Whispers Care Solutions Limited

Whispers Care Solutions Limted

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?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on the 1 November 2018. The provider was given 48 hours' notice because the location is a domiciliary care service and so we needed to be sure key staff would be available at the office. Not everyone using the service received a regulated activity. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care', that is help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection, the service was providing a 'personal care' service to 130 people. The service supports people with a range of care needs including, people living with dementia, mental health needs, learning disabilities and physical disabilities.

The service had an experienced 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.

There was a clear leadership and management structure in place which helped to ensure that the service was able to deliver effective care and that staff at all levels were clear about their role and responsibilities.

The registered manager and provider worked closely and effectively as a team and a hands-on approach which was valued by staff.

Staff were very positive about the leadership team who they said were approachable, accessible and supportive.

The registered manager and provider acted as excellent role models for the staff team and championed the importance of person centred care.

The registered manager and provider had fostered a positive culture within the staff team and staff were thanked and praised for performing their role well.

The registered manager and provider were committed to developing and upskilling their staff team and encouraging them to reach their potential.

The registered manager and provider were passionate about the service and had a clear vision for its future.

Quality assurance checks such as spot checks of the competency of care workers and audits of their record keeping were carried out on a regular basis which helped to maintain good practice

People told us they were supported by staff who were kind and caring. Staff displayed a genuine desire to enhance people's wellbeing and to developing positive relationships with the people they cared for. Care

staff had an excellent understanding of the importance of promoting people's independence and supporting them to retain as much control as possible. People were treated with respect and the support they received helped to maintain their dignity.

The registered manager and provider had fostered an open and transparent culture within the service. They were passionate about the service and had a clear vision for its future. They acted as a good role model for the staff team and championed the importance of developing their staff team to person centred care.

People felt safe when being supported by the care workers. Risk assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them.

Medicines were managed safely. Staff had received training in safeguarding adults and had a good understanding of the signs of abuse and neglect and of how to report any concerns they might have about people.

Most people's feedback about the timeliness and consistency of their calls was positive. Some felt this was an area where further improvements could be made as did some staff. There was evidence that the provider and registered manager were continuing to try and address this.

A range of recruitment checks took place before staff started working at the service.

Staff understood their responsibility to raise concerns and record incidents and accidents that occurred. There was evidence that lessons had been learned and improvements made when things had gone wrong.

Staff received training on infection control. Personal protective equipment (PPE), such as disposable gloves, hand sanitiser and aprons were readily available for staffs use.

Staff supported people to have maximum choice and control of their lives. We have made a recommendation about how consent is recorded and which records are retained in relation to this.

A programme of induction and training was provided which equipped staff with the skills to perform their role. We have however, made a recommendation about the frequency with which some training is repeated.

Staff had regular supervision and an annual appraisal. This helped to ensure staff understood their responsibilities.

People were supported to maintain good nutrition and staff liaised with health and social care professionals involved in people's care if their health or support needs changed.

Staff were provided with the information they needed to meet people's needs in a person-centred manner. This helped staff to develop their relationship with the person and provide responsive care.

The service had a complaints policy and information about how to raise concerns or complaints about the quality of care provided was readily available to people using the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Risk assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them.

Medicines were managed safely.

Staff had completed annual training in safeguarding adults and were able to tell us clearly how they would respond if they had any safeguarding concerns about people's safety.

Most people's feedback about the timeliness and consistency of their calls was positive. Some felt this was an area where further improvements could be made as did some staff. There was evidence that the provider and registered manager were continuing to try and address this.

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Is the service effective?

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People were supported to maintain good nutrition and staff liaised with health and social care professionals involved in people's care if their health or support needs changed.

Is the service caring?

Good

The service was caring.

People told us they were supported by staff who were kind and caring.

Staff displayed a genuine desire to enhance people's wellbeing and to developing positive relationships with the people they cared for.

Care staff had an excellent understanding of the importance of promoting people's independence and supporting them to retain as much control as possible.

People were treated with respect and the support they received helped to maintain their dignity.

Is the service responsive?

Good

The service was responsive.

Staff were provided with the information they needed to meet people's needs in a person-centred manner. This helped staff to develop their relationship with the person and provide responsive care.

There was evidence that the support being provided was having positive outcomes for people.

The service had a complaints policy and information about how to raise concerns or complaints about the quality of care provided was readily available to people using the service.

