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# Angelwings Homecare (Office)

## 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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Angelwings Homecare is a service providing care and support to people in their own home. At the time of the inspection the service was providing support to 16 people. Not everyone who used the service received personal care; only four of these people were receiving personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People and staff spoke about the 'Angelwings family' and comments from people included: "A lovely bunch of people and my life would be completely different without them", "As soon as they walk into our home they make you feel so special", and "I'm treated like a normal person."

The service was exceptional by placing people at the heart of the service and its values. It had a very strong person-centred approach. Staff and managers spoke passionately about the importance of the service's ethos 'Quality only happens when you care enough to do your best' and told us how they provided person-centred care to people when they need it to improve the quality of their lives. People and their relatives all said they felt staff were like extended family. The deputy manager told us, "We don't tell staff how to deliver quality care, we inspire them to do so."

People's needs and wishes were met by consistent staff who knew them well. We observed many examples of staff going 'above and beyond'; for example, staff had noticed one person becoming more withdrawn and had suggested getting a pet for this person to care for. Following discussions and agreement with health professionals, staff had taken the person to choose a pet and this had significantly helped the person's mental health.

People and their relatives told us they were treated with great respect for their privacy and dignity. There were examples of where staff had gone 'the extra mile'; for example, one staff member had slept in the office when they were unable to get home after delivering care and the manager had provided a bed to support this, and one staff member had made an additional Christmas lunch and taken it to a person they support.

The service organised community and individual activities and considered the needs of everyone to ensure these were as inclusive as possible. For example, when planning a trip out which included a visit to a restaurant they planned different activities for people who were unable to eat. People received the same regular dedicated staff. People's care plans were clearly written and detailed each step to ensure people received the care they had requested. Staff told us they had time to chat to people and the care they provided was not primarily task driven.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The leadership and management team were praised by people and staff for their commitment and passion for the care profession. The service was committed to recruiting the best quality staff and understanding and treating them with understanding and respect. Regular staff meetings took place; these always included a buffet. Staff told us about the positive culture throughout the service and how they constantly looked to learn from each other. Staff explained how proud they were when they were stopped by members of the community whilst wearing their uniform and told they had heard how good the company was.

Thorough and regular audits were carried out and action on any discrepancies was clearly identified and recorded. People were asked their views in person and through quality surveys. These were analysed and thoughtful consideration was given to making improvements. The service took every opportunity to learn and improve.

Staff were recruited safely. They were well-trained and were supported and encouraged to undertake additional training in areas which would better support the people they cared for, as well as for their own personal development. There was always a manager on-call and people felt comfortable to ring at any time for support, for example, when they were accessing the community independently and needed additional support. Staff were very aware of how to report any concerns and were wholeheartedly confident managers would respond appropriately. Staff told us they were very well supported by managers. Managers told us, "We aim to be person centred for staff as well as people."

People were supported safely and risks regarding their care were assessed on an individual basis and actions thoughtfully considered to mitigate risks in the best interests of the person. People who received their medicines from staff did so safely. People's food and drink was monitored, when needed; records showed this was detailed and information included the calorific and fat content of foods regularly eaten so this could be monitored accurately.

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

#### Rating at last inspection

The last rating for this service was good (published 19 December 2016).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remained good.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service remained good.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service remained caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service remained well-led.

Details are in our well-led findings below.

# Angelwings Homecare (Office)

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 17 July 2019 and ended on 19 July 2019. We visited the office location on 17 July 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person and two relatives about their experience of the care provided. We spoke with five staff members including the registered provider, the deputy manager, the administrator and two care workers.

We reviewed a range of records. This included two people's care records in full and parts of two other people's care records, including medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us their support was very safe. A relative confirmed, "Yes, no doubt [person's name] is safe."
- People were safeguarded from abuse and neglect. Staff had been trained on the actions to take if they were concerned, they received regular reminders from managers and were assured managers would take action.

Assessing risk, safety monitoring and management

- Risks were considered and assessed on an individual basis. People's capability was considered so people were supported to remain independent as much as possible, as well as safe.
- Assessments clearly documented how the level of risk should be reduced, including step-by-step instructions for staff.
- Changes in people's needs were recorded accurately, detailing how and when the change occurred, and information shared with staff using the service's electronic communication system. Daily records showed staff were vigilant about identifying and reporting any changes to people's needs.

