Mumbys,Homecare Support Ltd

Mumby's Homecare Support Limited

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Outstanding ☆
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

We undertook an announced inspection of Mumby's Homecare Support Limited on 13 December 2018 and 19 December 2018. We told the provider two days before our visit that we were coming to make sure that someone would be available to support the inspection and give us access to records. At the time of our inspection 42 people were receiving a personal care service from the service. Not everyone using Mumby's Homecare Support Limited receives a 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. The service was supporting people with a range of needs, including older people with living with a dementia type illness, people with physical disabilities and people living with mental health needs.

At our last inspection we rated the service Good overall. At this inspection we found areas of the service had improved to Outstanding.

The service had a registered manager. 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.

The effectiveness of the service had improved to Outstanding. The service worked in partnership with other organisations to keep up to date with new research and had developed practice in line with current guidance. Staff were trained to follow best practice and training was developed around people's individual needs, such as dementia. Training was adapted to meet the needs of care staff to ensure their understanding. Management offered proactive support to care staff enabling people to be supported well. Staff spoke positively about the support they received from their managers. People told us the service was friendly, responsive and well managed. People were supported to eat and drink enough to ensure they received sufficient nutrition and were able to access healthcare services when required to maintain their health. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The leadership and management of the service had improved to Outstanding. Since the previous inspection, the provider had put in measures to optimise how the service was run including expanding management of specific areas to ensure expertise. The provider had a vision to provide high quality person centred support to people. People valued this and staff expressed feeling part of the family led organisation and shared their vision. There were clear systems in place to ensure that the service ran efficiently and safely and regulations were met as required. The service was keen to continuously learn and improve and the provider collaborated with other organisations to increase and improve the provision of live-in care as an alternative to residential care.

People were safe as staff knew the correct procedures to follow if they considered someone was at risk of

harm or abuse. Staff had received appropriate safeguarding training and there were policies and procedures in place to follow in case of an allegation of abuse. The provider had safe recruitment procedures in place and conducted background checks to ensure staff were suitable for their role.

Risks to people were identified and plans put in place to minimise these risks. Guidance was in place for staff so that they could mitigate risk, and support people to take sensible risks as safely as possible. People received their prescribed medicines.

There was clear guidance for staff on how to meet people's individual needs and support them to achieve their goals. Staff treated people with kindness, respect and promoted people's right to privacy.

People were provided with information about how to make a complaint and these were managed in accordance with the provider's complaints policy. The registered provider had informed the CQC of all notifiable incidents.

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.

People told us they felt safe. Staff had been trained to recognise and respond to abuse and they followed appropriate procedures.

Safe recruitment practices were implemented and there were sufficient numbers of skilled and experienced staff to meet people's needs.

People were supported by staff who managed medicines consistently and safely. Medicines were stored and disposed of correctly and accurate records were kept.

Is the service effective?

Outstanding

The service improved to Outstanding.

Care staff received an excellent induction and were provided with ongoing and advanced training, support and supervision to ensure they always delivered the very best care.

The service had excellent systems in place to ensure that people received effective care that met their needs and expectations.

People were supported by staff who confidently made use of their knowledge of the Mental Capacity Act 2005.

The service worked collaboratively with other professionals to ensure that people maintained their health and wellbeing.

People were supported to eat and drink to maintain their nutrition.

Is the service caring?

Good

The service was caring.

People were treated with respect. Staff understood how to provide care in a dignified manner and respected people's right to privacy and choice.

People told us staff were caring.

Is the service responsive?

Good

The service was responsive.

People using the service had personalised care plans and their needs were regularly reviewed to ensure they received the right care and support.

Activities were meaningful and were planned in line with people's interests.

The service had a complaints procedure that was accessible both to people who used the service and their relatives. When raised, issues had been responded to in an appropriate and timely manner.

Staff provided end-of-life care in a responsive and compassionate way.

Is the service well-led?

Outstanding

The service improved to Outstanding.

The service was exceptionally well-led and the vision and values of the management, staff and organisation had been integrated into the delivery of people's support and care.