Is the service well-led?

Good

The service was well led.

There was a clear leadership and management structure in place which helped to ensure that the service could deliver effective

care and that staff at all levels were clear about their role and responsibilities.

The registered manager and provider worked closely and effectively as a team and a hands-on approach which was valued by staff.

Staff were very positive about the leadership team who they said were approachable, accessible and supportive.

The registered manager and provider acted as excellent role models for the staff team and championed the importance of person centred care.

The registered manager and provider had fostered a positive culture within the staff team and staff were thanked and praised for performing their role well.

The registered manager and provider were committed to developing and upskilling their staff team and encouraging them to reach their potential.

The registered manager and provider were passionate about the service and had a clear vision for its future.

Quality assurance checks such as spot checks of the competency of care workers and audits of their record keeping were carried out on a regular basis which helped to maintain good practice.

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Detailed findings

Background to this inspection

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

This was an announced inspection which took place on 1 November 2018. The inspection team consisted of 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 has used this type of service. The expert by experience made telephone calls to people using the service.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission. A notification is where the registered manager tells us about important issues and events which have happened at the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection.

During the inspection we spoke with 16 people who used the service by telephone. We also spoke with the registered manager, the registered provider, assistant manager and five care workers. Following the inspection, we received written feedback from a further 26 care workers. We viewed the care and support records for five people, the recruitment, training and supervision records for four staff and other records relating to the management of the service such as staff rotas, audits and policies.

Following the inspection, we received feedback from three health and social care professionals about the care provided by Whispers Care Solutions Limited.

This is the first inspection of Whispers Care Solutions Limited since it was registered with the Care Quality Commission in May 2017.

Good

Is the service safe?

Our findings

People told us they felt safe when being supported by their care workers. Comments included, "Yes I get a regular carer", "Absolutely" and "Yes all the carers are very good".

Risk assessments were undertaken to assess any risks to people and to the care workers who supported them. For example, people had risk assessments regarding their medicines, nutrition, mental health wellbeing and moving and handling. Environmental checks of people's homes had also been completed. These assessed risks associated with accessing the property, the safety of domestic appliances, trip hazards and pets. A business continuity plan set out the procedures for dealing with foreseeable emergencies such as a loss of office facilities or a reduction in staff numbers. The management team had developed a red, amber, green (RAG) rating system. People with a red rating had more complex needs and their care visits were prioritised in the event of bad weather for example.

The administration of medicines was managed safely and staff had been suitably trained to perform this role. Some people could administer their own medicines, but some required staff to do this for them. Where this was the case, staff documented the person's current medicines on a medicines administration record (MAR). In line with the provider's policy, staff could only administer medicines if they were stored in a pharmacy filled compliance aid and so did not administer 'as required' medicines or homely remedies. Each time a care worker administered medicines, they recorded on the MAR that the contents of the compliance aid had been administered. We reviewed a recent sample of five people's medicines recording sheets and found these had been completed accurately. Staff were clear that if a person declined to take a medicine or an error occurred, this would be reported to the office so that relevant medical advice could be sought. We did note that MARs would benefit from having more detailed guidance about where topical medicines or creams should be applied. Only one of the people we spoke with needed support with their medicines. They told us, "Yes they give me my lunch time medication at the correct time and yes there are records in the file to inform the carers of this medication".

Staff had completed annual training in safeguarding adults and were able to tell us clearly how they would respond if they had any safeguarding concerns about people's safety. Arrangements were in place to protect people from the risk of financial abuse. Staff were not allowed to have access to people's banking pin numbers and when a care worker undertook shopping on behalf of a person, a log of the transaction was maintained and a receipt provided. Where staff needed to use key safes to gain access to people's homes, the key safe codes were kept securely. There was evidence that staff were working in partnership with local safeguarding teams where there were concerns about a person's wellbeing or safety and the provider was clear that incidents resulting in harm to people or unexplained bruising, for example, would be reported to the local safeguarding teams.

The service had an emergency telephone line that operated out of hours which people could call if there was a problem with their care. Staff were also able to access this to seek advice or support from a senior manager in the event of encountering problems or concerns when visiting people in their home. There was also an email address that staff could use outside of working hours to update the office about non- urgent

changes to people's needs or circumstances. These were then reviewed the following morning and memos sent to relevant staff to update them.

