

## Helping Hands of Harrogate Limited

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### Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

Helping Hands of Harrogate Limited is a domiciliary care agency that provides personal care and support for children, young people and adults with a range of disabilities and complex health care needs. It provides services across North Yorkshire and the surrounding areas. At the time of our inspection the service was providing care and support for 49 people between eight months of age and 40 years old.

This inspection took place on 9 May 2016 and was announced. At the last inspection on 8 September 2014 the provider was meeting all the regulations that were assessed.

There was a registered manager in place. 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.

We found that the provider placed the children, young people and adults who used the service at the heart of the care they received. We noted the service encouraged positive risk taking and did not restrict people's interests and encouraged them to try new things. For example, we heard of examples where life enhancing recreational opportunities had been created for children with complex health needs to go swimming, to attend school clubs and to dip their toes in the sea. Another person had been enabled to undertake their first experience of employment, which was their ideal goal.

The provider actively involved people who used the service and their families in the recruitment process and in staff training. Because care workers were recruited and trained to meet people's specific care needs we saw that care teams were highly reflective of the shared interests, backgrounds and beliefs of the people who they supported. This approach was firmly underpinned by the culture of the service, which we established was positive, person centred, inclusive and forward thinking.

We spoke with a range of people who used the service, families, professionals and staff who all felt this was an excellent service. People described a confident and resourceful staff team who respected individual's dignity, privacy, views and choices. In their feedback people particularly highlighted the quality of their relationships with their care team and they told us they valued the continuity of their care and the reassurance this provided. Health and social care professionals reported the provider worked highly effectively to promote children, young people and adults' rights. People's feedback was actively sought and people who used the service, families and staff were all encouraged to share their views and contribute ideas on how their care could be enhanced.

We found the provider operated according to best practice guidelines and legislation such as the UN Convention on the Rights of the Child (UNCRC). This sets out the rights of every child regardless of their race, religion or abilities. The provider had made positive changes as a result of listening to what children, young people and adults who used the service said to them.

Detailed, comprehensive care plans and risk assessments were in place and we found that the provider worked collaboratively with staff from other agencies to minimise identified risks. There was an effective management team in place to support the development of staff and ensure the service was consistently well led. We found that the management team reviewed and acted upon any issues to support the provision of high quality, consistent, safe care that we found.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Outstanding 

The service was extremely safe.

People played an active role in the recruitment and the training of their care team. Robust, very safe recruitment procedures were followed and staff skills, expertise and knowledge related to the specific needs of each person.

The provider minimised risks while offering life enhancing experiences to children, children, young people and adults.

Staff knew who to contact in case of emergency and both relatives and staff had access to out of office hour's services if the need should arise.

Staff were trained to administer medicines safely in accordance with national published guidance.

### Is the service effective?

Good 

The service was effective.

Staff were well supported to undertake their role effectively through ongoing training, staff supervision and meetings. Staff demonstrated a good understanding of individual care needs, allowing them to deliver effective care.

There was a robust induction programme, which included shadowing with senior staff.

Staff had a clear understanding of the Mental Capacity Act. Children and young people were involved as much as possible in decisions about their care.

Communication with other agencies was consistently effective to meet the needs of people who used the service including support to maintain a balanced diet based on their preferences and health care needs.

### Is the service caring?

Outstanding 

The service was extremely caring.

There were strong, caring and compassionate professional relationships in place. People valued strong relationships with their care team and felt that their care workers went 'the extra mile' for them.

People's independence was promoted and young people who used the service were encouraged to participate in discussions about their care and support. Staff were respectful and treated people with dignity.

There was evidence of staff at all levels taking part in thoughtful and sensitive care planning that upheld people's rights.

### **Is the service responsive?**

**Good** ●

The service was responsive.

Children, young people and adults who used the service were encouraged to pursue their interests and to maximise their potential. Care files were person-centred and included individuals' goals, wishes and achievements.

People took part in lots of activities that interested them and they were encouraged and supported to learn new skills.

Comments were encouraged formally and informally and there was a complaints policy in place. People told us they had no concerns at all, but they would be confident to speak up if they did.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People using the service, families and staff described the management as approachable. Feedback was regularly sought from families and comments and suggestions acted upon.

