

Caring about Sidmouth

Caring About Sidmouth

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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 17 February 2016 and was announced. The provider was given short notice because the location registered with the Care Quality Commission (CQC) is an office from which the provider runs a domiciliary care service. We needed to be sure that someone would be in. The inspection was carried out by two adult social care inspectors.

The service had been registered in 2012 but had moved its office location in June 2015. The new location had not been inspected. The last inspection at the previous location found the provider had met all the standards inspected.

Caring About Sidmouth provides personal care and support to people living in in their own homes in Sidmouth and the surrounding area. At the time of inspection, the service provided personal care to 14 people and also provided a social enablement service to one other person. Most people were receiving personal care for a number of hours each week, but the service also provided 24 hour support for one person.

The service was managed on a day to day basis by the provider who had registered with the CQC as the manager. Registered managers 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.

Throughout the inspection, people and their families described the service in glowing terms. Comments included "staff go over and above what one might expect. They have almost become friends rather than just workers." The extra little things are what mean so much."; "Staff are superb at supporting my mum" "staff will do the little extras, such as popping in for coffee or just to provide a bit of company."

People said they felt safe with the care provided. One said the care was "very good." While another said "all the girls are lovely." A relative commented "Caring About Sidmouth gives me peace of mind, I can go away and leave my mum and know that she's all right." Another said "I leave Sidmouth each time knowing she is in very safe hands."

Health and social care professionals were also very complimentary about the provider. For example one health professional described the provider as "a wonderful agency" adding "The nature of their care is fantastic, it's enormously personal."

Throughout the inspection there was evidence that the registered manager and staff delivered care to the highest standards, often undertaking additional tasks to ensure people were protected and had a good quality of life. This included providing additional support for one person overnight as well as kind deeds such as spending several hours looking for a person's glasses when they had lost them. People told us they received a card, cake and flowers on their birthday. The registered manager had cooked a special meal for

some people who did not have family nearby on occasions such as Christmas and Easter.

People were kept safe by staff who had been trained and supervised. People expressed confidence in staff and the management. They said staff were confident and knowledgeable about what they had to do. People and their relatives described how they were involved in developing their care plan initially and when a review took place. Care records showed that staff followed the care plan which described the person's care. Staff supported people using this information whilst also recognising the need to allow them choice and promote their independence. People said staff knew them well and ensured they delivered care the way the person liked.

People were given a rota in advance which showed which staff would be visiting and at what time. To further support people, the provider had ensured that a laminated sheet of staff photographs was given to each person, so they were able to easily identify which member of staff would be visiting. People described how they found this really helpful, even though they generally got the same staff.

Staff had been recruited safely and their induction involved both training and shadowing more experienced staff. Staff were not allowed to work independently until they, the registered manager and the people they were supporting were happy for them to work on their own. Staff understood and were able to describe their roles in respect of safeguarding vulnerable adults. They had also received training to support their understanding of the Mental Capacity Act (2005) and the impact this could have on people they supported.

Staff were supported with training to ensure they were able to care for people effectively. Staff also undertook specialist training, such as PEG feeding and dementia awareness training to meet the needs of particular people. Staff were able, from time to time, develop their skills and knowledge by undertaking nationally recognised qualifications. The provider was supporting a member of staff to develop skills as a trainer so they would be able to offer bespoke training to the rest of the staff.

Staff commented that the registered manager and senior staff were very accessible and would always provide advice and support when needed. Health professionals commented that the registered manager worked closely with them, keeping them informed about changes in people. They also described how staff were responsive to and followed the advice they were given.

There were systems in place to ensure that medicines were administered, stored and recorded safely. Where errors had occurred there was evidence that the provider had taken appropriate actions to reduce the likelihood of similar events occurring. There were also regular audits and checks to ensure that other aspects of care met the high standards of the provider.

The provider had undertaken surveys of people and their relatives asking them about the quality of the care. The results of this had shown overwhelming approval and appreciation of the care provided. The registered manager recognised that it was important to look at ways to develop and enhance the services. They described initiatives that had been undertaken and were planned to continually monitor and improve the quality of Caring About Sidmouth.

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.

There were systems in place to ensure staff were recruited safely.

