Blue Arrow Care Limited

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Inspection report

The Smith
145 London Road
Kingston Upon Thames
KT2 6SR

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Blue Arrow Care Limited is a domiciliary care agency providing personal care to adults living in their own homes. The Care Quality Commission (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 our inspection 62 older people were receiving a home care service from this provider. This included 5 people who received full-time packages of care from live-in-staff.

People's experience of using this service and what we found
People were supported to develop and maintain relationships to avoid social isolation and participate in recreational activities both at home and in the wider community. This included regular in-person and/or telephone contact with people at risk of becoming social isolated, as well as ongoing opportunities to join in a variety of community-based social activities and events. This enabled people to live fulfilling life's that reflected their social interests and wishes, and to stay in contact with people that were important to them, such as family and friends. People spoke positively about the providers companionship programme and the manager who was responsible for meeting people's social needs and wishes and ensuring they avoided social isolation, especially for people who lived alone.

People and their relatives told us that they had a very positive experience receiving care at home from this domiciliary care agency. Typical comments included, "The carers are all really kind, helpful and reliable, which is exactly what you want from a home care company…Everything runs like clockwork" and "I am so grateful to have carers look after my [family member] who are always smiling, cheerful and gregarious...We couldn't manage without Blue Arrow."

People were supported by enough staff who had been safely recruited. However, we received mixed comments from people about staff time. We discussed this staff coordination issue with the managers at the time of our inspection who acknowledged this was an issue. The registered manager told us they were in the process of improving how they monitored and managed staff calls visit by creating a new managerial post specifically to monitor staff time keeping and increasing the number of in-person spot checks by the office based managers conducted on staff during their call visits. Progress made by the provider to achieve this stated aim will be closely monitored by the CQC.

People received continuity of care from the same small group of dedicated staff who were familiar with their needs, daily routines and preferences. The fitness and suitability of staff to work in adult social care had been thoroughly assessed as part of the providers comprehensive checks on prospective new recruits. People were protected against the risk of avoidable harm by staff who knew how to keep them safe. People were confident any concerns they raised would be listened to and dealt with appropriately. Staff followed current best practice guidelines regarding the prevention and control of infection including, those associated with COVID-19. Medicines systems were well-organised, and people received their prescribed medicines as and when they should.

People were cared for by staff who were suitably trained and supported. Assessments of people's support needs and wishes were carried out before they were provided a home care service. Where staff were responsible for assisting people to eat and drink, their dietary needs and wishes were assessed and met. People were supported to stay healthy and well, and to access relevant community health and social care services as and when required. 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.

People were treated equally and had their human rights and diversity respected, including their cultural and spiritual needs and wishes. Staff treated people with dignity and respect and upheld their right to privacy. People typically described staff as "friendly" and "kind." People were encouraged and supported to maintain their independent living, and do as much for themselves as they were willing and capable of doing so safely.

People's care plans were person-centred, detailed and kept up to date, which helped staff provide them with the individualised care at home they needed and wanted. Staff ensured they communicated and shared information with people in a way they could easily understand. People were encouraged to make decisions about the care and support they received at home and staff respected their informed choices and decisions. Where appropriate, people's end of life wishes, and contacts were known and recorded for staff to refer to.

People were complimentary about the way the office-based managers ran the service, and how approachable they all were. The quality and safety of the service people received was routinely monitored by the managers, who recognised the importance of learning lessons when things went wrong. The managers promoted an open and inclusive culture which sought the views of people, their relatives and staff. The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver people's packages of care at home.

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

Rating at last inspection and update
This service was re-registered with us on 17 February 2023 and this is the first inspection. The last rating for the service at the previous premises was good, published on 31 May 2018.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect. 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**

Blue Arrow Care Limited

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 Health and Social Care Act 2008.

Inspection team
The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Blue Arrow Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the managers would be in their office to support the inspection.

Inspection activity started on 19 January 2023 and ended on 24 January 2023. We visited the provider's offices on the 23 January 2023.