Most people's feedback about the timeliness of their calls was positive. For example, one person said, "My regular carer always arrives on time and stays the right amount of time. She never rushes me'. Other people said staff could at times be late and two people told us their carers did at times appear rushed. The provider told us that people were made aware, when their care first started, that their visit could be within 30 minutes of their allocated call time.

We looked at four care workers schedules. We noted that these did not factor in any travelling time between each visit. We discussed this with the provider. They told us this was manageable due to the nature of the cluster working which meant that a small team of staff were assigned to complete the care visits in a specific geographic area. If staff were rostered to support a person, outside of their cluster for a period, then the provider advised that travelling time would be allocated. Staff confirmed that cluster working cut down on travelling time, but a number of staff felt that their schedules were not always realistic. Their comments included, "I do not find schedules realistic, I have no time to travel and have minimal breaks throughout the day", "More often than not, my calls can be back to back, I have often started early to compensate for this" and "I do think we need some travel time you can't be in 2 places at once so I do think we need travel time to get between clients so we aren't rushing around". The registered provider told us, "Through regular contact with our Team Leaders, and monthly supervisions with our care teams we are constantly reviewing our cluster areas of working and liaising with staff to ensure they are happy with the runs of care which are allocated to them". Staff also acknowledged that the office team were constantly trying to address any concerns they may have. For example, one staff member said, "The office are always looking to see if anything can be improved and if it can they will.

Some people told us the timing of their call was not always in line with their preferences. The provider told us that current commissioning arrangements did not fully support this approach and due to there being high demand for certain time slots. We were advised that when the 'meet and greet' was completed, staff worked with people to determine if the time of their care visit was time critical. This might be due to the need to take medicines for example. These types of calls were prioritised but preferences would then also be met wherever possible.

Feedback from people and their relatives about the consistency of care was mostly positive. For example, one relative said, "Yes we do get regular carers as my [family member] has a double up four times a day". A second person said, "Yes I get the same carer each day". Some people felt the consistency of care was an area where further improvements could be better. For example, one person said, "No we don't get regular carers at the moment. We have been trying to get the same carers. We have 12 different carers each week". There was evidence that the provider and registered manager were working hard to improve consistency and this was confirmed by a social care professional who told us, "The office try their best to provide continuity of care where they are able which is important to many individuals". The cluster arrangements were helping to ensure that people received care from a team of regular care workers who were familiar with their needs. We were told that 96% of care visits were allocated to the same care workers on a weekly basis and were only changed for leave or in the event of sickness for example. The care visits that had not been allocated on a permanent basis, highlighted where additional staff were needed and therefore informed the recruitment strategy. Were a person to indicate that they had not bonded with a particular care worker, they were noted to not be compatible on the rostering systems and this prevented the care worker from being reallocated to the person in the future.

A range of recruitment checks took place before staff started working at the service. Records showed staff

completed an application form and had a formal interview as part of their recruitment. The manager had obtained references from previous employers and checked with the Disclosure and Barring Service (DBS) to ensure the staff member had not previously been barred from working in adult social care settings or had a criminal record which made them unsuitable for the post. We did note that in the case of one staff member there was a small gap in their employment history.

Staff understood their responsibility to raise concerns and record incidents and accidents that occurred. There was evidence that lessons had been learned and improvements made when things had gone wrong. For example, following a series of medicines errors action had been taken to implement increased checks which appear to have been successful in reducing the number of errors. A 'fail safe approach' had been introduced with each staff member being responsible for checking that the previous care worker had administered a person's medicines correctly. To help prevent missed care visits, staff had identified five risk factors that could contribute to care visits being missed and had implemented additional checks to help prevent this. There was scope to develop further a broader analysis of these incidents at an organisational level to help identify any themes or trends that might require further action to be taken. The provider is taking action to address this.

Staff received training on infection control. Personal protective equipment (PPE), such as disposable gloves, hand sanitiser and aprons were readily available for staffs use.

Good

Is the service effective?

Our findings

People told us they received effective care. Most of the people we spoke with said they would recommend the service to other people seeking a care service.