The service was an excellent role model for other services. It worked in partnership with others to deliver care and support based on good practice and people's informed preferences.

Staff were involved, well supported and worked well together and were highly motivated to follow the values of the organisation.

Mumby's Homecare Support Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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 13, 19 December 2018 and 7 January 2019 and was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be in to support the inspection. This inspection was undertaken by one inspector and an Expert by Experience who telephoned people who used the service and their relatives to obtain their views. 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 reviewed records held by The Care Quality Commission (CQC) which included safeguarding concerns, complaints and statutory notifications. A statutory notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. The inspection was informed by feedback from questionnaires completed by a number of people using the service. In addition, we looked at a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from 20 health and social care staff and other stakeholders and received feedback from five. We spoke with four people and seven relatives by telephone to obtain their views about the care and support provided.

Inspection site visit activity started on 13 December 2019 ending on 7 January 2019. It included visiting the office location on the 13th and 19th December to see the registered manager and office staff; we reviewed care records and policies and procedures. We spoke with the registered manager and operations manager, the training and recruitment managers and six members of care staff. We checked care records for seven

people. We checked four care staff files and other records relating to the management of the service. We also visited two people and their care staff in their own homes on 7 January 2019 to gain feedback on their experience.

Good

Is the service safe?

Our findings

The service continued to provide safe care to people. People told us they were reassured by the presence of staff who they considered to be trustworthy. When asked if they felt safe with care staff and their support, people's comments included; "Oh yes, very. I don't feel threatened in any way and they help me so I feel safe" and "Absolutely. The carers who have come have all been willing to help with my rehabilitation". Relatives comments included, "Certainly, yes. The carers are good at looking after her" and "I feel he's being safely looked after." An external professional said, "Staff are actively supported to raise any safeguarding concerns immediately and this is recorded on the incident form".

Staff had received training in protecting people from harm and abuse and understood their responsibilities to identify and report any concerns. The registered manager kept their own practical training up to date to ensure they could continue to improve staff practice. Another of the external trainers had a strong background in safeguarding and therefore staff were given an understanding of what safeguarding meant in their roles with up to date and relevant information delivered. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. One member of staff said, "I have had this training. I'd report to my manager and I can call the local authority as well". The service had systems in place to investigate and report concerns to the appropriate authorities. When safeguarding concerns had been raised we found the registered manager had informed safeguarding teams and the regulator in a timely manner.

People were protected from the risks of avoidable harm. Before people were supported, risk assessments were carried out to identify opportunities and risks in line with the individual's needs and preferences. Care plans documented this information to ensure staff knew the actions to take to manage any risks. Risks assessed included, managing medicines, continence, falls and nutrition. These were regularly reviewed or amended as necessary to ensure the information was correct. Risk assessments also considered the environment in which the care was to be provided. Care managers did daily handovers to discuss any new risks identified and how to resolve or manage them. Supervisions and appraisals also discussed safeguarding issues to ensure care staff considered any potential risks.

There were enough staff to safely meet people's needs. The service mostly provided live-in care with the specific hours of support determined during people's needs assessments and specified within people's care plans. People agreed the rota arrangements of staff. For example, some staff lived-in with people for two, three or four weeks at a time before handing over to a colleague who would live-in for an agreed period. We found arrangements were in place to ensure people were safe when live-in staff took breaks during the day. Some people were supported by the service's relief care staff or by family members for short periods. When live-in staff took annual leave the provider deployed staff from a relief team who were familiar with the person, their needs and their care plan. This meant there were arrangements in place to ensure sufficient resources were available to provide a safe continuity of care.

The service utilised an electronic system to assist with care staff allocation and ensuring that any concerns were flagged up immediately. For example, the electronic system could identify if and where any calls were

unallocated and immediately take action. This meant the service had an effective system to ensure people received their support when they should.

People were protected from the risk of receiving care in their homes from unsuitable staff. The provider undertook checks to ensure the suitability of staff. Prospective staff were required to successfully complete a telephone screening interview before an application form was sent to them. Application forms requested full details of potential care staffs' employment histories and any gaps needed to be explained. Two written references were obtained and these were followed up with phone calls. Successful applicants were subject to checks of their details against criminal records and individuals barred from working with vulnerable adults. The provider confirmed the identities, addresses and eligibility of successful applicants to work in the UK. This meant people were supported by staff who were safely recruited.

