

Carefound Ltd

Carefound

Inspection report






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Ratings

Overall rating for this service

Outstanding 

Is the service safe?	Good 
Is the service effective?	Outstanding 
Is the service caring?	Outstanding 
Is the service responsive?	Good 
Is the service well-led?	Outstanding 

Overall summary

This inspection took place on 10 June 2015. It was an announced inspection. The last inspection took place on 20 September 2013 and the service was meeting the regulations we assessed.

The service had a registered manager. 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.

At the time of our inspection there were 38 people who received a service from the agency. The service also

provided 24 hour, live in, care to four people who lived in the local community. People who used the service were mainly older people living with dementia, Parkinson's and other neurological conditions.

People told us they felt safe and trusted the care staff who came into their home to support them. Care staff demonstrated a good understanding of how to safeguard adults at risk of harm. The safeguarding policy was up to date and included recent changes to legislation following the introduction of the Care Act, 2014. This meant staff had the most up to date guidance to help them safeguard people. Appropriate risk assessments were in place to reduce the risk of harm.

Summary of findings

There were enough staff to provide the support people required, we saw gaps were left in the rota to allow care staff adequate time to travel to see the next person. People were supported by a consistent team of staff and told us they were reliable. The service had effective and robust systems in place to recruit staff.

People were supported to have their medicines safely. Staff were trained and the medication policy was based on good practice guidelines.

People spoke highly of the care staff and told us they were skilled and well trained. We saw the service had a comprehensive induction programme in place and worked hard to assure themselves people were equipped to deliver a high standard of care. Care staff had access to ongoing training, supervision and had a personal development plan.

The service provided good care for people living with dementia. Care staff had specific training to support them to understand how to help people with dementia live well. They worked in partnership with organisations to ensure they kept up to date with good practice in dementia care.

People were supported to have a good diet. Care staff identified concerns regarding weight loss and sought advice from health care professionals. Every time a new person started with the service the care co-ordinator contacted their doctor to let them know they were involved. This meant they were proactive in developing relationships with health care professionals.

The service was working to the principles of the Mental Capacity Act, 2005 and care staff supported people to make their own choices about their care.

People told us the care they received was excellent and that care staff went that extra mile. Care staff spoke with passion about delivering a good standard of care. They told us they would be happy for their family member to receive care from the service. There was a focus on maintaining people's independence and people's confidentiality was respected.

Care was planned and delivered in partnership with people and their families. Care plans were person centred and focused on people's well-being and social activity rather than a task centred approach to care. Care was reviewed on a regular basis. There was a strong focus on reducing social isolation and people were supported to be involved in their community.

People knew how to make complaints. The service investigated complaints thoroughly and was keen to improve the service.

People told us the service was well-led and that the ethos of the service was about ensuring a high standard of care. Care staff told us they enjoyed working for the organisation and felt very well supported.

There was a leadership team who were committed to delivering a good service. They held regular meetings and had effective systems in place to assure themselves they were delivering a high quality standard of care.

The leadership team had an appetite to continually improve the service; one example of this was their focus on work to develop specialist skills, knowledge and partnership links around end of life care.

There was a high response rate to the customer questionnaire and a high percentage of people thought the service had improved their quality of life.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People and their relatives told us they felt safe and trusted the care staff who came into their home to support them. Staff recruitment was robust and the service operated a matching process with the aim of finding care staff people would have common interests with. People told us they received a reliable and consistent service.

Care staff had a good understanding of how to safeguard vulnerable adults. The service had an up to date policy for staff to follow. The service had a call monitoring system, this acted as a safeguard to reduce the risk of missed calls.

Medicines were managed safely and the medication policy was written in line with good practice guidelines.

Good



Is the service effective?

The service was effective.

People spoke highly of the support they received and described care staff as being well trained. The service offered a comprehensive induction programme and ongoing training and support which helped to ensure staff had the right skills and knowledge to deliver effective care.

