

FYC Care Ltd

Caremark Basingstoke and Deane

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 announced inspection of Caremark Basingstoke and Deane took place between 25 June and 2 July 2018.

The service is a domiciliary care agency which provides personal care to people living in their own homes. It provides a service to older and younger adults, people living with dementia, autistic spectrum disorder, physical disability, mental health needs and sensory impairment. The service enables people living in Basingstoke and the surrounding areas to maintain their independence at home. At the time of our inspection there were 25 people using the service, who had a range of health and social care needs which were met by 14 staff.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 kept safe from harm by staff who knew what to do to maintain their safety and protect them from abuse.

Staff identified risks to people's safety with them and how these could be managed safely, whilst promoting their independence. Staff understood the risks to people and delivered safe care in accordance with their support plans.

Staff underwent appropriate training to equip them to deal with different types of emergency. Incidents and accidents were recorded and investigated. Action was taken to implement identified learning to reduce the risk of further incidents and accidents.

The provider applied thorough recruitment procedures to ensure staff were suitable to support people made vulnerable by circumstances living in their own home. The registered manager completed rotas which ensured that enough suitably qualified staff, with the right skills mix, were deployed to provide care and support to meet people's needs safely.

Staff had completed the required training to manage people's prescribed medicines safely and had their competency to do so regularly assessed by the registered manager.

Staff supported people to maintain high standards of cleanliness and hygiene in their homes, and to safely manage the control and prevention of infection, particularly in relation to the safe preparation of food.

The provider had enabled staff to develop and maintain the necessary skills and knowledge to meet people's needs effectively. The management team effectively operated a system of spot checks, supervision,

appraisal and monthly meetings which supported staff to deliver care based on best practice.

People were protected from the risks of malnutrition and supported to eat a healthy diet of their choice.

Staff supported people to maintain their health and ensured they were referred promptly to appropriate healthcare professionals whenever their needs changed.

The registered manager and staff clearly understood their responsibilities in relation to the Mental Capacity Act 2005. People were involved in making every day decisions and choices about how they wanted to live their lives. Staff supported people in the least restrictive way possible.

People's independence was promoted by staff who encouraged them to do as much for themselves as possible. Staff treated people with dignity and respect and were sensitive to their needs regarding equality, diversity and their human rights.

Staff understood people's different communication needs and ensured they followed the guidance provided in people's care plans to enable them to communicate their views. The service was responsive and involved people in developing their support plans which were detailed and personalised to ensure their individual preferences were known.

The registered manager sought feedback in quality assurance visits, satisfaction surveys and telephone calls. The registered manager ensured this feedback was acted upon through staff meetings and supervisions.

Complaints and concerns formed part of the provider's quality auditing processes so that on-going learning and development of the service was achieved. People and relatives felt that staff listened to their concerns, which were quickly addressed.

People were offered regular opportunities to discuss their advanced wishes in relation to end of life care. When people were nearing the end of their life they experienced kind and compassionate care.

The registered manager was highly visible and regularly went to see people if they were upset or had raised concerns. The registered manager provided clear and direct leadership to staff who had a good understanding of their roles and responsibilities.

Quality assurance systems were in place to monitor the quality of service being delivered. The registered manager had completed a risk assessment in relation to the potential impact of key staff absence on these processes.

The registered manager worked effectively in partnership with other agencies to support care provision and service development including community nursing specialists.

People's and staff records were stored securely, protecting their confidential information from unauthorised persons.

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.

Staff understood their roles and responsibilities in relation to safeguarding procedures and how to protect people from avoidable harm and abuse.

People's needs and risk assessments contained the necessary information for staff to meet people's needs safely and to mitigate any identified risks.

The registered manager ensured that sufficient suitably qualified staff were consistently deployed.

People's prescribed medicines were managed safely by appropriately trained staff, whose competency was regularly assessed.

Is the service effective?

Good ●

The service was effective.

People's needs and choices were assessed and their care and support was delivered in line with current guidance and best practice.

