SLH Ventures Limited

St Lukes Care

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?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

The inspection took place over three days on the 25 and 27 September and the 3 October 2017. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be present in the office. One adult social care inspector undertook the inspection.

St Luke's Care first registered with The Care Quality Commission on the 5 September 2015. The service was last inspected on 16 July 2014 and was rated as Good overall. On the 1 July 2016 the service moved to a new location and this is the first inspection since the provider registered at the new address.

St Luke's Care is a domiciliary care service, which provides care and support to adults of all ages in their own homes. The service provides short and long term support with people's personal care needs in Plymouth and South West Devon. As well as support with personal care the service also supports people with other daily living tasks and activities. At the time of the inspection 19 people were receiving support with personal care needs.

A registered manager was employed to manage the service. A registered manager is a person who has registered with the Care Quality Commission 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.

People and relatives without exception spoke very highly of the service they received from St Luke's Care. They described the staff as extremely caring and said they were always willing to go the extra mile to help ensure they were comfortable and safe. A relative we met said, "I didn't know what proper care was like until we started using St Luke's Care"

Relatives of people who used the service described how staff had formed strong bonds with their loved ones, which had enabled the staff to gain a deep understanding of their needs. This had helped them trust staff to provide care. One relative said, "I haven't been able to go out, not even to the shop, now I can trust [….] is safe. I can have a little break, cut the grass, pop and get the paper" Another relative said, " [….] has been in hospital and has been very clear that whatever I do I must have St Luke's Care supporting them when they come home. They don't want anyone else". One person told us, "It's the little things that make all the difference, they pick up fish and chips for me once a week and make sure I have fresh bread".

People and relatives said they also felt the leadership of the service was exceptional. Comments from people and relatives included, "We know all the managers, we speak to them regularly and they visit us to check everything is ok" and "If ever I have any problem I call the office and they sort it straight away" One person described how the staff and management went over and above their role to help them when they had a crisis at home, "They sorted out accommodation for us, made phone calls and made sure the care continued, they couldn't do enough to help".

The management of the service inspired staff to provide a quality service. The PIR stated, 'We have an employee of the month award which staff vote for other care staff. This has proved to be a success as everyone celebrates the positives in each other' A staff member said " I really believe the way we are treated impacts positively on the people we care for, we feel valued, so we value the work and support we provide".

There was a very effective quality assurance system in place to check quality and to drive continuous improvement across the service. On the day of the inspection the registered manager was able to provide evidence of a really clear system of quality checks, analyses and action plans to address any issues relating to people's care and quality of the service. The registered manager and senior staff undertook a range of quality audits, which included spot visits of staff, checks of all records and discussions with people to check care was being delivered in the way they needed and wanted. Information gathered about people and the service was used to aid learning and drive improvement across the service. Learning from quality audits, incidents, concerns and complaints were used effectively to help drive continuous improvement across the service.

Personalised care was central to the home's philosophy and staff demonstrated they understood this by talking to us about how they met people's care and support needs. Staff spoke with compassion and used words like, "Individual", "Independence" and "Rights" when they talked about people they supported. There was a very positive culture within the service. The management team provided strong leadership and led by example. The registered manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared by the staff team. Staff had clearly adopted the same ethos and eagerness and this showed in the way they cared for people. We observed positive and compassionate interactions between staff and the people they supported. Staff said they loved their work and were passionate about providing a high standard of care.

People said the time keeping of staff for visits was good and if staff were delayed they would always receive a phone call from the head office to let them know. People said they knew the staff well and always knew who would be visiting them and providing support. Comments included, "We get a rota every week, if there is any change they let us know in good time" and " We always know who is coming, staff might be new, but they always come with another staff member to meet us first".

People said they felt safe using the service. A relative said, "There are always the correct number of staff available, they know how to use the equipment and support [….] in a way that makes them feel safe. I can tell they feel safe by the way they laugh and smile when they are being supported". Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously and investigated. The recruitment process of new staff was robust and people who used the service met new staff to check they were happy to receive care from them. Systems were in place to help ensure people had safe and appropriate support to manage their medicines.

Staff were well trained and said training was relevant to their role and kept updated. The registered manager was passionate about developing the skills of the team, and also kept themselves updated with current issues and best practice. Individual staff members were nominated champions in particular areas of care such as 'dementia care', 'end of life' and 'medicines management'. They attended training and used their skills and knowledge to support staff and help ensure the whole staff team had the skills and knowledge needed to provide high quality care. The registered manager and staff worked in partnership with other agencies to help ensure the best outcome for people using the service.

Management and staff understood their role with the regards to the Mental Capacity Act (2005). People's consent was sought before care and support was provided. When people were unable to consent to aspects

of their care, or were unable to make decisions, discussions took place with relatives and other relevant agencies to help ensure decisions were made in people's best interest.

People's health and dietary needs were well met. Staff ensured people had access to the food and fluid they needed to maintain good health. If concerns were highlighted by staff, advice was sought by staff and appropriate referrals made to health services. Staff supported people if required to arrange and attend hospital and GP appointments.

