

Dunster Lodge In The Community Limited

Dunster Lodge Domiciliary Care

Inspection report

Manor Road
Alcombe
Minehead
Somerset
TA24 6EW

Tel: 01643800190

Date of inspection visit:
12 September 2017
13 September 2017

Date of publication:
02 October 2017

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Dunster Lodge Domiciliary Care provides personal care and support to people living in their own homes in the West Somerset area. At the time of this inspection the agency was providing care to approximately 90 people. Packages of care varied from a small number of weekly visits to supporting people with all care at the end of their lives.

At the last inspection in July 2015, the service was rated Good, with an outstanding rating for caring.

At this inspection we found the service had improved to Outstanding.

Why the service is rated Outstanding

The agency had a record of providing good quality care and continually improving the service provided to people. A number of people said they originally used the agency because it had been recommended to them. One person said, "They came highly recommended and have certainly lived up to their reputation."

The provider took steps to make sure people received a safe service. They had policies and procedures which minimised risks of abuse and worked with other professionals to support people who may have been abused. One person said, "I feel absolutely safe with them [staff]" A relative commented, "I feel very safe, very safe indeed. If I have any problem I can just contact the office and they help me."

People received effective care and support because staff were well trained and organised. One person told us, "I just can't fault them. They are well trained and competent." Staff supported people with routine healthcare needs and responded appropriately to emergency situations. One person told us, "I had a fall and they found me. They did everything and stayed with me until someone else got here. They stayed much longer than they should have but they just kept saying that it didn't matter and they weren't leaving. So kind."

People were cared for by staff who were always kind and went over and above their job role to make sure people were happy and comfortable. People gave us a number of examples of where staff had 'gone the extra mile.' The agency ensured each person was supported by a small team of care workers which enabled people to build trusting relationships with the staff. This aspect of the service was very much appreciated by the people we spoke with. One person said, "I feel completely comfortable and secure with all my little team." Another person said, "I've had other agencies where you have never known who is coming but that never happens with this one."

People received extremely personalised care which was delivered in accordance with their wishes and lifestyle. The registered manager and a senior member of staff carried out assessments which looked at people's interests and lifestyle choices as well as their needs. This enabled them to match people to staff who shared their values and therefore helped them to build relationships. This had proved valuable when

working with people who found it hard to accept help. People were extremely complimentary about the timing of visits which meant they were able to plan their lives. One person said, "They have never been late. They are brilliant."

The agency was extremely well led by the provider and registered manager. There was a commitment to listening to people's views and continually improving the service to meet people's needs. They were open when things went wrong and took action to address any shortfalls identified by complaints, incidents and their quality assurance systems. A relative said, "The company is amazing, so different to previous people that we used. They are absolutely amazing. I cannot fault them. They do everything we need them to do and they do it very well."

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service remains Outstanding.

Is the service responsive?

Outstanding ☆

The service has improved to Outstanding.

Is the service well-led?

Outstanding ☆

The service has improved to Outstanding.

Dunster Lodge Domiciliary Care

Detailed findings

Background to this inspection

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

This inspection took place on 12 and 13 September 2017 and was announced. The provider was given 72 hours' notice because the location provides a domiciliary care service we needed to be sure that someone would be available in the office. It also allowed us to arrange to visit people receiving a service in their own homes.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in July 2015 we did not identify any concerns with the care provided to people.

The visit to the services' main office, and to people living in their own homes, was carried out by an adult social care inspector. Phone calls to people using the service were undertaken by 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.

In the course of the inspection we met six people who used the service and spoke with three people and 11 relatives on the phone. We also spoke with seven members of staff, the registered manager and registered provider. We received positive written feedback from one health care professional.

We looked at records which related to people's individual care and the running of the service. Records seen

included five care and support plans, quality audits and action plans, two staff recruitment files and records of meetings and staff training.

Is the service safe?

Our findings

The agency continued to provide a safe service to people.

People we spoke with felt safe and comfortable with the staff who supported them. One person said, "I feel absolutely safe with them [staff]" Another person told us, "They are all so nice I feel completely comfortable when they are here." One relative, who lived with a person receiving care, commented, "We feel very safe, very safe indeed. If I have any problem I can just contact the office and they help me."