Staff were enabled with the right qualifications, skills, knowledge and experience to meet people's needs effectively.

People were supported to eat and drink enough to protect them from the risks associated with malnutrition.

The registered manager made prompt referrals to appropriate healthcare services when people's needs changed.

Is the service caring?

Good ●

The service was caring.

People were consistently treated with kindness and compassion by staff delivering their day-to-day care.

The registered manager ensured staff had the time, training and support they needed to provide compassionate, personalised care.

Staff understood people's need for privacy and consistently treated them dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

People's concerns and complaints were managed effectively and used to improve the quality of care provided.

People were supported at the end of their life with kindness and compassion.

Is the service well-led?

Good ●

The service was well-led.

The registered manager promoted a positive culture that was person-centred, open, and inclusive, which achieves good outcomes for people.

The registered manager was highly visible, provided clear and direct leadership which inspired staff to provide a quality service.

The provider had quality assurance systems in place to monitor the quality of the service.

The service worked effectively in partnership with other agencies.

Caremark Basingstoke and Deane

Detailed findings

Background to this inspection

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

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, the Provider Information Return (PIR) and statutory notifications. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. A notification is information about important events which providers are required to notify us by law.

The inspection took place between 25 June and 2 July 2018. It was conducted by one adult social care inspector. We gave the provider 48 hours' notice of our inspection as it was a domiciliary care service and we needed to be sure key staff members would be available.

Inspection site visit activity started on 25 June and ended on 27 June 2018. We visited the provider's office and also spoke with three people who had invited us to see them in their homes at the time of their care visits. In the course of our inspection we spoke with eight people who use the service and three relatives of people who had limited verbal communication.

During the office visits we spoke with the registered manager, the provider, the field care supervisor and two staff. We spoke with three staff during home visits.

On 2 July 2018 we completed a telephone survey and spoke with two health and social care professionals, two staff, five other people who used the service and three relatives.

We reviewed nine people's care plans, including daily records and medicines administration records. We looked at seven staff recruitment files, and reviewed the provider's computer training records. We reviewed the provider's policies, procedures and records relating to the management of the service, including quality assurance audits and complaints. We considered how comments from people, staff and others, as well as quality assurance processes were used to drive improvements in the service.

This was the first inspection of this service.

Is the service safe?

Our findings

People experienced consistent care from regular staff who had developed positive and trusting relationships with them and knew their needs, which made them feel safe. One person told us, "My carers [staff] are just so lovely and because I get the same ones they know me and what I like. I don't have to worry about anything." A relative told us, "My [loved one] couldn't get safer care. They [staff] are so kind and gentle."

People told us that the caring nature of the registered manager made them feel safe. One person told us, "The manager is so kind and comes to see me if I have any problems. She wants to know if I'm worried or upset." The person told us this reassured them and made them feel safe. A relative told us, "The manager is so conscientious it makes you stop worrying because all of the staff know what she expects." People and relatives told us they could speak with staff or the registered manager if they were worried about anything and were confident their concerns would be addressed, which reassured them.

Staff had completed the provider's safeguarding training during their induction, which was updated annually. Staff knew how to access the provider's safeguarding policies and procedures, local authority guidance and government legislation. Staff understood the provider's safeguarding and whistleblowing policies and procedures. People were kept safe by staff who understood their roles and responsibilities in relation to safeguarding procedures and how to protect people from harm and abuse. For example, when and how to raise concerns to relevant external bodies such as the CQC and local safeguarding authority.

Staff told us they felt valued by the registered manager who promoted their safety at work, for example; by implementing the provider's lone worker policy and completing comprehensive assessments, which also considered and mitigated risks to staff.

People and where appropriate their relatives were involved in managing their own risks. People's needs and risk assessments were person-centred, proportionate and contained the necessary information for staff to meet people's needs safely and to mitigate any identified risks.

People and their relatives consistently told us that the attentive assessment process completed by the registered manager had allayed any concerns they had and had completely reassured them. Risk assessments were specific to meet each person's needs, for example; where information related to the diagnosis of a medical condition, assessments detailed how this presented and affected the individual concerned.

