

Martin Care Services Ltd

Home Instead Senior Care Bagshot

Inspection report

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Tel: 01276539900

Date of inspection visit:
02 December 2019

Date of publication:
07 February 2020

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Home Instead Bagshot is a care agency providing personal care to people in their homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection they were supporting 64 people with the regulated activity who were aged 65 and over and were living with cognitive impairments such as dementia.

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

People told us that the service went "above and beyond" what they would expect from a care service. People who use the service told us, "They're so helpful with every aspect of my life, they're amazing" and "I don't know what we would do without Home Instead" and "It's like [person] has an extended family with Home Instead, they are so kind, considerate and brilliant at what they do."

People, and where appropriate, their relatives were involved in care planning and received regular updates about people's progress. Since our last inspection, the service had introduced an electronic call monitoring system for staff member's smart phones which ensured up to date information was added to care plans. Where appropriate, relatives had access to log on to the system and review updates.

People's privacy, dignity, equality and diversity were respected by all staff. People were encouraged to provide feedback to the staff and any suggestions were acted upon.

People were kept safe by staff who were appropriately trained and had been recruited safely. Medicine administration and infection control practices were safe. Where possible, staff and the management team learnt lessons from incidents and installed new practices to avoid reoccurrence going forward.

People were supported to have a balanced healthy diet that met their nutritional needs. People were supported to take part in hobbies and activities they enjoyed. The registered manager worked collaboratively with organisations to create more opportunities for people living with dementia to access the community.

Staff received regular supervision where they could express their views and provide suggestions to improve the service. Both people and staff stated they were supported well by the management team and people felt involved with decisions made relating to their care.

Staff supported people to access healthcare professionals and followed any advice given by them to ensure people received the correct care to meet their needs. There was a robust complaints procedure in place that ensured any concerns were fully investigated and the best outcome for the person was reached.

There were effective assurance systems in place that ensured standards of care were monitored. The

provider proactively monitored the quality of the service, risk management plans, training for staff amongst other areas.

There was a positive culture within the service, led by the management team who provided strong leadership. Staff were proud to work for the service and felt they were an active part of an organisation where they mattered, people mattered and all voices were heard.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 2 March 2017)

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Home Instead Senior Care Bagshot

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a service that provides care to people in their homes and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We visited the office location on the 2 December 2019 and one inspector completed two home visits.

What we did before the inspection

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

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

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, office administrator, senior care workers and care workers. We reviewed a range of records. This included six people's care records and multiple medicine records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with a further three people who use the service and three relatives about their experience of the care provided. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel incredibly safe when the carers come to my house. I've never felt unsafe or uneasy in their presence." Another person said, "The staff are great at keeping me safe with every aspect of my life really."
- Staff received regular training in safeguarding, how to identify different types of abuse and how to correctly report any safeguarding concerns. Staff were knowledgeable in this area and confident they would know what to do and how to use the correct reporting pathways.
- The provider had a safeguarding and a whistle-blowing policy in place to ensure people were protected from the risk of abuse.
- People and relatives were aware of how to raise any concerns to staff and the management team and told us they were confident to do so. Staff would then identify if there was a safeguarding concern and make the appropriate referrals.

Assessing risk, safety monitoring and management

- Risks to people were appropriately recorded and managed. Risk assessments were thorough and individualised to each person. There were a range of various risk assessments included in care plans which included nutrition, hydration, memory, and moving and handling. There were also environmental risk assessments for each person's home identifying any risks in relation to gas, water, electricity and lone worker checks.
- Staff engaged with people and relatives to assess and minimise risks to the environment. For example, a relative identified a risk with a person leaving the rear door to the property open for staff to enter the property. Within 24 hours one of the owners of the service had acquired and fitted a key safe to increase the person's security in their home. The relative said, "Myself and [relative] just felt instantly safer and more protected from any potential concerns we had. They just sorted it straight away which was more than we could have ever asked for."
- Risk assessments and care plans were reviewed regularly and whenever a new risk was identified new assessments were completed promptly.
- A business continuity plan was in place to ensure that the delivery of care was prioritised to those most in need during crisis situations such as adverse weather.

Staffing and recruitment

- There were enough staff to meet the needs of the people using the service. People received care from regular staff members to ensure consistency. All calls were monitored through the electronic care system and sent alerts to the main office if carers were delayed, who then in turn would inform the client to assure them. The staff team in the office explained that they immediately responded to the alerts, and if a call

required cover, this could then be immediately arranged to limit any impact on the person who required support. These calls were covered by staff who are already familiar with the clients and in emergencies staff based in the office.

