

Able Care and Support Services Ltd

# Able Care and Support Services Ltd

## 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?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Able Care and Support Services Ltd is a domiciliary care agency providing personal care to people in their own homes including a group of people living in an extra care housing project. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of this inspection the service was providing personal care to 86 people.

### People's experience of using this service and what we found

People who used the service received a very high quality of care from an exceptionally well led service. We received extremely positive feedback from people, relatives and professionals on how staff had developed caring relationships with people and their relatives. People consistently told us how they were supported with great kindness and respect.

The culture of the service was one of building positive relationships with people, not only making sure people were safe, but were happy and had a good quality of life. People spoke about looking forward to the visits from staff. One person had commented in their customer satisfaction survey, "I cannot thank you all enough for what you have done for me. I love each and every one of you, I really do."

People were placed at the centre of the service and were consulted on every level. Respect for privacy and dignity was at the heart of culture and values of the service. Everyone told us staff went out of their way to involve people in deciding on how they wanted to be cared for and supported.

Relatives told us the service had a positive effect in people's lives. For instance, one relative said, "[Staff] treat my parents so well. Mum has started singing again because all the staff sing with her. Lovely to hear her sing."

The training provided to staff was of a particularly high standard, and this had proven very beneficial for people. For instance, the staff induction training 'Boot Camp' made sure staff shared the values of care, compassion, communication, courage, competence and commitment from the very start of their employment. Staffs' specialist training in monitoring the health of people with particular health conditions had helped several people to stay in their own homes, where they wanted to be.

People were supported consistently by the same staff and regular checks on staff and their ability to do their jobs in a safe way meant people could be reassured they were receiving high quality care.

The service was especially well run. Staff and the registered manager shared the visions and values of the service and these were embedded within service delivery. There were systems to assess the quality of the service provided.

The service had won several nationally recognised awards. This included an award for providing a particularly high standard of care and support to people who were living with dementia, and another award, for caring for people who were at the end of their lives.

Staff worked in partnership with external health and social care professionals to ensure they supported people well. There was a very strong emphasis on continuous improvement. And the lessons learnt from incidents and people's feedback were used to improve the service further.

People and their relatives told us they received very safe care. Staff understood their responsibilities in protecting people from the risk of harm. Risks to people's well-being and their environment were detailed and updated when circumstances changed. People received support to take their medicines safely and as prescribed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

Good. The report was published in December 2016.

Why we inspected:

This was a planned inspection based on the previous rating.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

# Able Care and Support Services Ltd

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

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.

#### Service and service type:

Able Care and Support Services Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. People's care and housing are provided under separate contractual agreements. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service was also providing care to a small number of people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care [and support] service.

The agency's office is in East Manchester and supports people across Manchester, Tameside and Glossop.

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

#### Notice of inspection:

We gave the service notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We carried out telephone interviews with people using the service on 9 May 2019. As some people who use the service did not rely on verbal communication, we spoke with one person receiving the service and six people's family carers. To make sure we properly reflected the views of people who used the service we reviewed people's individual feedback, provided as part of a recent customer survey and have included comments that were typical of people's views in this report.

We carried out an inspection visit to the office location on 17 May to see the registered manager and to review care records and policies and procedures. We looked at three people's care records. We checked records relating to the management of the service and spoke with one member of staff and the registered manager.

#### After the inspection

We carried out telephone interviews with five more staff members to ask about their experience of working for the service.

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visited the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems in place to safeguard people were effective. We received very positive feedback about the service and people told us they felt safe using the service.
- One person said, "I do feel safe, very, and the carers are all very, very good."
- The provider's training records showed all staff had received training in relation to protecting people from the risk of abuse, and staff we spoke with confirmed this.

Assessing risk, safety monitoring and management

- Risks to people's health, welfare and safety were well managed.
- Risk assessments had been completed before people began to receive care. The assessments considered risks each person may present or may be vulnerable to. They were regularly updated to ensure they were fit for purpose.
- Relative's comments included, "I have never had any [safety] concerns and I do feel I would be able to say if I did. The staff are lovely" and "The safety is excellent and it's taken a lot of pressure off me, having the care staff. It's better than winning the Lottery!"