The service liaised with doctors and other health professionals. They also had links with dementia organisations to ensure they kept up to date with good practice in dementia care.

Care staff demonstrated a good understanding of how to support people living with dementia to be involved in their care and the service worked within the principles of the Mental Capacity Act 2005.

Outstanding



Is the service caring?

The service was caring.

People who used the service and their families described the care as excellent, saying care staff went the extra mile. People were supported to maintain their independence and received support from a consistent team of care staff.

Care staff spoke passionately about being committed to delivering high quality care, and said they would be happy for their relative to be cared for by the service.

The service had a strong emphasis on confidentiality and individual confidentiality agreements were signed by people.

Outstanding



Is the service responsive?

The service was responsive.

Good



Summary of findings

Care and support was planned in partnership with people and their families. Reviews took place on a regular basis and people we spoke to told us they, and their families, were involved in reviews and changes to their care plans. Care plans were person centred.

People were supported to maintain links with their community. Care staff showed a good understanding of the importance of preventing social isolation. The service was developing links with community services and had a guide for staff to access information about what was available for people.

People knew how to make a complaint and there was guidance for people in their care plan and the service user guide. Complaints were investigated thoroughly and the service was open and keen to learn from these.

Is the service well-led?

The service was well-led.

The service had a registered manager who was supported by a leadership team. Care staff we spoke to told us they felt well supported and talked about the passion to deliver a high standard of care which started at the top of the organisation.

People who used the service told us it was well led and had a caring ethos. The annual customer survey showed a high degree of satisfaction with the service.

Communication was effective and weekly team meetings meant care staff had the opportunity to share good practice.

Care staff had received national recognition and praise.

Outstanding



Carefound

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.

We inspected the service on 10 June 2015. The inspection was announced. The provider was given two days' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the location office to see us.

The inspection team consisted of one adult social care 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.

Before our inspection we reviewed all the information we held about the service. We received a Provider Information Return (PIR). 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

contacted Healthwatch, which is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch told us, "We regularly refer people to Carefound. We like their ethos and their careful matching of clients to care workers. We often hear complimentary things about Carefound and we have done a lot of partnership working, including public awareness and education sessions which they deliver free of charge to the community." The local authority did not provide any feedback about the service.

During the inspection we spoke, on the telephone, with nine people who used the service and six relatives. We spoke to eight members of staff which included two care workers, three senior care workers, the care co-ordinator and staff co-ordinator and the company director. The registered manager was on leave during the office visit but we spoke to them following the inspection. We also spoke to four new care workers who were at the office having their induction training.

We looked at documents and records that related to people's care, and the management of the service such as training records, quality assurance records, policies and procedures. We looked at four care plan records and three staff files.

Is the service safe?

Our findings

All of the people we spoke with were positive about the care they received. People told us they felt safe with the care staff in their homes, and trusted the staff that supported them. Comments included, “I’m absolutely safe, they use my key code to come in, I trust them 100 per cent”, “Absolutely safe. I trust them. If I didn’t I would ring someone,” and “I trust them implicitly.”

Relatives shared this view and told us they were happy the service provided safe care. One relative said, “I have no concerns about her safety at all. She recently had a new bathroom. Carefound sent a trainer to ensure the carers knew what to do.” Another relative said, “Absolutely safe, the carers are wonderful, very professional. He loves the days they come.”

The staff we spoke with demonstrated a good understanding of how to support adults and protect them from avoidable harm. They knew what to do if abuse occurred or if they suspected it. Everyone said they would take immediate action to keep the person safe and then report any concerns to the management team. They were confident the management team would respond appropriately. Staff we spoke with told us they had received training in safeguarding and this was regularly updated. The staff records we saw supported this.