Emphasis was given to protect the rights of children, young people and adults who used the service.

Feedback was regularly sought and people were encouraged to share their views and these were acted upon to drive forward improvement.

# Helping Hands of Harrogate 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on Monday 9 May 2016 and was carried out by one adult social care inspector. We gave the provider notice of our visit on Friday 6 May 2016 because the location provides domiciliary care and we wanted to be sure a member of the management team would be available to speak with us when we visited.

Before the inspection the provider completed 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 reviewed the information we held about the service in the form of notifications received from the service. A notification is information about important events which the service is required to send us by law. We looked at previous inspection reports and the information provided to us by the local authorities and continuing health care teams who were involved with the care of children, young people and adults who used the service. In total we contacted 11 health and social care professionals for feedback.

Because of the age range and the complexity of the care needs of the young people currently receiving care we mainly spoke with relatives of people who received care from the agency. We spoke with six relatives by telephone to gain their views. During our visit to the agency office we met with two people who used the service together with a relative, support workers and a health care professional. We observed the interaction with staff and (where appropriate) the care and support two people received. We also reviewed some of the feedback people had given to the service to help inform our inspection.

We spoke with seven care workers, a registered nurse, the service development manager, and with two

directors of the company, one of whom was also the registered manager. During the inspection visit we looked at care planning documentation for five people and other records associated with running a care service. This included three staff recruitment records, staff supervisions and appraisals and training records. We reviewed records required for the management of the service including feedback from service users and their families, quality assurance audits, the statement of purpose, the business plan, satisfaction surveys, meeting minutes and the complaints procedure.

## Is the service safe?

### Our findings

People said that the care and support they received from the service was exceptionally well organised and extremely reliable. After an initial referral, the provider explained they worked together with the person and their family carers to recruit their own dedicated team of care workers. Each team included specially recruited care workers, office staff and a care co-ordinator or clinical nurse lead responsible for the coordination of services around the individual. This meant that staff were recruited with a range of skills, expertise and knowledge, which related to the specific needs of each person who used the service.

Without exception, everyone told us that the recruitment process worked extremely well and people expressed a high level of confidence in their respective staff teams. Care workers confirmed that they worked together to cover any absences within the person's preferred team to ensure that staff continuity and consistency was maintained. One relative said, "The continuity is excellent. [Name] is very happy so we are happy." Another relative said, "We know that [Name] is safe with staff who they know and trust, and who we trust." Feedback from healthcare and social care professionals was equally positive. One social care professional commented, "Once support workers are allocated to families they have consistency with the same support workers working with the children which is important for continuity."

Recruitment files showed that the service followed a robust, very safe recruitment policy. This ensured that staff employed had been interviewed, had supplied proof of identity and references and had been subject to Disclosure and Barring Service (DBS) checks to help ensure they were suitable to work with children and vulnerable adults. We observed care workers worked well together as a team and were enthusiastic about working for the service. Care workers told us staffing levels were sufficient to carry out their roles. The registered manager told us, and we were able to confirm, that staffing levels were assessed according to the individual needs and dependencies of people who used the service, which enabled an individualised service to be provided. People told us that the provider carried out an initial screening process before prospective staff were introduced to them. One relative who described their staff team as "100% reliable" said, "They are very astute at matching people up with the right package." Another relative said, "If they [the provider] think we will like them the new staff member will visit and play with [Name] for a while and then shadow another member of staff. We don't have anyone we don't know coming in; that just doesn't happen." This meant people had a say in who was going to work with them and their family, which contributed to a high level of satisfaction with the service people received.

Some people had very complex health care needs requiring intensive one to one support and constant supervision. One person who used the service told us that a member of their care team from the service was with them at all times including when they were in hospital, which they found especially reassuring. They said this also provided an additional safety factor as their care workers were on hand and able to respond immediately to any concerns and seek assistance for them if needed. Another person told us their child had also benefited from having a member of staff who was a familiar face when they were admitted to a high dependency unit. They said, "They [the care workers] were brilliant. They helped to calm and keep him less scared."