What we did before the inspection
We reviewed information we had received about the service. We used the information the provider sent us in

the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke in-person with the registered manager/business co-owner, care manager/business co-owner, the deputy manager, the live-in services manager and the companionship/social events manager. We received telephone and email feedback from 6 people using the service, 5 relatives, and 10 care staff in relation to their experiences and views about this home care provider.

We looked at a range of records. This included 6 people's electronic care and risk management plans; multiple files in relation to staff recruitment, training and support; the overall management and governance of the service, including staff duty roster's and audits; and, multiple electronic medicines records.

After our visit we continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included internal audits the provider had conducted to check medicines management, the occurrence of accidents and safeguarding incidents, staff spot check monitoring, staff training and supervision records and stakeholder feedback. We received this information as requested, which was used as part of our inspection.

Good

Is the service safe?

Our findings

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

This is the first inspection of this newly reregistered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People were supported by enough staff who had been safely recruited.
- However, we received mixed comments from people about staff arrival times for their scheduled call visits. Approximately a third told us staff were never late, another third sometimes late, and the rest always late. All agreed the office-based managers were good at letting them know when staff would be late. Typical comments included, "Our carers time keeping can be a bit variable, but they do phone if they are going to be more than twenty minutes late" and "My carers are sometimes late, but the office always tells me they're on their way."
- Several members of staff also told us the way the managers coordinated their call visits could be significantly improved, although most staff said their scheduled call visits were generally well-managed by the office-based staff.

We discussed this staffing issue with the managers at the time of our inspection who confirmed their internal quality monitoring systems and feedback they had received from various stakeholders had identified staff time keeping as an ongoing problem. The registered manager told us they were in the process of improving how they monitored and managed staff calls visits. This included the creation of a new managerial role to coordinate staff call visits, more effective use of their electronic call monitoring (ECM) system to closely monitor staffs time keeping, and increased monitoring spot checks on staff during their call visits conducted by the office based managers. Progress made by the provider to achieve this stated aim will be closely monitored by the CQC.

- These staff time keeping issues notwithstanding, people told us they received consistently good quality care from a relatively small group of dedicated staff who were familiar with their needs, preferences and daily routines. Furthermore, people said staff never missed their scheduled calls and always completed all the tasks they had agreed to within the allotted time. A person said, "They [staff] never miss a visit, do everything we ask of them and always stay as long as it takes." A second person added, "I've never known the carers [care workers] miss a visit. We have the same carers most of the time and on the rare occasion we get different people, I always recognise them."
- Staff were subject to pre-employment checks to ensure their suitability for the role. Staff files contained proof of their identity, previous employment history, character and employment references, and the right to work in the UK. Staff's employment was also subject to a satisfactory Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to protect people from the risk of abuse and neglect.
- People told us they felt safe with the care staff who regularly visited them at home and were confident any

safeguarding issues would be taken seriously and appropriately dealt with by the provider. A person said, "Yes, I do feel safe with my main carer who has become a good friend. They are a god-send." Another person added, "I especially feel safe with my regular carers who I've really got to know well."
● The provider had safeguarding and staff whistle-blowing policies and procedures in place.
● Staff knew how to recognise and respond to abuse they might encounter, including how to correctly report it. A member of staff told us, "If I was to witness any sort of abuse I would contact my management team", while another said, "I have 100 percent faith and trust that our managers would deal with any allegations of abuse that might be brought to their attention as quickly as they could."
● Managers understood their responsibility to immediately refer safeguarding incidents to all the relevant external agencies and bodies.

Assessing risk, safety monitoring and management
● People were supported to stay safe and their rights were respected.
● People had up to date electronic care plans that contained detailed risk assessment and management plans to help staff keep them safe. They addressed important areas such as people's personal care, mobility and falls prevention, nutrition and dietary needs.
● Assessments were regularly reviewed and updated as people's needs changed. This included equipment used to support people, such as mobility hoists, which were routinely serviced and maintained.
● People told us staff knew how to prevent and manage risks they might face.
● Staff demonstrated a good understanding of peoples' identified risks and the action they needed to take to prevent or minimise those risks. A member of staff told us, "I ensure there are no trip hazards in their home and make sure we use the right moving and transferring equipment in the correct way to prevent any accidents happening."