- One relative said, "I've never had any concerns about staffing, they always spend all of the time allocated, most of the time they spend extra time with [relative] which is amazing as they have more calls to go to. They never seem in a rush, and they're always doing extra little bits before they leave."
- People and relatives told us additional support was arranged without any issues when required. A relative told us they had cancelled some care calls as they were staying with the person. However, there was a delay with their travel arrangements. The registered manager had immediately arranged for the cancelled visits to be re-arranged and extra food shopping to be collected. The relative said, "Nothing is too big an ask, they are just so helpful and always can't do enough."
- Visits were scheduled two to three weeks in advance to help ensure continuity for the people using the service. This ensured the provider could react efficiently to emergencies like sickness or a person's increased needs.
- The registered manager followed safe recruitment processes. This included obtaining references, confirming identification and completing checks with the Disclosure and Barring Service (DBS). These checks confirmed whether potential staff were suitable to support the people using the service.

Using medicines safely

- People told us staff supported them with their medicines when they required them. One person said, "They're very helpful in reminding me to take my medicines. I would always forget before, but now I never miss any medicines. I appreciate the reminder."
- Staff had received training in safe administration of medicine and the trainer and deputy care managers completed the medication competency checks to ensure there were no training needs required.
- Medicine recording practices were safe. A new recording system for medicines had been introduced since our last inspection. This had improved the response time to identifying any errors quickly so any impact or effects could be minimised. Medicine administration records (MARS) showed people had received the correct medicine at the correct time.

Preventing and controlling infection

- Staff told us that ensuring infection was not spread was a priority. One staff said, "We always use personal protection equipment (PPE) and if we are ever running low on gloves or aprons then we just come to the office and there is always a lot of stock here."
- Staff received regular training in infection control. This was mandatory training which also included refresher training on a regular basis.
- There was an infection control policy in place which all new members of staff were shown during their induction before beginning their roles. This meant staff were aware of their responsibility to prevent the spread of infection.

Learning lessons when things go wrong

- The provider and management team ensured accidents and incidents were monitored and acted upon quickly. Prevention methods were seen to avoid accidents and incidents, an example of this was seen through the electronic call monitoring system that had been introduced since the last inspection. This system identified a call that would have been missed, however, an alert was sent to the office and the call was covered."
- Any learning from accidents and incidents were shared with the staffing team through various means such as staff meetings. Incidents of people's refusals of personal care or food had been documented, and in response staff had been booked training on how to manage people refusing, and various persuasion

approaches.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and met in line with guidance. The management team worked with people to complete a full assessment prior to them being supported by the service. This ensured the service could meet a person's support needs and requirements. This also enabled the management team to match the most suitable staff to meet the person's needs and preferences.
- Assessments were holistic and included information on a range of people's needs, including physical, emotional, social and mental well-being needs amongst others. Assessments included what was important to the person as well as their wishes and goals. This allowed staff to support people to achieve them.
- The provider ensured staff had access to best practice guidance to support good outcomes for people. This included guidance from the National Institute for Health and Care Excellence (NICE).

Staff support: induction, training, skills and experience

- Staff were up to date with all mandatory training. Training around specific needs was offered to staff to help them provide high quality care. This included dementia training which staff told us was very beneficial to their role. When staff identified people regularly refusing support, a new training programme was developed to support staff in managing the situation. This included training staff to understand why a client may refuse something and introducing methods of encouraging people.
- Staff told us that training was of a good standard. The training programme was delivered either face to face or through E-Learning by a dedicated trainer. The office included a training area for manual handling and mobility training. This various mobility aids and a bed to ensure staff received thorough practical training prior to supporting someone with these specific care needs. Staff were also encouraged to be transferred in the hoist as part of the training session to allow them to understand how the people they support may feel in this situation.
- Staff told us that their induction had been thorough and relevant to their roles. One staff member said, "The induction was great, it really prepared me for the role and I got to meet the people I would be supporting with an experienced member of staff. I then only started to support people on my own when I was one hundred percent comfortable."

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

- Staff supported people to eat and drink where required. Care plans detailed any advice for staff to ensure people were encouraged where necessary. One person had lost weight and been prescribed fortified drinks. Advice and records were kept within their care plan to ensure this was being encouraged.
- People's preferences regarding food type and times of day they prefer to eat was documented in their care plans. When staff were spoken with they showed good knowledge of this and corroborated information seen

in care files.