There were sufficient staff to meet people's needs.

Staff understood and recognised the forms of abuse and ensured people were treated with dignity and respect.

Risks and needs assessments were undertaken to ensure people were protected.

Medicines were administered and stored safely.

Is the service effective?

Good ●

The service was effective.

Staff had the necessary skills and knowledge to support people competently and confidently. Training included an induction and training identified as essential by the provider.

People's capacity had been assessed in line with the Mental Capacity Act 2005.

People were supported to eat and drink healthily. Staff were aware of people's preferences and would ensure they provided food and refreshments the person wanted. Staff worked with health professionals to support people who had complex nutritional and feeding requirements,

People were supported to maintain their physical and mental health by staff helping them to arrange and attend appointments with health providers including the person's GP and dentist.

Is the service caring?

Outstanding ☆

The service was caring.

Staff knew people well and treated them with kindness and

compassion. People and their families were full of praise for the provider.

People and staff showed affection and friendship towards each other. Staff undertook additional tasks to make people's lives better.

Where staff identified issues for people, they worked with them and their families to address them.

Is the service responsive?

Good ●

The service was responsive.

People's needs and preferences had been assessed and care plans had been developed to support these. Staff understood how to support people and when their needs changed, there was evidence that was a reassessment and appropriate changes to care plans were made.

Feedback from people using services and their families all described how the registered manager and staff provided personalised care which met their needs. A health professional described the provider as "a wonderful agency" adding "The nature of their care is fantastic, it's enormously personal."

People described being able to contact the provider at any time and get a response from the registered manager or her deputy.

Relatives said they knew how to feedback complaints and concerns when they had them. There was evidence that the provider investigated and resolved these.

Is the service well-led?

Good ●

The service was well-led by a registered manager who understood their responsibilities. There was a clear vision for the service which staff understood. The registered manager described the service as "going the extra mile" and provided examples of how she and staff were committed to this.

The registered manager recognised the importance of continually evaluating and improving the service. There was evidence of how improvements had been introduced and evaluated.

All the comments received from health professionals described the leadership very positively. Senior staff were well known to people and their families, who said they would always contact

them if they had a concern or worry.

There were systems in place to monitor the quality of the service provided and evidence of actions taken where there were issues.

Caring About Sidmouth

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.

The inspection took place on 17 February 2016 and was announced. The provider was given 24 hours' notice because the location provides a small domiciliary care service and we needed to be sure that someone would be in. The inspection was carried out by two Adult Social Care inspectors.

Before the inspection, we reviewed information we held on our systems. This included whether any statutory notifications had been submitted to us. A notification is information about important events which the service is required to tell us about by law. We also reviewed the Provider Information Return (PIR) which had been submitted to Care Quality Commission in December 2015.

During the inspection, we met and spoke with four people using the service and one relative. We talked with the provider, their deputy and two care staff. We contacted 10 staff after the inspection and received six responses.

After the inspection we contacted eight relatives and/or Power of Attorneys for people using the service. Six provided us with comments about the service. We also contacted eight health and social care professionals who worked with people using Caring About Sidmouth after the inspection. We received four responses.

We looked at care records which related to four people's individual care. We also reviewed one person's medicine administration records. We looked at two records of staff, one of whom had started working for the service in the last twelve months. We reviewed records which related to the running of the service, including staff rotas, supervision and training records and quality monitoring audits.

Is the service safe?

Our findings

People said they felt safe and happy with the staff who visited them. One person described staff as "very good" adding "nothing can be really improved." Another person said they would be "lost without the girls." A third person said the care was "very good."

A person who acted as Power of Attorney (PoA) for someone who had recently used the service said "I have nothing but praise for [provider] and her team." They added "When the Caring About Sidmouth team started they improved the quality of [person]'s life within days. I'm convinced that the physical care, the mental stimulation and their genuine friendship and concern for her welfare enabled [person] to live independently, in her own home for as long as possible."

A relative said "Caring About Sidmouth gives me peace of mind, I can go away and leave my mum and know that she's all right." Another said "I leave Sidmouth each time knowing she is in very safe hands."