People were supported by an agency where adequate numbers of staff were employed to make sure all visits were carried out at a time of people's choosing. All staff said there was enough staff to cover any absences including absences at short notice. The area supervisor and registered manager were not rostered for routine visits but had an excellent knowledge of the people who used the agency and were able to provide direct care if required to do so. This meant that care and support visits were never missed. One person said "They've never missed a day, whatever the weather."

Risks of abuse to people were minimised because the provider made sure all new staff were thoroughly checked to make sure they were suitable to work for the service. These checks included seeking references from previous employers and carrying out checks with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people. Staff told us, and records confirmed, they had not been able to begin work at the agency until all checks had been carried out.

People who used the service were involved in the recruitment of staff. Prospective staff were able to accompany employed staff on visits to enable people to see if they thought they were right for the job. One person told us, "They have bought wannabe staff here. I think it's only right we get a say. They tell you to be completely honest about what you think and they certainly listen to you."

People were further protected because staff received training and regular up-dates about how to recognise and report any suspicions of abuse. All staff said they were confident that if they raised concerns they would be taken seriously and action would be taken to make sure people were protected. Discussions with the registered manager, and records, showed that where staff raised concerns with them they were quick to share these concerns with the local authority safeguarding team. The agency worked closely with the safeguarding team and other professionals to make sure people received care safely and were protected from abuse.

Staff had taken action when they suspected people were being abused. In one instance a member of staff had challenged a tradesman for excessive service charges to a vulnerable person. The provider had informed the family and the police.

The agency carried out personalised risk assessments to ensure the safety of people using the service and the staff who worked for the agency. Care plans gave details of the measures in place to minimise risks. In

one instance we saw a risk assessment had been carried out with other professionals involved in the person's care. This was comprehensive and had been shared with the person and their informal carer to make sure everyone was aware of the measures that were in place to minimise risks.

Staff had been creative in supporting people with behaviour that could compromise their safety. For example; one person, who was living with dementia, became fixated with carrying kitchen knives with them. A member of staff introduced them to napkin folding as an alternative and they happily gave up carrying knives around and carried a napkin instead.

To protect people from the risks associated with unsafe moving and handling procedures all staff received regular training in this. One senior member of staff was a trainer for moving and handling and offered regular support and guidance to other staff. This member of staff told us they offered formal and informal training for staff to make sure they were competent when supporting people. They were also involved in the assessment of people's moving and handling needs and ensured the correct equipment was available in people's homes. This enabled them to assure themselves the agency staff had the skills to safely support people.

All staff received training in the safe administration of medicines which enabled them to support people who required help with their medicines. There were risk assessments in place to show the level of support people required with taking medicines. Some people required only gentle reminders whilst others required full assistance and monitoring. Where staff administered medicines to people they recorded this on a medication administration record. Records seen were well completed meaning it was easy for other carers or visitors to see if the person had taken their medicines. One senior member of staff was the agency's 'Medication Champion.' They were responsible for carrying out audits of medication practices, offering advice to other staff and checking medication administration records. One person who received support with medicines told us, "They are brilliant. They know what they are doing and always check I have taken it."

Is the service effective?

Our findings

The agency continued to provide effective care to people.

People told us they only received care and support with their consent and continued to be in charge of how their care was provided. One person told us, "They always ask before they do anything, everything is my decision." A relative said, "They always ask if it's ok to do whatever it is they are going to do. They are always very patient. We are not very quick at our age." Some people had been reluctant to accept care and records seen showed that staff worked slowly to build a relationship until the person was happy to be helped.

Staff had an understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Care staff we spoke with worked in accordance with the MCA by assuming everyone had capacity. If they had concerns they reported these to the registered manager. The registered manager had involved people's family members and relevant professionals when making decisions regarding people who lacked capacity to make certain decisions. We saw that the Mental Capacity Act and people's rights were regularly discussed at team meeting to continually remind staff their responsibilities. One person told us, "I expect they don't agree with everything I do but I have to say they are all completely non-judgemental."

People were confident staff had the skills required to meet their needs. One person told us, "I just can't fault them. They are well trained and competent." Another person said, "All my carers are excellent."