Staffing and recruitment

- Rotas were well planned to ensure people and their needs were matched according to staff and their skills. Staff told us they received the rotas in advance each week and had time to go to each call and did not feel rushed while delivering care and support.
- Where people needed two staff to support them, these two staff worked together throughout the shift so people received punctual support for the whole of their allotted time. An electronic system ensured managers knew the whereabouts of staff, to ensure the safety of both people and staff, and late calls could be tracked and alternative arrangements made through consultation with people. No calls had been missed.
- Staff were recruited safely. The service had a thorough recruitment process which was based on the service's values, as well as undertaking robust checks. Checks included checking employment history, verifying references and referrals to the disclosure and barring service.

Using medicines safely

- Where people received medicines as part of their care and support this was done safely and in line with nationally recognised best practice.
- Care plans clearly documented whether people required administration of their medicines or a prompt

and the service had recorded people's consent for this.

- Medicine administration records(MARs) were used consistently and the service had recently introduced, following consultation with staff, a robust method of identifying where people had refused their medicine and their reasons for doing so.
- Where people needed topical creams administering a body map was used identifying where these should be applied.
- Where people needed medicines on an as and when basis the service had protocols to ensure staff knew when and why to record these.

#### Preventing and controlling infection

- People were protected from infection. Care plans recorded when staff should wash their hands and when people should be offered to wash their hands, for example, before being supported to eat or be given their meal.
- People told us staff were vigilant about using PPE, such as aprons and gloves. Staff had easy access to aprons, gloves, and overshoes.

#### Learning lessons when things go wrong

- The service recorded accidents and incidents and analysed these on an individual basis to take action to support the individual when required. The service also considered trends and themes to improve the service overall.
- The service recorded accidents and put in place actions to mitigate risks to staff and family members of the people they support. For example, the service recorded the serious illness of a staff member's relative to identify that staff member may need additional support.
- In another example, a relative, who regularly spent time with a person the service supported, had suffered a seizure. A risk assessment was completed with action detailing how to support this relative, and so minimise the distress to the supported person.
- Information about learning was shared with staff through supervisions and team meetings.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before care and support commenced. Managers involved people and their relatives in the assessment. A relative told us, "Yes, they came and worked out the plan with us." Managers told us they visited people more than once to ensure they had got all the information and the person was happy their individual plan reflected their choices, care and support.
- The deputy manager had produced quizzes based on people's care plans to check staff's knowledge and understanding of the people they support.

Staff support: induction, training, skills and experience

- People told us staff were well trained and had an excellent understanding of their needs. Relatives said, "Can't speak highly enough about them, right from the top to the bottom", and "Thoroughly professional", when asked whether staff knew their loved ones well. This meant people received care and support from staff who knew them well and fully understood how to support them according to their wishes and needs.
- Staff received regular training, supervisions and appraisals. Staff also received more specialised training according to their required personal development and the needs of the people they support.
- Staff shadowed more experienced staff until they felt comfortable to deliver the care on their own; there was no limit to how long they were able to shadow colleagues. For example, the service sought permission from one person to deliver training about moving and handling equipment in their own home. The person was pleased to be involved, it developed their confidence in staffs' ability to deliver their care, and staff were able to ask the person questions and understand how they felt.
- One staff member was not confident with new technology and the service had tailored their training and awareness to support this staff member. The provider told us, "We adapt our training methods to support staff wherever needed, staff are very open with us because of this."

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

- Where people needed support to eat and drink detailed information was available in their support plans to ensure staff knew exactly what to do. For example, one person who was at risk of aspiration needed to be sat in a certain way and their care plan recorded this.
- Where people were at risk of malnutrition staff recorded the amount of food and drink the person had. The service had included a list of regular eaten foods which showed the calorific and fat content so staff could more accurately assess the person's food intake and, where appropriate, take additional action. The care plan detailed how and when this should be done.

- Another person's care plan included where to position their cup so the person could easily reach this.