People's assessments identified potential risks and how these should be managed to keep them safe, for example; the registered manager checked people's homes to identify environmental risks and created plans to manage these safely.

Risks to people in relation to their mobility identified the number of staff required to support them safely, together with any specific supportive equipment. We observed staff supported people safely with their moving and positioning needs. Staff had received appropriate training to support people to move safely and

had their competencies regularly assessed by the registered manager and field care supervisor.

Staff were aware of people who were at risk of avoidable harm, for example; staff knew people who were at risk of choking, developing pressure areas or falling, and how to support them safely to prevent and mitigate these risks.

Staff demonstrated concern for people's wellbeing in a meaningful way and responded to their healthcare needs quickly. When required staff made referrals to relevant health professionals, such as the district nursing team, physiotherapists, occupational therapists and speech and language therapists. This ensured that the person's changing support needs were urgently reviewed and plans could be put in place to provide the most appropriate care and treatment to keep them safe.

The registered manager and field care supervisor completed a daily staffing analysis to ensure there were sufficient staff available to meet people's needs. We reviewed records which confirmed that the registered manager had declined the opportunity to take on care packages if the service did not have sufficient suitably trained staff to meet people's needs safely. The provider told us, "She [registered manager] understands our aim to grow the business but will not compromise on safety and quality. She is the ethical heart of our business."

Rosters demonstrated that the required number of staff to meet people's needs was provided. This meant the service ensured there were sufficient numbers of suitable staff to keep people safe and meet their needs. People told us they had not experienced any missed calls, which records confirmed.

The provider's records confirmed that people had not experienced any missed calls and when staff were running late, due to circumstances beyond their control, they received a telephone call to inform them. A relative with experience of alternative care provision told us, "This is by far and away the best care agency we have had because they are so reliable. If there is a problem the manager comes out." Another relative told us, "They have never let us down. If something happens which means they are going to be late they let us know, which stops [family member] worrying."

Staff underwent robust and relevant pre-employment checks including the provision of suitable references, confirmation of their eligibility to work in the UK and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Appropriate references confirmed proof of satisfactory conduct in previous health and social care employment. Recruitment interviews explored any gaps in staff employment histories and staff had completed health questionnaires relevant to their role. Records confirmed necessary pre-employment checks had taken place. The provider had assured that staff employed were of suitable character to support people, made vulnerable by circumstances, safely.

The provider had procedures for dealing with emergencies which could reasonably be expected to arise from time to time. Records showed staff completed training to deal with different types of emergency, for example; where people experienced health conditions which may require urgent support, this was clearly detailed within the person's care records. The registered manager operated processes to keep people safe in an emergency.

The provider and registered manager had developed created an open culture, which encouraged learning from mistakes, incidents and accidents. We reviewed documents which confirmed that staff performance relating to unsafe care was recognised and responded to quickly.

Staff managed medicines consistently and safely, and involved people and their families where appropriate in regular medicines reviews and risk assessments. People's prescribed medicines were administered safely, by appropriately trained staff who had their competency to do so regularly assessed by the registered manager and field care supervisor. Staff told us they felt confident managing medicines and that their training had prepared them to do this. Staff consistently told us what medicines people had been prescribed and why, together with any potential side effects. People told us that staff supported them where necessary with their prescribed medicines, in accordance with their support plan, which we observed during home visits. The provider's management of people's prescribed medicines followed guidance issued by the National Institute for Health and Care Excellence.

Staff supported people to maintain high standards of cleanliness and hygiene in their homes, which reduced the risk of infection. We observed staff consistently wearing the necessary personal protective equipment, for example; gloves and aprons, when required.

Staff followed required standards of food safety and hygiene, when preparing or handling food, which we observed in practice.

Is the service effective?