While staffing was reduced due to a person not requiring the service for a time, the care workers were paid a retainer. This meant that staff were available to provide an immediate service when the person returned home. People told us this resulted in better, safer care for people with complex needs, particularly where there was a risk of crisis.

We found incidents and accidents were monitored on an on-going basis to ensure people who used the service were kept safe from harm and that actions were taken to ensure recurrences of these were minimised where this was possible. Incident records were maintained to enable issues to be analysed by the registered manager. We saw the provider had extremely detailed risk assessments in place and that these were always completed before any care was delivered. They covered an extensive range of risk areas so that the issues relevant to each person were captured and used to inform their care plan. One relative said "The staff they employ are experienced at working with complex needs. I know I can go and leave [name], and that they will be happy and safe." One person who described to us how their care needs were risk assessed said, "All staff have to do a [tracheostomy] change and they are only deemed competent when I agree. I have very high standards and they [the managers] respect that." A tracheostomy is an artificial opening through the neck to the trachea usually for the relief of difficulty in breathing. This approach highlighted how people were supported to take an active role in managing their own long- term health conditions.

Staff undertook equality and diversity training and staff members we spoke with were aware of issues of discrimination and human rights. We found that staff went to great lengths to enable children's views to be acted upon, in accordance with the UN Convention on the Rights of the Child (UNCRC). For example, one care worker told us about a young person who they supported who wished to go swimming. The young person had been told this would not be possible because of the risks involved due to them having a tracheostomy in place and an increased risk of water entering their airway. The service balanced the risks against the advantages of a young person being enabled to fulfil their dream. A solution was found whereby staff from the school and the community ventilation service agreed that a suitably designed sling could be used to support the person's head and keep them safe from slipping while in the water. This demonstrated the service's commitment to finding solutions, whilst minimising the risks so that a young person could be enabled to participate in an activity that they gained a great deal of enjoyment from.

The staff we spoke with were knowledgeable about what they would do if they suspected abuse and we saw detailed safeguarding policies and procedures were in place. The service development manager was the service's safeguarding champion; they liaised with local authority child protection and adult safeguarding teams and provided staff with support and guidance on safeguarding issues. Records showed that safeguarding was a standing agenda item at staff meetings, supervision sessions and staff appraisals, which meant that child protection and safeguarding issues were given a high priority in the service.

Staff told us if they had any concerns they would speak to one of the managers and would follow agreed procedures which were in place. The provider showed us the web based rota program known as 'Find my Shift' and noted that workers had access to this part of the system by an individual login. As well as staffs rotas, company policies and procedures can be accessed by all staff through this software.

For the management staff who are part of providing on call cover outside office hours on a rota basis, they also, in addition to Find My Shift which provides them with staff rotas and contact information, have access to an 'out of hours' folder so they know who to contact for each family in the event of staff sickness or an emergency, including which emergency duty team to contact as the service covered a number of local authorities.

Relatives and staff confirmed they were aware of the out of hour's contacts if they were needed to call for

advice or assistance outside of office hours. One relative told us, "I can ring anytime, including in the middle of the night, there is always someone there to answer." If required, the member of staff on call can contact the Registered Manager at any time. A care worker who supported one child with complex healthcare needs told us the child had 'open access' to the local hospital. They said they would not hesitate to contact the hospital team directly to seek external support or guidance and confirmed they had done so in the past. This ensured the young person received prompt medical attention when needed to protect their safety and welfare.

We spoke to the provider who was confident they would support staff to raise any concerns. They said, "We encourage an atmosphere where staff know they can bring up anything and they will be supported." For example, they told us one care worker had raised an issue about the safety of the transport arrangements for one child they supported. This had been passed immediately to the placing authority and the education authority who were able to investigate and take the necessary steps to change these arrangements to ensure the child's safety. This was confirmed by health and social care professionals, one of whom said, "The agency clearly prioritise the safety of the child and will pass on information relating to the family if it is felt that [anyone is] potentially putting a child at risk." This meant professionals were continually updated regarding the well-being of children who were supported by the service.