People were involved in planning and making decisions about their care and support. Support plans were personalised and included information about people's daily routines and how they chose and preferred to be supported. The registered manager and senior staff visited people in their homes and spoke regularly with people to check they were happy with the care provided. Support plans were reviewed regularly to help ensure information remained accurate and up to date. Annual satisfaction surveys were sent to people and relatives to provide the opportunity for feedback. This information was analysed by the registered manager and action taken to address any issues or shortfalls in the service. A monthly newsletter was sent out to people to update them on information about the service.

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.

People told us they felt safe using the service. Relatives told us they trusted the staff supported their loved ones safely and protected their home and belongings.

People were protected by staff who knew how to recognise and report signs of possible abuse.

People were protected by safe recruitment practices and staff were employed and organised in sufficient numbers to meet people's need and to keep them safe.

People were supported with their medicines in a safe way by staff who had been sufficiently trained.

Is the service effective?

Good

The service was effective.

People received support from staff who knew them well and had the knowledge and skills to meet their needs.

People received care from staff who were well supported in their role.

People received support from staff who had a good understanding of the mental capacity act and who promoted their choice and independence whenever possible.

People's dietary and health needs were understood and promoted by the staff supporting them.

Is the service caring?

Outstanding

The service was extremely caring.

People and their relatives were overwhelmingly positive about the things staff did to show they cared.

Staff were kind and compassionate and built strong relationships

based on trust with people and their relatives.

Staff showed a deep respect for people's privacy and dignity and always respected people's home and personal belongings.

People's individual daily routines, communication methods and choices were well known and respected by staff. This helped ensure people were able to be involved in decisions that affected them.

Is the service responsive?

Good

The service was responsive.

People's support plans were written to reflect their individual needs and preferences, and were regularly reviewed and updated.

People received personalised care and support, which was responsive to their changing needs, requests and personal circumstances.

People were involved in the planning of their care and their views and wishes were listened to and acted on.

People knew how to make a complaint and raise any concerns. The service took these issues seriously and acted on them in a timely manner.

Is the service well-led?

Outstanding

The service was exceptionally well-led.

People said the service was very well-led. People were placed at the heart of the service and were supported to be involved in decisions about how they received their care and support.

The registered manager and staff were committed to providing outstanding, personalised care. There was a strong emphasis on continually striving to improve and develop the service.

The management team provided strong leadership and led by example and had created a positive culture within the service. People were supported by staff who were passionate about enhancing people's well-being and quality of life.

There were clear values and vision for the service, which included involvement, compassion, dignity, respect and independence. The management team monitored staff performance to ensure

they displayed these values whilst supporting people.

The service was an important part of its community and developed community links to help ensure people's continued to receive good care as they moved between services or as their needs changed. This included striving for excellence through liaison with other health and social care services, training and reflective practice.

Systems to assess and monitor the quality of the service were well developed. There were clear lines of accountability within the management team in relation to monitoring performance and quality. Auditing systems operated to help develop and drive improvement across the service.

St Lukes Care

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.

The inspection took place on 25 and 27 September and 3 October 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be present in the office. One adult social care inspector undertook the inspection.

Prior to the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed previous inspection reports and notifications the provider had sent us. Notifications are specific events registered people have to tell us about by law.

On the first day of the inspection we visited the main office and met the registered manager, deputy manager and four other members of the staff team. We looked around the premises to see if the location was fit for purpose and to see if information about people was stored and managed appropriately. We looked at a sample of records relating to the service and people being supported. We reviewed the records of three people being supported in detail. This included support plans, risk assessments and daily records. We looked at three staff files, recruitment records, training plans, and a range of quality audits.

On the second day we visited three people in their own home. During these visits we spoke with people and their relatives about the care provided. We also spoke with two staff and observed some of the care being provided. We contacted five people, nine relatives and two healthcare professionals by telephone.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included, "I feel very safe, I never have to worry".
Relatives said they trusted staff to keep their family member safe, they told us, " [….] always smiles when they are being supported, I know that means they feel safe" and " No worries at all, the staff respect our home and belongings, we have never had any concern that we or our home are anything but safe".

People were protected by staff who had awareness and understanding of possible signs of abuse.
The information provided to people about the service stated, "You have the right to live free from the fear of abuse or neglect. We recognise the need to protect people from abuse, and will do all that we can to minimise risk. This includes thorough vetting of our staff, and training them in recognising signs and patterns of abuse. Your concerns about abuse will always be listened to, taken seriously and acted on" This helped people understand how the agency was protecting their safety.

Staff felt reported signs of suspected abuse would be taken seriously and investigated thoroughly. Staff attended training about how to protect and safeguard people using the service. Training covered locally agreed processes for reporting and was regularly updated as part of the staff training programme. Safeguarding people from abuse was discussed regularly with staff supervision and staff meetings.

Records showed appropriate checks had been undertaken to help ensure the right staff were employed to keep people safe. Staff confirmed these checks had been applied for and obtained prior to them commencing their employment with the service.