Risks to people were assessed and care plans put in place to support them whilst maintaining people's independence. For example, one person we met was at risk of buying too much food and then having food in their refrigerator which was out of date. Staff supported the person by producing a laminated card for the person which reminded them to check the contents before they went food shopping. Staff also described how with the person's consent, they checked for out of date food each day. A member of staff said "Clients are well risk assessed and supported in a very safe way."

People were supported by staff who understood how to protect them from the risk of abuse. A PoA said they were "confident that the agency was so well managed that there was no risk of abuse."

Records showed staff had received training in safeguarding vulnerable adults. Staff confirmed this and were able to describe what to do if they had a concern. To ensure that staff kept alert to the risks of abuse, they had been provided with a small 'flashcard' which they kept with them whilst working. The flashcard included a definition of safeguarding as well as signs and symptoms of different kinds of abuse and how to spot and report it. A member of staff commented "I have had training in the safeguarding of vulnerable adults, and we have group meetings on a regular basis when we discuss clients and any concerns."

During the inspection, the provider raised that she had identified some concern over a third party (who did not have PoA to manage one person's finances), but was increasingly dealing with finances. They described their concerns and discussed what actions they felt they should take, which were appropriate and measured. This showed awareness of financial abuse and signs to look for.

There were sufficient staff to support people. The registered manager described how they did not take on the care of more people, unless they had sufficient staff to support them. They said "I have no plans to expand unless the right staff come in." They said the agency was deliberately small as that helped them to provide bespoke, high quality care at all times.

Everyone we spoke with, said staff arrived on time, always stayed for at least the time they were supposed to be there (and sometimes longer), and never rushed them. A relative said "They normally arrive on time, even with the early morning traffic. They always phone even if they are only going to be five minutes late." A PoA commented " always sufficient staff (all of whom I got to know)."

New staff were recruited safely and pre-employment checks were carried out to ensure they were fit and proper persons. These checks included references from previous employers 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. New staff were supported by an induction which included completion of training courses as well as shadowing more experienced staff. One member of staff commented that they had not been rushed through their induction. The described how they had only worked on their own once they, and the provider, were satisfied they were able to do their role competently.

Medicines were managed to ensure people received them safely and on time. Some people were supported to take medicines, which were stored in their home. Staff were also responsible for the collection, storage and auditing of medicines belonging to some people. Medicine administration records had been completed accurately and completely. Audits had been completed to check the stocks of medicine received and administered. We checked these in two people's homes and found the records to be accurate. A PoA commented "the administering of medicine was very tightly monitored."

There were protocols for some medicines where people had them on an 'as required' basis, about when they should be used. However it had not been recorded when medicines such as ointments and creams had been opened or when they should be disposed of. The deputy manager undertook to ensure these were in place for all medicines. The deputy manager also described a medicine administration error which had occurred. They said this had been investigated and the error had been about recording rather than administration. However they described that additional supervision had been undertaken until they were satisfied that the member of staff understood the importance of signing medicine administration records. This showed that appropriate action was taken when errors occurred.

All staff had completed medicine management training as part of their induction. Staff had completed refresher training delivered by a local pharmacist in the previous 12 months. Records showed that nearly all staff had completed this training in the last year. The training was delivered by a local pharmacist.

Is the service effective?

Our findings

Staff were trained and supported from the time they started working for Caring About Sidmouth to ensure they had the knowledge and skills needed to support people effectively. One person said "the staff really know their job." Another said they felt confident that staff knew what they were doing. A relative commented "Staff are really well trained and monitored by [Registered Manager]", while another said "I am aware there is ongoing training." A health professional described staff, saying "They are outstanding, they deal with complex care issues guided by [registered manager], who really understands people's needs and puts the right care in place."

All staff said they felt they had received training to enable them to carry out their role. A care worker commented "I have been well trained and supported since joining Caring about Sidmouth to develop the skills I needed, I had a lot of on-the-job training and mentoring and feel I definitely have the skills and knowledge that I need."

Records showed that staff had received training in subjects including safe moving and handling, medicine administration, safeguarding vulnerable adults, first aid, food hygiene, hand hygiene, infection control and health and safety. In addition, some staff had done training courses to support particular needs including dementia awareness, wound care, stoma care, peg feeding, pump feeding and continence care. The registered manager described how they supported staff with updating skills through both e-learning and face-to-face sessions.