- A fluids and nutrition course had been developed by the provider. This advised staff of the importance of food preparation, presentation and the importance of balanced meals. This also included staff preparing and presenting meals to each other that were then marked. This then led to carers sharing photos of the food they had prepared to the facebook group, sharing successful dishes.
- Staff followed guidance from dieticians and the local Speech and Language Therapist (SALT) team. For example, a person had been discharged from hospital on a pureed diet and their care plan detailed how food was to be prepared in line with SALT guidance and they were supported by staff to eat safely.

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

- Staff worked with social and health care professionals to ensure the care people received was consistent, effective and suitable to their individual needs. Examples of this were seen through various referrals to health professionals. These included staff working alongside the community mental health team, occupational therapists and the district nursing team.
- Staff supported people to attend health appointments and supported people to monitor future referrals. One relative said, "Staff always take [relative] to all of her Doctor's appointments and then always update us [family] straight away with [relative] to ensure everyone understands what is happening."
- Staff used their in-depth knowledge of people to promptly identify when people's needs had changed and sought timely professional advice.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people did not have capacity this was clearly documented in their care plans. Examples were seen of decision specific MCA and best interest decisions such as a person that was receiving their medicines covertly. All professionals and relatives involved in the decision had been documented including the GP and the relative's power of attorney documentation.
- Where people were able to consent, care plans were signed by each person and showed they consented to care and treatment.
- People told us that staff always asked for their consent to support them. One person said, "They always make sure it is my decision, they would never do something I wasn't agreeing to." We saw from records that staff received regular training in the MCA to confirm they understand this area of their role.
- Legal documentation was copied and documented in people's care plans if their relatives held power to make decisions on people's behalf.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives gave us positive feedback on the service. They told us that staff went "above and beyond" what they would expect from the service. One person said, "They treat me amazingly, they are always going the extra mile to support me and make sure I'm comfortable." Another person said, "They are so kind and caring, they're so respectful of my decisions and my preferences." A relative said, "We [family members] all live so far away, it's so nice to know that [relative] is being cared for so brilliantly. The staff are so kind, they really do treat her like family."
- All staff and the management team spoke with genuine warmth and compassion about the people they were supporting.
- A staff member said, "Their comfort is priority, whatever they need to feel comfortable and as happy as possible we do. It's about making sure they are living their best lives."
- Staff received equality and diversity training and showed good knowledge in how to apply this training when they supported people. One staff member said, "You have to respect that everyone is different, no one person I support is the same. I always make sure I support people exactly how they want to be supported."

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

- People had control of their lives and were fully involved with making decisions about how they wanted to be cared for and by which staff. The registered manager informed us that if any person did not agree with a match of staff this would be changed immediately. This was confirmed by a relative who said, "Not through any fault of the carer, [person] decided she was not happy, so this was changed by the next call after we had let the office know. They are so quick to make sure [relative] is 100 per cent happy."
- People and relatives told us they were involved in assessments and reviews of their care plans. One relative said, "[Person] always completes regular reviews with the manager at her home. I always get invited to the reviews and if I can make it then I will be involved as well. The manager really wants to get as much information to make sure they are providing the right care for [person] and make sure [person] is making all the decisions, they never assume anything which is lovely."
- Another relative said, "Mum makes all the decisions about her care, if ever she doesn't like something due to her own personal preference it will get changed straight away. They really listen and you always get the feeling that they genuinely have the attitude that the person being supported is always right."
- Where relatives did not live locally the office team provided regular updates, where appropriate. One relative said, "They're [staff] so good at providing me with updates and communicating any problems. No question or feedback seems too small for the office to deal with, and the manager really encourages us to make contact if we have any questions or suggestions."

