

## Carons Care Line Care Agency

# Carons Care Line

### Inspection report

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### Ratings

#### Overall rating for this service

Good ●

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?

Good ●

# Summary of findings

## Overall summary

Carons Care Line is a domiciliary care agency who provides personal care and support to people living in their own homes. At the time of our inspection thirty three people were using the service.

This inspection took place on the 1 September 2016 and was announced, which meant the provider knew before the inspection we would be visiting. This was because the location provides domiciliary care services. We wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf.

This service was managed by two registered managers who were responsible for the day to day running of 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.

Carons Care Line is a small family run service who prides themselves on providing "unrushed care" and "finding time to talk". People, their relatives and health and social care professionals told us they would highly recommend this service to others. Staff went above and beyond providing care and support, which were not part of people's care packages. The service continually strived to develop further opportunities for people to go out in the community and continue enjoying activities they used to.

The registered managers spoke passionately about their service and staff. They told us they provided a service with a personal touch. They were very proud of their staff team and believed in valuing their staff as much as the people using their service. They said "We have an excellent team" and "[Staff member] love their job. They are very passionate about the job".

People and their relatives spoke very highly of the caring approach of the service. Comments included "All the carers I have treat me as friends. I am very pleased with all of them. They cheer me up."; "They are all wonderful. We love them all. I had a bad experience with a previous care agency, but Caron's is brilliant" , "I am treated very kindly. The care is very good" and "They are caring, they listen to me". A relative said "I am supported as well as my wife. They are always very positive and encourage me".

Staff and the registered managers were very responsive to people's individual needs. Staff knew people well and what was important to them. Staff monitored people's mood and emotional well-being on a daily basis and responded accordingly. For example when a person was feeling low, staff bought the person's favourite sweets and magazines to cheer them up. Staff did this in their own time and at their own cost. Another example was when a person's watch strap broke and the person became upset. Staff left their own watch with the person while they took the person's watch to be repaired. All this was done on the staff member's day off.

Staff told us they loved working for the agency as they were allowed the time to spend with and care for people. One staff member told us they had previously worked in a Care Home, which was always rushed and did not feel they were caring for people. They said they now felt like they were making a difference. Staff told us they provided care with a personal touch and people and relatives we spoke with confirmed this. One staff member said "It is the norm. I treat people the way I would like to be treated."

People using the service and their relatives said they valued the relationships they had with staff and were satisfied with the care they or their family member received. People were supported to have a say in how their care was delivered.

One of the registered managers specialised in palliative care and had a small dedicated team providing end of life care for people. One relative said "They cared for my mother during her last few months. The carers were compassionate and professional and enabled my mother to die at home as she wished. The team of carers all went the extra mile, which involved [the manager] having to step in personally when one of the team was unwell.

Staff were aware of the types of abuse people may be at risk of and the actions to take if they suspected someone was at risk of harm. Staff were aware of their responsibility to report any concerns they had about people's safety and welfare.

People received their care at the correct time and had support given by the same members of staff to ensure consistency of care. Staff would support people on end of life care beyond their allocated care time.

There were enough staff deployed to fully meet people's health and social care needs. Appropriate recruitment processes were in place to reduce the risk of unsuitable staff being employed by the service. Staff received training and support from management to ensure they had the right knowledge and skills to meet people's needs.

Systems were in place to ensure people were given their medicines in a safe way.

People told us staff sought their consent before providing any care or support. Staff had an awareness of the Mental Capacity Act (2005) and knew how to support people to make their own decisions.

There was effective communication systems in place to ensure any changes or updates about people were communicated to staff immediately. Any changes in people's health or emotional well-being were responded to straight away.

People's needs were assessed and care plans developed to identify the care and support people required. People and their relatives told us they were involved in the planning and reviewing of their care and support and that when they required changes to be made, this was actioned by staff or the registered manager.

People and their relatives told us they knew how to raise any concerns or make complaints should the need arise. The registered manager sought feedback from people to ensure that the quality of care was maintained.

People, relatives and staff all spoke positively about the management of the service. Staff felt supported and confident in raising concerns and felt the registered managers would act on these.

## 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 ●

This service was safe.

There was sufficient staff to provide care and support to people using the service. Safe recruitment practices were followed.

People using the service were protected from the risks of harm or abuse because there were safeguarding systems in place and staff knew how to use them.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff had access to on-going training and a system was in place to ensure this was up to date. Staff received regular supervision and appraisals.