Staff recruitment files evidenced a comprehensive induction programme for each new member of staff and staff we spoke to were able to confirm that these had taken place. People said when a new care worker joined the service they were taken to meet people by an existing member of staff, so that they could be introduced and have their needs explained to them. One care worker said "I was given an induction and shadowed other staff for two to three weeks. I was not pressurised to go it alone, there was no time limit until I was able to be independent."

Staff said they were well supported to carry out their role. Staff received regular supervision with a more senior member of staff. They said they had opportunities to meet with the manager on a one to one basis to discuss any issues relating to their role, including their own personal development. They also described how any issues they had on a day to day basis could be discussed with the manager or the deputy manager whenever they needed to be.

Staff had received training and were able to describe their responsibilities regarding the Mental Capacity Act 2005 (MCA). The 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.

Relatives said staff had an understanding of people's capacity to make decisions and supported them to be as independent as possible. A PoA said "It was difficult to involve my friend in decision making because of her dementia but they always tried to and took notice of her wishes. Dignity and privacy was always respected." A relative said staff contacted them when appropriate describing the contact as "very helpful as I have to rely on the caring team to provide all information as to my relative's general wellbeing. Another relative said their family member "has Alzheimer's but is still able to live in her own home thanks to the agency."

A care worker said they were aware that they must have regard to decisions being made in someone's best interests, if they lacked the mental capacity to make those decisions for themselves. Another commented "I am aware that as a professional working with people who have dementia I have a responsibility not to deprive our clients of their liberty, I therefore make sure that I consult with other professionals, the client's family, friends and power of attorney when making decisions on their behalf." A third member of staff who worked with a person with dementia said "decisions are now made on her behalf, trying to keep in mind what it is she would want to do. When someone doesn't have that capacity we consult with family, friends, her power of attorney, management, and I use my own knowledge of the client to determine what is the right decision." Another member of staff described working with a person who "was previously taking the lead in all decision making and what she wanted to do, now she has lost the capacity this generally isn't possible but she does decide what she wants to eat, watch on TV etc."

Some people were supported to have meals and drinks. Staff described how they ensured that people had food and drinks of their choice. For example, they described how one person liked fish and they would often cook this for them. Staff worked with health professionals to support people who had complex needs associated with food and drink. For example where people required feeding using a percutaneous endoscopic gastrostomy (PEG) feeding tube, staff had been trained to ensure this was carried out safely and effectively. Staff described and records showed they worked with a dietician to monitor the person's weight and manage the amount of food given.

Staff worked with health professionals to ensure people maintained good health. Where a person's need had changed, staff demonstrated an awareness of this. Staff were proactive in contacting the health and social care team to request reassessment. One person was able to confirm that staff had discussed a reassessment of her needs with her. Staff had then agreed to contact the health and social care team on the person's behalf to request the reassessment.

A health professional commented "I have always found the care to be well coordinated, appropriate and professional," adding that communication with them was "good." Another health professional said "They work very closely with me and make sure they keep me informed of any changes in the person's needs."

People's records showed that where staff had concerns about a person's health, they had raised these concerns with the appropriate health professional. Where advice had been provided to support someone's health, there was evidence that this had been followed.

Is the service caring?

Our findings

Feedback from people, families and professionals described how caring the registered manager and the staff were. Everyone we spoke with, and received comments from, described how the care was very personalised and reflected people's needs and wishes. A relative described staff saying "I am impressed by their work ethic, their attention to detail and the communication with relatives and other services." They also added "[The registered manager] and her team provide an exemplary service and go way beyond the call of duty." A health professional described the provider as "a wonderful agency" adding "The nature of their care is fantastic, it's enormously personal." He described how one person he supported had been so well supported by the staff at Caring About Sidmouth, he had lived for far more many years than had been expected. He said he felt this was due to the "outstanding care he received."

Comments included "All the staff are lovely, caring people."; "Staff go over and above what one might expect. They have almost become friends rather than just workers." "The extra little things are what mean so much."; "Staff are superb at supporting my mum" "staff will do the little extras, such as popping in for coffee or just to provide a bit of company."