Using medicines safely
● Medicines systems were well-organised, and people received their prescribed medicines safely.
● People told us they received their medicine's as and when they should. A person said, "Yes, they [staff] give me my medicines whenever I need them and always make sure I take them on time."
● We found no recording errors or omissions on any electronic medicines records we looked at.
● People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered.
● Staff were clear about their responsibilities in relation to the safe management of medicines. Staff received safe management of medicines training and their competency to continue doing so safely was routinely assessed and refreshed.
● Medicines were regularly audited by the office-based managers.

Preventing and controlling infection
● The provider followed current best practice guidelines regarding the prevention and control of infection, including those associated with COVID-19.
● We were assured the provider was using personal protective equipment (PPE) effectively and safely. People told us care staff who visited them at home always wore PPE.
● The provider gave staff up to date infection prevention and control and PPE training.
● We were assured the provider was accessing COVID-19 testing for staff.
● We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong
● The provider learned lessons and made improvements when things went wrong.

● The provider had systems in place to routinely analyse accidents, safeguarding incidents, concerns and complaints raised. This enabled managers to identify issues, learn lessons and take appropriate action to minimise the risk of similar events reoccurring. Any learning from these incidents was shared and discussed with managers and staff and used to improve the safety and quality of the service they provided people.

Good

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.

This is the first inspection of this newly reregistered service. This key question has been rated good. 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 received care and support that was planned and delivered in line with their assessed needs and wishes.
- People's care plans were based on assessments carried out by the provider and various community health and social care professionals prior to people receiving a home care service.

Staff support: induction, training, skills and experience

- People received personal care from staff who had the right mix of skills, knowledge, and support to deliver it safely and effectively.
- People described the managers and care staff as competent and well-trained. A person said, "The staff know what they're doing. They seem very well-trained that's for sure."
- Staff had received the training they required to meet the needs of people they supported. This included an induction programme which was mapped to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in health and social care sectors. It is made up of 15 minimum standards that should form part of a robust induction programme.
- Staff demonstrated good awareness of their working roles and responsibilities and confirmed their training was routinely refreshed to ensure it remained up to date and relevant. A member of staff told us, "We've all received excellent in-house training based on the Care Certificate, as well as any extra training we might need to meet the specific health care conditions of individuals we look after. The training is always being refreshed, which helps us keep our working practices up to speed." Another member of staff added, "The training we receive from our managers is amazing. It's informative, hands on, and we often use role play and shadowing of more experienced staff during their calls to help us have a more practical understanding of what's expected of us as carers."
- Staff had ongoing opportunities to reflect on their working practices and professional development. This included regular individual supervision, team and annual work performance appraisal meetings with their line managers, as well as an opportunity to complete a self-appraisal. Staff told us they received all the support they needed from the office-based managers and their fellow co-workers. A member of staff said, "The support we receive is amazing. You never feel like you're on your own. We have plenty of supervisions and a yearly appraisal." Another member of staff added, "I haven't felt so supported in all the home care companies I've worked for previously."

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

- People were supported to access food and drink that met their dietary needs and wishes.

● People who received assistance to eat and drink told us they were satisfied with the choice and quality of the meals and drinks staff offered and prepared for them.
● Where staff were responsible for assisting people to eat and drink, they monitored people's food and fluid intake to ensure these individuals continued to eat and drink adequate amounts. A member of staff said, "The electronic care plans tell you what people like, cannot eat and drink, and what they've actually eaten and drunk."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were supported to stay healthy and well.
● People's care plans detailed their health care needs and the action staff needed to take to keep people fit and well.
● People told us they were confident staff would call the doctor or the emergency services if they were required. A person said, "Yes, they [staff] have phoned the GP for me in the past when I became unwell." A relative added, "The carers called the doctor and district nurse straight away when they became concerned about my [family member] deteriorating health."
● Systems were in place for the office-based managers and staff in the field to remain in constant contact with each other ensuring everyone could be kept updated and immediately informed about people's changing needs. A member staff said, "All the new electronic devices we now have means we can let the managers know what's going on in real time, which is especially useful when an emergency happens."

