7Jay Home Care Ltd

Right at Home (Derby)

Inspection report

50 Canal Street
Derby
Derbyshire
DE1 2RJ

Tel: 01332913232
Website: www.rightathomeUK.com/Derby

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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

This inspection took place on 9,10 and 11 April 2018. We gave short notice of the inspection because we needed to be sure the registered manager would be available to speak with us.

We last inspected the service on 24 November 2015. At this time the service was rated as 'Good' and was meeting the requirements of the regulations.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community in and around Derby. It provides a service to older people, people with a physical or learning disability and people living with dementia or mental health needs. Not everyone using Right At Home (Derby) receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection, the service was providing care and support to 59 people.

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

People told us they felt safe with the staff team from Right At Home (Derby). Staff members had a good understanding of the various types of abuse and knew to how to report any concerns.

Staff were skilled at ensuring people were safe. Potential risks people were exposed to had been identified and reviewed. Risks assessments included detailed information and guidance to support staff to follow measures to reduce the risk of harm.

People received care from a consistent team of staff who arrived on time. Staff confirmed that they usually had regular people that they visited and they were provided with the time they needed to meet people's needs.

People were protected from the risk of unsuitable staff because the provider followed safe recruitment procedures. People were supported by the appropriate number of staff as assessed in their care plans.

People were supported to take their medicines safely and staff followed procedures to reduce the risk of infection for people.

Staff were provided with the training they needed to have a full understanding, skills and knowledge to meet people's care and support needs. Staff were positive about the support they received from their managers. They were encouraged to be reflective in their practice and supported to develop and achieve their goals

and aspirations.

Staff worked in partnership with other health professionals and agencies to ensure people's health and well-being was maintained.

People were supported to make decisions and choices about their care. Staff understood the principles of the Mental Capacity Act 2005 (MCA), sought consent before providing care and respected people's right to decline care and support.

People had positive relationships with staff who knew them well and used their shared interests to help people live interesting lives. People were fully involved in their care and, if necessary, were signposted to other agencies to support them to express their views.

Staff were kind and caring and were often quoted as 'going the extra mile'. Staff were committed to protecting people's right to dignity and privacy and treated people with respect. People were supported to maintain their independence as far as possible.

There was a strong emphasis on person centred care. People were supported to plan their care and support and they received a service that was based on their personal needs and wishes. The service had an innovative approach to supporting people to lead lives that were enriched and full. This included supporting people to pursue hobbies and interests that they had previously been unable to and enabling people to be part of their local and wider community.

The service used technology innovatively to enhance people's lives and well-being. Staff were flexible and responded positively to changes in people's needs.

People's concerns and complaints were listened to and responded to in order to improve the quality of care.

People, relatives and staff were able to express their opinions and views and were encouraged and supported to be involved in the development of the service. People were enabled to have links with the local community and staff worked in partnership with other agencies to improve people's lives.

The registered manager and the business owner demonstrated strong values and a desire to learn about and implement best practice throughout the service. Staff were highly motivated and proud of the service. The service had developed and sustained links with organisations that helped them develop best practice in the service. The registered manager and the provider used effective systems to continually monitor the quality of the service and had on-going plans for improving the service staff received.

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 protect people from the risk of abuse and staff were knowledgeable about their responsibilities. Risks were managed and reviewed regularly to keep people safe from harm or injury.

People were supported by consistent staff, in sufficient numbers to meet their needs. People were supported to take their medicines safely.

The provider was committed to taking action when things went wrong and implemented systems and processes to reduce the risk of incidents re-occurring.

Is the service effective?

Good

The service was effective.

Staff were supported to provide effective care through a training and supervision programme.

People were supported to access healthcare and to maintain their health and well-being.

People's rights were being upheld in line with the Mental Capacity Act (MCA) 2005.

Is the service caring?

Good

The service was caring.

People had positive relationships with staff that were based on respect and shared interests. Staff demonstrated they knew people well.

Staff understood the importance of maintaining people's independence where possible and supported people to be involved in their care and support.

People's privacy and dignity was maintained and respected.

Is the service responsive?