A power of attorney said "It is possible that my mother will be in need of home care soon, if this happens I shall be immediately contacting Caring About Sidmouth & 'begging' them to provide it - I cannot give a higher recommendation than this."

A health professional commented "They are the best carers you can get. I just wish there were more agencies like Caring About Sidmouth. They also said "It's a small very personal care agency who provide the very best care you can ask for."

The registered manager described the service provided as always "walking the extra mile." Throughout the inspection we found examples of staff going the extra mile to care for people. These included the registered manager cooking special meals for people without close family nearby at Christmas, Easter and Valentine's Day. Staff said they thought this was really important so they "make a special effort to ensure the clients are able to join in the festivities." People also said their birthdays were always remembered. For example, one person described how they had received a card, birthday cake and flowers on their birthday.

Staff supported people when they had problems, helping them to resolve the issue if at all possible. One example involved a care worker who had spent three hours of their own time helping a person with dementia find their glasses, which had been mislaid in a bag of sweets. A member of staff described how they had supported another person to attend a friend's funeral, which had been important to them.

Staff described how they provided day to day care for people. One care worker said "Good care includes providing personal care as respectfully and dignified as is possible, looking after their personal needs and going beyond as in applying lip balm, face moisturiser, make up, washing and styling her hair so she looks as nice as possible. I always explain to the client what is about to happen every time, and talk her through things as I do them." They added "I make sure the house, but particularly the client's room is always clean

and tidy and a nice place for her to be, and every day the client is out of bed on a chair by the window." Our visits and feedback showed that this staff attitude was evident.

People's dignity and privacy was respected by the registered manager and the care workers. People commented how staff were respectful that they were working in people's homes. This included staff knocking on doors and waiting to be invited in and always asking whether the person wanted the care to be carried out. People also said they were supported with intimate personal care, such as washing and dressing, in a discreet and dignified manner. A member of staff said "Clients always take the lead where possible with regards to what they want to do, and the activities they are able to participate in." Care records contained consent forms signed by the person or, where appropriate, a family member or power of attorney. The consent forms covered areas such as consent for administering medicines and consent to use a door key to access the person's home. Staff demonstrated they knew people well and their likes and dislikes. For example, they described how one person liked a small glass of cider and crumpets which they ensured they had on a regular basis. A member of staff commented "it is very important to help clients to make their own choices and decisions. I support this in every way I can."

Staff recognised the importance of people knowing which staff were going to visit them. People received a copy of the rota for their care in advance so they knew which care worker would be visiting them and at what time. People said they usually knew the staff who came as most of them had been with the service for a long time. Each person was also provided with a laminated sheet with photos of each member of staff. The registered manager explained that if they had to change which member of staff was going to visit a person, they would phone them up. People would then be able to identify which of the staff was coming to visit from the photos. People and their families said this was very helpful particularly where the person had dementia.

People and their families had been involved in developing the person's care plan so that it met their needs and wishes. A personalised sheet in the person's care records provided a summary of the person's care needs and the day to day support they required. This meant staff who didn't know the person as well as their regular care worker could see at a glance how to support them. Staff also said they could refer to the person's more detailed care records for further information if needed.

A Power of Attorney, of someone who had received care from the provider recently, said "I really appreciated the open and friendly attitude of Caring About Sidmouth. I felt I could always ring and discuss any concern and they valued my comments. It felt as though we were all working together to provide the best outcome."

A health professional commented "They support two of my patients with end stage dementia to stay in their own homes. They are very professional, smartly attired, kind and caring."

Is the service responsive?

Our findings

The provider information return described how 'care packages are created for individual clients based on their initial assessment, changing needs, wishes, likes and dislikes.' This included agreeing time slots for visits and which care workers would support them. It also stated 'Our ethos of quality and not quantity means that I can ensure there is enough time to see each client and give them appropriate care. This also means we can respond effectively and with speed.' During the inspection there were lots of examples of how the registered manager and the staff did deliver care to meet people's immediate and long-term needs.