The safeguarding policy had recently been updated by the director. This was to ensure it was in line with the recent changes to legislation following the introduction of The Care Act, 2014. The company director wrote the policy in draft, then shared this with the local authority safeguarding policy officer and requested their feedback. We saw the suggested changes by the local authority had been made. This showed the service was keen to ensure the policy was based on up to date legislation and practice guidance, to allow them to support their staff to protect vulnerable people from harm.

The whistleblowing policy was up to date and contained clear guidance for staff about who they could contact if they had any concerns. All of the staff we spoke with told us they felt any concerns they raised would be listened to and acted on by the management team.

The service operated a robust recruitment and selection process. The director explained to us they were keen to recruit, “The best people”, and wanted, “Local people to

support local families.” They went on to explain they have recently introduced an on line application form. We saw the service then completed a telephone interview, before inviting the person in for a formal face to face interview. The registered manager told us they only employed five per cent of people who applied; this information was confirmed in the PIR. This showed they operated a selective recruitment process, and were keen to employ a high calibre of caring and compassionate staff.

Care staff we spoke with told us the interview was comprehensive and focused on their life experiences and why they wanted to work in a caring role. A number of staff we spoke with had not worked in care previously, but told us about their experience of looking after family members with health and care needs, and they had a strong focus on wanting to support people to live well.

Appropriate checks were undertaken before staff began work, this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

We reviewed the staff rota for the previous four weeks; there were enough staff available to meet people’s needs and there were gaps between care calls to allow care staff to travel to the next person’s home. People received support from a consistent team of staff and people told us their calls were never missed, and that if the member of care staff was running late they always got a phone call to let them know. The service had a 24 hour, seven days a week on call system, the person on call had access to electronic records and the service used a call monitoring system. This enabled them to record when the member of care staff arrived and left the person’s home. This raised an alert to the office or on call person if the member of care staff had not arrived and therefore, prevented the risk of care calls being missed.

People had appropriate risk assessments in place; these included moving and handling assessments and environmental risk assessments as the care was delivered in the person’s own home. Staff had access to supplies of protective clothing including gloves and aprons to reduce the risk any spread of infection.

People who used the service told us they felt well supported with their medicines. The service completed a

Is the service safe?

medication assistance screening tool to establish the support people needed with their medication. We also saw people had signed to agree to have support with managing their medications. We reviewed the medication administration records for four people who used the service. These were completed correctly and were audited by the service once they were returned from the person's home. The service had reported one medication error in the last 12 months.

We saw the medication policy had recently been updated. The policy and updated training was provided by an external professional with specific expertise in this area. The policy took into account National Institute for Health and Care Excellence (NICE) guidance on medication management. This meant the service was keeping up to date with good practice guidance and supporting staff to ensure people who used the service were supported to have their medicines managed safely.



Is the service effective?

Our findings

People spoke highly of the care staff that supported them. One person said, "I'm a very satisfied customer." All of the people we spoke with told us they thought care staff were well trained. Comments included, "They're very well trained. Quite a few are ex nurses," "They are very good about training and improving staff," and, "They ensure he gets everything he needs, they're very highly trained."

Care staff we spoke to confirmed they had access to regular training, supervision and all felt they were well supported by the leadership team. One member of care staff said, "The training is excellent, I want to do an excellent job and I feel the organisation support me to do this." Another member of staff told us, "The senior team are brilliant."

The director explained to us that a new induction programme had started the week of our inspection. This had been developed by the director, an external health and social care professional and in consultation with skills for care. The director told us this induction had been developed in line with the Care Certificate and the 15 fundamental standards of care, and aligned with the company values and aims. They told us this would be reviewed and amended as needed. This showed that the service was serious about supporting staff to have the necessary knowledge and skills to help them deliver good quality and compassionate care.

All new care staff completed the five day taught induction, this included a workbook of 100 questions which they had to work through. Following the five days classroom based learning, new care staff completed 12 hours of shadowing, during which a separate observation evidence workbook was completed. Before they were able to provide support to people they had a meeting with the registered manager, this was called a 'safe to leave' meeting and gave the registered manager an opportunity to give feedback and review their progress. Care staff told us they could ask for additional support, or extra time shadowing experienced care staff if they felt they needed it.