Outstanding ☆

The responsiveness of the service was outstanding.

The service was very flexible and responded quickly to people's changing needs or wishes.

People received care that was based on their needs and preferences. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

People were supported to express their views about the service. The provider used complaints and concerns to drive improvements in the service.

Is the service well-led?

Good ●

The service was well-led.

The registered manager and business owner promoted strong values and a person centred culture. Staff were committed to delivering person centred care.

Staff worked effectively in partnership with other agencies to identify and share best practice.

There were a strong emphasis on continual improvement and best practice which benefited people and staff. There were robust systems to ensure quality and identify any potential improvements to the service.

Right at Home (Derby)

Detailed findings

Background to this inspection

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

This inspection took place on 9,10 and 11 April 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that someone would be in the office to meet with us.

Inspection site visit activity started on 9 April 2018 and ended on 11 April 2018. It included telephone calls to people, their relatives and staff on 9 and 11 April 2018. We visited the office location on 10 April 2018 to see the registered manager and office staff, to review care records and policies and procedures and to visit people in their own homes.

The inspection was carried out by one inspector and two experts-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make. We also viewed other information such as information reported to us, questionnaires which had been completed by a number of people using the service, their relatives and staff, and notifications. Notifications are specific events and incidents that occur within the service that the provider is required to notify us about.

During this inspection we spoke with the business owner who owned the franchise, the registered manager, the provider's quality compliance manager and five care staff. We visited three people in their own homes and observed how care was provided. We also spoke by telephone with one person and seven relatives. We reviewed five people's care plans and records to see if people were receiving the care they needed. We sampled four staff files including training and the recruitment process. We look at some of the provider's quality assurance and audit records to see how they monitored the quality of the service and other records

related to the day-to-day running of the service.

Following the inspection, we asked the provider to send us information about key policies and procedures and they did this in a timely manner.

Good

Is the service safe?

Our findings

People told us they felt safe using the service. They said, "They [staff] make me feel safe because they know what they are doing," and "They [staff] are very good. I have the same carers so I feel safe with them." One relative told us, "[Name of family member] gets on well with the staff and they report any concerns to me. We leave a diary at [name] house for staff to give us information. I also speak to the staff myself about the care needed." Another relative told us, "The carers are very gentle and patient, they never rush [name]. They always come; we have never had a missed call."

The service had a clear and accurate policy for safeguarding adults from harm and abuse. This gave staff information about preventing abuse, recognising the signs of abuse and how to report it. It also included contact details for other organisations that can provide advice and support. Staff had received training in safeguarding and the registered manager checked their knowledge and understanding through meetings and supervisions. Staff we spoke with understood what action they needed to take to keep people safe. Staff told us they were confident to report abuse and knew how to blow the whistle on poor practice to agencies outside the organisation.

When safeguarding incidents had occurred, the registered manager discussed these with the appropriate local authorities and took action where necessary to keep people safe. Actions included staff supporting people to find more intensive services, who were able to provide the level of care and support the person needed, where the service was no longer able to do so. This helped to keep people safe as they moved to new services.

We found people were protected from the risks associated with their care because the provider followed appropriate guidance and procedures. Each person's care plan had an assessment of the risks the person may be exposed to. Risk assessments included areas relating to the environment, for example access and potential hazards around people's homes, and risks to the individual. Risk assessments were used to identify what action staff needed to take to reduce the risk whilst meeting people's needs and promoting their independence. For example, where a person was at risk of falling, their risk assessment included any equipment that staff should support the person to use to reduce the risk. The risk assessment also identified any factors that staff needed to be aware of that may increase the risk for the person. For instance, if they were experiencing pain or anxiety; staff needed to be mindful that the person may not be able to do as much as they would when they were feeling well. We saw risk assessments had been regularly reviewed and updated as necessary. This meant current risks people faced were underpinned by up to date written guidance.

Staff demonstrated they understood the risks people faced and were knowledgeable in what they needed to do to reduce potential risks. We observed staff supporting people to move around their homes safely by using equipment such as walking frames and standing aids. Staff engaged with people and asked if they were happy for staff to support the person before they did so. Where people used equipment independently, staff gently prompted people in the correct use whilst supporting them to do as much as possible for themselves.