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.
● People consented to the care and support they received from staff. People told us staff always asked for their consent before providing them with any personal care. A member of staff said, "I listen and discuss choices and options with the people I support so I can always get their consent. I always let people know what I am about to do, especially when I provide them with any intimate care."
● Managers and care staff understood their responsibilities regarding the MCA within the context of care at home provision and had received MCA and DoLS training.
● Care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.

Good

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

This is the first inspection of this newly reregistered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care
- The service supported people to express their views and be actively involved in making informed decisions about the care and support they received.
- People told us they had regular opportunities to express their views and were encouraged to be active participants in helping to plan the package of care they or their family member received at home. People were consulted about their care plan, which they signed to indicate they agreed to its contents. A relative remarked, "My [family member] and the rest of the family were all involved in helping to set up her care plan, which the company regularly reviews with us."
- Staff told us they supported people, on a daily basis to make informed decisions about the care they received. A member of staff said, "I always ask people if it's alright if I give them any personal care before I do it, for example turning someone in bed, using a mobile hoist to transfer them or applying cream to their body."
- Staff were aware of people's individual support needs, preferences and daily routines.

Respecting and promoting people's privacy, dignity and independence
- People's privacy, dignity and independence were respected and promoted by staff.
- People told us staff respected their privacy and dignity. A relative said, "My [family member] carers always respect her privacy and make sure they cover her when they support her with any personal care."
- Staff demonstrated good awareness of how to respect people's privacy and dignity. A staff member said, "I ensure I knock before entering a room, and make sure doors are closed when carrying out any personal care." Another member of staff added, "I always ensure any information regarding people I support is kept confidential and private."
- Staff also demonstrated good awareness of how to respect people's independence. For example, a member of staff said, "If a service user is able and wants to wash themselves I will always support that person to continue doing so themselves."
- Care plans included detailed information about people's different dependency levels and what they were willing and could do for themselves safely, and what tasks they needed additional staff support with. For example, care plans contained detailed information that made it clear to staff who needed support to manage their own medicines and who was willing and capable of self-medicating safely.

Ensuring people are well treated and supported; respecting equality and diversity
- People were treated with kindness and compassion, and had their human rights and diversity respected.
- People told us staff treated them with respect. A person said, "Yes, they [staff] are very kind, caring and friendly, and go above and beyond what is asked of them." A relative added, "The staff are all very

compassionate and kind. They have that in bucket loads."

● Care plans contained information about people's spiritual and cultural needs and wishes. This included a specific section on sexual orientation and what people's needs, wishes and preferences were in relation to their sexuality.

● Staff knew about people's cultural heritage and spiritual needs and demonstrated a good understanding of equality and diversity and how to protect people from discriminatory behaviours and practices. Staff received equality and diversity training, as well as specific lesbian, gay, bisexual and transgender training.

● Managers took equality and diversity into account when matching people with care staff assigned to support them. For example, staff who spoke the same language and/or practiced the same religion as people receiving a home care service this provider were often matched together to help communication and cultural awareness. People told us if they expressed a preference to have female only care staff, the provider respected this wish and ensured this match was made.

Outstanding ☆

Is the service responsive?

Our findings

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

This is the first inspection of this newly reregistered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People were supported to follow their social interests and to lead a fulfilling and rewarding life. While all care workers took an active interest in people's social and recreational needs, the provider also employed a companionship and social events manager, whose responsibilities included coordinating socially appropriate individual and group activities for all people to take part in that reflected their interests and culture. A member of staff added, "We offer everyone companionship days out so people can do something socially they wouldn't necessarily be able to do by themselves."
- The activities included regular befriending home visits and telephone contact , various community-based trips and meals out, and group social events and parties with family and friends. A person told us, "The person in-charge of the social side of things often visits me at home or telephones to see how I'm doing and if I would like to go out or come to a party with everyone."
- Examples of activities included a Christmas lunch for everyone using the service, relatives and staff to attend at a pub and a party was also held in a local hall to celebrate the Queens Platinum Jubilee. All the feedback we received from people and their relatives about this aspect of the service was extremely positive and they told us how this helped them to overcome social isolation and to do things they did not think they could do. A relative told us about the difference this has made to their family member, "I think the companionship service has been really positive for my [family member]. It's given her something to look forward to and relieved her social isolation."
- Managers gave us several other specific examples of how they had prevented people becoming socially isolated at home. This included ensuring two life-long friends who lived alone regularly met up and went out for lunch together which they thoroughly enjoyed and looked forward to.
- The provider took account of people with limited mobility so they could also enjoy the activities they liked. The provider has its own free to use disability car which enabled people with mobility needs greater freedom to independently access the wider community and attend their own health care appointments and social events. A person confirmed they regularly used this disability car to go out bowling, which is something they would be unable to enjoy if they did not have access to the providers wheelchair accessible transportation.