Staff felt the training and support they received was excellent. Staff said the support they received was tailored to their needs and the needs of the people who used the service. One member of staff said when they started to work with one person they had done three shadow visits with an experienced member of staff. They told us the person was very anxious and had very strict routines about how their care and support was provided. The member of staff said "They [registered manager] suggested I do three shadow shifts because they are so particular and it causes them great anxiety if the carer doesn't do things just so."

The registered manager made sure that training provided to staff was delivered in a way that maximised staff's learning and therefore continually improved the care provided to people. All new staff completed the Care Certificate which is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. To make sure staff had opportunities to explore the learning covered by the care certificate the registered manager held a weekly Care Certificate workshop. One member of staff told us, "I'm getting much more out of it than if I was doing it on my own. We have been discussing real case scenarios and it has made us all think about what we do." Another member of staff said about the workshops, "It's given me so much confidence and we discuss how we can apply things to people we work with."

Once staff had completed the Care Certificate they were able to undertake further training, including nationally recognised qualifications in care and other relevant subjects such as care of people with dementia and end of life care. One member of staff told us "You can request any training. If it will benefit the people we work with they will always support you as long as you share what you learn with everyone."

Staff monitored people's health and welfare and contacted healthcare professionals according to people's needs. For example one of the people we visited with the community team supervisor expressed some concerns about a treatment they had received from the district nursing team. The supervisor immediately contacted the district nursing team to arrange an additional visit.

The staff had all received training in first aid and were able to appropriately respond to emergency situations. During the inspection staff were informed by a relative, who was out of the country, that their relative had fallen and a member of staff immediately went to the person's home. One person told us, "I had a fall and they found me. They did everything and stayed with me until someone else got here. They stayed much longer than they should have but they just kept saying that it didn't matter and they weren't leaving. So kind."

People received their care and support from a small team of staff, usually no more than four, and the supervisor for their area. This enabled staff to get know people well and all said they would recognise if someone was unwell.

Staff assisted some people with meal preparation and shopping. Staff told us they tried to guide people to make healthy choices about their diet but ultimately what people ate was their decision. In addition to cooking meals one member of staff did a weekly fish and chip run for people who wanted it. Some people who lived alone said they missed a good roast dinner so staff had begun to deliver Sunday roasts from a local restaurant.

The registered manager told us they had started a project a few months ago to raise awareness of people's hydration needs. This had encouraged staff to give people special cups and mugs and prompt people to drink more. The registered manager told us this had already had an effect in reducing the number of falls and urinary tract infections people experienced.

Is the service caring?

Our findings

The agency continued to be outstandingly caring.

At the last inspection we found that staff went over and above their job role to maintain people's comfort, well-being and happiness. At this inspection we found this continued to be the case.

People spoke very highly of the staff who supported them and the management of the agency. Without exception people told us all staff were extremely kind and caring. One person told us, "They always ask before they go if there is anything else you need." Another person said "They are absolutely wonderful. They put caring in a whole new league."

People gave us numerous examples of how staff went the extra mile to help them. Some staff carried out additional tasks for people in their own time such as ironing and hairdressing. One person said, "I can give you an endless list of the things they do that they don't have to do. On my birthday one bought me a card and a pretty plant, another bought me a balloon. One of them takes my ironing home because they know I like to look smart and [supervisor's name] helps me to look after the cat I could go on. There is nothing they wouldn't do." Another person said, "They pick up things for me, in their own time. Things I'd rather my son didn't get. They are very sensitive and understanding."

We heard how one member of staff had provided a Christmas lunch with all the trimmings to people who were alone on Christmas day. One person said, "They even bought me a cracker to pull with them." Another member of staff was a keen baker and regularly made cakes for people. One person commented, "One afternoon they arrived with my own little cream tea. That was lovely."

One member of staff was a qualified hairdresser and used their skills to help people to maintain their appearance even if they were unable to leave their homes. One person requested that staff took a photo of them with their new haircut and send it to their family abroad. Other people who had previously neglected their appearance had enjoyed being pampered and looking smart.

The agency ensured that each person was supported by a small team of carers which enabled people to build trusting relationships with the staff. This aspect of the service was very much appreciated by the people we spoke with. One person said, "I feel completely comfortable and secure with all my little team." Another person said, "I've had other agencies where you have never known who is coming but that never happens with this one."