Our findings

People experienced care and support which achieved their desired outcomes and promoted a good quality of life. Relatives consistently praised the skill and expertise of the staff in meeting people's health and emotional needs. One person told us, "I couldn't get better care anywhere. They do what I want, and know how I like things done." Another person told us, "They are always there for me and talk to me if I don't know what to do." A relative told us, "The carers [staff] are quick to notice if there is a problem and the manager does something about it and lets us know straight away."

People had detailed support plans which promoted their independence and opportunities to live life to the full and maximise their potential. These had been developed by the registered manager and field care supervisor with people and their families where appropriate.

People and relatives told us that staff responded effectively to any concerns they had with positive action. People, relatives and health and social care professionals consistently made positive comments about the effectiveness of the service. One professional said, "They are good at identifying issues and the support people need." People and their relatives consistently told us they experienced support from staff in accordance with their support plans, which we observed in practice. People and their families thought staff were well trained, which enabled them to provide good quality care to meet their individual needs.

Records demonstrated that prompt action taken or initiated by staff had resulted in positive outcomes for people, for example; referrals to district nurses and occupational therapists. Relatives consistently told us they were impressed by the commitment of the registered manager and staff to provide the best possible care for their loved one.

The provider enabled staff with required skills and knowledge to provide effective support to meet people's needs. New staff completed the provider's induction programme and shadowed experienced colleagues until they were confident to work alone and had been assessed to be competent to do so by the registered manager or field care supervisor. Staff consistently told us the registered manager ensured they had the necessary skills and confidence to carry out their role effectively. For example, one staff member told us, "She [the registered manager] is an excellent trainer and will make time to give you personal support." Another member of staff said, "She [the registered manager] is so experienced that she will show you how to do things if you're not sure."

Staff had successfully completed the Care Certificate which was confirmed by staff records and the provider's training schedule. The Care Certificate sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve.

The provider had enabled staff with the required training to carry out their roles competently. Where people required more complex care, staff had specific training and had their competency assessed to meet people's individual needs, for example; supporting people with life changing injuries, and stroke rehabilitation.

Staff with experience of working for other care services consistently praised the registered manager for the quality of the training and support they received. Records demonstrated that staff had received regular one to one meetings with the registered manager. Minutes of staff meetings demonstrated learning from incidents to enhance staff care practice. Staff consistently told us they felt they were supported to deliver care based on current best practice.

Staff had received effective training and supervision to maintain and develop their skills and knowledge, which enabled them to support people and meet their needs effectively. The registered manager and field care supervisor completed observations to check that the day to day care provided by staff followed best practice guidance.

People were supported to eat and drink enough. Care plans detailed people's specific dietary requirements, their likes, dislikes and any food allergies. Staff knew people's food and drink preferences and understood what action to take if they identified a person to be at risk of malnutrition. Staff training enabled them to support people to eat and drink sufficient amounts to maintain their health, for example; to prevent the development of pressure sores. People were protected from the risks of dehydration by staff who encouraged them to drink and ensured drinks were readily available, especially when they had finished their visit.

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. We confirmed that the service was working within the principles of the MCA, for example; the registered manager ensured best interests processes took place when required.

Staff told us they had completed training in the MCA during their induction, which was confirmed by records. Staff demonstrated a clear understanding of the principles of the MCA and described how they supported people to make decisions. People told us staff always sought their consent before delivering any support. People were supported by staff who understood the need to seek people's consent and effectively applied the guidance and legislation of the MCA in relation to people's daily care.

Is the service caring?

Our findings

Staff spoke with passion and pride about caring for people living in their own homes. People, relatives and professionals told us that staff consistently provided good quality care.

People and their relatives consistently praised the caring nature of the registered manager and staff. One person told us, "They are not just my carers, they are my friends. I know there are rules but they have been so good to me." They went on to say, "How can they do what they do for me and not develop a close relationship. They are like my family." Another person said, "The carers [staff] are just so kind that I no longer get embarrassed and look forward to them coming so much." People were consistently treated with kindness and compassion in their day to day care.

People and their relatives consistently told us the positive attitude and cheerful disposition of the staff had a significant impact on their own mood and well-being. One person told us, "Sometimes I can be grumpy and not the easiest person to get on with, but the girls [staff] know how to cheer me up and have me laughing in no time."