There were sufficient numbers of staff available to keep people safe. Staffing levels were planned a month in advance. The registered manager said this helped ensure sufficient time to consider people's needs and address any gaps in staff numbers. People received a staff rota a week in advance, which helped ensure they knew who would be supporting them and when. Comments from people and relatives included, " We always know who is supporting us, and if there are any changes the office will call in advance and let us know" and " We would never have someone just arrive on their own who we didn't know". As far as possible people had a designated team of staff to support them. This helped ensure staff knew people and had an in-depth understanding of how to meet their needs and keep them safe. We met one person who needed the support of two staff to help them with all personal care tasks. We saw the required number of staff were available to provide support. A relative said, "The two staff are always available, they know how to use the equipment, and support [….] in a way that makes them feel safe". People told us staff were mainly on time and if they were going to be late due to unforeseen circumstances such as traffic, would always ring them to let them know.

Assessments were carried out to identify any risks to the person using the service and the staff supporting them. Risk assessments were completed in relation to mobility, falls, skin care, and diet. These assessments identified any risks and detailed any support required to minimise and prevent risks where possible. Lone working policies were in place and staff were provided with hand- held alarms and were able to use their mobile phones' should require urgent assistance. A system was in place for staff to notify the head office

that they had completed a visit and left the property safely. Staff said, "It is so good, we let head office know when we have left and if we haven't called them in a certain time they contact to check we are ok. It is really nice that they care enough to check we are safe".

Some people required assistance from staff to take their medicines. The service had a clear medicines policy, which stated what staff could and could not do in relation to administering medicines. People's support plans clearly described the level of support required and how this support should be delivered. Staff who administered medicines had received up to date training and competency checks were completed to help ensure their skills and knowledge remained sufficient and up to date.

Medicines administration records (MARS) were kept in the person's own home and these were checked regularly by staff and management to ensure they were accurate. Any changes to people's medicines were discussed with the person's GP to help ensure their support arrangements remained appropriate and safe. Records confirmed concerns in relation to people's medicines had been acted upon when required. For example, staff had noted the amount of medicines for one person did not balance correctly between visits. There was a concern the person may have taken some medicine not as prescribed. Staff had liaised with management and contacted health professionals to help ensure any impact on the person concerned was minimal. Support plans included detail about people's preferred routines and how they chose and preferred to take, store and manage their medicines.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us staff were skilled in meetings people's needs. Comments included, "They know how to use the equipment, they know exactly what they need to do", and "New staff always meet us first and watch experienced staff so they know what to do".

New members of staff completed a thorough induction programme, which included being taken through key policies, procedures and training to develop their knowledge and skills. Staff who were new to care completed the Care Certificate. The Care Certificate is a national training programme introduced to support all staff new to care to obtain a basic level of understanding of good care standards. New staff shadowed experienced members of the team, until both parties felt confident they could carry out their role competently. Staff told us this gave them confidence in the early days of working for the service, and helped them understand their role and the needs of people they would be supporting. One staff member told us, "The induction was excellent, I had time to go through all the policies, records and initial training. I then did two shadow shifts with experienced staff. It has been the best induction I have experienced".

Induction training for new staff also included Equality and Diversity training. The Registered manager told us, " As clients are at the heart of what we do and they are all individual people we give training in order for staff to recognise and understand clients rights to choice and to listen to their beliefs and lifestyle choices and to ensure these are followed on a daily basis".

St Luke' s Care had a dedicated training department, which helped ensure all staff were kept up to date with their skills and knowledge. The registered manager told us staff were also able to benefit from the skills and knowledge of St Luke's Hospice staff, a specialist care provider also linked with the organisation. Some of the Hospice clinical staff and education team were located within the same offices as St Luke's Care, which meant their expertise and advice could be easily sought when required.

The service had a positive approach to training and staff spoke very highly of the training provided. They said training was delivered in a range of formats including, face to face, written tests and on-line. They said this ensured people's preferred method of learning was taken into account and provided. Comments from staff included, "The training is never rushed, always time for questions and reflection" and "Fantastic training, it is delivered in a way that is interactive and thought provoking".

A training plan was in place, which detailed the training staff needed to complete, the completion date and when the training needed to be updated. A range of training was in place, which all staff had to complete, such as safeguarding, health and safety and manual handling. The training co-ordinator explained that they would look at the core group of staff supporting each person and consider their skills and training required. Any additional training requirements would then be added to the training plan. District nurses and clinical nurse specialists were also used to support training in relation to pressure care, moving and handling, and end of life care. Some staff received additional training and were 'Champions' in particular areas, such as medicines, dementia care, and end of life care. The champions were responsible for accessing and passing on best practice information to the staff team. This helped ensure all staff had the skills and knowledge

required to meet people's needs effectively.

Staff said they felt very well supported by their colleagues and management. They said supervision sessions were carried out regularly and allowed them time to discuss any training needs or concerns they had. All staff said even though they often worked alone the communication systems between colleagues and management were good and helped ensure any concerns or issues were shared and dealt with in a timely way. The registered manager and staff undertook spot checks of staff when they were working, which they said allowed the opportunity for staff to discuss any practice issues with them. Comments from staff included, "I have never worked anywhere where the support has been so good, I am just amazed how much they care. They check we are ok all the time, and I really feel like they listen and we matter".

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) 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 the mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had received training and understood their responsibility in regard to the MCA. People's capacity to make decisions had been assessed when planning care. Best interest discussions had taken place when a person had been assessed as lacking the capacity to make decisions about complex issues relating to their care and lifestyle. Records confirmed these discussions had included family and professionals when required.

