving people using the service, the public and staff; Continuous learning and improving care; Working in partnership with others; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- As described elsewhere in this report, the provider took great care to involve people and their relatives in planning and reviewing their care and to deploy staffing resources in accordance with their individual preferences. One local social care professional told us, "The service has made the lives of everyone I have [referred], easier and better."
- Under the hands-on, person-centred leadership of the manager, staff went to exceptional lengths to continually monitor and improve the service provided to the people in their care. For example, the manager had identified that staff were often unable to access a particular person's house to deliver the care and support they required. The person was unwilling to have a key safe – a symptom of their complex medical condition. Concerned about the potential risks to this person's safety and well-being, the manager and her team had worked painstakingly with the person and other professionals involved in their care to encourage them to recognise the risks to their safety. As a result, the person now had a key safe although staff only used it in very specific circumstances, reflecting the person's wishes. Talking of the provider's support of their loved one who also had a complex medical condition, another person's relative said, "They are the only care company [we have used] that takes an interest in Mum. They communicate with me on a daily basis."
- As detailed in the Safe and Effective sections of this report, the provider also worked in close partnership with a wide range of other agencies, including the fire service and local healthcare organisations to mitigate risks to people's safety and promote their well-being. Commenting positively on their experience of the service, a local social care professional told us, "If there are any problems, they contact me immediately and we get together. I am very impressed." The provider had strong links with a local care home which provided opportunities for people to move from one care service to another, with as much continuity of care as possible. The manager told us, "We visit our clients when they are in hospital and I visit [the local care home] to make sure they are looking after my former clients well."
- As an important component of the process of continuous service improvement, the provider conducted an annual survey of people and their relatives. We reviewed the results of the most recent survey and saw that everyone who had responded had rated their experience of using the service as either 'Very Good' or 'Excellent'. One person had commented, 'I feel like the Queen how I am treated'. People's satisfaction with the quality of the service provided was also reflected in the many letters and cards received by the manager. For example, one relative had written to say, 'I found having you visit mum each day put my mind at rest and I no longer had the worry of [her] having a fall or being ill and nobody knowing about it. She thought of you as more than friends than carers'.
- In addition to the annual customer survey, the provider undertook a range of audits to monitor the quality of the service. These included care plan reviews and regular medication and environmental checks. The provider was aware of the need to notify CQC and other agencies of any untoward incidents or events within the service. As required by the law, the rating from our last inspection of the service was on display in the office.
- The provider was committed to further innovation and improvement in the future. For example, the manager's plan to create an online chat room to enhance internal communication. The manager also planned to take steps to strengthen her links with other local homecare services, as a means of sharing good practice and learning.