People and their relatives were fully involved in all decisions about the care and support they received. One person told us, "They do whatever I ask." Another person told us, "I still make all the choices. No doubt about that." One relative had written on their satisfaction survey "I feel we are truly working in partnership to look after [person's name] interests."

Staff respected people's privacy and dignity by ensuring people were only supported with their personal

care by staff who they knew and were comfortable with. One person told us, "It's not easy when someone has to help you with personal care but the girls always treat me with respect and dignity and make me feel comfortable. That's very important." The agency made sure that any new staff joining a person's team was introduced to them and people had the ability to refuse them if they wished to. One person told us, "They did have one carer who wasn't for me. So I told them and they didn't join my team."

A member of staff told us, "The ethos is -You will always know your carers and they will always know your needs." Feedback from people showed this ethos was always put into practice. Everyone said that staff did not visit them until an introductory visit had taken place. One person told us, "If there's a new one for whatever reason they bring them to meet you first. I prefer a woman to look after me. They are strict about that sort of thing and have never offered me a man." The registered manager and the community team supervisor met everyone receiving a service which meant they would be able to provide care if for any reason the person's regular care staff were not available.

The service had received a number of thank you cards and compliments from people who used the service and their relatives. Comments showed how much people valued the service and the relationships they had with staff. One person had written, "Thank you for all the care, advice and most of all the laughter." Another had said, "You made us laugh and feel special."

People could be confident that the care they received at the end of their lives would be professional, kind and compassionate. In addition to providing day to day care for people the agency often provided short term care which enabled people to return to their own homes at the end of their life. One health care professional told us that when caring for people who were terminally ill the staff were extremely supportive of the person and their relatives. They told us the staff sought appropriate advice to make sure people remained comfortable. Staff had received training in end of life care and spoke respectfully and passionately about this part of their job. One thank you card said the care their relative received was, "Tailored to her needs which meant she was comfortable, loved and beautifully cared for." A relative had written to the registered manager praising the staff for all their support. They wrote, "With their visits, professional advice and reassurance it made me feel as though I had an army behind me."

Is the service responsive?

Our findings

The service was extremely responsive.

People received a very personalised service which was responsive to their needs and wishes. Each person who wished to use the service had their needs fully assessed. These assessments were carried out in partnership with the person using the service. The assessments focussed on how people wished to be supported and how the service would fit into their individual lifestyles not just on their physical needs. For example; one person told us they had always got up early but now needed care staff to assist them so their visit had been arranged as the first visit of the day. They said, "They are here each morning, 7 o'clock on the dot." When people's needs or wishes changed a re-assessment was carried out and any changes to the care they required was discussed and agreed with them. One person told us, "From day one everything has been about what I want. Everything is discussed with me and there are never any surprises. My team know exactly how I want to be cared for. Everything is in my care plan. Yes it is definitely my care plan." A member of staff told us, "We are just facilitators so people can live the lives they want."

People received the care they required at the time they wished to receive it. People told us how impressed they were with the timing of their visits which meant they were never left waiting for care staff to turn up. It also enabled people and their informal carers to plan their day around their own wishes not around care visits. One person said, "They have never been late. They are brilliant." A relative said, "They are very regular; their timings are excellent. If they are going to be late which is very rare, they always keep us informed of any problems." One person commented, "The fact that they always turn up on time I think shows the upmost respect for me."

The agency responded to changes in people's needs by changing the times of visits when needed. One relative told us, "If I ring and say we have an appointment they will fit in around us. Marvellous service." Another person said staff had changed the times of their visits to enable them to take part in a weekly religious meeting that was important to them.

A number of people were keen to tell us how the staff from the agency helped them to stay independently in their own homes. People said the service was always flexible to meet their changing needs. One person told us, "It enables me to continue to live here. If I am unwell they provide extra care so I can stay in my own home. If it wasn't for their flexibility I think I would have had to go into a care home which is the last thing I want." Another person told us, "They have given me back my confidence. Before they started coming I wouldn't get in the shower or go down the outside step because I was afraid of falling. Now I can do both of those things. Their confidence in me has been so reassuring and has given me confidence in myself." One person commented, "They know me personally and they know my needs. Sometimes it's the little things that keep me independent. For example I had a new mobile phone and one of them stayed behind to help me set it all up, didn't have to but my phone is my lifeline and they know that."