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

- The service worked closely alongside local community and medical services to support people to maintain their health.
- Staff monitored, identified and recorded any changes in people's health and made appropriate and immediate referrals to health professionals with consultation with people. Staff ensured people were supported to access health appointments. Where people were prescribed antibiotics staff collected these immediately to ensure there was no delay in getting the medicine people needed.
- The service newsletter offered advice to people, for example, about how to stay warm in cold weather or how to stay safe in hot weather.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and found that they were.

- People were asked their consent before any support was provided to them and their rights were respected.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Without exception people, relatives and staff gave positive feedback about the caring nature of the service and the quality, personalised and creative support provided. People and staff spoke about the 'Angelwings family'; the culture of the service encouraged and supported this.
- Managers and staff spoke frequently about 'going the extra mile' for people; and this also extended to family members of the people they support. For example, staff shopping for wool for someone who liked to knit or remembering people's special likes, such as orchids, and purchasing these for them as they were doing their own shopping.
- The service made every effort to support people with their interests and managers and staff were knowledgeable about these. One person's life history contained information about the social clubs and groups they had belonged to, their interests, and the holidays they had taken. This enabled staff to talk about lots of different aspects of this person's life and by doing so were able to creatively support their social inclusion, for example, by suggesting different activities or outings based on their individual hobbies and interests.
- Staff demonstrated exceptional and a natural empathy with people. A staff member said, "We give [name of person] lots of encouragement, because [they're] often confused and has ups and downs and gets emotional, so I talk to [them] about their past. I enjoy those conversations, as I like to engage with people."
- Staff had developed close professional relationships with the people they supported and their relatives. The consistency of staff ensured they knew people very well and were able to show great sensitivity during times when people needed more emotional support. For example, the relative and main carer of one person they supported was rushed to hospital and the service provided immediate support to both the relative, by supporting them to hospital, and the cared for person. Staff knew exactly how to provide the right emotional support to this person.

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

- A person said, "Definitely I make my own choices. Couldn't ask for more." This person felt empowered to make decisions about their life.
- A staff member gave us some examples of how people are supported to make choices, "We give choice of clothes, food they'd like to eat, what they'd like to do, what they'd like to watch on telly, where they would like to go, whether they want to sit in their wheelchair or a comfy chair."
- People's care plans recorded how people had expressed their views and made decisions about their care

and support. One care plan showed how someone sometimes struggled with decision-making and detailed to staff how they needed to discuss choice with them to support that person to make decisions. Daily records detailed how staff had spent time doing this and how the person had been able to respond. This ensured the person had choice and control over their life and were able to take an active part in their care and support.

- Care plans described where people were supported by family members in their decision making, and in what aspects, for example, one person was supported by family to make choices about their medication, and each instance was documented. This showed people had control about their lives and staff supported them with this.

Respecting and promoting people's privacy, dignity and independence

- People told us: "(Staff are) very respectful, we respect each other", "They (staff) are professional but have some banter which is important for [me]" and "We have very good relationships with them (staff)". The service truly valued people as individuals and staff were fully committed to caring for people with the utmost dignity and respect.

- Staff described how they promoted people's dignity and one said, "We always respect people and what they want." Another said, "Some companies are like a conveyor belt but this is different we give people time." The deputy manager told us, "We promote independence as much as possible."

- People's care plans recorded their capabilities and described how staff needed to provide support that encouraged these. A staff member told us they were an 'enabler'. One staff member volunteered to alter people's clothing to make them more accessible for people, for example, by changing buttons to zips to support and promote people's independence.

- Daily records showed how a staff member had found someone sleeping in their chair but the sun was very bright and strong so the staff member had gently closed the curtains for their dignity and comfort.