People and relatives said staff were kind and friendly and willingly invested time to build meaningful relationships with them. For example, people told us they experienced good continuity of care from regular staff who always found time to have a chat with them, which made them feel loved and valued.

We observed staff engage in two-way conversations with people about things that were important to them, such as their families, and did not just focus on their support needs. Staff spoke with fondness about people and how important it was to make sure they provided the best care for them.

The registered manager completed rotas which ensured people experienced good consistency and continuity of care, which reassured people. Relatives consistently told us that one of the main strengths of the service was the provision of regular staff who developed a close bond with people whom they knew well. One relative told us, "We know who is coming which is a great comfort to {their loved one}. She really looks forward to the visits because it's like having a friend come round to see you."

The registered manager and field care supervisor were committed to ensuring people received their care from staff they knew and recognised. For example, on the days of our inspection the registered manager and field care supervisor covered unexpected staff absence, rather than use agency staff. One relative told us, "The manager always comes out if one of the girls [staff] can't make it and you can see how committed she is."

The provider's travel policy ensured staff were allocated sufficient travelling time between visits, which rotas confirmed. We observed staff had the time and information required to provide care and support to meet people's needs and wishes in a compassionate and person-centred way. People had as much choice and control as possible in their lives, including the choice of staff who provided their personal care and support. One person told us, "All of my regulars [staff] are wonderful but I didn't get on with one, I don't really know

why. I told the manager and they were removed from my calls."

Relatives spoke positively about the support staff provided for people's families during visits. One relative told us, "The support from [the registered manager] and the girls gives me the strength to smile and carry on."

People and where appropriate their relatives, were involved in their care planning, which focussed on their wishes, needs and preferences. Relatives told us that the registered manager and staff made them feel their feelings and opinion were important. Staff were able to explain what was important to the people they were supporting, for example; how they wished to be supported with their personal grooming.

People and relatives, where appropriate, were actively involved in making decisions and planning their own care and support. People and their families praised the registered manager for keeping them updated and involving them in important decisions. Records confirmed that people were involved in reviews of their care and any changes they wished to make to their care and support. People's care plans reflected how they wanted their care to be provided.

Staff consistently demonstrated in their day to day support of people that respect for privacy and dignity was at the heart of the provider's culture and values. Staff emphasised the importance of supporting people to remain independent and clearly understood people's individual needs around privacy and dignity, which we observed in practice.

People were supported to make choices about their lives and we observed staff respected those choices. The registered manager told they concentrated on how the person wanted their care provided. People's care plans noted their preferred method of communication and detailed what information they should give the person to support them.

Where people had limited verbal communication staff provided explanations and information in accordance with their support plans. We observed staff speak slowly and clearly, allowing people time to understand what was happening and to make decisions. We observed staff use gentle touch where required to enable people to focus on what they were saying.

Where people had more complex requirements in relation to their individual communication needs, these were met by staff in a compassionate manner. Where people had limited verbal communication staff ensured they were provided with explanations and information, in accordance with their support plans, which we observed in practice.

Relatives told us that staff were consistently polite and respectful when providing people's personal care. People explained how staff maintained their dignity whilst providing their personal care, for example; by ensuring doors were closed and curtains were drawn.

Confidentiality, dignity and respect formed a key part of the induction training for all staff. Confidential information, including care records and staff files, was kept securely in the registered manager's office and only accessed by staff authorised to view it. Staff were aware of the importance of maintaining confidentiality and gave examples of how they did this. Staff told us it had been impressed upon them by the provider not to discuss people's care in front of others. Personal information about people was respected by staff and treated confidentially, in accordance with the provider's policy.

Is the service responsive?

Our findings

People experienced care that was flexible, responsive and personalised to meet their individual needs. One person told us, "The girls [staff] make sure the doctor and nurses come to see me if I'm poorly." Another person told us, "The manager is lovely. She's always checking to make sure I'm alright." Family members consistently commended the registered manager for their dedication and commitment to ensuring relevant healthcare professionals were engaged with their loved ones at the earliest opportunity.