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff encouraged them to be independent with everyday tasks. One relative said, "We like to hear how staff have got [person] to go out and get fresh air, as before she spent most of her time inside and I always worried she was isolated. They are gentle with encouragement and respect the days she wants to just stay inside. I think that means a lot to [person]."
- People and staff told us how staff respected their privacy and dignity. One person said, "The staff are just brilliant, they respect the fact they are coming in to my home, and always respect my private space. They are so respectful when they support me with washing as well. I appreciate this as it can be embarrassing."
- The provider told us how call times and visits were led by the people they were supporting. There was a culture of flexibility that was embedded within the service. People and relatives spoken with confirmed this. One relative said, "Whenever we want a visit added, sometimes on a complete ad hoc basis, they arrange it. They're so flexible, always to completely meet [relative's] needs."
- Staff were respectful and sensitive when speaking about the people they supported. Staff understood the need to respect people's privacy including information held about them in accordance with their human rights.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider founded the local Dementia Action Alliance (DAA) and worked closely with local organisations including care homes, churches and councils to promote dementia awareness. This included monthly lunches, organised and publicised by the DAA and held in local pubs. This enabled people to spend meaningful time with their families, where previously this was not always possible. A local restaurant hosted the lunch where people with dementia could go to eat with their family members. A limited menu was offered and they were sat in a quieter area of the restaurant so people were not overwhelmed. This resulted in a pleasant dining experience for people living with dementia and their families.
- The management and staff recognised how important it was to try to prevent loneliness and isolation. They distributed a monthly newsletter, which gave details of events organised by the provider, staff changes, new policies and fundraising which the staff were taking part in. The provider organised social gatherings, for example, a Christmas party was held at a local church hall and complimentary drinks and snacks and entertainment were provided. People and staff enjoyed the event together and some said it was their favourite outing of the year.
- Relatives told us that staff always tried to support people in line with their preferences. One relative said, "The staff are just brilliant, they always make sure they get all of the food that Mum likes, sometimes this is from several different shops and they always go to all the different places. This means that Mum eats more and maintains her weight which is so important."
- Staff were proactive and identified ways in which to support people to improve their health. One person was underweight and through staff identifying issues around the person eating and encouraging them by sitting and eating with them the person had increased their weight considerably.
- Personal profiles and detailed life histories were held within care plans. This guided staff with advice on how best to support people to meet their individual needs. Staff understood the importance of knowing people's histories and preferences and they used this information to prompt meaningful conversations whilst they were supporting people. One example was that a person found it especially important to have their make up on daily. Due to a change in their health they could no longer do this themselves. Staff had found out from them and their relatives exactly how the person wanted their makeup applied and they made sure was this recorded and done every day.
- People received personalised care to meet their needs and preferences. One relative said, "It's exactly what [person] needs. The manager went through everything with us and [person] is so happy with the care she receives. For the evening call was not something [person] wanted initially. However, in the end she requested the additional call when she was ready to accept it."

- Staff had been 'matched' to people in line with their experience, personality, preferences and hobbies. This had prompted positive relationships between people and the staff that were supporting them. People's and relative's quotes included, "They really are like a daughter to me, they treat me like family, and I treat them like family", "They know exactly how I like things done and always make sure I'm happy with what they're doing" And, "They know everything about me, we can chat for such a long time, it's really comforting."
- The provider had introduced a new digital care planning system, where relatives had real time, up to date access to view all care plans, where appropriate and with people's consent, this included daily notes. Relatives told us that this new technology had a positive impact on their lives. One relative said, "It's a huge relief and weight off my shoulders to know what's happening in real time so I can ask questions that same day if needed." Another relative said, "It's just amazing, to have the technology to review daily notes when I live so far away is so reassuring. If I have any questions regarding the updates I can just call the office and they always have the answers. The care plans are so detailed and so personalised to [relative]."
- People received visits that were a minimum of an hour long. This ensured staff had the time to sit and chat at the end of the visit to help reduce isolation.
- The provider had developed the What's On Where (WOW) guide for the local area, this listed local organisations that may be useful to contact and regular events. The aim is to encourage people to socialise with others in their local community., therefore reducing the chance of isolation.
- There was a procedure for staff to follow if a person was admitted to Hospital. This included visits to the person by staff to not only support the person, but to support the person's family also. This also included a full service review on discharge to ensure all of the person's needs could be met or to identify if any of them have changed, and how their care could be adapted.
- Staff supported people to continue to have their preferences met when it came to what they enjoyed in life. An example of this was a person who had deteriorating health, however, their pet dog was very important to them. Staff supported the person to walk and get the dog groomed. With staff support the person was able to keep their pet as a companion which was important to them.
- The management team operated an out of hours "on-call" service. This ensured people using the service and staff knew they could receive support or assistance 365 days a year 24 hours a day.

Meeting people's communication needs

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

- People were provided with information in ways they could understand. For example, paper invoices were provided in large print for a person with a visual impairment. The registered manager explained if people experienced hearing problems, telephone calls would be kept to a minimum and more face to face meetings would be held with them to ensure communication was effective.
- People had communication needs documented clearly in their care plans. This ensured all staff were aware of the best ways to communicate with people in a way that they preferred.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise concerns or complaints and that they would be dealt with appropriately. One person said, "I have never needed to complain, however, if I ever have a small concern it is sorted straight away by the office staff. They're brilliant."
- There was a complaints policy in place and staff were confident in how to deal with concerns or complaints. One member of staff said, "I would always make notes straight away, it doesn't matter how small an issue it seems and take it straight to a manager. Even small concerns can have a big impact on the

person we are caring for."

- All concerns and complaints were documented and analysed and any trends identified. This ensured the chance of re-occurrence was minimised.