The agency also supported informal carers which helped them to continue in their caring roles and also supported people to stay in their own homes. One relative, who lived some distance away, had written to

praise the staff for the support they had given when a relative was admitted to hospital. They said, "Not only did they reassure me, they went round immediately to pack a bag for them to take to hospital. It's such a relief knowing they are there."

The agency worked closely with other professionals to support people who had been identified as being at risk in their own homes but did not wish to consider alternative accommodation. The flexibility and responsiveness of the agency allowed staff to work at the person's pace to build trust and eventually provide care to people who had very complex mental and physical health needs. This meant people could remain in their own homes with minimal risk and improved quality of life.

Part of the success of the agency was established by carefully matching care staff to people using the service. The provider took account of people's life histories, personalities, values, age and beliefs when matching people. They worked slowly and gently with people using their interests to make connections. This had resulted in very successful care for a number of people who had been extremely resistant to accept help. For example; one person had been referred to the agency through the local authority's safeguarding process. The member of staff told us that when they initially visited they had only been allowed into the person's hallway. With gentleness and sensitivity they gradually built trust with the person and had slowly been able to support them with their day to day needs and build their confidence. The end result of this was the person accepting 24 hour care from a small group of staff and going out each day although they had not left their house for a very long time. A member of staff told us, and photographs confirmed, they began to take an interest in old hobbies and pursuits. The staff member said, "It gave them a new lease of life. We went walking together, they built up their strength and began to sleep better at night. We went out to lunch and did all the things they enjoyed."

In another instance staff had used music to make connections with an informal carer who found it difficult to accept support for their relative. The informal carer had a keen interest in music and a member of staff who shared this interest had been matched with them. The member of staff had taken a musical instrument to a visit and had played music. This resulted in the person dusting off their own musical instrument and playing with the member of staff. The running records showed how this connection had developed into a trusting relationship. Although early records showed the informal carer was resistant to allowing anyone to support their relative with personal care they had now reached the stage where they felt able to go out when the care staff visited their relative. This gave them a much needed break from their caring responsibilities.

We heard about one younger person who used the agency and how the registered manager had matched younger care staff to this person. One of their care team said, "We get on really well. One thing that is important to them is for someone to help them to put their make up on every morning so that's an important job for me."

Some people who used the service were living with dementia and staff supported them with everyday tasks and attending appointments. Where people became anxious about attending appointments such as chiropodists or dentists the care staff used photographs of the person at a previous appointment to help to explain where they were going and to show that it was something they had managed previously. This alleviated people's fears and enabled them to receive the treatment they required.

Staff were aware of the dangers of people becoming socially isolated and took action to address this with people. In some instances staff helped people to attend a day centre owned by the provider. We met one person at the day centre and they told us how much they valued the experience. They said, "It's lovely to go out. Without the carers I would be stuck at home on my own." One relative informed us the care staff supported the person they cared for to go out. They told us, "They love it. It makes such a difference and

gives me a break."

We met one person who was extremely anxious about leaving their house and they told us one of their staff team had been taking them out for car rides. They smiled and whispered to us, "I even had an ice cream when we were out." The provider and registered manager had rescued two donkeys which they kept in a paddock outside the agency's office. Staff had shown people pictures of the donkeys and had taken a number of people, who liked animals but were no longer able to keep them themselves, to meet the donkeys. We saw photographs of people smiling and interacting with the animals and we were told about one person who cried when they visited because they were so happy to spend time with animals again.

Everyone who used the service knew how to make a complaint and a copy of the procedure was given to each person as a reminder. The agency had recently updated their complaints policy to make sure it was easy to read and understand. Words and pictures had been used on the information given to people to ensure it was accessible to people with a variety of abilities. People told us they would be comfortable to make a complaint if they were unhappy with any aspect of the support they received. One person said, "I wouldn't be afraid to ask them anything. If there was anything I didn't like they would want to put in right." Another person said, "Once, sometime ago, there was one [staff] that wasn't up to the standard. I just rang the office and they did what they had to do."