People's rights were protected. Staff had an understanding of the Mental Capacity Act 2005 and supported people to make decisions regarding their daily living.

People were supported to maintain good health and to access healthcare services.

### Is the service caring?

Outstanding ☆

The service was caring.

People were offered support in a way that upheld their dignity and promoted their independence.

Staff took extra steps to ensure people received care that was person centred often providing support outside the agreed care package.

People were involved in making decisions about their care.

### Is the service responsive?

Good ●

The service was responsive.

People were treated as individuals. Staff knew people's preferences and how to deliver care to ensure their needs were met.

Care plans were detailed, personalised and contained information which enabled staff to meet people's identified care needs.

People we spoke with and their relatives told us they felt able to raise any concerns and were confident that they would be acted upon and taken seriously.

Staff supported people to follow their individual interests and hobbies and to regularly go out in the community.

**Is the service well-led?**

**Good** ●

The service was well led.

There was a strong leadership in place and staff were highly motivated to offer the best quality of care.

There were a system of audits in place which identified any shortfalls which were then addressed.

People, their families and professionals had nothing but praise for the way the service was managed.

# Carons Care Line

## **Detailed findings**

### Background to this inspection

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

The inspection took place on 1 September 2016 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care services. We wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf. The inspection was carried out by 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.

The inspector visited the office on 1 September 2016, while the expert-by-experience supported the inspection on 31 August 2016 and completed telephone interviews with people and their relatives.

Before the inspection we checked the information we held about the service and the service provider. This included statutory notifications sent to us about incidents and events that had occurred at the service. A notification is information about important events relating to the care they provide which the service is required to send to us by law. We also looked at previous inspection reports. We reviewed the Provider Information Return (PIR) from the service. This 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 looked at documents relating to people's care and support and the management of the service. We reviewed a range of records which included three care and support plans, staff training records, staff personnel files, policies and procedures and quality monitoring documents.

We spoke on the telephone with eight people who used the service and two relatives about their views on the quality of the care and support being provided. We spoke with the registered managers, administrator and three staff members.

# Is the service safe?

## Our findings

People told us they felt safe when the agency staff were in their home providing care and support. Comments included "Yes, I definitely do feel safe" and "I feel very safe. I always have the same carers".

People benefited from a safe service where staff understood their safeguarding responsibilities. We looked at the arrangements in place for safeguarding vulnerable adults and managing allegations or suspicions of abuse. Safeguarding policies and procedures were in place which provided guidance and information to staff. These were read by staff as part of their induction, where they also undertook training in this area. Staff had an awareness and understanding of the signs of abuse. They were aware of their responsibilities to report any suspicion or allegation of abuse. They felt confident any concerns raised would be taken seriously by the registered manager and where necessary acted upon. The registered managers told us they had reported alleged financial abuse to the local safeguarding team after becoming concerned about a person using their service. They supported the person throughout the investigation.

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. We checked the care plans for three people who used the service and saw they contained risk assessments which recorded the safety of the person and the person's home environment. This included an assessment to support the person to mobilise, any personal care needs and nutritional needs. Staff training records indicated they had completed training on moving and handling. This meant staff had the knowledge they needed to assist people to mobilise safely. The registered manager told us they also try to balance the risk to people's safety and their choice, where they have the mental capacity to make that decision. For example one person used the radiator in the bathroom to pull themselves up, increasing the risk of falls. Staff suggested a grab rail was fitted, however the person did not wish to have one. This was recorded on the risk assessment.

People involved in accidents and incidents were supported to stay safe and action had been taken to prevent further injury or harm. The registered manager told us of a person who loved gardening and had a fall at the bottom of the garden. Staff supported the person to bring potted vegetables to the back door, enabling the person to continue their love for gardening, without having to walk to the bottom of the garden.

People were supported by sufficient staff with the right skills and knowledge to meet their individual needs. People told us they never had any missed calls and occasionally when staff were running late, they would get a phone call to inform them. The registered manager told us there had been one missed call due to an error on their part; however they did everything they could to rectify that immediately. Staff we spoke with felt there were sufficient numbers of staff available to meet people's needs and that they had enough time to support people. One member of staff told us "If I need to stay longer with someone then it's not a problem. Someone from the office will always cover if needed". The registered manager explained that if people's needs changed and they found the time allocated was not enough then they would reassess the person and look to increase the time of their visit. Day to day staffing levels were varied and set to meet people's needs.