Staffing and recruitment

- The provider continued to recruit staff safely and people were consistently supported by the same staff, who knew them well.
- Staff told us they were part of effective teams, and staff were sufficient in number. Each team featured two additional 'floaters'. These were staff who did not work daily within the team, but who knew the person using the service well and covered for staff sickness and annual leave. This helped to maintain continuity of staff and care for people.
- Overall, feedback from people and their relatives was positive and there were no issues raised about care staff failing to attend. One relative said, "I think [care staff] do come on time and at the moment my relative has a bit of extra temporarily, and it's just been fitted in for us without a problem."
- A small number of people said care staff were sometimes a little late or early. All but one person added that this was not an issue that was important to them and the service contacted them to explain delays, so they did not see it as a problem. One relative said, "That is the gratifying thing about this company, if ever they're going to be late, the office phones. It happened last week because someone had had an accident. It's all about good communication."

Using medicines safely

The provider managed medicines in a safe way so that people received their medicines as prescribed.

- People were happy with the support provided with medicines. One relative said, "The carers hand [medicines] to my relative. They have a system, so it's all organised each day."
- After noting a pattern of incidents where people's pain management medicines were not provided at suitable times by local pharmacists the service undertook a period of close monitoring and engaged in a survey of all pharmacies in the area. They then provided people who experienced these issues with information to enable them and their families make a better-informed choice of pharmacies.
- The service had introduced an enhanced risk assessment for people prescribed Controlled Drugs to identify any problems related to timely provision of pain management medicines. A Controlled Drug is a medicine that is tightly controlled by the government because it may be abused or cause addiction.

#### Preventing and controlling infection

- Measures were in place to prevent the spread of infection.
- Staff told us personal protective equipment (PPE) was available to them and said they had received training about when it should be used.
- People using the service told us they had observed staff using PPE and this was routine.
- Comments included, "The carers are able to persuade my relative to go in the shower, and they now support my relative with washing. They always use gloves and they have a backpack they carry with things like that in, like wipes etc" and, "My relative has a shower every day and [the carers] wear gloves, aprons, plastic sleeves; and they wash their hands, and use antibacterial gel."

#### Learning lessons when things go wrong

- The service learned from past incidents and accidents to enable them to support people better. For instance, because of audit outcomes the risks associated with medication errors had been minimised by the introduction of a new MAR sheet. This was colour coded for high visibility in people's care files.
- The provider had also improved the frequency of audits so that all MAR sheets were audited every month. The registered manager told us that, although this was time consuming, it had proven to be very effective in minimising errors and incidents.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to receiving a service to ensure their needs could be met.
- People were allocated a key worker, matched according to what was known initially about the person's needs and preferences, such as their interests or a health condition.
- An in-depth assessment was completed by members of the management team at an initial assessment meeting with the person, while the prospective keyworker collated the initial person-centred plan.
- People told us they were involved. One person told us, "At the beginning, they gave me all the paperwork and I signed it. Every so often someone comes and we fill a form in, checking up that everything is still alright and what I need."
- The registered manager told us they had detailed talks with care managers and social workers before visiting, to help gain an insight into the person's needs, preferences and wishes.
- Everybody was very happy with the continuity of staff. Several people commented that they liked the fact that they had a small team of carers who came regularly. One relative said, "I love it that it's always the same staff. Good for continuity, and they have good knowledge of the person."
- Those who were important to the person, such as family members confirmed they had been invited to attend and contribute to initial assessments and reviews. One relative commented in their customer satisfaction survey, "We were very worried when we were told that mum and dad needed help at home. We had heard all the horror stories. Social services told us about Able Care and they were very positive about them. We met, and we have never looked back. They keep us up to date and we speak to the full team all the time, they have given us peace of mind, Thank you Able Care."

Staff support: induction, training, skills and experience

- There was a strong emphasis on training skilling staff to high level, so people were supported by staff who had the skills and knowledge to support them very effectively. One relative told us, "I'm very happy with the carers' skills and knowledge. For example, when my relative goes for their regular treatment, the carers are very aware of what they're supposed to do to help them prepare for it. They know more than I do."
- Staff completed core skills and were provided with further training, relevant to the needs of the people who used the service, including dignity in care, dementia, end of life care; including communication at end of life, nutrition and hydration, pressure care and continence.
- Staff were also provided with underpinning knowledge and practical experience to enable them to support people with any specialist equipment they used. This was because bespoke training was provided by a local teaching hospital to enable care staff to meet people's specific specialist needs. For instance, where people had needs associated with breathing or choking. This enabled people to continue to live at

home.