Medicines were managed safely and people received their medicines as prescribed. Medicine administration records (MAR) were completed fully and accurately. Staff administering medicines signed the MAR to confirm people had taken their medicines. We asked relatives if they felt medicines were managed safely and had comments such as, "As far as I know, she does; the MAR sheets are signed" and "Yes, they're very punctual with that". We found medicines records were regularly audited by managers. This meant the service ensured that people were supported to take the right medicine at the right time.

People were protected from risks associated with infection control. Staff had been trained in infection control procedures and were provided with Personal Protective Equipment (PPE).

Staff were encouraged to be open and transparent about safety incidents so that lessons could be learnt. We saw that staff had reported accidents and incidents to the management team so they could be reviewed. Where an incident or accident had occurred, there was a clear record of how the event had occurred and what action could be taken to prevent a recurrence. For example, a person who had fallen twice had been referred for a falls assessment and this had been followed up. Other actions had included having safety rails fitted to minimise the risk of further falls. Any incidents were discussed at team meetings and if necessary staff would be retrained and supervised until assurance was provided.

Outstanding ☆

Is the service effective?

Our findings

People were receiving exceptionally effective support which resulted in them having a good quality of life. People's desired outcomes were identified and care and support regularly reviewed and updated.

The service offered rehabilitation and reablement packages to be able to get people discharged from hospital at the earliest opportunity. For example, a local authority's reablement health team referred people requiring early discharge from hospital. The service then created a six-week plan allowing the person to return to their own home, with their care requirements being met until they could be independent once again. Assistance was provided by the live-in carer to support daily activities alongside promoting independence and assisting with any physiotherapy regime to assist recovery. People benefitted from receiving one to one support promoting the best possible means of regaining their independence. For example, a person who had suffered a sudden illness had expressed their wish to regain their mobility to be able to access their workplace again. We reviewed their initial assessment and the most recent update and saw the person had made significant progress over nine months. Originally, they were unable to stand and needed two care staff to help them move, and assistance to eat and drink. We saw that their condition had improved dramatically over the period of time they were supported. The care staff had supported the person to complete their physiotherapy exercises and to increase their confidence. This resulted in the latest review showing the person was now able to walk upstairs with assistance from their care staff. All mobility equipment had been removed as the person no longer needed hoisting. They were now able to have a shower instead of a strip wash due to improvements and could eat and drink unaided. They had also gained weight which had been lost. This outcome was a good example of how people were supported to regain independence and health following their sudden illness with consistent support in their own surroundings.

Staff training was developed and delivered around individual needs. Where necessary, specialist training providers were used to ensure staff received training in line with current best practice. People and their families living with dementia received excellent input and advice from one of Mumby's directors who was a specialist in dementia and had written books on supporting people and their families living with dementia. It was reported that this had been valuable for families who had not had any experience of dementia before. We saw that the director had developed 'kitchen table' guidelines for care staff and families. These contained key phrases to prevent care staff causing distressing emotions such as rage and promote positive feelings of well-being. For example, 'Learn to love repetition' This suggests staying with the repetition until the person moves on to another subject. On each guideline there was a page with 'How did your behaviour improve the mood?' where care staff could make notes. The published books were provided to people and their families and to care staff free of charge. Staff commented on how helpful they found this. One said, "[Director] is very helpful and shares his knowledge generously. He does every training and is available to offer specific advice. Another staff member said, "The dementia training gave me something new and I have found this a fascinating area with sound advice". Alongside this, the director visited people's homes to deliver person specific training on dementia with the person's family and allocated care staff. This meant people affected by and living with dementia were supported by staff who received specialised and detailed training in dementia. This increased the chances of ensuring people lived happier lives and assisted families to understand new ways of communicating effectively with their loved ones. We saw some feedback that

had been received by the service which said, "I just wanted to say what an excellent job your [staff] do of looking after [person]. [Staff name] has got [person] sorted so well in every way, knowing how to deal with any event, as [person's] needs certainly can and do change from day to day. [Relief carer] came and she was fantastic too, as with [other care staff], a few hours with [person] and you would have thought she had been there for weeks. What a great skill to have. Is this the way you train them? Or maybe just select the best!"