Some people using the service required staff support to help them to manage their behaviours, which could be challenging. One relative told us, "[Name] can be difficult to live with, it's challenging at time. Staff have a knack of doing things and distracting whilst providing compassionate care." Care plans included guidance for staff to follow to provide the reassurance people needed. For example, one person experienced hallucinations when their mental health was poor. Their care plan included guidance for staff on how to respond to this and possible triggers for this, such as ill health. Staff members who supported the person had completed training to enable them to understand the person's specific needs, the impact this had on their well-being and appropriate interventions.

People's human rights were considered in all aspects of their life and these needs were detailed in their care plans For example, where one person made lifestyle choices that placed them at potential risk, staff had identified that the person had mental capacity to make this decisions. Records showed they had discussed this with the person and relevant agencies to ensure they were aware of the possible consequences of their decision to their health and well-being. Their care plan included guidance for staff to ensure they knew the likely whereabouts of the person if the person was not at home at the time of their visit. These measures helped to reduce risks for the person whilst respecting their right to make choices about their safety.

People were supported by a consistent team of staff who had the right skills and knowledge to meet their needs. People and relatives told us they normally had the same care staff member or a regular 'team' of care staff. Comments included, "Whenever it is possible, one carer is used. The carer is wonderful and I have no concerns; they are very flexible," and "The staff team of three or four staff are very flexible and respectful of [name's] needs." People who we spoke with told us they knew who their care staff were and when they were coming as they were provided with a weekly schedule of calls. One person had photographs and names of allocated care staff to enable them to recognise individual staff when they arrived at the person's home.

The registered manager recruited staff specific to people's needs and interests. For example, staff who were experienced in supporting people with complex health needs or people living with a learning disability. Staff were required to log in and out of calls using an electronic system. This was monitored by the provider to ensure calls were provided on time and staff stayed the full length of the call. This helped to keep people safe and reduced the risk of late or missed calls. We observed people received care and support from the number of staff assessed as required in their care plans.

People were safeguarded against the risk of being cared for by unsuitable staff through the provider's recruitment procedures. The provider required all staff to complete a 'psychometric' employment test as part of the interview process. This was a series of tests which supported the provider to identify at early stage if the applicant was suitable to work in care and support services. Recruitment files we looked at included evidence that the necessary employment checks had been completed before staff started to work at the service. These included application forms, history of employment, proof of identity and a check with the Disclosure and Barring Service (DBS). The DBS carry out criminal records and barring checks on prospective staff who intend to work in care and support services to help employers to make safer recruitment decisions.

People were supported to manage their medicines safely. People's care plans included details of their prescribed medicines, the level of support they needed to take them, consent to the support and any risks associated with their medicines. For example, one person had not been able to manage their medicines safely. Staff had consulted with the person and their family and installed a medicines safe which meant the person was no longer at risk of mis-managing their medicines. We saw staff provided verbal prompts and encouragement to the person to enable them to take their medicines as prescribed. This supported the person to maintain their independence whilst ensuring they took their medicines safely. Staff maintained

accurate records to demonstrate they had supported people to take their medicines in line with their care plan.

We observed staff followed infection control procedures. We saw staff wore personal protective clothing (PPE) such as gloves and aprons when supporting people with their personal care and when preparing meals. Staff were provided with their own supplies of PPE through a 'care-givers kit bag' which was supplied by the service and included other items to protect staff safety whilst lone working. These included ID and emergency aid supplies. People and relatives told us staff always left their homes clean and tidy and we saw staff disposed of PPE equipment and aids safely in people's homes

The provider had recognised people in their own homes were at risk of poor food hygiene and had taken innovative measures to reduce risks. These included signing up to the food safety guidance through the food standards agency and implementing systems for staff to date-check perishable items. We saw staff checked people's fridges and cupboards to ensure perishable foodstuffs were stored appropriately and safe to eat.