We saw records to indicate staff had received training in medicines administration and where the care worker was expected to administer medicines this was recorded in the care file and on a medicine administration record (MAR). A registered nurse was allocated to those care packages where there were complex health needs and they followed national guidance issued by the Royal College of Nursing (RCN) on managing children with health care needs: delegation of clinical procedures, accountability and governance issues. Competence in this area was regularly checked by a registered nurse via observation of practice. This meant staff had the specialised skills required to ensure that people received their medicines at the time they needed them, always in a safe way and in line with published guidance.

## Is the service effective?

### Our findings

People who used the service confirmed staff training and support was of a very high standard. When asked about staff aptitude and training one relative said, "They [the staff] have a fantastic attitude and are always willing to learn, but training is top notch too." Relatives told us that care workers supported people's developmental needs physically, emotionally, mentally and spiritually. One relative who described the training as exemplary explained, "The medical stuff doesn't faze them at all and they let [Name] play. They treat the person not the condition." Another relative told us, "It is all done properly in a way that means they are accessible, not cold or clinical."

We found there was a continuous cycle of training analysis, activity and evaluation, which was supported by ongoing supervision. Care workers spoke positively about the standard of training and support they received. As we saw on the day we visited, training was frequently undertaken within each team and wherever possible included the person who used the service. This meant that staff training was not only up to date but highly relevant to their roles and the individuals who they supported. This helped people and their relatives feel confident that their support worker had the expertise to deliver care safely and to a high standard

Care workers told us that managers encouraged and supported them to undertake additional training to benefit people in the longer term. For example, one care worker told us they supported a young child who had complex medical health needs. They said they had established communication, which was an important factor to support the child's successful transfer from playgroup to school. The care worker told us they had raised this with managers as an area where they could provide additional support with suitable training on communication methods. They had subsequently completed a Makaton course in preparation for the move with a specific aim to, "Keep [Name's] confidence high so he stays the same happy little boy he is now."

We looked at the staff induction training and found staff received a very thorough and comprehensive induction period. Staff confirmed the induction programme was robust and they received all the help they needed to feel confident in their roles. One relative told us, "[The registered nurse] will do as many shifts as needed until they are entirely happy the staff are confident and only then will they sign them off to work unsupervised." This ensured that new staff were given all the help and guidance they needed for them to do their job to the required standard. Another relative told us, "They [the care workers] all have training before they first visit and then again when they are on site." This approach ensured that individual care needs and preferences were taken into account in the way that care was delivered. The provider showed us staff training records; we saw that some staff had undertaken further training in tracheostomy care, oral suction training, gastronomy training and epilepsy awareness. Individual care workers confirmed they had completed this training. This meant staff had the specialised skills to effectively meet people's health care needs.

In addition to regular training sessions, care workers told us they had team meetings every six to eight weeks in the locality where they were based. They said that this enabled them to discuss best practice together

with any emerging issues. Records showed that meetings were also used for team training and coaching. Relatives confirmed that regular team meetings took place and said they were extremely useful. One relative said, "They [the managers] come out every two to three months for a meeting with the carers and always feedback on how they can make things better for us. For example, they recently involved the physiotherapist to help us with some new adaptations, which was great."

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find. The MCA provides a legal framework for making particular decisions on behalf of people over 16 years of age 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.

We found the service was working within the principles of the MCA in relation to young people and adults. Parents of younger children told us they were seen as the people who knew their child best and were able to give advice to the staff. They said decisions focused on the specific needs of each child and children and young people were involved as much as practicable. This meant parents and staff worked closely together to develop a safe and consistent approach for children who used the service. Staff told us it was important that young people were supported to take control of their own health care needs and make decisions as they prepared for adulthood in line with the service's responsibilities for children under relevant legislation such as the Children and Families Act 2014 and the Care Act 2014.

We saw evidence on people's care records that people's capacity to make their own decisions was always considered and they were encouraged to express their views using their preferred communication methods. Consent forms were signed by the person or by their parent or guardian. However, staff were also using a range of methods to ensure as much participation in decisions about how they wanted to be supported. This included, with people's agreement, the use of video to record consent.