Staff training was developed, tailored and delivered to the individual needs and training styles of staff. A new internal training co-ordinator had been recruited to ensure an effective oversight of training, identifying any new training required and ensuring that staff kept their training up to date. To ensure staff received meaningful training in line with their learning style, the service used a 'blended learning approach' which included completing workbooks, watching DVD's and then answering questionnaires, on-line assessments of knowledge, e-learning and face to face tuition. This assisted care staff to achieve the Care Certificate or upskill existing training to the Care Certificate level. The Care Certificate is awarded to staff that complete a learning programme designed to enable them to provide safe and compassionate care to people. The training co-ordinator attended refresher updates relating to the Care Certificate to ensure they were using current best practice and legislation. Since the training co-ordinator had started the certificate completion rate went from 5% to 57%. The training co-ordinator had also been trained and certified to deliver some training directly. For example, moving and handling. This meant training could be delivered in the person's home, making it much more individual and ensuring care staff had a sound understanding, for example, operating specific hoists. The training co-ordinator liaised with the care managers to ensure staff had yearly workplace assessments to monitor their compliance with training such as managing medicines. As a member of the United Kingdom Homecare Association (UKHCA) the service accessed training offered by the association to ensure they remained up to date with the latest legislation in the care industry.

The training co-ordinator had come up with fresh ideas to deliver certain sessions. For example, when doing infection control training, visual aids such as a drawing of a fridge with movable food items were used to assess food safety. People using the service were asked and willing to talk to new care staff about what it was like receiving care from their aspect to give some perspective. This gave a greater level of understanding of the impact they can have during their training. This training programme provided staff with a comprehensive introduction into their roles and the organisation, helping them to develop the skills to provide effective care to people. Staff we spoke with said how helpful the training was. Comments included, "If we don't understand, we are able to ask questions and given information in a way that we understand"; "The training is very good and we can ask for any training we need. The training manager will always visit if asked for extra advice" and "The training is very good and they are always at the end of the phone if needed. For example, I needed some advice about moving and handling and both the trainer and a care manager visited me to go through it".

People received care from staff who received continuous support with their performance monitored and appraised. The external training provider delivered training to office staff on carrying out staff supervisions and appraisals. Staff told us they felt supported and comments included, "They are very supportive. I have worked for other agencies and they are not as good as this. It is a family run business not a large organisation and I like that. They are also very understanding when people die and know that we are affected by this". Staff received annual appraisals from line managers where their performance was reviewed. Objectives were set for skills development such as identifying training needs and monitoring personal development plans entitled 'carer's pathways'. These documents identified the objectives, outcomes and support for each member of staff to achieve their potential. Care Managers completed observations on a yearly basis to ensure that care staff were competent in their roles and any training requirements identified. We saw that the competency and observation rate had increased from 5%- 88%. This meant that intervention could take place if a member of care staff needed support or coaching to

improve their practice.

People received a holistic assessment of their needs before using the service and this was used to plan and deliver their care and support. People and their relatives commented on the assessment process with views such as, "There was an assessment visit and there was an element of care-planning within the process. They visited for about two hours" and "The owner of the agency came and I told them all about us and she saw [person] as well. They considered carefully as to whether they could supply a service or not". We received feedback from a legal representative who said, "The company provided respite support to the live-in carer and my client's needs were assessed in consultation with me as case manager, the team leader and client. They were willing to use the existing care plans and risk assessments prepared by case management to ensure continuity of support in their documentation. Working collaboratively with me as case manager was positive to ensure safe consistent and reliable support. My client as a disabled adult loved to have her make-up done elaborately and carers were able to achieve this essential task to support my client's body image".