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's communication needs were identified, recorded and highlighted in their care plan.
● The provider was aware of their responsibility to meet the AIS. Managers told us they could provide people with information about the service in accessible formats as and when required. Example's included use of a large white board, Q cards, large print, audio and braille versions of letters and emails, and staff having in-person one-to one discussion's with people to ensure everyone was given information in a way they preferred and could easily understand.
● The provider supported people to access equipment to help people to remain in contact with people that mattered to them. For example, they put people in contact with a charitable organisation that gave people access to electronic technology such as laptops and phones to help them stay in touch with family and friends. Where English was not the first language of a person, staff used specific phrases in the person's first language to explain exactly what they were doing and to reassure them whilst caring for them such as when using a mobile hoist to transfer them.
● A manager has also received British Sign Language training to enable them to communicate with people who use this method of communication.

End of life care and support
● When people were nearing the end of their life, they received compassionate and supportive care.
● Where appropriate, people's end of life wishes', including religious and spiritual needs, and contacts were recorded for staff to refer to. In addition, where appropriate, Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) forms in care plans for people who had made this decision. Staff had also completed end of life care training and those we spoke with demonstrated a good understanding of how to meet the end of life care needs and wishes of the people they supported.
● Managers liaised with various external health care professionals, including GPs, district nurses, palliative care nurses and other staff from local hospices, as and when required to ensure people who were nearing the end of their life continued to experience comfortable and dignified care at home.
● The provider offered people's families and care staff bereavement services after someone had died to support people with the grieving process. A folder containing photos and cards for a person who had passed away would also be created and given to the bereaved family as a memento of their time receiving care from the provider, to help them remember the person.
● The registered manager gave us a good example of how staff had supported a person revisit the region of the country where they had lived with their spouse until they had passed away to remember and commemorate their life. The person told the provider how grateful they were for having been given the opportunity by the provider to re-visit the place where they lived happily and spent so much time together with their late spouse.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
● People received personalised care that was tailored to meet their individual needs and wishes.
● People told us the service they received at home was person-centred and staff respected their expressed wishes. A person said, "Yes, the carers always ask me what I want to do, whether it's having a shower or a strip wash, choosing my meals and drinks, or what I would like to wear." A relative also remarked, "Blue Arrow staff always treat my [family member] as an individual."
● People had up to date person-centred care plans in place that were routinely reviewed. These plans included detailed information about people's individual personal, social and health care needs, daily routines, tasks they wanted completing, and how they wanted this all to be delivered. Examples included, how people like their sandwiches' cut up, their tea made and what they liked to wear.
● Staff were aware of people's individual support needs, preferences and daily routines, and always respected their choices. A member of staff said, "When I arrive at my clients, I ask them what they would like to do first for example, rather than just presuming and taking over."

Improving care quality in response to complaints or concerns

● People's concerns and complaints were listened and responded to.

● The provider had a complaints policy which detailed how people could raise concerns if they were dissatisfied with the service they received and the process for dealing with their concerns.

● People said they had been given a copy of this complaints policy, which told them how to raise any concerns or complaints they might have and how they would be managed by the provider. A person told us, "I do phone if there's a problem, and I've always found the managers in the office to be easy to speak with and willing to listen and act upon what I have to say."

● Complaints were logged responded to appropriately and actions were identified to improve the service. All complaints are audited monthly and any emerging patterns identified quickly to learn lessons and improve.

Good

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.