Staff asked for people's consent before providing care. We saw staff asking people if they were ready to have support with their personal care and asking people if they were happy for them to administer their medicines.

People were supported to eat and drink enough to maintain their health. People's daily eating and drinking routines were documented and understood by the staff supporting them. Comments from people and relatives included, "The staff always check I have a drink. They have one with me and then make another one before they go" and "If I am unable to prepare […] meal, the staff will always do it and they make me a drink as well". Records were kept where required about people's food and fluid intake and any concerns were monitored and referred to relevant healthcare professionals. For example, staff had noticed one person had been having difficulty chewing and with permission referred them for a dental appointment. We saw some people being supported by staff to manage their food and dietary needs. One person with limited sight had a regular build up drink. The staff member prepared the person's drink as requested and ensured it was placed where they could easily find it after they had left.

People's support plans included information about their healthcare needs and how staff could support them to maintain their health. They also described signs and signals that people maybe becoming unwell and what action staff were to take in these circumstances. A communication book was used for staff and relatives to report any particular concerns that could need monitoring or more urgent action. A range of charts were completed by staff to monitor people's health, such as food and fluid charts, skin care and continence. We saw one person had a monitoring record in place as it had been noted they had some slight reddening of the skin. The staff said they would closely monitor any changes and make referrals to the GP or other health professional if required. Another person required two staff to support them with all personal care needs and mobility. The person's plan stated they had very high risks in relation to pressure care and skin breakdown. Clear guidelines were in place for the staff about how to support this person and we were told by a relative, "The physiotherapist visited and they were so impressed by how perfect their skin is and said it was a credit to the staff at St Luke's Care for the support provided".

Outstanding ☆

Is the service caring?

Our findings

People and relatives said without exception that the staff were extremely caring. Comments from people who were able to share their views with us included, "The girls [staff] are excellent, they brought me flowers when I came out of hospital, they do everything and more, they never make me feel like a burden". Relatives without exception also spoke very highly of the care their loved ones received and described the positive difference St Luke's Care had made to the quality of their life and the life of their family and loved ones. A relative we spoke with said, "[…] has been in hospital recently but had stressed that whatever happens they must keep the care going from St Luke's when they returned home, they said they wouldn't want anyone else". Comments in relatives' feedback forms included, "I can't thank you enough for everything, such a relief, I never have to worry when I am not there, we are so lucky to have you all" and "The best care, carers are truly amazing, the care received is like a breath of fresh air".

The information given to people about the service's philosophy of care included, 'St Luke's Care respects the individuality of clients, their carer, their family and friends and seeks to promote the choice, independence, dignity and safety of all clients. We will respect the privacy, personal choices and values of each person for whom a service is provided and seek to involve their carers, extended family and friends in the management and development of the service'. It was very clear that staff members had adopted this philosophy in relation to the support they provided. It was reflected in the way staff spoke about people they cared for, in the practices we observed and in the feedback we received about the way staff treated people.

Staff demonstrated the strong desire to always go the extra mile to meet people's needs. Friendship visits were undertaken by staff if they had time available within their rota. People were not charged for these visits and they were separate to the paid care being provided. One staff member said they visited a person who was lonely when their partner had gone into hospital. They said, "It was nice for them to just have a chat. Sometimes we might do a little ironing or tidy out a cupboard, we will always help if we can". The registered manager said these additional visits were encouraged where possible, they said, "This gives staff the chance to spend extra quality time with people, maybe talking about their hobbies, interests and family. Staff may also offer to help people with light domestic duties like ironing or cleaning. We have found this to be very fulfilling for people as it is often an unexpected but grateful visit". The registered manager said these friendship visits had also helped staff learn more about people they supported. For example, they said one person had shared with a staff member their love of art, and that they used to be a local artist. The staff member learnt all the art displayed in the person's home had been completed by them.

People said they felt staff went the extra mile and did things that showed how much they cared. One person who used the service said, "The staff always send a message to the next person coming in to tell them to pick me up fish and chips on the way, I love fish and chips! They also check my bread is in date and tell the staff to pick me up a fresh loaf if needed" and "They always ask if there is anything else they can do, I don't think they would say no to anything, they are great".

Staff showed concerns for people's well-being in a caring and meaningful way, and responded to their needs quickly. A relative said, "When our house was flooded they couldn't do enough to help. The office staff

arranged alternative accommodation, they made calls for us and made sure the care we needed continued even when we weren't at home". We were told about a staff member who had been asked by a person to be able to go out in the car and listen to music. The staff member planned for this to happen and asked the person if they would like to take some of their own music choice with them. The staff member fed back to management and staff about how much the person had enjoyed the drive and visibly relaxed , "chatting about the good old days" when the music was playing. As a result this information was added to the person's support plan so all staff were aware of what this person enjoyed. Another staff member had noticed how much a person's ironing was building up when they had been unwell. They recognised the person had no one else to help and had called the office to ask if they could stay on an extra twenty minutes at the visit to clear the ironing. As a result the person's support arrangements were increased with their agreement to help with household tasks.