- All staff had or were undertaking vocational qualifications at level 3 in health and social care.
- Staff told us they had the confidence and knowledge to promote people's dignity and choice. This was because they completed the Care Certificate to gain a further understanding of the importance of these values.
- Staff were monitored and supported formally at least weekly. This was through spot checks, observations, monthly medication competence checks, uniform spot checks, bi-team meetings, bi-monthly one to one supervisions and annual appraisals. Managers regularly worked alongside the care staff, as the service advocated this as a more effective alternative to '100% desk management'. This helped to ensure people received a high standard of care.

Supporting people to eat and drink enough to maintain a balanced diet

- Where the service prepared food for people, or supported them to do this for themselves, people were supported to maintain a healthy and balanced diet.
- Where people had a PEG fitted, staff trained with the local specialist nurse and the in-house training team. A PEG is a way of introducing food, fluids and medicines directly into the person's stomach by means of a tube. Checks of staff competence were completed by the in-house training team, with observations by the specialist nurse when they attended people in their homes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked together to ensure people received coordinated, person-centred care and support when they were referred to, used, left, or moved between, different services. For instance, staff worked well with external professionals to ensure people were supported to access health services and had their health care needs met.
- Relative's comments included, "The carers have sometimes called a doctor then let me know afterwards. They've recognised that something's not right, that my relative is not well", "Recently, my relative had a fall and called for help via the call bell. The carers called an ambulance, then they rang relatives. The procedures they followed were immediate", "The carers brought my relative's skin condition to my attention and advised me to contact the doctor. I hadn't noticed it" and "Some mornings my relative can be upset and the carers don't half calm them down; and they console my relative when they're not well."
- Advice provided by healthcare professionals was incorporated into people's care plans, which meant staff were providing care which met people's health needs.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- The service was working within the principles of the Mental Capacity Act 2005. People were supported by staff who were appropriately trained and knew the principles of the act.
- People's mental capacity to make decisions was assumed unless there was evidence to suggest

otherwise. One person's relative told us that, because of infection risks, decisions had been taken in their relative's best interests for the care staff to provide a higher level of personal care than they had originally given consent to. The person's relative said the care staff managed this successfully by skilled verbal communication with the person concerned.

- There was a very strong emphasis on involving people and enabling them to make choices wherever possible. This included helping to reach realistic goals, with small steps to achieving them. This helped to build people's self-esteem and confidence, which in turn, enable people to make decisions and to have control of their lives. People's relatives confirmed this. Their comments included, "I hear [the carers] say 'Is it all right if we do this?'" , "[The care staff] are very much aware of not telling my relative what to do, because my relative wouldn't like it. They don't tell, they ask" and "The carers have a good natter with my relative and involve them."

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager promoted person-centred, high-quality care and good outcomes for people. People were very complimentary about the staff and said staff treated them in a very caring way. One person said, "All the staff are very caring."
- In order to promote the values of Six C's; care, compassion, communication, courage, competence and commitment, for the first day of their induction new staff attended a one day, 'Boot Camp', designed to be challenging and thought provoking. The session promoted the values of Able Care and Support, focussing on these values. People's feedback indicated that staff's approach was particularly caring and compassionate as a result. For instance, one person said, "I've made friends with the carers and I look forward to them coming. We have good chats and relaxed with one another." Another person commented in their customer satisfaction survey, "I cannot thank you all enough for what you have done for me. I love each and every one of you, I really do."
- Relatives said staff showed real empathy for the people they supported. Their comments included, "The way the carers speak to my relative is always lovely. They really do care about people. The carers are the most important part of how good the care is. They step outside of their role for the sake of the people they support" and "The staff are caring, supportive and sympathise with my relative. Sometimes my relative is slower at waking up and the carers say, 'Take your time, don't rush.'"
- Typical comments in the customer satisfaction survey people's relatives sent to the provider included, "Although we had good service from another service prior to Able Care the services provided by Able was far superior. Able provided care far more than we expected, and in certain circumstances, was well beyond the call of duty", "We would recommend Able care to anyone the service is exceptional" and "I have told social services how good they have been with [my relative]."
- People's individuality and diversity was respected. For instance, people's individuality was reflected in their care plans. This included their preferences, their backgrounds and histories, religious and spiritual beliefs.
- People's relatives said the staff made them feel that they were also cared for. One relative said, "They're very friendly and offer to get things for me as well, for example when I'm not able to drive."