Peoples' medicines were managed and administered safely. We saw that where people were supported with taking their prescribed medicines, Medication Administration Records (MARs) were completed fully. Staff also recorded on the daily visit record when they administered medicines or when a person refused. Staff said that if a person refused their medicines they would try and encourage later during their visit, however if the person still declined, they would contact the office who would inform the GP. Any medicines errors would be recorded and fully investigated. There was a medication policy and procedure in place. The registered manager told us medicine management training was provided.

The service followed safe recruitment practices. We looked the recruitment records for three staff. Application forms were completed, formal interviews undertaken and employment references were held by the agency. New staff were subject to a Disclosure and Barring Service (DBS) check before they started work for the agency. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults. The registered managers told us they had an initial seven day probationary period for new staff to ensure they had the work ethos the service required. New staff also shadowed more experienced staff, who would provide feedback to the registered manager on the new carer's suitability for the job. The registered manager stressed how important it was to them to get the right staff and to retain those staff.

There was a policy and procedure in place to guide staff on infection control and prevention. Staff had access to the appropriate personal protective equipment (PPE) to reduce the risk of cross contamination and the spread of infection.



# Is the service effective?

## Our findings

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be legally authorised under the MCA. For people receiving care in their own home, this is as an Order from the Court of Protection. The registered manager confirmed this didn't apply to anyone receiving the service at the time of this inspection.

We found the service was working within the principles of the MCA. People or their representatives signed a contract before care commenced, which also covered consent to receiving care within their own homes. The registered manager told us they had not had to complete any mental capacity assessments yet, but if they had any concerns about a person's ability to make a specific decision, they would contact the GP for advice. One staff member said "I never assume they lack capacity. It is part of their human rights to make a decision. When people make an unwise decision, it doesn't mean they lack capacity". Another staff member said "I always assume capacity, unless it's proven differently". We found that the service's approach was that assessments of capacity and best interest decisions were the responsibility of specialist professionals. We told the registered managers that sometimes it was necessary for the service itself to carry out mental capacity assessments where people lacked capacity to consent to their care. The registered managers acknowledged this and were going to introduce this to the service. At time of our inspection this had not applied to any people receiving care from this service.

Staff told us they had the training and skills they needed to meet people's needs. One staff member said "I had no experience in care work, but the teaching has been marvellous. They [managers] make it fun to learn. It's helped me to feel confident in my role". Staff told us they had the training they needed when they started working at the home, and were supported to refresh their training. Staff completed training which included safeguarding, fire safety and moving and handling. One of the registered managers told us they use various methods of training, for example social care TV for e-learning and also accessing specialist training through the Alzheimer's society. The registered manager said they also invested in their own staff to be the trainers within the team, for example one staff member was trained in diabetes, and another completed train the trainer in medicines management. The registered manager told us they also looked at individual's learning styles, for example one staff member previously avoided training as they struggled with using a computer for e-learning. The registered manager arranged to sit with the member of staff to support with their learning.

People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Supervisions were also used to look at what staff did well and talk about their professional development opportunities.

There were effective communication systems in place to ensure staff had the information they needed to

support people. All staff we spoke with confirmed they were kept up to date with any changes in people's care and support needs. One member of staff told us "We fill in their daily records every day which we use as a handover for other staff. We write what we have done, what people have eaten and drank and if there have been any issues. We also record what mood the person was in when we arrived and when we had left." The registered manager told us by recording the person's mood, they were able to monitor people's emotional well-being and respond appropriately. They also told us they used "WhatsApp", a social network system, which allowed sending quick messages to all staff with any updates. All messages were confidential and initials were used instead of people's names. Staff were also in regular contact with each other by text and could respond immediately for example to cover sickness or if a carer was running late. The use of this system meant the risk of missed calls were rapidly reduced and care cover was always provided.

Weekly concerns meetings were held to discuss any concerns about people raised by staff during that week. For example where a person had a wound which had not been seen to by the district nursing team, the concern would be logged onto a spreadsheet to ensure it was followed up and actioned in a timely way.