New staff completed a two-day induction programme during which they completed face to face training in four areas, moving and handling training, safeguarding, first aid and medicines management. This was completed in the provider's onsite, training room. Staff were also required to complete workbooks mapped to the 15 standards of the Care Certificate. The Care Certificate was introduced in April 2015 and sets out explicitly the learning outcomes, competences and standards of care that care workers are expected to demonstrate. The standards provide an introductory level of knowledge in skills such as working in a person-centred manner, privacy and dignity, safeguarding adults, basic life support and infection control.

Following the two-day induction, new staff spent time working alongside more experienced staff who acted as a role model but also checked on the practical competency of the new staff member in relation to the skills covered by the Care Certificate. One new staff member told us their induction had been helpful. They said, "I had never done care before, but had two full days training, then didn't go out my own, but shadowed someone. I was never left on my own until I felt confident. [The registered manager] said it didn't matter how long it took". A second staff member said, "I received three full days of theory and was taught what we cannot do and what we can do in order to maintain a professional relationship with clients…. I then underwent shadow shifts which lasted for around 1 ½ months. I was then signed off and deemed fit to work out in the field on my own".

Each year staff were required to refresh their training in moving and handling, safeguarding, first aid and medicines management and there was a clear system in place to monitor when staff were due to refresh this training. Where necessary staff would be provided with training relevant to the needs of people they were supporting. For example, teams or clusters would be invited into to undertake training on stoma care. Staff were positive about the training provided. One staff member said, "The moving and handling training was good, I really liked having equipment [such as hoists] used on you, you get a complete insight into how vulnerable the person must feel so I'm always careful to reassure them". We did note there was no requirement for staff to update their training in other areas such as infection control, food hygiene, health and safety and the Mental Capacity Act 2005. We have recommended that the provider take action to review this in line with relevant best practice guidance.

Staff felt well supported and understood their role and responsibilities. Staff received monthly supervision. This might be a formal one to one session, but most were observations or spot checks of the care workers practice or a telephone call between the care worker and their team leader. Staff received feedback about the spot check which highlighted any areas for improvement. Systems were also in place to provide staff with an appraisal of their practice. Supervision and appraisals are important as they help to ensure staff receive the guidance required to develop their skills and understand their role and responsibilities.

There was evidence that staff supported people to have maximum choice and control of their lives. Staff

spoke to us of the importance of actively involving people in making decisions about their care, for example, one staff member told us, "Personally, I encourage each and every one [of the people] I look after to do as much as they can for themselves, make their own choices and to receive care in a way that they are happy and comfortable with even if that may take longer than other ways of doing things. Everyone is an individual and should be treated as so". A social care professional told us that staff, where appropriate encouraged positive risk taking.

The registered provider told us that everyone they were currently providing care to was able to consent to this. If a person's capacity to consent to their care and support was in doubt they advised that they liaised with relevant professionals and family members to ensure this was appropriately assessed and to ensure a best interests decision was jointly agreed in line with the Mental Capacity Act 2005. The Mental Capacity Act (MCA) 2005 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.

We noted that some consent forms had been signed by a third party without it being clear that they had the legal authority to do so. In response, the provider has taken action to adjust their consent documentation to make it clearer on what basis, third parties might be signing consent forms and to ensure this has been obtained lawfully. We have also recommended that staff ensure they retain copies of legal documents giving third parties the authority to make decisions on behalf of someone. This is important to ensure that relevant people are involved in decisions regarding a person's care and support.

Some people required support with meal preparation and maintaining good nutrition. Often this involved the care worker making a light lunch or snack or heating a frozen or pre-prepared meal brought by family or delivered by a meals service. People told us they were happy with the support provided. Comments included, "Yes they [care workers] often give me a ready meal/sandwiches plus fruit and drinks", "They make me a sandwich and a cup of tea at lunch time" and "They get me a microwave meal at lunch time and sandwiches or toast for tea time plus cups of tea or coffee". Where people were known to be at risk of not eating well, food or fluids charts were put in place so that this could be monitored.

People were supported to maintain good health. There was evidence that staff recognised when people were feeling unwell and sought medical advice on their behalf. For example, staff had noted that one person appeared to be unwell and not their usual self. They contacted an NHS helpline which supported the staff member to complete a timely test to spot the signs which might indicate the person had experienced a stroke. There was also evidence that staff worked with other healthcare professionals such as mental health teams, occupational therapists and community nurses to address people health care needs.

Good

Is the service caring?