New members of care staff were assigned a 'mentor' who provided additional support, advice and guidance. The mentor and new member of staff had a face to face meeting within the first four weeks of the member of care staff supporting people in their own home. The senior team then completed a 'spot check.' One member of care staff

told us this supported them to build their confidence and to deliver a good service. This meant the service supported care staff to have the skills and confidence to provide a high standard of care to people.

Care staff told us they had access to ongoing training. Carefound trained all care staff to use the SPECAL technique which is based on three key principles to support people living with dementia; don't ask direct questions, listen to the expert (the person with dementia), and learn from them, and don't contradict. All of the staff we spoke with told us about these principles and how they applied them on a day to day basis when supporting people. One member of care staff explained to us that this helped them understand dementia and this enabled them to provide better care to people. They told us they knew people might not have the specific memory but talked about the feelings attached to certain things and how they supported the person and said, "It is about getting into that person's bubble." Another member of staff told us the organisation offered, "high support and high challenge." They explained this meant they had high standards for care staff to achieve.

We spoke to a professional from Dementia Forward, an organisation which supports people with dementia to live well. They said, "Carefound go that extra mile. We recommend them to people who need support to stay independent in their own home." They told us staff at Carefound regularly referred people and their families to Dementia Forward for support, and they provided training to care staff. In addition to this they supported families to understand dementia and the impact this might have on the person and their families' life. Dementia Forward have a specialist nurse who had worked alongside Carefound staff for people who needed more support, they told us the service followed their guidance and used suggested strategies to support people to remain in their own home.

A member of care staff had recently become a dementia friends champion and was working within the community to help make businesses and community resources more accessible for people living with dementia.

We looked at three staff files and could see records of supervision taking place on a regular basis. Each member of staff had a 'supervision contract' which was signed by the supervisor and supervisee. This set out the purpose and aim of supervision. The supervision records we looked at showed a detailed record of discussions and set clear



Is the service effective?

targets for the member of staff to work towards. Each file also contained a 'personal development plan.' This was an annual appraisal and identified areas of good practice, any ongoing development needs and a performance rating. We saw feedback received from people who used the service contributed to the appraisal discussion and record.

The service worked in partnership with a number of organisations to ensure they kept up to date with good practice in dementia care; these included Dementia Forward and The Contented Dementia Trust. We saw at a recent staff meeting a service user had attended to talk about their health condition and to give feedback to staff. Staff told us this was valuable as it enabled them to learn more about the impact of the condition and its impact on the person's daily life and how best they could support them.

Staff showed they had a good understanding of the importance of a good diet and ensured people had enough to drink. A relative said, "He's lost a lot of weight but the girls have been very helpful in keeping his fluids up." The registered manager explained the importance of supporting people to eat well was discussed at the initial care planning stage, and care staff would adapt their approach based on the individual's preferences. For example some people liked care staff to sit with them whilst they ate, whilst others were left with snacks to graze until the next care visit. If there were concerns about an individual's food or fluid intake these would be discussed at the weekly staff meeting and staff would share techniques to support people. In addition to this the relevant healthcare professionals were contacted for advice and support.

The care co-ordinator explained every time a new person started with the service they contacted the person's doctor. This proactive approach meant the person's doctor had an understanding of the care the person was receiving. In addition to this we saw evidence in care plans of health professionals being contacted for support and advice. One person told us, "The carer is coming with me to the hospital next week to explain my diet to them."

The Mental Capacity Act (2005) provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make particular decisions for themselves. Care staff and the leadership team demonstrated a good understanding of this legislation and what this meant on a day to day basis when seeking people's consent. Staff told us they understood the principles of the legislation and how to apply this on a day to day basis.