Most people were independent with preparing their meals and drinks. Staff told us where they supported people they recorded this information in daily records so other staff could see what meals had been provided previously and they could monitor people's nutritional requirements. People told us they had choice in what they wanted to eat and drink. One person said "I tell them what I want and they get it out of the freezer". Another comment from a relative was "The team provide my mother an outstanding service in her home. Nothing is too much trouble – carers have called in the local supermarket before arriving because my mother had mentioned she fancied a scone with her afternoon tea."

Where necessary staff contacted health and social care professionals for guidance and support or to book appointments for people at their request. This supported staff to ensure people had the contact they needed with the relevant health and social care professionals. People and their relatives told us where required the service would support them to make and/or attend medical appointments. A relative told us "My mother has nothing but praise for her carers. They have identified and flagged several health issues, going well beyond what I would have expected." Daily records contained information when people had been assisted to seek healthcare support. A healthcare professional from the local doctor's surgery said "Yes, they support people to access the correct health care. They are indeed proactive in problem identification."

## Is the service caring?

### Our findings

The service had a strong ethos and culture of person centred and "unrushed care", which was shared with people, their relatives and staff. The registered manager told us they pride themselves for not rushing people during care calls and they would not complete fifteen or thirty minute visits when providing personal care. Staff were always encouraged to "find time to talk".

People and their relatives spoke very highly of the caring approach of the service. Comments included "All the carers I have treat me as friends. I am very pleased with all of them. They cheer me up."; "They are all wonderful. We love them all. I had a bad experience with a previous care agency, but Caron's is brilliant", "I am treated very kindly. The care is very good" and "They are caring, they listen to me". A relative said "I am supported as well as my wife. They are always very positive and encourage me".

Each person had a care plan suited to their individual needs and preferences. People and their relatives told us they were involved in planning their care. Staff told us they went above and beyond what was recorded in people's care plans, and responded to people's needs and wishes as it became apparent. Staff showed concern for people's wellbeing in a caring and meaningful way, and they responded to their needs quickly. For example one staff member had been caring for a terminally ill person who told them they had not had a cheese, onion and potato pie for many years. The staff member made the pie in their own time and ingredients and took it in for the person the next day. One relative said "This team operates a quality service, they genuinely care about the client and their family. They have proven to be adaptable in terms of the tasks that we ask them to help with and prepared to alter the timing of visits." Another person commented "The service is very flexible and adapts exceptionally well in emergency situations, providing support above and beyond what is normally expected".

Staff spoke fondly of the people they cared for and displayed a thoughtful, caring approach when speaking about people and the way in which they delivered care. People using the service, their relatives and staff told us there were a regular team of carers and that the service tried to plan staff visits to ensure they worked regularly with the same people. This meant there was continuity of care as well as the reassurance that people were being cared for by staff who knew them well. One person said "I have been with this agency for a year and had the same care worker the whole time, a good relationship has been built up". A relative said "This service provides excellent and reliable care with genuine compassion. Time is allowed to meet the needs of the recipient and all the staff are prepared to extend their working hours and go the extra mile to support both the person they are caring for and their families." Many people and relatives we spoke with said they would highly recommend this service to others.

People were treated with dignity and respect. A staff member told us "I am aware that I am a guest in their house". Staff said they would knock before entering a person's property and when they used a key safe to enter, they would call out to the person to inform them that they were there. Comments from people included "Carers treat me with dignity and respect" and "Privacy, dignity and respect are very good".

Staff told us they loved working for the agency as they were allowed the time to spend with and care for

people. One staff member told us they had previously worked in a Care Home, which was always rushed and did not feel they were caring for people. They said they now felt like they were making a difference. Staff told us they provided care with a personal touch and people and relatives we spoke with confirmed this. One staff member said "It is the norm. I treat people the way I would like to be treated." The registered manager told us they looked for "special moments" and encouraged staff to talk about these during team meetings. For example, a carer who had a dog, changed the walking dates and route of his dog walking, to enable him to pass by a person's home and visit him on days when his family did not go in and see him. The person also loved the carer's dog. Another example was of a couple who were housebound and mentioned they would like to send their friend a card. The carer went to the local village shop in their own time and bought six different cards for the couple to choose from and then returned the remaining cards they did not want.