Our findings

Everyone we spoke with told us they were supported by staff who were kind and caring. This was supported by the number of compliments the service had received, many of which had commented on the caring nature of the staff. For example, a relative had praised the care staff for their 'Effectiveness, intuition and compassion' and another relative had written to say, 'Their [care workers] tender care and compassion was a great help and comfort to us at a very difficult time'.

Staff enjoyed their job and displayed a genuine desire to enhance people's wellbeing and to developing positive relationships with them. One staff member told us, "I love going in to see all my clients, I love my job". They told us how one of the people they supported had recently died and that this had been difficult. They said, "We had lovely chats, she said I put a smile on her face, that's what we are there to do".

Staff were sensitive to those times when people might need a little extra caring and compassionate support. For example, one staff member told us, "I see a lady every [day] morning, when I arrive she is always down, but smiling when I leave, I talk to them about trick or treating, debate the news, whilst getting on with combing their hair, it's the personal touches that count, I like being able to brighten their day". Another staff member told us, "I visit a client who is very lonely, one evening, she cried, she took my hand and wouldn't let go, I took the time to just listen, I made a difference at that time".

Wherever possible, people were matched to staff that were more likely to have a natural rapport with them and understand their personality and needs. For example, one of the team responsible for allocating staff told us how they knew one younger person valued being supported by younger staff who shared their sense of fashion and style and therefore "Knew how she liked to look".

It was clear from a number of the compliments the service had received that people valued the time spent with their care workers with many referring to their care workers as friends. For example, one person had said their care workers 'Feel like they are part of the family now' and another had described their care worker as 'Their brilliant little lady'. We were told how one family had invited a team of care workers to their parents 90th birthday party. The provider told us, "They see the carers as family, the carers gave up their Saturday evening to attend and we covered their shifts to enable them to be part of the celebration".

Care staff understood the importance of promoting people's independence and supporting them to retain as much control as possible. One staff member told us, "I will pass them [person] the flannel and encourage them to wash, one lady likes to go into the bathroom alone, but I reassure her that I am just outside". A second staff member said, "When I arrive if it's to make tea or washing or just personal care and if they are not at risk with a fall or frail I would encourage to come with me to the kitchen. Pass me the milk or we might do exercises in a fun way by using music or their garden should they have one".

People confirmed that staff promoted their independence. Comments included, "Yes the carers let me do things for myself as much as possible" and "Yes they encourage me to wash my face, hands and arms and dry myself after a shower". A third person said, "They help me keep up my daily living skills". One person had

recently been able to cancel their care. Their family member had written to thank the staff saying, 'Thanks to the lovely team of carers that attended and supported [person] to become more independent and at ease allowing them to remain safely and independently in their own home'.

Respect for people was at the heart of the services' culture and each of the people we spoke with felt they were treated with respect and the support they received helped to maintain their dignity. Staff demonstrated a clear understanding of how to provide care in a manner that was mindful of people's privacy and dignity. For example, one staff member said, "Dignity and respect should come naturally with this job but to make clients feel that extra special there are certain things I do for example with a blind client we have who has full capacity... I make sure I tell her everything I'm doing, if I'm leaving the room. Or if I'm about to touch her or move something". Another staff member told us, "The service users are at the heart of what we do. We care for them as though they are part of our family and enjoy spending the time we have with them. Dignity and respect come naturally when you have a strong relationship with someone".

Good

Is the service responsive?

Our findings

Prior to care starting people were visited by a senior member of the service so that an initial assessment could be undertaken to identify their support needs. This 'meet and greet' visit was an opportunity to outline roles and responsibilities but also included completion of a 'fact finding tool'. This involved asking the person to share ten things they had done in their life. The registered provider told us that this information was important as it enabled staff to connect with people and to understand why certain things might be important to them. For example, they told us about one person who had been a farmer all their life and therefore an early riser. This helped staff to understand why it was important to the person to have their visits at 7am.

Following the 'Meet and greet visit, staff developed a person-centred care plan and risk assessment. To support this, people were asked to share what was working and not working for them in terms of their support and what they would like to achieve from the support being provided. The person-centred plans whilst not lengthy, covered all relevant aspects of a person's individual circumstances. For example, they provided information about the person's communication needs, their mobility needs, physical health needs and nutritional requirements. One person's plan contained pictures to provide additional guidance for staff on how the person should be positioned when in bed. We did note that one person who was living with diabetes would have benefitting from a care plan which described in more detail the signs and symptoms that might indicate low or high blood glucose levels. A second person could at times display behaviour which might be challenging to others. Their care plan would have benefitted from more detail about who staff should respond to this.