The provider understood their responsibilities to review concerns in relation to health and safety and near misses. For example, as a result of a person being scalded from a hot water bottle at another branch, the provider had issued best practice guidance. This provided information to support staff to inform people of potential risks and advise on alternative, safer heat sources. Staff recorded all incidents, accidents and concerns and these were analysed and reviewed on a regular basis. Where one person had slipped on a transfer aid, their care plan had been reviewed and staff guided to encourage the person to wear suitable footwear when using the aid. We saw staff followed this guidance when they supported the person which reduce the risk of further incidents. These examples demonstrated that the provider made improvements and looked at what lessons could be learned when things go wrong.

Good

Is the service effective?

Our findings

People consistently told us they were happy with the care they were receiving. One person said, "They [staff] are all very good, very nice. They make sure everything is done the way I like it." Another person told us, "On the whole they [staff] are well trained and vetted." People's relatives said they were confident that the staff were skilled to meet people's needs.

People's needs were assessed during an initial assessment prior to them using the service. The assessment covered people's physical and emotional needs, wishes and preferences, lifestyle choices and relationships which enabled staff to meet diverse needs. Each person was supported to identify an outcome of their care. This ranged from maintaining their independence and good health to enabling them to access their local community. Assessments formed the basis of people's care plans and, where appropriate, these were shared with other health and social care professionals who were involved in the person's care. This helped to assure people their care was provided in line with best practice.

Staff were supported to complete an induction programme when they first started working in the service. This included essential training, such as safeguarding, manual handling and medicines; training specific to people's needs, such as mental health, and working alongside experienced staff and competency checks. Staff felt they had undertaken sufficient training to enable them to provide effective care. One staff member told us, "My training and induction was excellent, I could not ask for more comprehensive training. The training really prepared me to support people living with complex needs. They [managers] ask probing questions to make sure you know the job" Another staff member told us, "The training is good and I enjoy doing it. There was a good amount of time for shadowing [working alongside] experienced staff so I really go to know people before I started to support them. I enjoyed working through the care certificate and I'm doing vocational training now to develop myself."

Staff told us they were able to complete a range of training through face-to-face, e-learning and vocational training. Training was adapted for staff to enable them to learn in their first language, although responses were required in English. This helped to support staff where English was not their first language. The registered manager supported staff to complete the Care Certificate. This is a set of nationally recognised standards which supports staff working in care and support to develop the skills, knowledge and behaviours needs in their roles. Training records confirmed staff completed a wide range of training, some of which was specific to the people they supported, such as diabetes, epilepsy, distressed behaviours and dementia. Two senior staff members had completed advanced training in PEG feeds (feeding tube) which supported them to train other staff and ensured best practice and approaches were followed consistently. The business owner was in the process of developing specific training in dementia care with a recognised expert in the field of dementia. This was focussed on improving rather than simply sustaining quality of life for people living with dementia and would support staff to follow best practice and use innovative approaches in supporting people.

The registered manager supported and encouraged trainee social workers and nurses to work within the service. They also visited local colleges and centres to participate in career days for students of health and

social care qualifications or those who were considering a career in care and support. The registered manager told us this helped them to ensure people were provided with care from staff who were knowledgeable about care and support and could share their knowledge and best practice with other staff.

Staff were supported to develop within their roles and this was confirmed by staff we spoke with. The registered manager had supported a number of senior staff to achieve the registered manager award and progress within their careers. They told us this was part of a commitment to provide all staff with equal opportunity to achieve their career ambitions and goals as in turn, this enhanced the level of skill and knowledge amongst the staff team.

People's needs were met by staff that were effectively supported and supervised. Supervision is where staff meet one to one with their line manager. Conducting regular supervisions ensured that staff competence levels were maintained to the expected standard and training needs were acted upon. Staff were positive about the support they received in their roles. Comments included, "The managers are very supportive; they do spot checks and let me know how I am getting on. It makes me feel good if I'm doing everything right. They support me to undertake further training which I enjoy," "I feel supported and have regular supervision. They [managers] don't just leave you on your own," and "My line manager is very supportive; very responsive. They get things done straight away."