Supporting people to express their views and be involved in making decisions about their care

- People were cared for by staff who considered the person's views, people were placed at the centre of the service and were consulted on every level. For instance, people had weekly reviews with their key worker. The person was asked if they were happy with their care, their care team, support plan and visit times. The evaluations of the weekly reviews also enabled the managers to monitor any changes that were required

and alerted them to potential issues before they escalated.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with told us staff respected their privacy and dignity and one relative said, "My relative has always been a private person and when the carers give personal care they do it with respect. Another relative described how they overheard carers encouraging their relative to help with washing themselves in the shower, to promote their independence and dignity.
- Three staff had completed the Dignity in Care trainers' qualification and went on to provide dignity training to the staff team. A very high percentage of the staff were Dignity Champions and others were completing their Dignity training. The registered manager told us each Dignity Champion wore their Daisy badge on their uniforms with pride and were happy to challenge any undignified practices.
- Staff told us they had training in maintaining people's privacy, dignity and independence. One staff member explained, "We try very hard not to take people's skills away, encouraging them to be as independent as they can." One relative said, "The carers are very warm in how they deal with people. They treat my relative with dignity, but also have a laugh with them.
- The provider ensured people's confidentiality was respected. For instance, people's care records were kept confidential and safely stored.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People benefitted from a service that provided exceptionally personalised care.

The service looked at ways to achieve positive outcomes for each individual and their families. People's records and people's feedback indicated they were very successful in this. For instance, relative's comments included, "Able Care have given us our mum back after all these years, and the best quality of life we could hope for. Couldn't manage without them" and "We didn't think my father would make it home. He did and has been cared for very well."

- The registered manager placed a particularly strong emphasis on the social aspects of people's lives and needs and we saw that people were particularly well supported to develop and maintain relationships, as the service supported contact with families, friends and others in the community. This resulted in people being happier, more communicative and less socially isolated.

- The service was exceptional in supporting people to follow their interests and to take part in activities that were socially and culturally relevant to them. The service organised regular social activity sessions in an accessible, communal area of the extra care housing service, which were also open to others who used the service. We saw many vibrant, colourful photographic records of the activities and hobbies people were supported to engage in. There was evidence that the hard work and care that went into this aspect of the support provided had been very beneficial for people's wellbeing, with people being more alert, and building confidence.

- Each person had a well presented and very person-centred plan that was very detailed and included how to provide an effective service that contributed to the person having a good quality of life.

- A representative from Tameside Metropolitan Borough Council who commission the service confirmed the service very quickly achieved the bronze, silver and gold standards as part of the council's new quality assessment framework 'outcome focused planning'. They said the service had a very positive, person centred culture and had already been operating an exceptionally individualised approach to care planning and care delivery before the new assessment framework had been introduced.

- Feedback from other professionals included that the service was particularly adaptable and responsive to people's needs, and preferences. A specialist nurse told us, "I find Able Care very supportive to the individual and they at times have gone above and beyond to support the individual and the family." One relative commented in their customer satisfaction survey, "I would be pleased to recommend Able Care and Support Services to anyone because they give what they say; care and support which is wonderful, with a happy face and a smile. They are very efficient and give my relative encouragement when struggling to walk."