Staff told us it was the little things that sometimes mattered to people, for example during one visit a person appeared low in mood. The carer bought their favourite sweets and magazine and took it in to her on her day off to cheer the person up. Another person's washing machine broke and the carer took the washing to their own home to be washed until the washing machine was fixed. For a person who enjoyed baking, the carers would take ingredients and bake with them or the carer would make homemade soup and rolls and take it for the person's lunch. Sometimes the carers took their own breakfast to have with people in the mornings. Staff told us about a person with a visual impairment who used to love reading, staff would sit down with the person reading to them. The registered manager told us it was the carers using initiative and "thinking out of the box" which made the service special and different.

Staff told us they encouraged people to do as much as they could for themselves to retain their independence. They also provided a re-enablement service to people who had recently been discharged from hospital, supporting people to complete exercises or regain skills, such as making a drink or increasing confidence in walking. One person told us staff supported them to access the gym.

Staff told us they also maintained relationships with people they had cared for, but who were now resident in care homes. They visited people in their own time and one staff member told us of an incident where they visited and the person was unwell. They informed the home staff who said a GP would be contacted; however the person further deteriorated and an ambulance was called. The home care staff told the staff member it would be hours before the ambulance could collect the person. The staff member offered to take the person to hospital and stayed with the person until the family arrived.

People and their relatives were given support when making decisions about their preferences for end of life care. The registered manager told us they pride themselves on the palliative care provided for people and had a small team consisting of no more than three carers to ensure continuity. They worked very closely with the community nursing team and the GP surgery and also provided night care. One relative said "They cared for my mother during her last few months. The carers were compassionate and professional and enabled my mother to die at home as she wished. The team of carers all went the extra mile, which involved [the manager] having to step in personally when one of the team was unwell. They worked well with the local doctors' surgery in Codford".

The registered manager gave an example of a bereavement where the person was very spiritual and did not want any medical intervention. The person also wished that their dog was on the bed with them when they passed away and that they had their jewellery with them. The registered manager and staff ensured that their wishes were adhered to.

The registered manager told us they would stay with people at the end of their life for as long as it was

needed and did not charge for the extra time. They also said the care did not end when the person's life ended, but they stayed afterwards, providing emotional support to the families and staff. In some cases the registered manager also provided advice to families as relatives sometimes did not know what to do, for example contact details of funeral directors and the process of registering the death. Sometimes relatives forgot to contact the GP and the registered manager would support them to do that. The registered manager would also cover for staff who were too upset to go to their next care visit after a death. The registered manager told us they had also put together a palliative care pack for people and relatives who needed it.

Some staff had shown an interest in "Embalming". The registered manager had contacted funeral directors to give staff the understanding of the after-palliative process, so they could support families and other professionals during this difficult time.

## Is the service responsive?

### Our findings

People's care and support was planned in partnership with them. The registered managers visited each person to carry out an assessment of their needs and any individual risks before a care package was agreed. People were asked for their views about their needs and how they would like their care to be delivered. People had the opportunity to write their own care plans with support from one of the registered managers. Care plans were personalised and detailed daily routines specific to each person. We saw care plans were written from the person's perspective, for example "I would like or I will". The assessment took account of all areas of their life including their mobility, nutrition, mental health, physical health and communication needs. The assessment also noted social networks and relationships that were important to the person as well as their life history and personal preferences. The registered manager always ensured the person was seen in their own home as part of their assessment. They told us "People may present differently when in hospital. Whilst we are always happy to visit them and start the assessment there, we then arrange a further visit when they are at home to assess how well they manage in their own home environment."

Speaking with staff they were able to explain what was important to people. Staff told us they knew about people's past careers, their hobbies and aspirations. The service provided to people was flexible and responsive to people's individual needs and preferences. Staff enabled people to live life as fully as possible. For example they told us about a person who loved archaeology before they had a stroke. Staff supported the person to pursue their interest through accompanying the person to Stonehenge, museums or any other places of their choice. Another person used to be a lorry driver. Staff took the person in their car and drove the route the person would have done in the past. The registered manager also told us how they had responded when a person became anxious when their watch strap broke. The person felt lost without their watch. The staff member offered to take it in for repairs, but the person became worried that they'd be without a watch over night. The staff member offered the person their own watch and returned with the repaired watch the following day, all done in the staff member's own time.

People's needs were reviewed regularly and as required. Where necessary the health and social care professionals were involved. Professionals were positive about the service people received. A health care professional said "Yes, extremely approachable, easy to contact and a very rapid response indeed. Always very informative and staff have good knowledge of patients. Very much a patient centred service – provide personal, holistic care." Another comment from a social care professional; "Their support has been tailored to support the needs of my customer and they continue to review and allow flexibility within the support plan."