Staff spoke about people with deep affection. For example, one staff member said "I love my job, I love knowing I am helping people to remain living in their homes, which is what people so often want". The interactions we saw and heard were really positive, and although sometimes subtle provided us with a positive feeling and evidence that staff really cared and had built positive relationships with people. For example, a staff member was heard expressing their delight that a person they supported had received a new chair, which was specially adapted to meet their needs. Although not part of the person's support plan, the staff member had liaised closely with other agencies to ensure the correct assessments took place and were delighted to see the person sitting safely and comfortably in their new chair. This demonstrated staff cared about people's full range of care needs and assisted whenever possible to help ensure their health and well-being was maintained.

The service could at times support people with end of life care. Staff had access to a range of resources via the organisations hospice service. They were able to work alongside colleagues including occupational therapists, clinical nurse specialists and the Hospice to support people who chose to remain living at home during their last days of life. The registered manager and other senior staff member had completed a six step end of life training programme, and had supported staff in this area when required. The registered manager told us the St Luke's Hospice, Plymouth, End of Life training programme was for care homes and domiciliary agencies based on nationally recognised six steps to success approach. It provided information and training on local systems for supporting individual's wishes and preferences at end of life. The registered manager said, "Our EOL training enables clients to remain in their chosen place of death as we are able to support clients with supporting collaborative multi- professional working across all settings. It also helps to reduce inappropriate hospital admissions at the end of life". An end of life training champion was also available within the agency to support the staff and help ensure they had the skills and support needed to care for people at this time. The registered manager told us they had developed an activity for staff around end of life care, which focussed on the main religions, they said, "It increases the care staff's knowledge on religion and why certain things need to be carried out". Spirituality training was also provided to staff, which included discussion about what spirituality meant to people and how the service would ensure they provided the care and support individual's wanted and needed. For example, the service had provided care for a person whose religious beliefs had been predominantly displayed as negative by the media. The registered manager had felt staff had been apprehensive about what to expect when providing care to this person. A care plan was completed with the person and their family detailing how the person wished to be cared for and important points specific to their beliefs such as how they wanted the staff to enter their home and how they wished to be addressed.

Feedback received by the service from families supported with end of life care was very positive and included, "We just wanted to say thank you for everything you did for [relative] You showed compassion, respect and most of all care. You allowed us as a family to fulfil their last wish to die at home", and "All the

team were fantastic in the care and support given to […]. Especially like to thank staff for their sensitivity and care after they passed away, such dignity". A relative had phoned the service and said the care their relative had received was wonderful. She praised how everything had been explained at the end of […] life, and made what was a very difficult time very 'calm' and 'good'.

Staff said they always had the correct amount of time to care for people appropriately and in a way they felt people should be cared for. One staff member said "I am given the time, training and support to look after people as I would look after my own family. We have good information about people, we never go in blind, this gives people confidence in the care being delivered".

People were supported in a way that made them feel they mattered. Staff said, "We always have time to sit with people and have a chat as well as doing the task we are there to do". One staff member told us they had been delayed at a visit as the person had been in bed when they had arrived and appeared unwell. They stayed longer than the scheduled visit to help ensure the person was safe and comfortable before they left" The staff member had also contacted the head office to ensure the person they were due to visit was aware they could be a little late.

People were treated with kindness and compassion by staff. We observed staff speaking to people kindly and respectfully as they provided care. For example, one staff member who had not visited a person for a while spent the first part of the shift asking the person how they were and what they had been doing since they last saw them. They also noted the person had their nails painted and said how lovely they looked. This friendly conversation clearly pleased the person concerned and helped them relax with the staff member before they received support with their personal care. Relatives consistently described the value of staff interaction with their loved ones. Comments included, "[…] was always a private person, the staff understand that and make sure they provide personal care as respectfully as possible. They close the door, and make sure they are covered up. The staff always talk directly to them, and not through me, which is really important".

People and relatives told us staff were always respectful of the fact they were in someone's home, often sharing tasks and responsibilities with people's family. Feedback within relatives surveys included, "[staff] was great with [relative] when they had an ambulance arrive, they took a step back and allowed the family to care, but were there if we needed".

Relatives described how their family members were very well cared for by staff who had built strong relationships with them. They explained how important it was for them to be able to trust the staff and service. Comments we received reflected this and included, "I can't stress how wonderful they are, they are like family, they know exactly what they are doing. They know our routines and fit in with our day. They tell us what they are doing, talk to us and provide care with humour and a smile". We saw two staff arriving at a person's home to provide support with personal care and morning routines. The way staff and the person greeted each other demonstrated trusting and positive relationships had been formed. We saw staff supporting a person with complex care needs who required two staff to assist with all personal care and mobility. Staff respected the person's daily routine and were very familiar with the way equipment was used to support and transfer the person safely and comfortably. We heard the staff chatting and reassuring the person as they provided care and the person concerned nodded and smiled when we asked them if they were happy with the care provided.

Relatives gave particular positive feedback about how the staff respected the physical environment and helped maintaine its tidiness and cleanliness. Comments included, "The carers come in four times a day and they put everything back in its place at every visit without fail, all the equipment and toiletries, just like they

have never been. They always leave our home just as they find it".