End of life care and support

- The service provided care to people at the end of their life and records included people's preferences, including those relating to protected characteristics, culture and spiritual needs.
- Staff were particularly well trained in how to provide end of life care and provided this with empathy and compassion. For instance, one relative contacted us directly to tell us how happy they were with the service. They said, "The quality of care is exceptional. The carers are efficient, caring, friendly and knowledgeable. Able Care took over from another care company when the doctor wanted to put my mum onto 'end of life care'. That was three years ago. I was amazed at the improvement of Mum's well-being and health after just one day of Able Care taking over. It was truly phenomenal. Mum went on to improve on a daily basis. I honestly believe that Able Care girls saved my Mum's life. I cannot recommend this care company highly enough." This was also supported by the service recently receiving a Dignity in Care award for excellent, personalised end of life care.
- The registered manager told us that to improve the responsiveness of the service and to enable staff to effectively contribute to monitoring the health of people affected by specific health conditions, the management team and staff had completed a distance learning course, covering areas such as cardiovascular disease, stroke awareness and arthritis awareness, enhancing their skills and knowledge in these areas. We saw evidence that this had helped several people to stay in their own homes, where they wanted to be, for significantly longer than had been initially expected.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service provided information to people in line with the standard. For instance, several people were provided with documents in very large print and with pictures to meet their communication needs. The registered manager also told us documents could be translated if needed, so people could read information in their preferred language.
- Staff explained how they made sure they gave information in a way that suited people's needs, giving people time to understand and making sure they were in control whenever possible. Relatives confirmed this. One relative said, "The carers sit down and have a chat with my relative when they can. They also know how to encourage them in the right way." Another relative told us, "[Staff] treat my parents so well. Mum has started singing again because all the staff sing with her. Lovely to hear her sing."

#### Improving care quality in response to complaints or concerns

- The complaints process was easy and accessible for people to use and people were given the help and support they needed to make a complaint. One person said, "I've got the company booklet with all the emergency numbers and how to make a complaint."
- People told us they felt confident to complain if they needed to. One relative said, "I can't fault Able Care, but I know I could pick up the phone if I had any concerns, and someone would listen."
- The policies and procedures relating to complaints were well managed, so that complaints were used to improve the quality of care people received. One relative told us they had raised a concern and the registered manager had responded openly and positively, and the issue had been resolved very quickly and effectively.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Several people told us they thought the service was exceptional. People spoke extremely positively about the staff and the management team. For instance, people's relatives told us they had strong links with the management team, but equally could speak with the directors of the company if they needed to. For instance, one person's relative said, "[Manager's name] is so warm. This is the best care company we've ever had to deal with, an independent, family one and it shows. They're lovely." Another relative told us, "I've called in at the office and met the directors. They said they're not only here for my relative, they're here for me, in case I'm ever ill or anything."
- We saw there was a particularly strong and motivated management team that had clear roles and responsibilities and were decision makers in their fields of expertise.
- The directors, one of whom was the registered manager, were committed to providing care that was individualised. The registered manager was very involved in people's care, as well as being kept well informed by their team, as they understood the individual needs of the people they were caring for very well.
- The service demonstrated that they valued the principles of dignity very highly and went above and beyond to ensure that the standards of dignity are upheld every day, for everyone. This was supported by people's feedback and by the several 'Daisy' best practice awards the service had achieved. The Daisy Mark is a nationally recognised accreditation scheme that was developed to be a marker for very high quality services.
- Staff we spoke with demonstrated an exceptionally strong commitment to maintaining the dignity of people living with dementia. Feedback from people's relatives and other professionals was that this resulted a very high quality of service to people, with staff engaging and communicating with people particularly well. This helped in supporting people to stay happy and alert, and at home for longer than expected. This evidence was further supported by the service achieving the Daisy Plus Award, 'Dignity in Dementia' last year, for promoting and maintaining the dignity of people living with dementia.
- There was a culture of rewarding staff whose actions had led to good outcomes for people who used the service, and for going above and beyond the call of duty. This showed staff were valued by the managers and their contributions were appreciated. It was evident that celebrating the staff whose actions had had a particularly positive effect on the lives of the people they supported had helped to sustain a very positive culture in the staff team. This in turn, contributed to the very high standards of care and support provided to