The registered manager and field care supervisor, where appropriate, had involved those identified by people that they wished to support them with important decisions, which records confirmed. One person told us, "I haven't lost my marbles but I just like my [loved one] to know what's going on." People contributed to the planning of their care as much as they were able to.

Support plans and risk assessments were up to date and had been reviewed regularly and whenever people's needs changed. Relatives consistently told us they were pleased with the way they were involved in their family member's care planning and how they had been kept informed of any changes by the registered manager.

People's care plans were person-centred and gave clear instructions about how people preferred to receive their care, for example; how people liked their personal support with daily living activities to be delivered. Care plans we reviewed reflected people's physical, emotional and social needs.

People were involved in planning how they wanted their care to be delivered. Staff consistently told us they had been provided with relevant information about people's needs, choices and preferences which enabled them to be responsive to their wishes.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals when required. We observed changes to people's care was discussed and information was provided by the registered manager to ensure staff were responding to people's current care and support needs.

A healthcare professional told us they were impressed with the needs and risk assessment process carried out by the registered manager, which identified more support was required to meet the person's skin care needs.

The registered manager told us they always tried to match the staff with most suitable skills to meet the person's needs. Staff consistently told us the registered manager's determination to match people's identified needs with the most appropriate staff was an area which set the service apart from others. For example, wherever possible, people who lived with a health condition were supported by staff with similar life experience.

The registered manager ensured support plans provided sufficient information to enable staff to

communicate effectively with individuals. For example, where people experienced living with sensory loss or impairment, staff were provided with clear and specific instructions about how to support them effectively. People's communication needs were being clearly recorded and met during their day to day care, which we observed in practice.

People and their relatives told us staff responded to their needs and wishes in a prompt manner. Staff were alert to people's non-verbal communication methods and identified and responded to their needs quickly. Staff responded immediately where required, before people became distressed, for example; We observed staff supporting a person respond promptly to their need to use their asthma inhaler.

Staff understood how to support people to promote their independence and maximise the opportunity to do things of their choice, for example; supporting people to do everything they were capable of or had the potential to do for themselves. One person told us, "They [staff] allow me to take my time to do things myself, even though it would be quicker for them to do it for me."

The registered manager and provider sought feedback in various ways such as quality assurance visits and telephone calls. The registered manager ensured this feedback was acted upon through staff meetings and supervisions and was shared with people by staff and newsletters.

People had a copy of the provider's complaints procedure, which we observed in people's care records during home visits. People told us the registered manager had explained the procedure to them during their original assessment process and had encouraged them to speak with her immediately if they had any concerns or worries. People and relatives consistently told us the sincerity and approachability of the registered manager had instilled them with confidence that if they did have any concerns they would be listened to.

Complaints and concerns formed part of the provider's quality auditing processes so that on-going learning and development continuously improved the service. People and relatives consistently felt that staff listened to their concerns, which were quickly addressed. During home visits people told us they knew how to complain but due to the attitude of the registered manager did not believe this would ever be necessary.

Since the service began to provide support for people there had been one formal complaint which had been managed effectively, in accordance with the provider's complaints policy and to the satisfaction of the complainant. The learning from this complaint had been used to drive improvement in relation to hygiene and infection control practices. The registered manager had a system in place to analyse the learning from complaints and where appropriate address any issues with relevant staff in supervisions or staff meetings.

At the time of inspection, the service was not supporting people with end of life care. However, people were offered regular opportunities to discuss their advanced wishes in relation to this aspect of their future care.

We reviewed documents and compliments received from families thanking the registered manager and staff for the caring and compassionate way they had supported their loved ones at the end of their life. One person was compassionately supported by a staff member, who returned after finishing their work, to be with them to ensure they did not pass away alone.

Is the service well-led?