People were supported to have enough to eat and drink. People were assessed where they were at nutritional risk and specialist advice and support was sought where required, in line with best practice. People's care plans detailed preferences and specific requirements. For example, where people received nutrition through a peg feed (a tube inserted directly into the stomach), care plans provided details of how staff should support the person to maintain this. Records showed staff who supported people with peg feeds had received appropriate training and worked alongside health professionals to ensure the person received the nutrition they needed.

We saw staff consulted with people to support them to choose what they wanted to eat. Meals were either reheated or cooked from fresh and accompanied by a drink of the person's choice. Staff demonstrated good awareness of people who needed support to ensure they had sufficient to eat and drink. One staff member told us, "We leave a note on the side for [name] to remind [name] that we have left a sandwich and snack in the fridge for tea-time." This helped to reduce the risk of the person missing meals.

People experienced a level of care and support that promoted their well-being. One person had complex health needs. Careful planning to meet these needs and a flexible approach to the person's care meant that the person was able to maintain their health. For example, staff followed guidance from a health professional in applying massage to the person's muscles to enable them to move and do as much as possible for themselves. Records showed staff had completed training with a health professional to enable them to do this and this guidance was included in the person's care plan.

Staff worked collaboratively with health and social professionals and relatives to support people to access healthcare and maintain their health. For instance, staff identified a person had experienced a change in their skin integrity. Staff immediately alerted the registered manager because the person was at risk of developing pressure sores. The registered manager, in turn, spoke with the relative and requested they contact the district nurse team for an assessment. The relative told us that the staff's timely intervention had meant the person had been seen by district nurses on the same day. This had reduced the risk of health complications for the person.

Staff had sufficient knowledge and skills to support people in the event of an emergency. One staff member

was able to describe their response to finding a person unconscious. This included administering first aid and contacting emergency services. Staff told us they had received training and care plans included the information they needed to respond to unforeseen emergencies in people's health and well-being.

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 and relatives told us staff sought consent before providing care and support and we observed this in practice. Records showed staff had considered people's capacity to consent to their care and make particular decisions, such as day-to-day choices. Where people did not have mental capacity, or needed support to make more complex decisions, staff knew what they needed to do to ensure decisions were taken in people's best interests. This included the involvement of relatives under Power of Attorney (person's legally appointed to make decisions in the person's best interests) and best interest meeting with family and health and social care professionals. Staff respected people's right to decline care and support and regularly people's capacity to make decisions in their best interests. This meant that people's right to make the decisions they were able to was protected.

Good

Is the service caring?

Our findings

People and their relatives were consistently positive about the caring attitude of staff. They told us the staff were caring and friendly. Comments included, "I have all female carers and I prefer it this way. They are always respectful; they're wonderful," "Our carer is wonderful and goes above and beyond for [name]. They do not see their work as a job. They have respect for [name], "I've got a good family and staff working with them makes all the difference. We get on well together, share humour and a laugh," and "They are compassionate and provide the best care."

The service had a strong, visible person-centre culture. Staff had developed positive relationships with people and demonstrated that they knew people well. The staff were organised individually or into small teams to ensure that people received support from a small number of staff that knew them well.

Staff and their mix of skills and knowledge were used innovatively to give them time to develop positive and meaningful relationships with people, Staff were supported to complete a one-page profile. This include a photograph, a section 'about me' providing details of interests and life history, training completed, what people appreciated about them and what was important to them in their role. This information was provided to people and relatives to enable them to make choices about who they wanted to provide their care and support and to ensure people and staff were compatible. For example, one person had requested care staff who were able to support them through university. Staff allocated were sensitive to these needs and were able to support the person in all aspects of university life, including socialising. This showed that the provider took care to deploy staff that would be empathetic and enthusiastic in meeting people's individual needs.

Staff told us they had time to care for people and meet their needs. The provider, as a rule, only provided visits of one hour or more. Staff told us this gave them time to provide care and support without rushing and spend time with people communicating and building relationships. All the staff we spoke with felt this had a positive impact on people by improving their communication, enhancing their emotional well-being and helping them to feel valued and interested in life.

We observed staff provided time to support people to do as much as possible for themselves. For example, staff encouraged people to be as independent as possible in moving around their homes, preparing drinks and daily living tasks.