People were fully involved and helped to plan their meals with care staff, taking nutritional advice into account. The service respected different cultural, religious or ethical issues around people's choice of food to make sure their wishes were respected. For example, one person would not allow eggs or meat to be brought into or cooked in the home. Care staff respected this decision and would consume these, if wished, when they were out of the person's home. People at risk of malnutrition or dehydration were monitored. Care staff informed care managers if they were concerned about a person's eating habits such as poor appetite or not drinking enough fluids and nutritionists would be referred to if required. Care staff had attended training on dehydration causes, effects and treatment. This provided extra knowledge around supporting people who may be susceptible to dehydration. Where necessary, the service liaised with multidisciplinary teams and professionals such as a dietician to ensure people received a nutritionally balanced diet. We saw feedback from a family member who wrote, "As well as the day to day looking after [person], I have heard from all the [staff] how they have to deal with the nutrition side of the job. This again must be a very hard task to deal with, and they all seem to manage it very well as [person] is looking fit and well".

People were supported to maintain good health as care staff were supported in identifying and implementing best practice. The registered manager was a registered nurse which helped to ensure that practices were in line with current guidance such as The National Institute for Health and Care Excellence (NICE). NICE provides national guidance and advice to improve health and social care. We saw that NICE guidance had been referred to in respect of assessment of falls and urinary tract infections. Various professionals were involved in assessing, planning and evaluating people's care and treatment. People also had access to healthcare professionals where necessary. This meant the service worked with healthcare professionals to effectively meet people's health needs.

People's consent to their support had been sought. A person's legal representative provided feedback stating, "My client had capacity and directed her activities of daily living. She did not express any issue with the delivery of the service once preferred carers were identified". A relative commented, "Oh, they're fantastic; they consult her all the way." Care plans contained documents evidencing the service had sought people's consent to care. These were signed and dated by the person or their legal representative.

Where people may lack mental capacity to take particular decisions, care staff had received training to assist their understanding of the requirements of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf

must be in their best interests and as least restrictive as possible. Records showed that people who lacked capacity were supported with assessments and best interest meetings. One staff member said, "I offer choices and respect their [people's] decisions". Depriving someone of their liberty in their own home can only be made lawful on the orders of the Court of Protection. We checked whether the service was working within these principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and saw that they were following these principles.

Good

Is the service caring?

Our findings

People continued to benefit from caring relationships with care staff. We asked people and their relatives if they felt staff treated them with kindness and respect. Their comments included, "Oh yes, we get on well"; "Very remarkably, yes. [Person] is often very restless and anxious at night and keeps them very busy, but my [relative] has said they are very kind and patient"; "Oh yes, yes. They're all very good in that regard; you can't fault them" and "Yes, she is. They have a good relationship with her." We saw written feedback that had been received by the service which said, "Thank you very much for all your help over the last six months in caring for [person]. [Staff name] was amazing and had a really lovely relationship with [person] and we will not forget his care. [Staff name] was also a superb carer".

When seeking feedback from people and their families, we asked them whether they felt communication was clear so they understood care staff and whether care staff understood them. We had comments including, "I can have minor difficulties with the [language], but we get around that", "Occasionally their English is not very good and there can be misunderstanding, but generally it's resolved". We gave this feedback to the provider who explained that every effort was made during recruitment and training to support care staff whose first language was not English. In line with the feedback, they said they would continue to try to improve these areas where they could. However, the quality of care was not in question.

Management staff ensured they were responsive to individuals sensory loss or disability by ensuring it was identified and recorded and plans put in place to help reduce the barriers to involvement in their care or support. The service had policies and procedures including how to ensure people with a disability or sensory loss would be supported. A family member commented, "Well, she's extremely deaf, but the care staff have always been careful to make sure she's certain of what they've said". If needed, the service could arrange for information to be translated into other languages. If information needed to be transcribed into an audio file or braille letter, they stated this could be arranged.