Health and social care professionals were all extremely positive about the service and they told us that regular contact was maintained to ensure that any required referrals could be made in a timely way. One healthcare professional said, "They communicate very well and provide an excellent service." People told us they were accompanied to health appointments when required and we found that staff worked closely with specialist services, such as Speech and Language Therapy (SALT) to secure positive outcomes for people. During our visit we saw the speech and language therapist was undertaking a training session together with a person who used the service and their care team. Care workers told us this had enabled them to ask specific questions in relation to supporting the person with their food and drink in a positive way. This ensured the person did not miss out on the social occasions they particularly enjoyed while being supported to eat and drink in a safe way. This showed us that staff were continually seeking to improve their care, treatment and support by identifying and implementing best practice.

# Is the service caring?

## Our findings

We received numerous comments about the quality and strength of the relationships between the staff team, people who used the service and their family carers. One relative told us, "I would be lost without them, they are a godsend." Other comments we received included, "They do things just as I would, it is as if they have an extra touch when compared to any of the other agencies we have used," "We are very, very happy with our carers," and, "We appreciate everything they do." People did not hesitate to tell us they would recommend the service to other people. One relative said, "I would definitely recommend this agency and have done so." Other comments included, "They are marvellous," "They deserve praise, they are excellent," and, "I can't stress enough, this is an amazing company. They [the staff] are all passionate about making sure everything is right."

We saw that recent feedback from relatives on the website was equally positive and included such comments as, "I wholeheartedly recommend [the service] to anybody. They are professional and trustworthy," and, "All the staff are extremely caring and committed. They are a delight to have in our home." When we spoke with staff they talked to us with warmth and compassion for the young people they supported and their families. They were extremely motivated and spoke with enthusiasm to us about how they could improve people's experiences. One member of staff told us, "I am [Name's] hands and body and while I am with [Name] they have 100% of my care and attention." Another staff member said, "We always try to fulfil their dreams. It [Helping Hands of Harrogate] is all about what the child wants to do; they [the managers] wouldn't have it any other way." People who used the service and their relatives gave us many examples of when staff had really gone the 'extra mile' for them. Examples included care workers staying at hospital appointments after work hours, and office staff who contacted relatives after outpatient appointments or when people were in hospital to enquire about their wellbeing, such was the quality of the relationships that had developed. One relative told us that staff had intervened to take control at home so they could go and support another family member who was unwell. They said, "I will always be grateful to them for the care they showed to our family at that time." Another relative said, "They couldn't be more helpful. If I want to go off for the day they will provide two staff to cover. If we have a hospital appointment they are straight on the phone to ask me how things went and if [Name] is okay."

We spoke with one person who used the service who cited the quality of trusting, meaningful relationships as evidence of extremely caring interactions. This view was confirmed in our discussions with relatives and by our observations of the interactions between people who used the service and staff. It was evident that the people we met enjoyed a positive relationship with their care staff and there was a lot of good humoured banter and laughter during our meetings. One person who used the service said to us, "They [the staff] see me as a person first and foremost and that is important because they are with me 24 hours a day." Another person who used the service was due to start a voluntary job on the day we visited. They clearly found it very amusing that a member of their support team was anxious about this new situation, dealing with the public in a shop setting. Amid much smiles and laughter they agreed they would have to support each other in this new venture. This showed us that that people who used the service and staff developed strong, positive relationships, and trusted each other.

Four care workers were designated Dignity in Care Champions by virtue of their caring and compassionate attitude towards their caring role. Dignity champions form part of a national network who work to put dignity and respect at the heart of care services to enable positive experiences of care. As part of this role, the specialist care workers provided all care workers with visible role models of what high quality caring, compassionate, respectful and dignified care looked like and offered informal coaching and mentoring to all staff. This approach was confirmed by professionals, one of whom said, "In my experience of meeting with the carers it is evident that they are very committed to the child and their caring ethos is evident in the way in which they relate to both the child and parents."

People using the service commended the attitude, patience and dedication of care workers. One person said to us, "They have a lovely mind-set, just want [Name] to be happy." Another person said, "Not really a company, more like a family friend, they are so nice. It is always the person who comes first, not the medical condition and not the contract." Another person described the care and support they received as excellent. They said, "They change your life, they changed mine and I could sing about them from the rooftops."