People told us they were supported to make their own decisions. One person said, "I'm definitely involved with my care. She offers me a choice of clothes to wear. They have also done a memory book to help me."

We saw mental capacity assessments were completed as required. Other professionals were consulted where necessary. The service followed the principles of the legislation and the code of practice. This ensured any decision taken on behalf of someone who used the service was in their best interests, and was the least restrictive decision. The service considered the balance of supporting people to remain safe without unnecessary restriction, we saw evidence they put the person's quality of life at the centre of decision making.



Is the service caring?

Our findings

People who used the service told us they received high quality, compassionate care. All of the people we spoke to told us they would score the care ten out of ten, with one person saying it's 11 out of ten. Comments from people who used the service included, "The care is first class, they really care for me", "The care is excellent. They are so supportive it's amazing. It's nice to have people around you who know exactly what they are doing," and "I think the care is very good, they [the care staff] are kind and they listen to me."

Family members of people who used the service were equally pleased about the care their relative received. Comments from relatives included, "It's excellent care, they are always concerned. I live a distance away but they always keep me informed", "They give me feedback about what works well with other people which in turn helps me look after her," and "I can hear them laughing when she is up in the bath they try hard to encourage her to wash herself, they are very nice and chatty."

Carefound provide a minimum call time of one hour. Care staff told us this meant they never felt rushed and always had time to get to know people well. This allowed them to focus on people's well-being and emotional needs as well as more practical care needs.

The care co-ordinator explained care staff are matched to people based on shared life experience or interests, and we were told care staff were always introduced to people before the service started. This meant that people knew who would be coming into their home to deliver personal care. People who used the service confirmed this was the case and one person said, "It's excellent care. They never send anyone new without the manager introducing them first."

Staff told us, and we saw from the rota's, that people were offered excellent continuity of care, people had regular care staff who provided the majority of their care. One person who used the service told us, "I have my designated staff, people I know. No-one unexpected comes because I have memory confusion, they know that," another said "There is a core group; I always see the same faces." This meant people who used the service had the opportunity to get to

know the care staff who supported them, and care staff could become familiar with people's choices and preferences about their care. This was especially important for people living with dementia.

Care staff spoke passionately about wanting to provide good care for people. All of the care staff we spoke with confirmed that they would be happy for the service to look after one of their relatives. One member of care staff said, "We provide a good standard of care, we all try our best to have their best interests at heart and make sure they get the best possible care."

A member of care staff explained to us they had used memory cards to help people to be more independent. We saw evidence, in one of the care plans we looked at, of how staff should use the cards to enable the person to do as much as they could for themselves, and equally to aid their understanding of what was happening. A member of care staff explained one person had become upset and did not want to let the carers into their home. They tried wearing their own clothes instead of their uniform, and found the person was much more accepting of the care staff.

People told us care staff went that extra mile. Comments included, "They [care staff] are very respectful. I call them my gold standard carers. They go above and beyond, they are amazing," "I had an emergency and the carer stayed with me for over two hours of her own time and came back later and stayed with me until my daughter arrived. I would recommend them to anyone. They do everything and more besides," and, "They do everything expected and more. They helped me clear up after my new boiler was put in."

We looked at a care plan for one person who had care staff that provided a 24 hour care live in service. The care plan explained the need to ensure that although 24 hour support was being provided the person needed to be given space and time to enjoy their own home, and members of care staff needed to respect this. This meant care staff were encouraged to respect the person's privacy and independence. People who received live in care had a weekly visit by the care co-ordinator to check how things were going. This meant people had the opportunity to discuss any concerns on a regular basis.

We saw care plans contained a confidentiality agreement. These were completed in detail and were specific to the person, for example one person had requested information be shared with their partner and not their children. Other



Is the service caring?

people had requested information be shared with specific health professionals. Care staff spoke to us about the importance of maintaining confidentiality, and we saw the confidentiality agreement was also detailed in a document called the 'Client Guide', everyone who used the service was given one of these. The service had an advocacy policy and staff knew about local advocacy services.