People had as much choice and control as possible in their lives including which staff provided their personal care and support. The provider had a matching process which identified people's assessed needs and matched them to a pool of staff with the corresponding experience and training. The provider forwarded staff profiles to people. These contained detailed information about the care experiences, training, personal backgrounds, interests and photographs of staff. This information enabled people to make informed choices as to who would be providing them with care and support. We received feedback from an external trainer who said, "When placing staff members with clients their individual needs, preferences, attributes and characteristics will be individually considered, as to achieve the best possible outcome for the client. The five-day induction programme was used to assess the individual potential staff members personal attributes and there is close discussion with the trainers, care managers and operational manager to ensure a good positive placement that will allow the best optimum outcome for the client".

Since the last inspection, the service had employed an experienced human resources (HR) and recruitment manager to ensure care staff were selected based on the service's values of delivering person centred care. An equality, diversity and human rights approach to supporting people's privacy and dignity was embedded

in the service. Equality and diversity training was given to all new staff on induction by a trainer who was a Skills for Care dignity champion. Dignity formed part of staff's supervision meetings to ensure the values were being incorporated into people's support. The Protected Rights under the Equality Act 2010 had been included into supervision sessions.

People's independence was respected and promoted. Staff supported people to maintain their everyday living skills and care records detailed the tasks and activities people were able to do without assistance. Care plans guided staff to encourage people to do what they could for themselves, promoting their independence. We asked people and their relatives about opportunities to remain independent where possible. Comments included, "They do what they have to do, but they encourage me to do things for myself. They help me with my exercises", "Getting that way. It's left to me to decide how much I want to do mobility-wise. The carers remind me to do my exercises" and "I think so. They encourage her to do things for herself before intervening".

People's right to privacy and confidentiality was respected. People told us staff respected their privacy. One person told us, "Yes. They always say what they're going to do, and they always make sure I'm covered." Another said, "They use a dressing gown to cover me, keep the doors shut and such".

Good

Is the service responsive?

Our findings

The service continued to be responsive. People and their relatives had contributed to planning their care and support and care plans reflected people's personal histories, likes, dislikes and preferences. Relative's comments included, "Yeah, I think so. They're learning about her all the time because [person] hasn't been receiving support for very long", "Yes. If there's anything they don't know, I can tell them" and "Yes, I do. They know how she is and if she's changed. They're very proactive in dealing with her mental health issues so I know she's safe".

Care plans were individualised and included information about people that enabled staff to know them well. The service used technology to ensure they were responsive to changes in people's needs. The electronic system enabled information to be updated and available in a timely way. There was also a section to monitor daily activities with people and a notes section to record on-going conversations held either face-to-face, via email or over the phone. Calls were documented and there was ongoing storage and backup of information stored securely on the IT system which was password protected.

People were supported to engage in their choice of favoured activities. People's comments included, "When we get local leaflets through the door, we go through those. For example, I've started to go to Age UK coffee mornings. I've met new people and people I used to know", "I'm not bored, that's for sure. I've recently re-joined the bridge club". A relative said, "They read with her, they do the crossword, they play games. Oh yes, she's kept occupied. And when the weather's fine, they go out walking with her". Another said, "That is difficult, but they do encourage her with her music and go through family albums. Some of them take her to church or out for a walk".

People's views were sought on a regular basis and a survey had been held which said all those who replied would recommend the service to friends or family. People and their relatives were asked for their views about the service they received. A questionnaire had been sent out to people, their families and care staff. Responses received stated that 100% of clients rated the service provided highly.

People knew how to complain and were confident any concerns would be dealt with appropriately. The service had a policy and procedure when dealing with complaints and we saw the service followed these. For example, a relative was not happy with a member of care staff. We saw that the complaints procedure had been followed. Comments from people included, "I would immediately raise any concern; I would phone the management", "I'm quite comfortable to say something. There have been times when I've not been satisfied with the carers and I have complained and they've been changed".

The service had also received many compliments from the people they supported and their relatives. Feedback had been kept and we saw examples of where people had received support that made a difference. For example, making the person's favourite cakes, helping a person to attend activities to avoid social isolation and a carer taking photographs of a person's garden as they were too afraid to go outside. The person was overjoyed looked at it every morning.