People had been involved in deciding what care and support they needed and they had shared their likes, dislikes, wishes and preferences. This information was included in people's care plans. Records included information such as what people liked to talk about and how they communicated with people. Where people had specific communication methods, these were detailed in communication books which were available in the person's home to support all staff to communicate with the person. This provided the staff team with the information they needed to meet the individual needs of those they were supporting. Where people needed support to share their views, staff involved independent advocates. An advocate is an independent person who seeks to ensure that people, particularly those who are most vulnerable in society,

are able to have their voice heard on issues that are important to them and defends and safeguards their rights.

Staff respected people's privacy and protected their dignity. Staff referred to people using their preferred term of address and were discreet in providing care and support. We saw they knocked on people's doors before entering and closed doors when providing personal care. One staff member told us, "Dignity is a set of principles we are taught. We ensure everything we do is respectful and maintain people's privacy when we are supporting them. For example, ensuring doors are closed and curtains are drawn. We are also respectful to any relatives or friends involved in people's care." The provider promoted dignity in all aspects of care and support and had achieved a dignity award with the local authority.

People's care records were held electronically and these were password and pin protected with access by relevant personnel only. Staff had signed a code of conduct agreement which included a commitment to upholding people's right to have their information kept confidential and shared only with their consent.

Outstanding ☆

Is the service responsive?

Our findings

People told us that the service supported them to lead meaningful lives and staff were quick to provide additional support when needed. One person was able to describe how staff identified on one occasion they were distressed and emotional. Staff had responded by visiting them outside the usual call schedule to provide extra support. This had helped the person to calm and manage a difficult situation. A relative told us staff were flexible and worked around other commitments, such as social occasions and respite, when they provided care and support to their family member.

People received consistent, personalised care and support. They and people who were important to them had been involved in identifying their needs, choices and preferences and how these should be met. People's care and support was set out in a written plan that described what staff needed to do to make sure personalised care was provided. For example, for one person, it was very important that their care and support was provided in a specific way. This included their skin care routine and their environment. To support this, staff had developed a laminated card showing the room layout. This indicated where the person wanted their furniture and belongings to be positioned. On another laminate card, staff had developed a skin care regime with the person and provided guidance for staff to follow using diagrams. This supported the person to receive personalised care. Another person who had previously enjoyed aviation had a plan in place to support them to continue to pursue this interest. This included staff supporting them to visit museums and air fields. This meant they could continue to pursue their hobby and interest which helped to enrich their quality of life.

People's care plans were reviewed regularly or when their needs changed. Records showed people, those important to them and relevant health and social care professionals were involved in reviews. This helped to ensure people received the care and support they needed.

People had a person centred care plan that set out their goals and aspirations. Staff had worked with people to make this a reality. For example, one person wanted to attend university. Staff had supported the person to pursue their studies. This included working with the university to improve access to student facilities on campus and supporting the person to become involved in the student community. Other people wished to be supported to live in their own home and to make day to day choices and decisions, which they had previously been unable to do. Records showed staff had worked alongside other agencies to support people in their own homes. Staff had also liaised with landlords to ensure accommodation was suitable and safe for people.

The business owner and registered manager were very aware of the impact of people feeling socially isolated. They had developed a not-for-profit social club for people to attend once a week. This included a meal, socialising and activities at external venues in the community. People told us and records showed this had had a positive impact on people's lives and emotional well-being. One person told us that their mobility had declined in recent months and they found they didn't get out as often as they used to. Staff had suggested they go along to the weekly club to meet and chat with other people. The person told us they had attended recently and thoroughly enjoyed meeting new people and spending the day away from home.

Another person was identified as being at risk of poor nutrition due to their lack of appetite. Since they had begun to attend the weekly club, staff had noticed an improvement in their appetite because they were eating a two-course meal socially with other people; they had formed friendships and began to feel part of a community again. Staff provided support to enable people to get to and from the club safely and during the club in terms of activities and socialising.