People could be assured that any complaints made would be fully investigated and action would be taken to address any shortfalls. We looked at records of complaints made to the service and these showed full investigations had been carried out and the outcomes shared with complainants. Investigations into complaints had included visiting people to make sure their concerns were fully understood by the provider and registered manager. To make sure the service learnt from complaints, outcomes were shared at team meetings and all staff were made aware of any changes in policy or practice as a result of the complaint.

Is the service well-led?

Our findings

The service was extremely well led.

People received their care and support from an agency who provided a consistently high standard of care and support. Everyone we asked said they would recommend the service. Many said they had initially used the agency because it had been recommended to them personally or by professionals involved in their care. One person said, "They came highly recommended and have certainly lived up to their reputation." Another person told us, "I wouldn't hesitate to recommend them. They are excellent."

The agency had been recognised for their high standards and commitment to people. In 2016 staff were nominated in the Somerset Care Awards and were finalists in the 'Care Team of the Year' category. They had also been awarded a dignity in care certificate of commitment from the National Dignity Council. This demonstrated a track record of excellent care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by an agency where the registered manager was well qualified and experienced. They kept their skills up to date by ongoing learning and research. They had completed a level five diploma in leadership and management and were planning to commence level six. They used various websites and trade organisations to keep themselves up to date. Where appropriate they used their knowledge of legislation to challenge discrimination, or unfair practice, regarding people's access to services. They shared their learning with staff through team meetings, training sessions and individual supervisions with staff. They liaised with other professionals to make sure their practice was always up to date and appropriate to people's individual needs. One health care professional told us they always sought advice and implemented any advice given to make sure people received the right support to meet their needs. They told us they were "Very impressed with the service provided."

The registered manager and provider were both very involved in the day to day running of the agency. Conversations with them showed they were passionate about providing good quality care which put people at the centre of their own support. This passion was passed onto staff which created a very dedicated staff team. Staff told us and we observed, morale was very good which meant people were supported by staff who were happy and confident in their roles. One person told us, "They are extremely polite and cheerful." One member of staff said, "Team work is brilliant. I absolutely love my job." Another staff member said, "I love it. I had a really good induction and the support I get is fantastic. Plus all the people I visit are wonderful."

Staff said there was good communication which made sure they were up to date with changes to people's needs or to policies or practice. The agency used text messages, emails and regular meetings to keep staff

up to date. Care staff in specific areas told us they met for breakfast in a local café to support each other and share information. A number of care staff visited the office to discuss their work and chat to office staff.

Comments from people and relatives showed that this was a very well-run service. One relative said about the registered manager, "She clearly trains her staff very well. You can tell they care. I have no complaints at all." Another relative said, "The company is amazing, so different to previous people that we used. They are absolutely amazing. I cannot fault them. They do everything we need them to do and they do it very well." A health care professional commented that the agency had good local supervisors to oversee the care staff which ensured staff delivered what people needed and more importantly what they wished delivered.

People felt they received a very high standard of care. One person said, "They are the gold standard. I cannot think of any way that they could improve the service. It's absolutely perfect and the best it could be." Another person told us, "They are delightful, lovely people and look after me so well." A relative commented, "We are very satisfied and very grateful for such good quality help and assistance."

The provider had an ethos of supporting people to be independent and encouraged all staff to work in a non-judgemental way. Staff respected people's abilities and independence and worked with people to maximise their quality of life. Staff were given time to build relationships with people who found it difficult to accept care and staff used methods, such as pictures, to help people to access community facilities and treatments. One person said, "They support me to live my life. They never take over."

The registered manager acted promptly when concerns were raised about people's well-being. They liaised with other professionals and consulted care staff regarding how people's safety and well-being could be improved. For example; following an incident which placed a person at risk they immediately met with other professionals to see how risks could be minimised. They consulted the member of care staff who knew the person well and a simple and practical solution was put in place which enabled the person to remain safely in their own home. In another situation staff had identified that a person was being abused. The registered manager had worked with other agencies to support the person to move out of an abusive household to a place of safety.

The registered manager and provider were also conscious of the safety of staff when lone working. In some situations, following risk assessments, they had ensured that staff worked in pairs to minimise risks. In other situations they had worked with informal carers and other professionals to ensure the safety of staff.