People received support from staff who really made an effort to get to know them well. We observed staff members using their knowledge of someone to make them laugh. This interaction made the person smile and visibly relax as daily personal care needs were supported. Staff said, "We get to know people, speak to them and their families about their lives, what they used to do". Information was also documented within people's records about their daily routines and backgrounds. A relative confirmed, "The staff provide support frequently throughout the day, so it is really important that we trust them and feel comfortable when they are in our home. We do, they are like family, I didn't know what proper care was like until we started using St Luke's Care"

People were supported to develop or maintain their independence. Care plans detailed how staff could help people maintain their independence, identifying what a person could do for themselves and what they needed help with. A staff member said, "I support one person with personal care who likes to do some of the tasks themselves, I leave them when they want, give them some space and go back and assist when they ask".

Good

Is the service responsive?

Our findings

People and their relatives told us staff were responsive to people's needs. One relative said, "Yes they are very responsive, they just seem to know what needs to be done and get on with it. They monitor […] health and skin really closely and respond quickly if they have any concerns"
Staff said they felt they were able to provide responsive, personalised care to people. Comments included, "The staff team is quite small, we know everyone who we support and communication about people's need and any changes is good and effective".

People's care plans clearly explained how they would like to receive their care and support. Before people started to use the service an assessment of need was undertaken by the registered manager and other senior staff. The registered manager visited the person in their home or hospital and discussed with them and their family their needs and how they preferred to be supported. We looked at an assessment, which included, information about, 'What I would like to happen in the morning, afternoon, evening'. This information was written from the person's point of view and included detail such as, 'ensure my environment is safe, help me make my bed'. This demonstrated the service considered people's individual needs and planned care around this. The registered manager said a member of the care staff may also attend the initial assessment to help consider how long certain care tasks would take. This helped ensure the plan of care met the person's needs sufficiently and in a way they wanted. The registered manager said some people were very specific about the type of carer they wanted supporting them and for some people compatibility assessments had been completed to help ensure these individual requests were met.

Information about people's daily routines were documented in detail. People and relatives said staff were very familiar with these routines and made sure support was delivered around people's particular wishes and preferences. A copy of people's support arrangements were held in the person's home so staff had access to the information they needed. People we spoke with were also aware of the information within their care plan and had been involved in the process. The registered manager told us reviews of people's care were completed with them or their family on a regular basis to help ensure information about people's needs and how they chose to be supported remained accurate and up-to-date. Care plans were amended when required and any changes communicated to the staff team. One member of staff who had not visited one person for a while showed us the person's care file and the information they would look at to see any important information or changes.

The service was flexible and responded to people's needs as they arose. Some people had support provided every day of the week, whilst others had fewer hours for specific care tasks. The registered manager said the provision of care was as client led as possible, "If we can't immediately accommodate a person's preferred time or day, we will do our best and put them on a waiting list for when the times they want become available". The registered manager said if people had to be somewhere at a certain time, or if there were specific timings in relation to diet or medicines then scheduling of people's visits were planned around this information. People and their relatives told us the staff were mainly on time, were flexible and would often provide support in addition to the set arrangements. One relative said, "I cook our meals, but if I need to go out the staff will always make sure they prepare lunch and make sure […] has a drink before I get home".

Staff recognised that even though some people had preferred routines, these could change and support needed to be flexible to support these changes. A staff member said, "People don't always want to get up at the same time, or have their medicines at a set time. It is their home and we have to be flexible and fit in with what people choose to do".

People's backgrounds, interests and personal preferences were understood by staff and supported as part of people's plan of care. We heard staff talking to people about their interests and hobbies and sharing stories about family and social events. In addition to support with personal care the service also supported people to access activities in the community and to undertake other tasks such as shopping and appointments. The registered manager said enablement visits were arranged by request, which could be up to four hours to allow people to go out and enjoy a meaningful activity. One person who was being supported with personal care told us they looked forward to their trip out with staff. They said "I go out with the staff to the shops or the garden centre, I enjoy it".

The service had a policy and procedure in place for dealing with any concerns or complaints. People and relatives knew who to contact if they needed to raise a concern or make a complaint. People's concerns and complaints were positively encouraged, investigated and responded to in good time. The registered manager and other senior staff also visited people in their homes and asked if they were happy with the care being provided. They said this gave people the opportunity to share any concerns as well as make suggestions about any improvements that could be made to their care or the service. We saw a concern had been raised with the provider in relation to a person being late for a hospital appointment. The registered manager had listened to the person's concerns and spoken with staff. Consideration had been given to ensuring communication about people's appointments were noted and included in the scheduling of visits. This response demonstrated the provider had listened to people's concerns and considered ways of further improving the service provided.

Outstanding ☆

Is the service well-led?

Our findings

People and relatives told us they thought the service was exceptionally well led. Comments included, "I can ring the office at any time, any issues get addressed straight away, they are amazing", and "Yes, we know the managers, they pop in and check everything is ok, and we can call them at any time". A relative said, "I have never known a service like it like it, they have made such a difference to our lives, they are wonderful, they really care about us all".