Staff supported people to make each moment count; this was referred to as 'magic moments'. For example, one person regularly declined to communicate with staff. Staff had recorded a magic moment of when the person patted a chair, pointed at a photograph album and motioned for staff to sit next to them. This resulted in staff supporting the person to reminisce and discuss key events in their life through the use of photographs; which had been included in their care plan as a regular activity. Another person enjoyed writing and painting prior to losing their sight. Staff supported the person to pursue this interest by suggesting they write together. This resulted in the person thinking up stories and staff writing this down for them. These were examples that staff supported people equally to lead lives that were enriched and optimised to the full, regardless of the complexity of their needs.

The service was flexible and responsive to people's individual needs. One relative was in regular contact with their family member, although they lived overseas. They were anxious as they were unable to contact their family member at the usual time so they contacted staff at the service. The registered manager deployed a staff member to immediately check on the person, even though it was outside of scheduled calls. Staff found the person in a distressed state and were able to provide immediate support and assistance to avoid the person requiring more intensive services, and provided reassurance for the relative. Another person wished to pursue a lifestyle that placed them at potential risk of harm. Staff had worked with other agencies, including the person's former employer, to put measures in place to reduce the risk of harm whilst supporting the person's right to make decisions and choices. Measures included ensuring the person's finances were protected; identifying areas where the person regularly visited and working with other agencies to ensure they were aware of and helped to reduce key risks for the person. One social care professional praised the service due to how the service worked collaboratively with other agencies to achieve positive outcomes for people. These were examples of how staff worked in partnership with other agencies in a flexible way to meet people's needs.

The registered manager and business owner understood the importance of providing a reliable, consistent service. Systems were in place to ensure visits were never missed and contingency plans were in place to respond to staff emergencies. This included the availability of a 'pool car' to support staff in the event their personal vehicle broke down.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information they are given. For example, one person preferred staff to contact them by telephone or in person to provide them with information. However, staff had found the person did not always retain this information so they followed this up by repeating the information by email. This had resulted in improved communication between the person and staff. Another person was supported to communicate using an electronic device and speech cards. These methods of sharing information were included in people's care plans which supported staff to communicate effectively with people.

The provider used technology innovatively to enhance people's lives. Staff used an application through mobile telephones to access and record people's care. This could be accessed by people and relatives which enabled them to see, at a glance, daily care notes, care plans and records. The registered manager

told us the application had resulted in improved recordings, particularly where staff struggled with paperwork. The business owner was exploring further ways that the technology could be used to support people to live healthier lives and had already implemented this for one person who was at risk of frequent infections. The application had been used to monitor the person's usual personal care habits and alerted staff if there was a change to the 'norm' which may indicate the presence of an infection. This enabled health professionals to intervene in a timely manner which had reduced the need for the person to use more intensive services.

The provider had given people clear information about how to make a complaint. There was a written procedure which guided people as to how their complaint would be managed and responded to. Senior staff visited and telephoned people regularly and asked if they were happy with the service as part of their quality monitoring checks. Records showed that complaints were taken seriously, investigated comprehensively and responded to quickly and professionally. For example, where people had expressed concerns regarding difficulties in communicating with the office and senior staff at weekends, the business owner had investigated and identified a demand for management support at weekends. As a result, they had increased office opening hours to cover weekends; which ensured there were always senior staff available in the office during peak times, in addition to the out of hours on-call service. People and staff told us this had resulted in improved communication and support for people and staff. People and relatives told us they felt confident they knew how to make a complaint and would be listened to should they have to do so.

The provider had policies in place to support people who required end of life care. This included staff completing appropriate training and working in partnership with other agencies to ensure people's wishes were respected.

Good

Is the service well-led?

Our findings

People and their relatives were consistently positive about the service they received. They told us the provider had made improvements to the management of the service since our last inspection. Comments included, "The back up I get from the agency is really good; they are involved and very good at communicating. I would recommend this service," "I would recommend the agency. If I didn't feel they were any good, I would tell them," "I would recommend the company and especially [name] carer who I feel goes above and beyond their role," and "I would definitely recommend the agency. I am very impressed with the team. It all seems very strange when a family member gets to the stage when they need care and support, but this agency is most friendly and supportive."