The registered manager explained they had a good working relationship with the local hospice and they provided

support and guidance for people reaching the end of their life. They told us this was an area for further development and a senior member of care staff was booked to attend a training course at the hospice.

We contacted a doctor after the inspection who told us the service was caring and they communicated well with the practice to ensure people's needs were met.

Is the service responsive?

Our findings

We found care and support was planned in partnership with people and their families. People told us they were involved in developing and reviewing their care plan on a regular basis. One person said, “I just had it updated two weeks ago, they gave me a copy of it. I was involved all the way along. It was what you want in your care plan. It’s what Carefound are all about.” A relative said, “I was fully involved with her care plan.”

We spoke with a social care professional after the inspection. They told us the service was flexible and responsive. They said, “I was very impressed with the service. They had clear objectives for people and communicated really well. They were very professional. I couldn’t fault them.”

All of the care staff we spoke to told us they found the care plans invaluable, and that they had time to read and review these on a regular basis. When we visited the office we looked at four care plans and could see they contained detailed guidance for staff about how to provide consistent and safe care to ensure the person’s well-being.

The care plans were person centred with a focus on supporting people to achieve their outcomes, as opposed to a task based approach to care. They demonstrated a strong understanding of the person’s life experiences, values and beliefs. One person had developed their own preferred care routine and we saw this was reflected in the care plan support staff worked to. Another person’s care plan was written sensitively to avoid causing them distress, it talked about the person’s concern for their parents and how care staff should support the person to reassure them.

People’s care plans and satisfaction with the service was reviewed four weeks after the care started, then after six months and then people had a standard annual review. When people’s needs changes we saw evidence their care plan was reviewed and updated. The service was proactive in contacting other organisations when additional support was required or they were concerned about the person’s well-being.

Each week the service had a staff meeting where each person who had support was discussed, care staff told us this was a good opportunity to review any changes and to share any techniques which worked best to support people. Health outcomes for each person who used the

service were also reviewed weekly. These included falls, urine infections, chest infections and hospital admissions. The data was then collated and reviewed monthly. The director explained this was part of the services overall data analysis and they would look at any patterns or trends to establish whether they needed to take any different action.

In all of the care plans we looked at there was a strong focus on reducing social isolation. Care staff spoke to us about the importance of people maintaining links with their communities. We saw care staff supported one person to attend the local Kingdom Hall so their religious beliefs could be maintained. Another person was supported to spend time going for coffee or lunch, and we saw in their care plan this was something they had always enjoyed. Staff talked about being the person’s companion. A relative told us, “He has dementia, they socialise with him and that’s important.”

In addition to this the service had developed a resource guide which detailed different community activities available in different parts of the rural area. The service had recently appointed a Community and HR co-ordinator whose role was to develop community links and increase care staff’s awareness of services available.

Care plans contained information about who to contact should the person or a relative be concerned about any part of the care provided. This recommended the issue be discussed with Carefound in the first instance but that they did not feel the matter had been resolved it gave advice on who else to contact. This gave people the opportunity to know how to make a complaint, and who else they could discuss their concerns with. This meant the service managed complaints in a transparent and open way. In addition to this we saw detailed information in the service user guide which showed how to make a complaint. Each person who started the service and their relatives received a copy of this guide. People told us they knew how to make a complaint.

Since the last inspection the service had received two formal complaints. We reviewed these and found they had been investigated thoroughly with a comprehensive written response provided to the complainant. It was recorded both complaints had been resolved satisfactorily at this stage. The director explained these had been

Is the service responsive?

reviewed to establish whether there were any key themes or anything they could do to learn from the complaints. This showed they were open to acting on and learning from complaints.



Is the service well-led?

Our findings

There was a registered manager in post who was supported by a care co-ordinator, staff co-ordinator and a community and human resources co-ordinator. Then there were senior care staff and care staff. The director was involved in service development.