End of life care and support

- The service was not providing any end of life care at the time of the inspection. However, the registered manager and provider were aware of their responsibilities to ensure they work in conjunction with hospices and other health professionals to provide the most effective end of life support for someone.
- Staff received training in End of Life Care, after the inspection the provider made us aware that they now deliver a City and Guilds course in End of Life Care. This would prepare staff for providing end of life care if the situation occurred.
- End of life wishes were discussed with people and their relatives when people were ready and comfortable to talk about them, these were then recorded in the care plans.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People benefitted from a well led service. All people and relatives spoken with confirmed that they were very happy with both the management and staff. One relative said, "I just can't fault it. They are brilliant in every way. They are quick to respond to any questions, their communication is brilliant and the care is second to none." Another person said, "The company is very well run, it is a well-oiled machine, that all the staff then fall in to place. The manager is brilliant and we always see her and have a chat even when it's not a review."
- The provider and management were passionate about supporting older people and in turn had created a team of enthusiastic and passionate staff. Staff were passionate, highly motivated and proud to work with the service and provide the best possible care for the people using the service. One staff member said, "I'm proud to work for this company, the people are the priority and their well-being and caring for them is the most important thing." Another staff member said, "I enjoy working for this company because of everything. The management's values, it's all about the people and the care we provide is paramount it must be the best, and that's what makes people so happy with our service and us staff so happy to work here." Another member of staff said, "They're my second family, some days it really doesn't feel like work, it just feels like visiting family members. And that is what we want for them, care we would expect for our family."

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

- The service was extremely well organised. There was a clear and supportive staffing structure and lines of responsibility and accountability were understood. Staff were highly competent and experienced.
- Staff told us they felt supported in their roles. One staff said, "The management team are great, so supportive with everything. If I ever want to request more training I do, and if ever I need support with a personal issue the management are there for me. It's great to work for such a supportive company."
- Staff received regular supervision and appraisals that were documented in minutes and copies of these minutes shared with the staff members involved. This gave staff the opportunity to discuss their personal development, raise any concerns, discuss their current client list and any other conversation topics.
- Staff understood what was expected of them, and were highly motivated and passionate about providing an excellent service of care to the people they supported.
- There were effective quality assurance monitoring systems in place to continually improve the service. The provider completed regular audits and these were then analysed to identify any areas for further and continued improvement. Meetings were then held for the management team to discuss any plans for further

improvements and time scales in which to complete these in a timely fashion. Examples included audits of people's individual care and goals, one action was to monitor a person's improvement around anxiety in public places. There was documented information about how visits in to the local community were increased for longer periods of time and the positive impact noted for the well-being of the person involved.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team and staff were open and transparent. People told us of their complete trust in the team that supported them. One person said, "If I ever had an issue I would immediately go to them and I know they would sort it straight away in a professional way. They always make me feel like my opinion is important."
- Staff were encouraged to put forward ideas through staff meetings and supervisions. Staff told us that any ideas were welcomed. One staff said, "The management really make us feel that we all play a part in the running and improvement of the company."
- People were invited to complete a care survey annually. Changes, improvements or advice that were made as a result of this were shared in the monthly newsletter. An example of this was an entry in the newsletter making people aware of upcoming social events.
- There were strong links with local community groups. An example of this was a local carers' support group that offered advice and support to relatives which had been at risk of closing. The registered manager took ownership of the group and continued to run support sessions. This in turn had supported some of the relative carers of the people living with dementia that were using the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager and provider understood the need for constant learning and improvement required for the service. This had been seen by the introduction of the new electronic system since the last inspection. The registered management had encouraged and supported staff through this transition. All staff had spoken positively about these changes to improve and innovate the way in which they worked. Staff comments included, "The new system is great, we had so much support as well with it's introduction and the results are great. We can identify problems quicker to get better health results for people" and, "The new system is so easy to use and so much more effective in the way we record things."
- The registered manager and staff worked with a range of social and health care professionals to ensure people were receiving the best care possible. Examples of this were seen from records of people that had been discharged from hospital and the service had worked in partnership with the hospital staff and doctors to ensure the person had the best support possible.
- Since our last inspection, the provider had continued to develop and improve the service. Improvements were seen through the introduction of a new digital system, this had introduced a more efficient way of recording daily notes and medicines, in turn this had resulted in a more efficient way of identifying any issues. This ensured people received a good standard of care.
- The provider is a Dementia Champion and regularly delivers Dementia Friends talks on behalf of the Alzheimer's Society to groups including recently Citizens' Advice, the Community First Responders and St John's Ambulance. The provider has trained 668 Dementia Friends so far.