People received care and support at the end of their lives from care staff. We had feedback from a person's solicitor who said, "Mumby's provided agency carers for an elderly client of ours who was diagnosed with dementia in 2010. Over the years her condition deteriorated and she died earlier this year. Mumby's carers gave an exemplary level of care during our client's end of life. Although employed as domiciliary carers at our client's property, they attended our client at hospital every day to ensure she was looked after by the nursing staff, was receiving medication and was not unduly distressed or confused by her change of location. Undoubtedly, in part due to the high level of care she received from Mumby's, our client was able to return home and spend her final days in her own property attended by her very dutiful carers".

We also received feedback from a person's legal representative who said, "My client died unexpectedly. The feedback from the family is that the worker was professional and navigated sensitively supporting my client's [relative] and giving evidence to the coroner. The agency kept communication going between the worker, case management and the deputy".

Outstanding ☆

Is the service well-led?

Our findings

Since the last inspection, we found the provider had worked towards improving the service. The provider had continued to improve on good leadership with sound management and governance of the service to ensure high quality of care. This was particularly significant in ensuring people's needs were identified and met by staff who had received excellent training and support resulting in an outstanding rating for this area of the service.

People, relatives and healthcare professionals told us the service was well led. Comments included, "I've got quite a lot of experience of different services in this area and I'm aware that they have a good reputation because of the professional dealings I've had with them. That gave me the confidence to have them look after one of my family"; "Mumby's has a very high standard of professional training for the carers. The management of the care provision is very sensitive"; "I feel because they're quite a small organisation, they know their care staff and clients well and are able to match accordingly" and "I have faith in the Mumby's. There's been trial and error in trying to find the right [care staff] for [person], but they've been very helpful with that". A professional provided feedback stating, "Mumby's Homecare Support works in collaboration with the Live-In Care Hub and this has given them a good track record of providing a good working role model for other services. Leaders and managers of Mumby's Homecare Support strive for excellence with a systematic approach to achieving and improving their care services. This is carried out in an open, honest and transparent way, often with consultation of other senior members of staff so that a cohesive approach in providing excellent care provision in any care setting. Communication and co-operation between myself and Mumby's Homecare Support is excellent, this assists our relationship in combining partnership working to the highest degree".

The service worked in partnership with other agencies to undertake research, develop best and develop good leadership. This had been implemented by collaborating with organisations contributing to research to evidence best practice and improve care outcomes. The service had contributed to the development of best practice and good leadership with other agencies. The service was part of the Live-in Care Alliance in Oxfordshire which is an established group of local care providers in Oxfordshire focusing on offering alternatives to a residential care home. Their aim was to deliver a consistent standard of high quality care, and by joining together services had the capacity to ensure staff could be deployed without delay. This meant the service always had resources to enable them to take on care packages quicker. Members of the Alliance also attended training together which demonstrated a good use of resources to meet people's needs.

Mumby's also worked in collaboration with the national 'Live-In Care Hub'. The service was a member and the registered manager was on the board of the national Live-in Care Hub which had commissioned some research which looked at falls and hip fractures. The findings of this were produced in the Live-in Care Hub's 'Better at Home'. The findings showed that people who had live-in care were less likely to fall, and far less likely to have a hip fracture than people in residential and nursing homes. The service had provided regular anonymized falls data to the Hub which was used in producing the findings. An external professional said, "Mumby's Homecare Support works in collaboration with the Live-In Care Hub and this has given them a

good track record of providing a good working role model for other services. Leaders and managers of Mumby's strive for excellence with a systematic approach to achieving and improving their care services. There is an excellent working relationship between Mumby's and other agencies of the Multi-Disciplinary Team that they may be working with, this is to ensure the best possible outcome for the individual client is achieved, if attainable". This meant the provider developed and shared its knowledge and expertise to improve the quality of care people received.

The service also worked in partnership with other specialist services. For example, the service worked with Young Dementia who assist care staff and families to understand more about the condition and ways in which they can support people to have the best quality of life. The service were members of various associations. The service were also members of OAPC (Oxford Adults Private Care) and UKHCA. These were other sources of information which helped the provider to stay updated and network.