Care plans included information about the tasks that were to be completed at each visit. These were person- centred and tailored to the person's needs. Staff told us the care plans were helpful and told them what they needed to know. One staff member said, "The care plans are fine, they give you the right information for new clients, I have never not been given what I need to know". One social care professional told us, "Their paperwork is fit for purpose" and another said, "I feel that [care plans] are concise and include relevant information. They always incorporate background information which I feel is always important to a care plan".

Staff had a clear understanding of person-centred care and of using a 'strengths based approach' when providing care. This approach advocates supporting people by providing just the right amount of support to maximise their independence and helping them to achieve their chosen outcomes. We were told of several examples where the support being provided was having positive outcomes for people. One staff member told us, "Our care plans are strength based, therefore clients are all encouraged to be as independent as possible, within any limitations they may have. One lady I attend has poor mobility, however I encourage her to use the perching stool in the kitchen so that we can prepare the meal together". A perching stool is a specially designed and adjustable seat that helps people who struggle to stand for long periods to carry out everyday tasks such as ironing, baking and cooking.

One person had been supported to develop their independence after leaving a residential home and

returning to live in the community. Staff had helped the person to overcome their low mood and were supporting the person to access equipment and rebuild relationships with their family. A staff member told us, "I have a client I showered daily for months, in the last few weeks she is now showering herself, she is really happy as it's the start of her independence and made her more confident that she's improving in health, a happy client".

Staff maintained daily records which noted how the person had been and included information about what the person had eaten and other assistance provided. Charts were used to record fluid and food intake where appropriate. The daily records indicated staff were following guidance in the support plans and were encouraging people to maintain their independence whenever they were able.

People had three monthly reviews of their care and support. These reviews involved the person and their family where appropriate and helped to ensure that people could comment upon the quality of their care but also suggest how their care call might be adapted to meet their changing needs. A social care professional told us, "Reviews we complete are always positive".

The service had been operating for just over a year and there were plans in place to enable people and their relatives to provide feedback about the quality of service they received through the use of questionnaires. The first questionnaires were going to be issued in January 2019. The provider told us that the feedback would be analysed and used to drive further improvements within the service. We discussed ways in this might be expanded to include gathering feedback from staff and health and social care professionals.

The service had a complaints policy and information about how to raise concerns or complaints about the quality of care was provided to people when they first started using the service and was contained within the service user guide. The service had received one formal complaint which had been investigated and responded to. The complaint remains unresolved and is currently being investigated by the Local Government Ombudsman who act as an independent final stage for complaints about adult social care providers.

Good

Is the service well-led?

Our findings

There was a clear leadership and management structure in place which helped to ensure that the service was able to deliver effective care and that staff at all levels were clear about their role and responsibilities. The registered manager was supported by an assistant manager. A team of office staff over saw the scheduling and responded to calls from people and staff. Five team leaders supported and mentored a team of between eight to twelve care staff each. Each member of the senior team had their own recognised strengths and skills and used these to ensure the smooth running of the service. Each staff member was provided with a detailed employee handbook which supported them to be clear about their role and responsibilities including how to keep people safe and their right to 'whistle blow' or raise concerns about the organisation.

The registered manager and provider worked closely and effectively as a team and had a hands-on approach. They ensured that they and all the office team continued to undertake some of the care visits. The provider told us this was to ensure, "They never lost sight of what it is we do". It also helped to ensure they knew each person using the service and understood their needs. Staff commented positively on the management team and their hands on approach. One staff member said, "They are fantastic, they do care themselves, they really understand, they are in the real world, if we find a call tricky, [registered manager and provide] will go in themselves, it's a lovely company to work for, the best one I have worked for". Another staff member said, "I trust them 100%".

Health and social care professionals commented positively on how well organised and run the service was. One said, "I really like this agency…. their ethos is the right one in my opinion. They are very reliable and we never get any complaints". A second professional said, "I do not currently have any concerns around the service at present. As a team we tend to have a good relationship with their office and receive positive feedback from staff".