## Is the service responsive?

### Our findings

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

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

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Care plans were highly personalised and paid exceptional attention to detail. For example, one recorded 'I am very particular about how I like things so please listen to me', this person's care plan recorded exactly how to make their cups of tea and coffee, including what strength. Another described how the person liked their meals to be presented to them. One person told us, "I am very happy with my care and feel part of a family with Angelwings, I have never felt so looked after."
- Managers and staff understood people's daily routines and recognised when was the best time to talk to them to enable a meaningful conversation with people at the right time for them, this included relatives. This ensured support needs were understood and people continually received personalised care that responded to their changing needs.
- Another person's life history contained funny stories about things that had happened to them, and staff used these to prompt the person to reminisce. Daily records showed staff would say things like, 'tell me about when you...' This helped staff to get to know the person and engage the person in conversation, whilst providing support and further supporting people's well-being.
- The service greatly empowered people to direct their own care. People had a 'My wishes for my future care' document, which recorded whether they wished to remain at home, what they wanted to happen if they were no longer able to give verbal consent, how they wished to be spoken to, whether they wanted music, TV or films playing, what their preference would be if their appetite became poor, who they wanted to be involved in their care and choices, and what they wanted to happen after death.
- Examples of this highly personalised approach detailed choices such as: 'I would like my feet leaving alone as touching them drives me mad and makes me angry', 'I would still like a shave as I do not want to look like an old man', 'I want the carers to still banter with me and have a laugh like we do now', and 'I would like my favourite rock music played for me'.
- Regular reviews took place to ensure the service and staff understood the current and changing needs of the people they supported. Staff were extremely vigilant in identifying any changing needs and ensuring all care plans were reviewed and updated and care and support provided reflected the person's current needs.
- People were able to easily access their care plans and records and the service were embracing advances in mobile information technology to ensure staff could access people's records and important information via secured electronic systems on their mobile phones.
- Managers and staff at the service were exceptionally committed to ensuring equality, accessibility and inclusion for all involved. Each person had an individual care plan and discussions about this with the

person were regular and the approach tailored to that person.

- All daily records detailed how people had consented to each aspect of care provided during their support and also where they had declined certain aspects of care. Where care or support was declined alternative choices were clearly discussed and documented. For example, one person's care plan advised to offer them a nutritional drink, the person declined but was offered an alternative and chose a cup of tea. A record sheet of the nutritional and calorific values of food the person liked to eat was monitored so that when they declined certain options, alternatives were recorded and the person's needs were met.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service and staff had an excellent understanding of people as individuals and how their needs and emotional well-being should be met. For example, where one person was at risk from low mood, care plans detailed how that person wished to be supported during those times. This enabled staff to accurately and sensitively support this person and make a potentially difficult time for the person more bearable. It also enabled that person to remain in control of their care and support even when they may not be able to say what they needed. This person told us, 'When I needed understanding they (staff) gave me that. When I was emotionally broken and very fragile they picked up the pieces and put me back together again. When I needed reassurance they gave me that in abundance and they gave me lots of big hugs. Angelwings go beyond their job description and give so much more.'
- One person's care plan recorded the importance for staff to ensure their wheelchair was kept charged to support their ability to access the community independently. Another person's record was specific about the types of films they enjoyed at the weekend, and another's described how they were supported with crossword puzzles.
- The service recognised the importance of promoting people's independence and actively supported this. In agreement with people they had developed 'wallet' cards containing people's name, address, and next of kin contact details to encourage independence and give people confidence to access the local community. During our inspection one person had accessed the community independently, but rang the service on their return home because they were tired and wanted to be supported to bed. The service responded immediately, putting the person at the heart of their care and support. This person told us, "I have remained independent, I go out to town and I do my own shopping and attend appointments, I meet pals for coffee weekly."
- The service had been innovative and produced, with the agreement of people, 'wallet' cards containing their name, address, and next of kin contact details to encourage independence in the community and give people the confidence to access the community independently where they were able to do so.
- Staff gave constant thought and consideration to promote inclusivity and expand people's interests. Throughout the day staff popped into the office and spoke with managers about how the care and support they provided to people could be enhanced, for example, 'I've been thinking about...and feel it would benefit [name of person] if we...'. Managers encouraged and supported staff to take forward any suggestions and shared these throughout the service.
- Daily records showed how staff had spent time chatting with people, and what they'd chatted about, this meant a person's mood and well-being could be monitored. A staff member told us, "We always have a chat when doing care, talk to them about their lives, it's not just about the care and support."
- Staff made suggestions about how people's interests could be expanded and thoughtful consideration was given to facilitating this for people whilst respecting their choices, preferences and needs. For example, when considering individual and group trips consideration was given to how people were able to best enjoy these.
- The service had links with a sheltered housing facility and staff, often in their own time, supported people to visit and play cards. This meant people supported by Angelwings and people living in the sheltered housing community were supported and encouraged to develop and maintain social relationships, and

enhance their wellbeing.