Staff helped to ensure people received the care they needed at times to suit them. One person explained that, on occasions, they were expecting they might need additional support at night. They explained that they had discussed this with the registered manager who had been happy to plan how this could be achieved.

A member of staff described how the registered manager "is always open to suggestions as to how to improve the service, a simple example I suggested was buying my client a children's toothbrush as she was unable to open her mouth wide enough". "Another member of staff commented that the registered manager and her deputy "work so hard to make this agency first class and deliver first class care in every way, it's a great company to work for!" whilst a third said "I am proud to be part of the Caring About Sidmouth team".)

The registered manager said there was always either herself or her deputy available if someone needed support. They said one or other of them would always be available, both in the day and at night, to take a call if people, families or staff rang. Staff commented "clients are really appreciative, they really like that someone is always at the end of the phone if there is a problem." A member of staff described how they had popped in to see one person after the person had rung the office with an immediate problem. The person had dropped their remote control and been unable to pick it up, so the member of staff "went right round to retrieve it for them."

People were supported to continue to take part in the activities they enjoyed. One person explained that she sometimes went out for coffee or lunch with staff, which was something she enjoyed. She said the registered manager had also recruited a volunteer to support her going out for social occasions and for walks to the beach. She described how much she enjoyed this as it gave her more interaction with people which was as important to her now as it was in her earlier life.

The registered manager described how one person had needed to be supported overnight on one occasion. She explained that she had contacted the power of attorney and agreed with them how this could best be done so that the person was not caused distress. The registered manager also described how staff had responded very positively to the situation. They said one member of staff had been happy to do an overnight shift in the person's home to ensure the person was looked after discreetly and did not become anxious.

A health professional said "They are outstanding they deal with complex care issues guided by [registered manager] , who really understands people's needs and puts the right care in place. They work very closely with me and make sure they keep me informed of any changes in the person's needs." Another commented "A health professional said "the service is very thorough in all aspects"

Care plans contained evidence of detailed information about the person's needs and how care should be delivered to meet those needs. There was evidence in the plans that where there had been a change of need, the care plan had been reviewed and updated to reflect this. There was also evidence that care plans were reviewed on a regular basis with the involvement of the person, their family and health and social care professionals. Daily notes showed that staff carried out care according to the care plan. Staff received text updates with important relevant new information when changes occurred. This ensured they were quickly informed about changes affecting the care for a person. We discussed with senior staff how they could be assured that staff had received and read the text. They showed us evidence that staff responded to texts to confirm they had understood the message. The texts provided an immediate update which was then also recorded in the person's care plan.

Families also made comments in the daily notes to ensure that staff were aware of issues that they had identified. For example one relative always wrote in the daily notes when they would be visiting, which helped staff know what had happened with the person. The relative had on one occasion written in the daily notes 'Thank you so much for all you do. What would we do without you!' Another relative said ""Staff use a large diary so that everyone can see what has happened. For example last week we visited [relative] and were able to see from the diary what staff had done and when they had visited."

A care worker described how they "provide person-centred care by keeping the client at the centre of what I do, taking into consideration their needs. There are 8 person centred values; individuality, rights, choices, privacy independence, dignity, respect and partnership. The person centred approach gives the client confidence, empowerment and helps them to feel in control." Another commented "We have individual care plans for each client which details their likes and dislikes and ensures that we capture the client's personality within these plans to enable the staff to work with them on a person centred basis. I personally ensure that when I am working with a client I make the effort to adjust my approach to suit their individual likes, for example if a client likes me to be chatty then I will endeavour to make lots of conversation with them."

The provider had a written complaints policy and procedure, which described what people could do if they were unhappy with the service they received. People were given a copy of the complaints procedure when they first started using Caring About Sidmouth. The registered manager described how they dealt proactively with concerns before they became formal complaints. They said they had not received any complaints about the service.

Although people and their relatives said they knew how to make a complaint, they said they had never had to do this formally. They described how they felt happy to raise concerns with the registered manager or any of staff and were confident it would be dealt with straightaway.

One person said they had let the registered manager know that they did not want one care worker to carry out their personal care regime. They said the registered manager had listened to this responded appropriately to the request. They said they were happy with the outcome.

Is the service well-led?