Our findings

The service was well-managed by the registered manager who led by example, set high standards and provided clear and direct leadership. The provider and registered manager had created an open, inclusive, person-centred culture, which achieved good outcomes for people, based on the provider's values. These values focussed on caring and treating people with dignity and respect.

The registered manager consistently monitored the support provided against these values to ensure they were embedded in staff practice. People and relatives told consistently told us that staff provided their care in line with these values.

People and relatives praised the quality of care they received and without exception spoke about the dedication of the registered manager. One person told us, "Sometimes the manager comes out to see me which I like because she is the best carer you could wish for." A relative told us, "It speaks volumes when the manager will come out to make sure [their loved one] gets care from someone they know and not a stranger." One person told us, "The manager sets the bar for the rest of the staff who look up to her and know what she expects."

Staff told us the registered manager was very experienced in all roles and aspects relating to domiciliary care, which meant they understood how to schedule visits effectively and support staff, for example; staff had time to provide people's care in the way they preferred because scheduling realistically accounted for travelling time between visits.

People, staff and health and social care professionals told us the service was well-led by the registered manager who was effectively supported by the field care supervisor. People, relatives and staff told us the provider and registered manager were approachable, willing to listen and readily available.

People and staff particularly praised the registered manager for being a good listener who took action to address their concerns. One person told us, "She is always willing to listen and help you."

Staff who had previous experience of working with the registered manager consistently told us that the opportunity of working with them was the main factor in their decision to join the service. One staff member told us, "This is a great place to work. Everyone gets on and just wants to do their best for the clients. I've never worked anywhere where there is such good teamwork and that is down to [the registered manager]."

Staff consistently told us the provider and registered manager made them feel their work and opinions were valued and respected. Staff told us the provider and registered manager praised them when they had performed well and their commitment and hard work was recognised, for example; whenever people sent positive correspondence and compliments these were discussed and recorded in staff meetings and supervisions.

The registered manager took time ensure people's positive experiences of their care and good staff practice

were effectively recognised. For example; the registered manager and staff received deserved recognition for completing care visits on foot during extreme weather conditions which had made roads impassable. A staff member told us, "This is the happiest I have ever been working in care because of how you are made to feel. You feel appreciated for what you do, so you will go the extra mile."

The registered manager demonstrated good management, for example; staff told us the registered manager had encouraged them to discuss any concerns with them. Two members of staff told us how the registered manager had sensitively supported them at difficult times for them personally. At the time of our inspection the field care supervisor had recently returned after a surgical procedure and was being supported with their rehabilitation back to work. The field care supervisor told us the provider and registered manager had been very supportive and considerate during their absence from and return to work.

The registered manager had developed an open and inclusive culture amongst the staff group, which encouraged learning from experience. Staff consistently told us that when they had made mistakes they had received constructive feedback from the registered manager.

Professionals and commissioners consistently told us the home was well organised. Professionals told us they experienced good communication with the registered manager who was always open and honest. Relatives told us they experienced good communication with the service and staff always knew what was happening in relation to their family member whenever they called.

People and their families had the opportunity to regularly contribute to the development of the service and to help drive continuous improvement. The service had a structured approach to obtaining feedback from people using the service, including satisfaction surveys and quality assurance visits.

Quality assurance systems were in place to monitor the quality of service being delivered, which had been effectively operated by the registered manager until the unforeseen absence of the field care supervisor. Due to the size of the service the registered manager had also been covering the main responsibilities of the field care supervisor in their absence. This meant some of the supervisory actions and quality assurance processes had not been completed during the previous two months. However, the registered manager had completed a risk assessment in relation to work that required to be completed, which they had prioritised and scheduled for completion upon the return of the field care supervisor.

Staff praised the dedication of the registered manager but consistently raised concerns that the registered manager was working too hard and doing too much. At the time of the inspection the provider was in the process of recruiting a deputy manager to provide resilience and cover for the registered manager. The provider was aware of potential risks which may compromise the quality of the service, and took action where required to reduce them.

The registered manager collaborated effectively with key organisations to support care provision, service development and joined-up care. For example, there was close liaison with GPs and community nursing specialists.