The service was a small family led organisation whose vision and values put people at the centre of the service. We saw these values had been integrated into the selection and training of staff and continued through day to day care ensuring people received a safe, caring and responsive service. There was a clear management structure in place that supported the registered manager in their role. This had been strengthened since the last inspection incorporating a nursing services director, a recruitment co-ordinator and a training co-ordinator. Each staff's roles and responsibilities were clearly defined which helped to ensure that the service ran efficiently. Managers were encouraged to develop their leadership skills and those of others. For example, the operations manager had attended a four day 'Well Led' course hosted by Skills for Care developed to help providers understand and initiate a positive, care company.

Staff we spoke with felt valued which helped their motivation to deliver good care. A member of staff said, "I feel like part of the family (Mumby's). They always listen to me and care managers are very supportive". We saw that care staff were sent flowers on their birthdays. We saw feedback received from a member of staff that said, "Thank you for the flowers for my birthday. They are wonderful. I have been enjoying them all weekend and felt so valued as an employee of Mumby's. Thank you". We also saw feedback from a member of staff who had left the organisation. They said, "Thank you for the last eight years. It was an utterly interesting work (as well as life) experience. People I've met will stay with me forever. Thank you for all the support, understanding, appreciation and care. It was a great pleasure to work for Mumby's for so many years". Staff told us they felt supported and were able to call into the office at any time and there was an effective on-call system. This meant staff were supported in their roles as live in carers.

There were robust systems embedded into the service to monitor performance and risk. The provider operated a range of quality assurance processes. These included daily care manager meeting updates, spot checks, workplace competencies, quality phone calls to people and feedback requests. Managers completed regular audits of care plans to ensure they reflected current needs and had all the necessary information. These ensured that people's consent had been obtained and that care plans were person centred. Paperwork from each person's home was forwarded to care managers, reviewed, audited and filed for future reference.

Regular assurance checks with people helped the service to monitor the effectiveness of their leadership, in that it evidenced whether care staff were following the policies and procedures and if they were incorporating the organisations values in people's day-to-day care. Spot checks were completed every three months in person's home to obtain feedback about the quality of care being provided. This provided an opportunity to monitor if the care staff were following the training and feedback was sought from people who were asked for any suggestions on anything that could improve the quality of their care.

Staffing records such as recruitment were scrutinised to ensure all the necessary requirements had been met. Information systems were in used to ensure robustness and clarity. For example, the service had signed up with an online recruitment management system. This allowed the service to streamline the recruitment process and determine where contact had been made with potential carers, what their skills were and monitor the application process. This meant that people were supported by staff who were enthusiastic about the vision and values of the service.

Training records, including a matrix of all completed and forthcoming training, were accurately maintained and uploaded to the National Minimum Data Set for Social Care (NMDS-SC) which was a national online system to monitor the care sector's workforce data. Social care employers contribute data to better understand the sector and help plan for the future. This contributes to developing a more competent and capable workforce and provides insight for employers. Information can also be shared with regulators. The service used this system to monitor and update all training. This evidenced that the service was using quality assurance systems to benefit both them as providers but also offering valuable data to national statistics.

The service engaged with staff as part of their quality monitoring and assurance arrangements. The directors and registered manager encouraged a positive and open culture and embraced the input of staff. The provider employed a range of means to obtain the views of staff. An online suggestion box had been initiated so that care staff could provide ideas such as preventing accidents, improving service, saving time, or increasing quality. We saw that one suggestion had been to have training back at the office. We saw this had been arranged and that the training room was being updated with all relevant equipment. Regular newsletters were sent to care staff to update them on any changes or upcoming events or announcements as well as rewarding the 'Carer of the Month'.

The service was an important part of its community. As the service predominately offered live-in care, people were assisted to maintain contact with resources in their local communities. For example, people continued to go to activities such as church, coffee meetings, café's and clubs. Local charities offered access such as a hydrotherapy pool.

The service placed a strong emphasis on improvement by seeking views of people, their families and staff. A customer satisfaction survey identified that there had been some issues when people were trying to contact the office by phone or email. As a consequence, an email tracking system was put in place to monitor the timed response. A phone system had been implemented with different options for what help was required to ensure people were put through to the right department without delay.