#### Meeting people's communication needs

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

- The Service User Guide was available in a variety of different formats to ensure ease of access to people and relatives using the service. Current variations included large print, a pictorial version to help people understand, and one which was printed on coloured paper because one person was sensitive to white paper.
- Care plans recorded people's communication needs and how staff should meet these. These had been written with advice from the person themselves. One care plan recorded 'I sometimes struggle to find the words, so struggle to make a decision when offered choices, this can make me cross and frustrated so please be patient with me'.
- The service's welcome pack was informative and produced in different formats according to people's communication needs.

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

- People told us the provider regularly reminded them of the complaints process during their visits to check the quality of their care. One relative told us, "[The provider] always comes and tells me 'any complaints, you must tell me straight away'."
- The service had not received any complaints in the last five years (since the company started) however each person received details of the complaints process in their welcome pack.
- Where comments had been made, the service was very proactive and took immediate action to resolve the matter and reflected on the issue, considering whether any changes to their approach or improvements were needed. People, relatives and staff were frequently consulted on any improvements or changes through regular newsletters explaining, for example, how longer office opening hours would better support people.
- Staff felt empowered to improve care quality by raising suggestions with managers, these were discussed at team meetings, and implemented through agreement.

#### End of life care and support

- There was no one receiving end of life care at the time of our inspection.
- The provider had been very proactive in ensuring that people's end of life wishes had been sensitively discussed with them and recorded in detail.
- The service was planning to develop a palliative care team as they had identified a need for this aspect of care and wanted to provide a high quality personalised approach from a dedicated staff team.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

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

- People said about the service, "The team are very caring, efficient, and friendly, we have nothing but praise", and "Everything I need is done well." The service's values were aligned to their ethos of 'Quality only happens when you care enough to do your best' and managers and staff were passionate about providing and pursuing care and support of the highest quality.
- Strong innovative leadership was evident throughout the management team, who embodied the values and behaviours of the service. The culture managers created constantly encouraged and empowered staff to deliver excellence and this was embedded throughout the service. The management team led by example and staff were highly motivated to support people, regularly volunteering to provide extra care to people. One relative told us, "I can't speak highly enough about Angelwings, they're marvellous." This relative was supported to attend doctor appointments, for example, by staff telephoning the GP on their behalf and supporting them when the GP visited.
- Without exception all staff spoke with passion about the service and their commitment to delivering high quality and safe care. The service had developed a strong ethos of quality and person-centred care. Staff told us how proud they were to work for the service. The deputy manager told us they constantly tell staff, "Every day is a fresh opportunity to deliver new care, to deliver care fresh every day." Staff confirmed this and daily records showed how each support visit staff made was different in some little way. For example, one person's record showed staff had suggested them sitting in their garden, and another showed how staff had suggested them contacting friends to go out.
- Comments from staff included "This is the best company I've ever worked for, the management I can talk to about anything...I get home every day and say I've loved it, I want to come to work every morning", and, "I love it...everyone is very supportive".
- The provider said, "We're always looking to do more, to stand out from the crowd and enhance care." Staff gave examples of how they were empowered to support people to live their very best life. For example, taking a proactive approach to people's care in conjunction with people, relatives and professionals.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood and acted on their duty of candour responsibilities. They encouraged candour through openness in all their interactions. Relationships were excellent between the managers,



people, relatives, staff and professionals. The service submitted notifications to CQC as part of their legal responsibilities.