There was a very positive culture and clear set of values within the service. These included a person centred culture, involvement, compassion, dignity, independence, respect, equality and safety. These values were understood and shared by the staff team who reflected the same ethos in the way they cared for people. The provider and registered manager helped ensure these values were embedded into practice by providing strong leadership, sufficient training, and oversight of the service as part of quality auditing process. For example, all staff undertook Equality and Diversity training to help ensure they had the skills to meet people's diverse needs and lifestyle choices. Staff had attended the Plymouth Pride Festival, which celebrated people's choices in relation to their sexuality. The registered manager said attendance at this event had helped staff develop their understanding about people's diverse needs and client choice. They said as a result of this increased awareness they had further developed their admissions documentation and support plans to further ensure people's sexual preferences were considered and included in their plan of care. Spirituality training was also provided to staff, which included discussion about what spirituality meant to people and how the service would ensure they provided the care and support individual's wanted and needed.

Personalised care was central to the services philosophy and staff demonstrated they understood this by talking to us about how they met people's care and support needs. Staff spoke about their work with compassion and used words like, "Individual", "Independence" and "Rights" when they talked about people they supported. Staff were encouraged and supported to reflect on practice and to be clear about their role and responsibilities. This awareness and understanding was reflected in the practices we observed and the discussions we had with staff.

Staff were very positive about how the service was run. Comments included, "I have been so impressed, everything is so organised. We have all the information we need, our visits are planned and if there are changes it is communicated in good time", and "The management are visible, they visit people at home, it is good for people to see and know the staff who are running the service".
Staff told us they felt listened to and valued because the registered manager and senior staff involved them in all aspects of the service. They told us what they said mattered, they were listened to, and encouraged to suggest new ideas. For example, a staff member said they had raised some concerns about recent changes to scheduling and travel times. They said, "They listened to our views and really listened to how their plans would work practically and how it would impact on people and the staff providing the care. They made some adjustments and now things are working well".

The service really inspired staff to provide a quality service. The PIR stated, 'We have an employee of the

month award when staff vote for other care staff. This has proved to be a success as everyone celebrates the positives in each other'. The registered manager told us staff were able to vote for staff members and provide reasons why a staff member should win the award. One example of a staff member nominated included, "[…..] is an amazing carer, she gives it her all. She has stepped up and helps out where she can. […] is a friendly person, who will go above and beyond where they can" .The management team collectively read the nominations and voted together for the winner. People and staff were all made aware of the winner via email and the monthly magazine. A staff member said "I really believe the way we are treated impacts positively on the people we care for, we feel valued, so we value the work and support we provide". One of the staff who had been nominated for a monthly award had said, "I am so proud to be part of this wonderful team".

Staff told us they were very happy in their work, understood what was expected of them and were motivated to maintain a high standard of care. The registered manager was proud to show us a Plymouth City Council Celebrating Excellence in Care Award presented to the service for 2016 and 2017. The award was given in recognition of quality and innovation and was based on feedback from people using the service. The registered manager told us the service had to demonstrate innovative ways to ensure people were involved in developing the service. They showed us statements from people and relatives, which were listed as reasons for them being nominated and winning the award, these included, 'Clients are at the heart of everything they do', and 'Clients are invited into the office to meet with the management team so they can see behind the scenes'.

Support plans provided excellent detail about people's needs and how they needed and preferred to be supported and daily records produced by staff demonstrated a genuine understanding of their role and purpose. All the records held in the office and people's homes were well maintained and organised. Staff said they were able to easily access the information they needed to meet people's needs appropriately and safely. Information about people was held safely and treated with confidence.

Effective systems were in place to ensure communication between people, relatives and staff. People told us they had contact numbers and email information for the main office and were able to make contact with staff and management at any time. A secure texting service was in place for staff so important information could be passed while they were working. Staff said this helped ensure they had immediate information about changes to scheduling, staff meetings and other important information. Staff meetings were held every three months to provide an opportunity for open communication. Staff said these meetings were very informative and covered a range of topics, such as safeguarding and MCA as well as time to reflect and discuss practice. Staff showed us daily handover and communication sheets, which were completed to help ensure information was passed as required.

The experiences and role of family and friends were listened to and considered important. We saw staff had built positive relationships with family and respected their role as carer and family member. In addition to frequent contact through visits and telephone calls an annual questionnaire was also sent to relatives to gather feedback on their experience of the service. We saw how this information was analysed and used as part of an on-going improvement plan for the service. For example, the audit of a recent client survey highlighted one person's request to have their fridge regularly checked for out of date food. As a result of the audit, well-being checks particularly in relation to food were introduced for the individual and in relation to the whole service. The registered manager said these checks had been really successful in helping ensure people's well-being was monitored and maintained. They said staff had noticed as part of a well-being check that a person was not eating meals they were paying to have delivered. The staff member informed the person's relative and additional checks were added for staff to remind the person to eat their lunchtime meal.

People were kept well updated about events relating to the service and their care. A monthly newsletter was sent out to people providing them with information about the service and other important and useful information. We saw the most recent newsletter, which included information about new staff, staff awards, training undertaken and advice about winter planning such as flu jabs and how to keep warm during the winter months.