We looked at the arrangements in place to manage complaints and concerns that were brought to the registered manager's attention. The service had a complaints procedure in place setting out how complaints could be made and how they would be handled. No one we spoke with had any concerns about the service. People and their relatives told us if they had any concerns then they could speak to any member of staff, the registered managers or administrator in the office. One person said "I have not had to make a complaint, but if I had to, I wouldn't ring the office, but sort it out with the girls who come." They felt any concerns raised would be listened to and appropriate action taken where required. The registered manager

said as soon as anyone contacted them they looked to resolve the situation before it escalated into a complaint. Comments from people and relatives included "Messages are passed on. Answerphone messages are confirmed with a return call" and "E-mails are responded to within the hour". The registered manager told us they carried a Dictaphone with them when they visited people at home. As soon as they came out of the person's home, they recorded if any concerns were raised. They would then listen to the Dictaphone in the office and log any concerns on a spreadsheet, which would be monitored to ensure an outcome was recorded.

One person told us they had a care worker they did not like and reported this to the office. One of the registered managers visited the person immediately to resolve the situation. The registered managers told us they also supported their staff when concerns were raised regarding people's attitude towards care staff. For example one person was continuously rude to staff to the point they felt reluctant to visit this person. One of the registered managers arranged a visit with the person and their family to see if a solution could be found. The registered managers told us the well-being of their staff was just as important as the well-being of the people they cared for.

People were supported to maintain their independence and access the community. Staff supported people to attend appointments such as hairdresser, doctor's, hospital and dentist. However, they also supported people to take part in activities that they enjoyed, such as going to church, shopping or visiting a garden centre. Depending on people's individual needs, some people also attended the stroke club and befriending services. Staff told us they would ask on the day what the person would like to do. We also saw evidence in the daily notes that staff responded to the person's wishes, for example one person said they would like to go out and suggested the garden centre, which was where the staff escorted the person to and stopped for a hot chocolate. Another person just enjoyed a drive in the car. The staff member would take the long route back home for the person's enjoyment.

The registered manager told us they went beyond just supporting people with their care and social needs, but also supported people with any other needs, such as maintenance and repairs of people's homes. They said they responded immediately to anything concerning the safety of their clients, for example light bulb replacement, fixing down frayed carpets, toilet and door lock repairs, replacing smoke detectors and fitting key safes. This was done in the registered manager's own time and at their own cost. They also told us about a scam they heard of on the news, which was targeting older people. The service responded by writing letters to people and their relatives to make them aware and warn them of the risk. For people with memory loss, they also wrote a reminder on a small blackboard, which they left by the person's phone to remind them of the scam. This showed that the people using the service were always at the fore front of the provider's minds.



## Is the service well-led?

### Our findings

The service demonstrated good management and leadership. People were consistently positive about the service, the leadership and how it delivered the care they needed. There were two registered managers in post who was supported by an administrator who co-ordinated care and managed the day to day running of the service. The one registered manager was responsible for managing the hands on care while the other registered manager was more responsible for managing staff training and policies and procedures. Both registered managers were available throughout the inspection. Staff were able to describe a shared vision of how they saw the service as one which provided "unrushed care" and always "find time to talk". The service also shared an ethos of "Treat people how you would like to be treated".

The registered managers spoke passionately about their service and staff. They told us they provided a service with a personal touch. They were very proud of their staff team and believed in valuing their staff as much as the people using their service. They said "We have an excellent team" and "[Staff member] love their job. They are very passionate about the job".

The registered managers demonstrated that the service had a strong emphasis on continually striving to improve. The service had effective quality monitoring systems that supported sustained outstanding practice and improvements over time. This included a range of formal quality and safety audits, seeking feedback from people and observations of staff practice. The registered managers completed unscheduled observations and assessments of staff to ensure best practice. The service also commissioned external support services to review their systems, policies and procedures.