people who used the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- All staff we spoke with were clear of their roles and came across as exceptionally committed to providing individualised care and support to people. There was a strong line of accountability, with the registered manager having clear oversight of the service. Staff also benefited from particularly high levels of support, training and information regarding the individual need of each person they provided care to. This helped to ensure people's needs were met by a very high quality service.
- People were very well and safely supported as the provider had quality assurance systems in place, which were meaningful and exceptionally thorough. This supported a very high quality of service. For instance, all staffs' performance and competence was monitored on a weekly basis, through observations of their practice, spot checks and supervision with their managers. This ensured any areas of service delivery that needed to be improved could be identified and addressed very quickly.
- We saw the provider used information technology systems effectively to monitor the service and this enabled the registered manager to maintain a very good oversight of the way the service operated and of the quality of the service provided.
- Effective monitoring of the service was consistently achieved and there was a very strong emphasis on learning from experience and striving for excellence. Records showed swift and effective action was taken to address any shortfalls or areas for improvement identified by audits.
- The provider kept up to date with good practice developments and the legal frameworks, as well as keeping track of issues relevant to social care that were being discussed in the media. This was supported by the providers' membership of the United Kingdom Homecare Association (UKHCA). The UKHCA is a member-led, professional association for home care providers in the United Kingdom. Their stated aim is to promote high quality, sustainable care services so that people can continue to live at home and in their local community.
- The registered manager told us they tapped into helpful advice and good practice based resources, produced by the UKHCA. We saw the service had developed a comprehensive medicines policy, which had been written using the UKHCA format and guidance and this helped to ensure people were supported with their medicines safely and well.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Everyone told us staff went out of their way to involve people in deciding on how they wanted to be cared for and people were regularly asked for their views about the service and about the care they received. They told us their views were acted upon.
- One person's relative said, [Manager's name] manages the staff and is really nice and approachable, very reassuring too. The owner is so full of life and attends any events [at the extra care service]. It's a vocation, not a job; you can tell."
- We saw feedback to the provider, gathered by means of regular customer satisfaction surveys. High numbers of people had responded and there was exceptionally positive feedback, which reflected people felt the service had a very positive impact. For instance, typical of people's responses, one person had commented, "Since you have taken over I have had the best care I ever have. You are all wonderful."
- Team meetings discussed areas of staffs' role in promoting the 6 C's of care, compassion, communication, courage, competence and commitment. The care planning process identified areas where further assistance could be provided to support these principles. This included promoting people's independence. For instance, where a person wished to be supported to complete their own personal care, taking longer than

the care time allocated, the service identified this to commissioners the service, so that changes to the support plan could be put in place to accommodate the person's choice.

- There were strong links with the local community and the service strengthened relationships beyond the key organisations. For instance, the registered manager was part of the Dignity in Care panel for the local area, which talked about best practice and different ways of promoting and implementing dignity in care. The registered manager's high level of commitment in this area had created and fostered a culture in the service that placed a very high valued on treating people with dignity and enabling them to be as independent as possible.

#### Continuous learning and improving care

- The management team placed a very strong emphasis on continuously learning new ways of doing things. This helped staff to be innovative in finding ways to meet people's diverse needs. There were regular team meetings where improvements and learning points were discussed.

- Members of the management team attended the annual national Skills for Care conference, ensuring they were aware of best practice in recruitment and retention of staff, learning and development and leadership and management. Skills for Care is an independent charity working with adult social care employers in England to set the standards and qualifications to equip workers with the skills and knowledge needed to deliver high quality care to people who use services. It was clear the management team tapped into and used the practical resources available through Skills for Care to help improve the care they provided. This was reflected in the very strong commitment to staff training and development, which helped to maintain the exceptionally person centred culture of the service.

- People confirmed the management team checked with them regularly about their experience of the quality of care provided and were always looking for ways to improve.

- The registered manager was keen to ensure new staff had the best possible supported throughout their probationary period and beyond, to guarantee a high level of staff retention. After undertaking a review of the support new staff received when they were first employed, a probationary pilot scheme was used to introduce extra preparatory training and support systems for new staff. This had been successful and had recently been implemented, with the aim of strengthening the, already high, consistency of staff for people who used the service.

- Staff we spoke with confirmed there were strong lines of communication and support between them and their managers. One staff member said: "[The registered manager] is in touch a lot, and the care coordinator is great. "

#### Working in partnership with others

- The service worked in partnership with other organisations to make sure they met people's needs. This included healthcare professionals such as GP's, district nurses and continence specialists. This ensured a multi-disciplinary approach had been taken to support the care of people receiving the service.

- A specialist nurse told us, "Able Care has very good communication with myself and notify me in a timely manner if there are any significant changes that I need to be made aware off. I feel I have a good working relationship with Able Care and feel they work well and very holistically, keeping the focus on the individual at the heart of everything they do."