Throughout our visit we were provided with the information we needed to complete the inspection. Records, policies, audits and staff files were easy to follow, structured and well organised. All of the staff we spoke to were open, honest and were enthusiastic about sharing their experiences with us.

People who used the service told us it was well-led. One person said, "They are well led. The owner rings to see if I'm alright. It's very personal," another person told us, "It's extremely well-led with the right ethos."

People spoke highly about the staff who supported them. The leadership team demonstrated a commitment to ensuring support staff were provided with the right skills and knowledge to support people well. The induction was effective and in depth, it was aligned with the values and ethos of the organisation, as well as the fundamental standards of care. The leadership team demonstrated a commitment to supporting staff to have the skills to help people with dementia to live well. They used the experiences of people who used the service and specialist organisations to enhance staff knowledge.

We were consistently told people received high quality compassionate care. The leadership team were committed to matching staff and people who used the service. This demonstrated their understanding of the importance of ensuring common interests and values in delivering good care.

When we talked to care staff it was clear they enjoyed working for Carefound, and shared a common understanding of the service's ethos and values. One member of the team told us they had worked in the care sector for a number of years, and felt this was by far the best service they had seen. When we asked why, they told us the passion for delivering good care started at the top. They said the director was hands on and was always striving to improve the service.

All of the care staff we spoke to told us they were committed to delivering a good service to people and felt very well supported, comments included, "It's a professional organisation, we're well supported by the senior management team, we're enthusiastic and we want to keep standards high," "It's a really nice place to work, the leadership team and care staff work closely and are focused on providing good care," and "I'm happy to have found Carefound."

There was strong evidence of effective communication between care staff and the leadership team. An example of this was that every member of staff we spoke with told us the medication policy had recently been changed, and they had all attended training on the new policy.

Weekly staff meetings took place with care staff and senior care staff and this provided people with the opportunity to share good practice and to be updated on any changes to people's needs. Care staff told us they found these invaluable and that if they were unable to attend they received the information via email. Care staff told us there was an open door policy and they felt comfortable to approach any of the leadership team.

The service had an up to date statement of purpose, and we saw a detailed annual report for 2014 which included a service development plan. A team newsletter was produced every three months with news and updates. We looked at the newsletter for April 2015 and there was a strong focus on the new induction training and a celebration that all training was now in house.

The registered manager and the operations director met monthly, again this started with a review of each person who used the service and there were set agenda items such as; a review of health outcomes, incidents review, safeguarding concerns, complaints and compliments. We looked at the meeting record for April 2015 and saw there were 15 recorded compliments. We saw clear evidence of issues which were noted for follow up action. This meant that as well as recognising what had gone well, the service was committed to continual service improvement and had clearly documented who was responsible for this and by when.

The service had effective and robust systems in place to audit the quality of the care they provided to people. Policies were up to date and based on good practice guidance and up to date legislation. The director was keen



Is the service well-led?

to seek feedback from other professionals to ensure these were the best they could be. The used other organisations to supplement their knowledge to ensure they followed good practice. This demonstrated to us a desire to ensure staff had the most up to date guidance to ensure they supported people as well as they could. Dementia Forward told us they referred people to Carefound because of their skills and ability to provide effective care for people living with dementia.

The service shared with us that a number of staff had been nominated or won national care awards. One member of staff had won the newcomer to care award and another member of staff won a finalist award as a dementia carer at the British Care Awards, in 2014.

The service held an annual summer BBQ and Christmas event which people who use the service, their relatives and staff were invited to. Birthdays, Easter and Christmas are celebrated with people. This showed the service valued people and important cultural events.

The leadership team were committed to seeking feedback from people who used the service. We saw the results from the customer questionnaire in 2014; 76 per cent of people responded to the survey and 94 per cent of people who responded scored either excellent or good when asked whether Carefound had helped to improve the quality of their life. This showed us people were supported to live a good life.