The provider told us in their PIR that they had a policy of recruiting care workers to meet people's individual care needs and preferences. They said they were proactive in involving the people who used the service, parents and relatives in this process. This meant that care workers' personal characteristics, interests and skills were taken into account through the recruitment process with an increased likelihood of people enjoying their time together in positive, respectful and sustainable relationships. When we spoke with relatives and staff they confirmed this was the case and commented on the benefits of this policy in terms of its impact on their quality of care and life. People were clear that the recruitment and induction processes allowed them time to get to know their care workers and enabled them to exercise choice and control over the care they received.

In addition, the service development manager told us they also took account of the findings of the Flying High project, which supported the participation of young people with support needs across the North Yorkshire area. The Flying High Group is a group of young adults with disabilities or extra support needs, aged 16 years to 25 years old. They represent different areas across North Yorkshire and take the views of young people to find ways to improve opportunities and services for young people. The service development manager said they based interview questions on what young people reported was important to them when looking for a care worker. This ensured they also took account of the views of people who might find it difficult to have their voice heard to make sure that young people's views were listened to and acted upon. Examples included care workers who were fun and friendly, could support them with their hobbies and had local knowledge of activities. For example, for one young person and their care workers had shared music interests and two care workers had supported them to attend a Leeds music festival, which they had greatly enjoyed.

The Statement of Purpose set out the service's aim, 'To provide the best quality support services we can, to enable children and adults to reach their potential, lead fulfilling lives and be as independent as possible'. We saw this principle was being put into practice. All the staff we spoke with had an excellent knowledge of people's histories, likes and preferences. One care worker told us, "I love my job to bits." They said it was crucial that they knew about the child they supported because, "I am [Name's] hands and body."

Care planning was sensitive and carefully thought out. For example, one person had been supported to prepare their own notes about what was important to them in the running of their home and general day to day activities. These contained detailed instructions about how the care worker should deal with the person's post. The post was collected as soon as possible after delivery and brought to the person to decide whether or not it needed opening. This empowered the person and supported them to retain their

independence.

For another person their care plan made it clear how care workers were to provide support for the person to clean their own teeth. Their relative told us this had given the person a real sense of achievement in identifying a goal to complete a task independently. They said, "They [the care workers] made [Name] feel good. I would never have thought he could do it." This meant people's physical and emotional care needs were met with an exceptional attention to detail resulting in a positive impact on people's wellbeing.

People told us they appreciated the consideration and respect shown to them in their own homes by the care workers. People told us they were involved in the planning and delivery of their care. For example, when a family carer preferred to continue to provide some aspects of their personal care this was respected and was incorporated into the person's care plan. One person who said they were always treated with the utmost dignity and respect told us, "It is not just professional training in people's medical needs, they also have training on how to conduct themselves in someone else's house and that is so important." Another person said, "Care workers have total respect for our privacy, always knock before coming in. We have good banter but they know where the boundaries are."

The way care workers talked about the families they supported demonstrated a high level of respect and inclusiveness towards the people they supported. They were respectful when discussing people's lifestyle choices and religious beliefs.



## Is the service responsive?

### Our findings

Care plans set out the individual goals, aspirations and achievements of each child, young person or adult who used the service. We found records were comprehensive and included descriptions of activities, health and behavioural issues together with details of any concerns. People reported care planning as very good. One person said to us, "Anyone could come in and deliver care [to my relative] based on what the care plan says; it is so good."

In speaking with us people who used the service and relatives singled out one of the providers for particular mention "[Name] rings on a regular basis and asks for feedback all the time; she just wants everything right and is amazing." However, people reported to us that all the staff team were supportive. One relative told us, "[Name] is in the office and keeps in touch; they deal with the rotas and gets everything sorted for us if we need to change something or they need to change something they always ring and confirms by text or email," and, "[Name] keeps everything up to date and sorted, we are both very happy with the care." Each team had a named member of staff who was the main point of contact for the families who used the service. During our visit we met with one person and their co-ordinator. The co-ordinator explained their role included liaising with the person and their family to ensure that their whole care team were kept updated with any changes within the Individuals care plan. This made sure that essential information was shared between staff to ensure that any changing care needs were addressed and that people received effective, consistent care that met their needs.