This is the first inspection of this newly reregistered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People consistently described the quality of the care they or their relatives received from this provider as "excellent". A person said, "The care we receive from this agency is amazing and is always good quality." A relative added, "They treat my [family member] as an individual."
- People had the services provided by this service explained to them and their relatives. This meant they understood what they could and could not expect from the provider and care staff who regularly visited them at home. This was reiterated in the statement of purpose and guide for people that also set out the organisation's vision and values. A statement of purpose is a document that describes what the provider does, where they do it and who they do it for.
- The office-based managers had a clear vision and values for the agency, and these were shared and understood by staff, and people said reflected in staff working practices. Manager's told us they routinely used individual and group staff meetings, training and various electronic communication systems, including WhatsApp groups, to continually remind staff about the organisation's underlying core values and principles.
- Managers were aware of their responsibilities under the Duty of Candour. Under the Duty of Candour providers must be open and transparent and apologise if things went wrong. People and their relatives were told if things went wrong with their care and support and provided with an apology. This was due to the positive and proactive attitude of the managers and staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Managers promoted an open and inclusive culture which sought the views of people receiving a service, their relatives, and staff providing it.
- Managers used a range of methods to gather views about what they did well or might do better. For example, people had ongoing opportunities to share and voice their opinions about the home care service. This was done through regular in-person home monitoring visits, and telephone and email contact by the office-based managers, care plan reviews, and the chance to participate in the providers annual stakeholder satisfaction survey. The results of the provider's most recent survey were positive. The provider also circulated a regular newsletter.
- People confirmed the office-based managers and staff were approachable and often sought their views to find out if they and their relatives were happy with the support they received from this provider. A person told us, "The managers sometimes visits us at home and quite often ring up to ask if everything is okay. I also

know they are available 24/7 and you always get a 'real' voice on the end of the phone." Another person added, "The office sometimes phones to ask if I'm happy with my carers and what they do, and if I'm alright."

● The provider valued and listened to the views of staff. Staff stayed in regular touch with the office based-managers and staff via telephone and email contact, as well as in-person monitoring spot check visits, and individual and group supervision meetings and regular training sessions.

● Staff told us they had ample opportunities to express their ideas about what the service did well and what they could do better and felt supported by the managers. A member of staff remarked, "The managers in the office always pay attention to what we say they listen to our views, opinions and they ask for our feedback especially with clients' welfare and where their needs are concerned."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; and, Continuous learning and improving care

● The provider had well-established and effectively operated oversight and scrutiny systems in place which helped ensure continuous development and improvement of the service. This included a range of managerial audits, ongoing care plan reviews and regular spot checks conducted by the office-based managers to observe staff's working practices during scheduled call visits. A member of staff told us, "Spot checks are carried out on a monthly basis, where a manager will visit you on a home visit to observe your practice and make sure you're providing the best level of care possible."

● The managers recognised the importance of continuous learning and improvement. The outcome of all the audits and feedback they gathered from people was routinely analysed to identify any performance shortfalls.

● There were policies and procedures regarding how to achieve continuous improvement and work in co-operation with other service providers.

● People receiving a home care service, their relatives and staff all spoke positively about the way the managers ran the service. A relative said, "This agency is so well managed. You can't fault them." Staff added, "The service is managed incredibly well. The management are always open and transparent with us, have an open-door policy and are so easy to contact and speak with about anything, any time…So supportive."

● The provider displayed their rating as required in their offices and on their website and had made their last CQC inspection report available to people. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

● The managers understood their responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about without delay.

Working in partnership with others

● The provider worked in partnership with various community health and social care professionals and external agencies, including the relevant Local Authorities, GP's, district nurses, occupational therapists, the local hospice and the CQC. A member of staff told us, "I have been in regular contact with GPs, district nurses, OT's and social workers regarding any changes in people's health and personal care needs that may require an increase in the support they receive."

● Managers told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff. Managers also gave us good examples of how they had worked closely with various community-based health care professionals, including an occupational therapist who helped staff minimise the risks associated with transferring 1 person in a mobile hoist and a district nurse who helped staff manage another person's pressure sore wounds.