- A robust governance system was in place, which ensured thorough audits were completed on all aspects of care every month. Clearly identifying and logging any discrepancies, those involved, and any areas for improvement were discussed during supervisions. The system tracked issues and remedial and preventative actions. This system enabled the provider to identify themes and trends.
- Where errors, however small, were identified the provider discussed these with the person or family member, where appropriate, which ensured people were at the heart of their care and support.
- The provider kept up-to-date with all legislative changes and national best practice guidance and ensured working practices were updated as a result and staff were kept informed, which supported the delivery of high quality and safe care to people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team were clear that quality was paramount; they had discussed expanding the service but did not want to compromise the quality of care received by the people they supported at present. The availability of quality staffing recruits was also an issue and the provider was clear that until they had recruited 'the right calibre' of staff with values aligned to the company then the expansion of the service would be limited.
- There was a strong governance framework in place which supported quality performance. All aspects of care and support, and the management of the service was planned and reviewed. A dedicated member of staff undertook full audits of care plans each month. The provider undertook an additional check of these and analysed themes and trends.
- New systems, such as the electronic call monitoring system, were immediately interrogated to provide the provider with as much information as possible about the quality of the service and this information was used to drive improvements. There was clear evidence of how this was shared with staff to drive performance and improvement.
- The deputy manager was responsible for managing the performance of staff. The service had developed an innovative approach to supervisions and appraisals, such as discussing three strengths and three weaknesses and considering how quality could be improved and shared to benefit the people they cared for.
- Quality assurance questionnaires were regularly issued to people, relatives, staff and professionals and their feedback analysed. Response rates were high and questions were open-ended to gather true feedback to innovate and improve the service and care quality. The service showed how they had taken action on suggestions, for example, where a relative had suggested additional information to add to their loved one's care plan, which provided more information to enable staff to engage with the person in more detail. It also encouraged the relative's involvement in the care planning process.
- Staff morale was extremely high. A staff member said, "I've never known managers give recognition and appreciate what we do. They said what a great team we are at the team meeting."

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

- Feedback from people, relatives and professionals was sought and, without exception, positive. One professional had commented, "Their passion shows, they have a good reputation."
- The management team told us they aimed to "inspire people into the caring profession, we do job fairs and would like to inspire (potential staff) to think about the profession differently".
- The service produced two newsletters three times a year, one for people and relatives and one for staff. People and staff were encouraged to get involved in the service. For example, in the last issue there was a 'guess the baby competition' from staff photos, which had got a big response from people. The provider had not specified a prize because they wanted to make sure the prize was appropriate and could be enjoyed by

the winner, dependent on their needs and preferences.

- The service had a 'brag book' and told us they encourage staff to be proud of their personal achievements, to be proud and write them down. Staff told us they were initially embarrassed by writing what they did as a matter of course, but managers had encouraged them to celebrate their commitment to quality.

#### Continuous learning and improving care

- Relatives told us they found it easy to talk to the provider and felt comfortable asking for things to be changed or improvements to be made. For example, one relative had told the provider how their relative struggled to access the garden and the provider had suggested staff change their support, which meant the person was able to do this task more independently. People were at the heart of any changes.
- The service had taken every opportunity to improve the quality of care and how support could be delivered. The provider talked frequently to people and their relatives to gain their views on their individual care and the service as a whole.
- The management team told us, "We've made a lot of changes but staff just take on board and implement them, for example, changing how the daily logs are written, we know what staff do, how they chat and banter with people and this is captured now."
- The provider included a buffet as part of each team meeting and staff told us these meetings were an opportunity to learn and share from each other. Staff were encouraged to make suggestions for improvements and these were collaboratively discussed, agreed and implemented.

#### Working in partnership with others

- The service told us they had an amazing relationship with local health professionals and this was supported by feedback we received about the service. The service had developed a trusted reputation with health professionals and worked closely with them to support people. Health professionals respected the judgement of the service and their initial assessment of people's health needs, which supported an efficient response from them.
- The service had developed contacts and relationships with local day care centres and the service encouraged and supported people to attend these to improve their independence and community access.
- The service supported local charities at Christmas and people often volunteered to join in, forming a network of support between people who use the service, their relatives and the local community.
- People who use the service were keen to support local charities. Staff supported this by arranging charity events. Staff had recently taken part in a sky-dive to support two charities. People who use the service actively encouraged and supported staff to partake in fund raising events and this was publicised through the service newsletters.