The provider had a commitment to being open and honest and constantly explored ways to make improvements. For example; they had recently changed the format of the complaints policy to make sure it could be easily understood by people of all abilities. They learnt from incidents, complaints and feedback from staff and people who used the service. For example the outcomes of any complaints were always shared with staff and policies and procedures were up dated and made available to staff where necessary. Compliments were also shared with staff which encouraged staff in their roles. One member of staff said, "It's so nice when you hear how much people have appreciated what you do and makes you want to do even better." People were confident that the management of the service was committed to continual improvement. People told us they would not hesitate to talk with the management if they had any concerns. One person told us, "If I wasn't happy I would certainly talk with [registered manager's name] because I know they would want to put it right." One relative commented, "They always respond to any requests or problems immediately."

People were able to influence the running of the service and make suggestions. The provider sought people's views and involved them in decisions where possible. For example; before new staff were

appointed they shadowed existing staff to enable people to give feedback about them and decide if they should be employed. The provider also sent out satisfaction surveys to gauge people's views and suggestions. These surveys had been sent out every six months but had been changed to yearly at people's requests and to gain a better response rate. We looked at the last returned surveys and saw that people were extremely satisfied with the service they received.

Since the last inspection the management team had been strengthened to make sure any areas for improvement could be effectively put in place. A new position of area supervisor had been created which ensured there was additional support to the registered manager, provider and the community team supervisors. Staff and people told us they were always able to contact senior staff at any time of the day or night. Many people told us how reassuring this was, especially if they lived alone. One person said, "Knowing someone is on the end of the phone is such a comfort." A member of staff said, "There has never been a time that I have rung and not got an immediate response."

People were supported by staff who were well motivated and shared their knowledge with each other to make sure all staff had up to date information. The agency had appointed a number of 'Champions' who took a lead role in different areas of practice. For example there was a medication champion who carried out regular audits to make sure practice was up to date and correct. One person told us, "They come around and go through those tablets and records with a fine tooth comb. They are always correct because everyone knows they are being checked."

There was also a dementia champion, a moving and handling champion and a dignity champion. All regularly sent information to care staff to keep them up to date with changes and make them aware of useful articles they had read. In addition to sharing articles and information, the dementia champion had arranged for a number of staff to watch a film together which they hoped gave an insight into what it would be like to be living with dementia. Other champions had given formal training and advice to other staff. Staff told us these staff were always available and they used their skills and knowledge to inform their practice. One member of staff said, "If you weren't sure about something, or someone had a new bit of equipment, you could talk to them and get some help."

People benefitted from a staff team who were kept up to date with best practice and legislation. Regular team meetings were used to keep staff updated. Minutes of recent staff meetings showed these were used to share information but also to enhance staff's learning and development. For example; the up dated safeguarding policy had been discussed at a meeting. This had been accompanied by a training session on body language to make sure staff were observant of any changes in people's demeanour which may indicate they were unhappy. In another meeting staff discussed how to apply the Mental Capacity Act to their work and were given a leaflet as an easy reminder.

The provider had effective quality assurance systems to make sure people received a high standard of support. These included audits of records and observations of staff practice. In addition to routine unannounced observations of staff, senior staff addressed any issues raised. These were recorded on 'significant discussion forms' and showed any shortfalls in practice or concerns from people using the service were addressed promptly.

Any incidents or accidents which occurred were fully recorded and these records were passed to the registered manager within 48 hours to make sure they were fully aware of people's needs. The registered manager analysed any incidents to look for trends that may identify changes needed to be made to the service the person received. One person had a number of reported aggressive outbursts and the registered manager spent time to find out what was the cause of their unhappiness. They eliminated staff member and

time of day but eventually linked the behaviour to their medication. The person was prescribed a slow release pain relief patch to be applied every five days. Once the registered manager had identified a possible cause for the person's behaviour they contacted the person's GP. Their pain relief was changed which resulted in a total change in their behaviour and well-being.

The provider was pro-active and planned for difficult situations such as extreme weather. They had access to vehicles which could cope with floods or snow and had arrangements in place for people who they knew they may not be able to reach. They had sufficient staff to deal with staff not being available at very short notice because the management team had a good knowledge of people's needs and would be able to provide direct care if required to do so.