The registered manager took an active role in the running of the service and had a good knowledge of the staff and the people receiving support. They were supported by senior staff who had clear roles and responsibilities to assist the smooth running and effectiveness of the service. For example, a senior staff member had responsibility for planning all visits. Staff said this meant the scheduling of visits were well organised and any issues were dealt with promptly by the staff member who held this responsibility. People said they received clear information about visits, carers arrived on time and any changes were well communicated.

The registered manager maintained their own professional development by attending regular training and keeping up to date with best practice. They did this by attending courses and events relevant to the health and social care sector. This included, a management leadership certificate and regular attendance at local dignity in care forums. They had also recently attended local authority safeguarding training and a six steps training programme in end of life care. They said this training and knowledge enabled them to manage the service effectively, whilst ensuring they had sufficient skills and knowledge to support and develop the staff team. The registered manager also had a particular interest in the holistic side of care, and had undertaken a Level 3 qualification in Anatomy and Physiology. They said, "Having a holistic approach to care involves thinking about assisting people with the effects of illness on the body, mind, emotions, spirituality, religion, and personal relationships". They said as a result of this training they had further improved care planning to ensure they were personalised and fully reflected the needs and wishes of the person concerned. Training for staff in this area had also been developed. The registered manger said, "By having the knowledge in Anatomy and Physiology it has also helped promote staff learning. Training sessions have been held to help the staff team grow in confidence and gain a better understanding of how best to assist people who maybe suffering the effects of illness on their body and emotions, care plans now include better information about people's health, diagnosis and health services, which may best support them".

In addition to their management role the registered manager had also designed an end of life care plan to help ensure that people's wishes were taken into account together with their treatment preferences. They had also recently reviewed the roles and job descriptions of all senior staff, supporting them to include lead roles in different areas of practice. This included, end of life care, moving and handling and medicines. The registered managers said staff with a lead role supported the staff team and carried out regular audits to make sure practice was up to date. They said one person had a new sling and ceiling track hoist fitted. The occupational therapist had passed details of this person's needs and new equipment by telephone to the service. The lead staff member for moving and handling was able to train staff in the use of the equipment and also wrote a detailed update within the care plan to inform the staff of changes.

The registered manager and staff worked in partnership with other agencies to help ensure the best outcome for people using the service. The PIR stated, 'Our service works in partnership with other organisations to ensure best practice and to provide a high quality service. This included St Luke's Hospice educational department, social care team, specialist nurses, crisis team and occupational therapists. We have also started to work alongside a large local healthcare provider and Marie Curie to help provide the best quality end of life care for domiciliary clients'.
The registered manager also liaised with other local domiciliary care agencies to share experiences and best practice issues. They said this joint working and sharing of ideas had helped them consider their own

service, improvements and planning in areas such as scheduling, visit times and training. For example, the registered manager said "having listened to other providers we made improvements by asking staff for their availability a month ahead so we could ensure that there is continuity in the scheduling for both clients and care staff". They also said other domiciliary care services had been impressed with their on-call system, which was good practice they had been able to share to benefit other people in the city.

There was a very effective quality assurance system in place to check quality and to drive continuous improvement across the service. The registered manager told us "We have a robust quality auditing process, which shapes our organisation in a person centred way". The registered manager and staff monitored the quality of the service by regularly speaking to people to ensure they were happy with the service they received. People said, "The managers will often pop in, ask if everything is ok and check what the staff are doing is ok". The registered manager held a record of all home visits and spot checks of staff. This helped ensure everyone was spoken to regularly and given the opportunity to speak directly with the management of the service.

Regular audits were undertaken of all records including those held in people's homes. The registered manager undertook spot checks of people's support plans, daily records, and medicine charts. Any issues were discussed as part of staff supervision and staff meetings. A tracker system was also in place to ensure staff training, supervision and recruitment checks for each member of staff were up to date.

The registered manager said their performance and the quality of the service was also monitored and overseen by the registered provider. They said they had monthly meetings with the lead for community services, who also spoke with them daily about any concerns or issues relating to the service or people's care. Unannounced audits were carried out by the head of Quality and Compliance as well as the Chief Executive for the organisation. The findings from these audits and reviews were collated into an annual impact and quality report for the service.

At the time of the inspection the service was supporting 19 people from the Plymouth area and South West Devon. The registered manager said although the service was likely to grow in the future they had felt it was important to expand slowly and to ensure the quality of care provided was not compromised at any time. This demonstrated quality was considered a priority in the development of the service.

Information gathered about people and the service was used to aid learning and drive improvement across the service. The registered manager showed us clear and detailed audits of all accidents, incidents and concerns. The systems in place to document these events detailed what had occurred, the outcome and action taken by the service. This information had been collated to allow the registered manager to see any patterns and address any shortfalls in the care and quality of services provided. For example, a monthly falls analysis highlighted one person had fallen when they were getting out of bed. As a result of this analysis the person concerned was offered an additional visit at the time of day when the risk of a fall had increased.

The registered manager promoted the ethos of honesty, learning from mistakes and admitted when things had gone wrong. They understood and reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

Services that provide health and social care to people re required by law to inform the Care Quality Commission (CQC) of important events that happen in the service. CQC check that appropriate action has been taken. The registered manager understood their legal obligations including the conditions of their registration. They had correctly notified us of events, outcome for people and any action taken.