Our findings

The provider stated that they "never want to compromise on the quality of care". For example, they said they would not take on additional work, although often asked to, unless they had the staff to be able to deliver the care. They described how they had very high expectations of their staff, who responded by delivering loyalty and high quality work. A member of staff described this as "The aims of Caring About Sidmouth are to go above and beyond the standard care service to provide a bespoke package of care and support to our clients."

Feedback from people receiving a service and their families all confirmed that the service was meeting these aims and objectives. One person described how the registered manager had very high standards of care. A relative commented "[The registered manager] is a key driver in ensuring that the vital services involved with my mother communicate with each other to ensure an integrated approach to her care." Another relative said "The standards of care are very high, [registered manager] keeps a check on what everyone is doing. I would describe it as impeccable." A third relative commented "[Registered manager] expects extremely high standards of care and regularly monitors her staff to ensure this is the case."

A health professional described Caring About Sidmouth saying "It's a small, very personal care agency who provide the very best care you can ask for." A GP commented "The manager contacts me appropriately and liaises with patient's families to ensure good communication."

A Power of Attorney (PoA), of someone who had recently received services, said "I was confident that the agency was so well managed that there was no risk of abuse, there were always sufficient staff (all of whom I got to know) and the administering of medicine was very tightly monitored." Another PoA described the leadership as "very good, [provider] runs a tight ship, she knows exactly what is going on with clients and staff."

There was openness and transparency and a learning culture within the organisation. The registered manager described encouraging an open culture as this helped to identify learning points for all staff. She described how this allowed her to discuss issues with staff in supervision and team meetings.

Staff said the leadership was "very fair". They said they felt able to discuss any issue with the registered manager. They said they were confident that, if she could, she would accommodate any request, for example around flexibility of working. One member of staff commented "there is absolutely clear leadership, we are a brilliant team which [registered manager] leads effectively, ensuring lines of communication are clear and open. I can talk to her about any concerns, and she is very clear about what my roles and responsibilities are."

The registered manager prided themselves in communicating well with their staff group, they sent out a weekly bulletin to update on people receiving their service. It also included any new, important information. For example policy /procedural changes relevant to staff.

The registered manager also maximised communication with families by sending texts simply updating on their relatives care and wellbeing. Relatives described how they found this frequent and regular updating really helpful.

The registered manager described new initiatives which they were introducing to improve staff development. They explained they were supporting one member of staff to develop skills as a trainer in certain areas, so that they could provide in-house training sessions to the other staff. A member of staff confirmed they were doing a level 5 qualification which would enable them to provide training to other staff. The registered manager said the in-house training would be designed and delivered to specifically meet the needs of the people they provided services to.

One member of staff described how they had raised the need for additional training and team meetings to communications. They said the registered manager had acted on this.

Another recent initiative had involved giving all staff a small red bag containing essential items for their role. This included practical items such as scissors and small aide memoire cards on topics including the Mental Capacity Act (2005) and safeguarding. The bags also contained a personal panic alarm, which had been included, following an incident involving a lone worker feeling vulnerable. A lone working policy had also been developed, demonstrated that the provider learned from incidents. We observed staff using items in their bags and referring to the contents.

The registered manager understood their role in assuring the quality of service provided. There was evidence of quality assurance systems. The registered manager described how they not only requested feedback from people using the service but also regularly observed the care delivered by staff. The registered manager said, over Christmas, they had worked some shifts so that staff could have time off with their families. They said they and their deputy would also work alongside staff on occasions, as this gave them an understanding of the quality of care provision.

People and their relatives had been sent an annual satisfaction survey which asked for feedback as well as suggestions on the care they have received. All the feedback forms we reviewed showed that there was 100% satisfaction levels with the care provided. Comments include "They are my present day family"; "Excellent and caring at all times"; "Caring about Sidmouth is an outstanding service. All members of the team go way above and beyond the call of duty and are very professional."

There were regular reviews and audits of people's care plans and medicines. Records showed that action was taken where issues were identified. A PoA said they said they felt confident that any concerns raised would be dealt with by the manager or senior staff. There were also systems in place to monitor staff training and supervision. This helped to ensure that staff remained up to date with their training.