The registered manager had developed and sustained a positive culture in the service encouraging staff and people to raise issues of concerns with them, which they always acted upon. Staff were able to contact the registered manager and senior managers to raise questions relating to care or policies. Their views about the service were regularly requested through staff meetings and through supervisions.

The provider had a clear vision and values that were person centred and focussed on people having the opportunity to be active citizens in their local communities. These values were owned by people and staff and underpinned practice. We saw staff consistently provided person centred care and support. One staff member told us, "The philosophy (of the service) is the best I've come across; it's the reason why I enjoy my job and why I stay." Another staff member told us, "I have worked for other agencies but they were no good. Here, we get to spend time with people and really get to know them. The managers are really supportive and you never feel on your own. This makes all the difference and it's why I love my job."

The registered manager and business owner provided clear leadership and used systems effectively to monitor the culture of the service. This included a regular presence of senior managers working in the service alongside staff to role model. Observation of working practices was used and staff were supported to reflect on their practices to enable them to develop in their role. Staff spoke highly of their managers and said they were accessible and approachable.

Staff were supported to share their views individually, through surveys and through staff meetings. Records showed meetings were used to share information with staff, discuss key issues and share best practice. The registered manager and business owner had introduced a 'carer of the month' scheme which recognised care staff who had gone the extra mile or attained personal achievements. People and their relatives were supported to nominate any care staff for this award. Staff surveys undertaken in January 2018 showed all staff who had responded were clear in their roles and responsibilities and rated the service highly in terms of support and opportunities.

The registered manager promoted equality and diversity within the staff team. People and staff were matched on areas of shared interests; this included similar cultural backgrounds and geographical area. All staff had completed training in equality and diversity and records showed staff had equal opportunities within their roles.

The provider actively sought the views of people and those important to them. Methods included on-line feedback through the provider's website where people could rate and comment on their experience of using the service. We saw comments were positive and rated the service as good-excellent, with key strengths noted as well-matched, consistent carers and support for relatives as carers. The provider had sent out satisfaction surveys in January 2018 and people had provided feedback about their care. We saw the provider shared the results of satisfaction surveys with people and staff through regular newsletters. These informed people on the outcome of surveys and any action taken to make improvements to the service. For example, as a result of feedback, the provider had opened the office at weekends and ensured senior managers provided weekend on-site support and they had developed and improved induction training for staff.

There was a strong emphasis on supporting people to form and sustain links with their local community. Regular newsletters were sent to people and relatives informing them of key events in their local area. Staff supported people to engage with neighbours and local clubs, associations, shops and community resources.

The registered manager understood their legal obligations including the conditions of their registration. They had correctly notified us of any significant incidents and events within the service. The provider had displayed their current ratings on their website and at the registered location.

Quality assurance audits were carried out regularly within the service by senior managers and these were collated by the business owner. These included all areas of care and support, such as staffing, records, medicines and health and safety and finances to support business planning. The outcome of audits and checks were used to identify where improvements were needed and action plans were developed with target dates. Records we saw showed the business owner had identified where improvements were required. For example, gaps in recording in medicines records were addressed with staff. The business owner also identified that improvements were required in the office to support the co-ordination of care visits and schedules. They were in the process of training new staff to oversee this role which would improve organisation and communication for people and staff. A representative of the provider, the quality compliance manager, also carried out periodic independent reviews to ensure the service was compliant with legal requirements and provided advice on areas which may be improved.

The registered manager received consistent support from the business owner and from representatives of the provider. Both the registered manager and the business owner were involved in working with other agencies and key stakeholders, such as local authorities, to identify and share best practice, both locally and nationally. They worked in partnership with agencies such as health and adult social care, to ensure people received a 'joined-up' approach which provided them with the best care possible. The service had achieved office of the year award 2017 from the provider in recognition of the leadership and achievements of the service. The service had been nominated and were finalists in the British Care Awards which supported and recognised high quality care. Commissioners, responsible for funding some of the people using the service, told us they had no concerns with this service.

The business owner and registered manager were committed to a culture of continuous improvement. They shared planned improvements with us which included the further development of technology to improve the lives of people, and development in all areas of care provision to ensure people lives were improved rather than merely sustained.