We received positive feedback from external health and social care professionals who were extremely complimentary about the service provided by Carons Care Line. Comments included: "I have worked here for 6 years now. I am a huge fan of [manager] and her care line. The care they provide our patients is exceptional. The staff are so kind, committed and nothing is ever too much. They always seem to go that extra mile that makes the difference between good and what is actually great care. I have never at any point had any cause for concern about [manager], the way in which she runs her agency or indeed her staff – they all seem very happy and committed to providing a personal, deeply caring service from which our community profits from greatly. If only there could be more agencies like this." And "Right from my first contact with them, Carons Care Line has been extremely efficient in providing the care required for my customer to a very high standard indeed. I have felt secure in knowing they will act on any additional information I share with them to ensure the needs of my customer continue to be met and they have communicated with me throughout. Carons Care Line offers a very effective service with great consistency, regularity of carers and timings of visits".

People and relatives told us they would highly recommend this service to others. Comments included "The team provide my mother an outstanding service in her home", This is a first class service. I would have no hesitation in strongly recommending Carons Care Line", We could not recommend them more highly. I have worked with this team since its birth and their high standards have stood the test of time, which must reflect well on the leadership".



The registered managers provided staff with clear and directive leadership. Staff told us they understood their responsibilities and were clear about the standards of care they were expected to provide. Staff said that one of the registered managers was "a good role model, she will often do calls [care visits] to people and always helps out when needed." The registered managers were available at all times. Records showed that the registered managers gave staff clear feedback about their performance and the expectations of their roles. The registered managers were proactive in developing the skills and knowledge of staff in areas of good practice. This included providing a continual training and development programme and ensuring the relevant information about good practice in the sector was cascaded to all staff.

The culture of the service was caring and fully focused on ensuring people received the care and support they needed. The staff we spoke with were highly motivated and proud of the care and support they provided. Staff told us; "They [registered managers] are brilliant. I love working for them" and "They are a lovely bunch of people. I feel very much supported". Another staff member said "We are the best. People come to us. They've heard about our reputation – it proceeds us". Staff told us the registered managers were not just supported on a professional level, but also when they experienced personal problems. One staff member told us they went through a difficult time and was considering giving up caring. The registered managers supported the staff member through this and made different suggestions, for example paying for a hotel for two nights to ensure the staff member had sufficient sleep to enable them to carry on with their caring role.

Staff had easy access to the policies and procedures for the service. They were issued with a handbook containing key relevant policies and were able to access other policies through visiting the office or contacting the registered managers. The policies and procedures were also available to staff to view online. The policies were continually reviewed and updated by one of the registered managers. The handbook also contained emergency plans. There was a lone working policy in place to ensure staff safety and staff texted the registered manager after their last call at night.

A monthly staff meeting was held which encouraged staff to talk about "special moments" they had with people during that month. Any incidents and accidents were reviewed and learning from it was discussed with staff. Staff also had the opportunity to come up with ideas for improvements to the service, for example medication lists which could be given to paramedics in case of an emergency. The registered managers were open to suggestions from staff and encouraged them to use their initiative and be creative in providing a high standard of care.

The service worked proactively in partnership with other organisations to make sure they were following current practice and providing a high quality service. One of the registered managers had worked closely with the local safeguarding team to ensure people were protected. This varied from gathering evidence to support safeguarding investigations to attending meetings to ensure positive outcomes for people who were at risk of harm. They also worked very closely with the local GP surgery and community nursing team to ensure that changes in people's needs were responded to quickly. The registered manager consistently participated in forums with other organisations in the sector, such as Learning Exchange network or registered managers meetings, to exchange views and information that may benefit the service. The registered manager told us they were in the process of signing up for Skills for care. Skills for care is an online resource, which provide practical tools and support to help adult social care organisations and individual employers, such as Carons Care Line to recruit, develop and lead their workforce. The registered managers also wanted to improve the way they recognised the work staff did, for example they wanted staff to be rewarded more formally by signing them up for "Care Focus" care workers awards. Care Focus is a community based company which organises an award ceremony once a year where providers have the opportunity to nominate staff they felt excelled in their role.

Staff were supported to question the practice of other staff members. Staff had access to the company's whistleblowing policy and procedure. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. Staff we spoke with confirmed they understood how they could share concerns about the care people received. Staff knew and understood what was expected of their roles and responsibilities.

The registered managers were on-call 24 hrs a day in case of an emergency. Contingency plans were in place and the registered managers used a traffic light system to ensure they got to people who could not manage without their care call, for example in adverse weather conditions. People identified as "red" would definitely receive a visit, when people identified as "green" would have family or other support in place.