Each day started with an office 'huddle' during which the management and office team reviewed any concerns raised out of hours so that any remedial or follow up actions could be taken. The day also ended with a further catch up which helped to ensure that required tasks had been completed and key information communicated to staff.

Ensuring that as managers, they were available to staff and people using the service daily was central to the provider's values. All the staff we spoke with, or received feedback from, confirmed the leadership team were approachable, accessible and supportive and that communication within the service was excellent. One staff member said, "It doesn't matter what your issue is, there is an open-door policy, there is always someone at the end of a phone or email". Another staff member said, "The management are excellent I couldn't praise them enough their support in everything is fantastic". Staff appreciated that they were told the outcome of any concerns or issues they might have raised about people. For example, one staff member said, "If something changes we let them [the office] know, it's always taken on board and they let us know the outcome, communication with the office is fantastic".

The registered manager and provider acted as a good role models for the staff team and championed the importance of person centred care. The importance of providing person centred care was clearly shared by the staff we spoke with, all of whom were equally committed and enthusiastic about fulfilling their roles and responsibilities in a way that delivered the best possible outcomes for people as well as meeting their practical support needs. This was evidenced by one staff member who told us, "I listen to their [people's] conversations, I talk to them about things they like to do, I encourage nice conversation, sometimes I sing with them, which they love to do, I give every client everything they need, as they are vulnerable, and need us to respect, and dignify their needs for love and care".

The registered manager and provider had fostered a positive culture within the staff team and staff were thanked and praised for performing their role well not just 'going above and beyond'. The provider was arranging a celebration for staff at Christmas. The celebration the previous year had been extended to allow those working the evening shifts to attend after work. Staff were encouraged to visit the office at any time, where sweets and drinks were available for their use.

A 'Whispers Weekly' newsletter was sent to all staff to share key news or events. This included a 'spotlight' on a member of the care staff, whereby the staff member shared some information about them as a person. The aim was that staff who often worked independently, got to know each other a little, supporting team work and thereby having a positive impact on the care people received.

The staff we spoke with all commented on the positive teamwork and the ethos of helping one another championed by the registered manager and provider. One staff member told us, "They [the registered manager and provider] are brilliant…. from my interview day, they had my respect and trust and I believe in them. I can see their vision and the pride and passion, they are excellent employers". A second staff member said, "I feel that Whispers are a very loving, efficient, supportive, professional, excellent care company, I have worked for some companies in the past, but this the best I've ever worked for, they give so much love to the clients…. Whispers also care about their staff beyond belief, I would recommend Whispers to anybody, a hundred million percent, they run an amazing beautiful care company".

The registered manager and provider were committed to developing and upskilling their staff team and encouraging them to reach their potential. They were extremely proud of their staff team who they told us were all "Fabulous ambassadors" for the service. As part of the annual appraisal, staff were awarded a 'feather rating'. The Whispers feather rating promoted the continual development of the staff members skills, competence and knowledge and rewarded them for taking on additional responsibilities such as mentoring new staff and working in a manner that was in keeping with the provider's values. The provider told us, the implementation of the feather banding scheme was a way of showing staff "All the tasks they do and how important they are" as well helping to ensure the provision of high quality care and the retention of staff. Team meetings were held and were an opportunity to discuss matters such as concerns about the service users and general working practices.

Team leaders undertook regular spot checks of care workers to ensure they were delivering appropriate care, wearing the correct uniform and following best practice. When care records were returned from people's homes, these were checked to ensure that care workers were completing these correctly and reflected that people were receiving their care as planned. For example, MARs were checked to ensure there were no unexplained gaps and financial records were reviewed to ensure these were accurate. Where concerns were noted, there was evidence that action had been taken to address these.

Throughout the inspection the registered manager and provider were responsive to feedback and have taken action to address areas where the systems or processes could be developed further. The registered

manager was passionate about the service and had a clear vision for its future. They had plans to expand and develop care teams in other local areas. To support this a clear business plan was in place and a number of actions planned such as appointing a recruitment lead. It was important to them that the service retained its strong emphasis on providing a person-centred service. The provider told us there were also taking action to move from 'zero hours' contracts to 'variable hours' contracts and to introduce a small number of fixed hours contracts in order to provide staff with more financial security and regular working hours. They were introducing these measures to support recruitment and retention of staff but also to demonstrate to them that they were valued and appreciated for their contribution to the organisation.