It was evident from feedback from professionals and talking with families that the service had a 'can do' attitude and made every effort to support people to lead a fulfilling life. For example, one person had expressed a wish to find employment. We heard the person had tried a variety of day centres but had not found these conducive to their needs. With staff support the person had subsequently applied and been accepted to work in a local charity shop, which people had agreed in the person's review would suit their social nature. When we visited we met the person who was really looking forward to their job and to fully participating in the working environment, meeting new people and to enhancing their skills.

Another child had never been able to play on the beach because of their complex health needs. One of their goals was to visit the seaside and be allowed to paddle their toes in the sea. The service arranged for their support team to undertake advanced training in order to provide the support required to enable them to fulfil their dream, which they had done. This meant the service was committed to continuous improvement by using innovative ways to overcome obstacles, and in doing so enabling people's dreams and aspirations.

People told us that they met with the care co-ordinator or registered nurse to discuss their support needs and to review their care. One relative told us, "[Name] is invited up to the office to go and discuss what they want in their care plan." People told us that the service was flexible and activities were planned around what the person themselves wanted to do. One relative said, "Each session is run by [Name], he decides what he wants to do; totally depends on what he wants to do." Another person who described the whole service as completely flexible said, "They just wriggle everything round to fit in with us and always go out of their way to help us."



We found that the service took a rights based approach to care and could demonstrate they took action to ensure that people's human rights were supported. For example, some parents had reported their children were liable to miss school on those occasions when the school was unable to provide suitable support staffing. The service development manager told us they had therefore developed a new role within the service of 'specialist carer with educational support' to work with children with complex needs at school. This meant that children were supported to have the same opportunity to attend school to receive an education as their peers. It also meant that they experienced consistent support from familiar care workers across different settings to achieve a safe and consistent approach to their care and this supported their development and learning.

Health and social care professionals reported the service was responsive. One social care professional told us the service always worked flexibly with people and tried to accommodate their needs. Another health care professional told us if there was a query the staff responded immediately. They said, "They [the staff] are responsive, work and communicate well with [continuing health care] and provide an excellent service to clients."

Health and social care professionals told us that a care package could take some time to set up although they understood the reason behind the delay if staff recruitment or additional staff training was required. The registered manager explained that matching people and care workers was very important to them. They said they would rather not risk a breakdown in providing care if they felt they had not got the right person at the right time to ensure people got a sustainable, consistent service over a long period of time.

One professional told us, "The care of the children is good and great attention is paid to compiling detailed care plans for each child." Other comments we received included, "Gradual introductions to the child, alongside clarity to the parent, have led to vast improvements in the behaviour of a [person] with challenging autism and the agency coped successfully with the transfer to adult services."

People told us that the office staff were very open with them and worked together with the person who used the service and with family to find the best solution that worked for everyone. For example, one parent told us they got additional allocated hours during term holidays, which enabled them to take a break themselves. They told us they were offered a choice of dates and / or staff according to availability. They said, "We always choose the staff and work round the dates they can do; that is what suits us. But if we wanted to stick to a specific date that would be okay as well." This showed us that decisions were taken in consultation with people and their choices were taken into account. Another person told us that arrangements were made well in advance and they were always asked what they wanted. They said, "We get a rota each week and can discuss who is coming. [Name] rings each week to check that everything is fine with the rota and I can change anything if the times don't suit."

Everyone we spoke to told us they had no concerns or complaints regarding the service they received. Comments included, "No, I have never needed to complain, they are so on the ball," and, "Couldn't fault them, they are in contact with me all the time." People said they would feel confident in raising anything with the managers. One person told us, "You can ring them anytime – no complaints at all "and, "Any small issues are dealt with professionally and well." Another person told us, "We are always asked who we want, and what we want. If we think the carers need reminding about something we just raise it with the office and they will speak to the carers. That is how it works."

## Is the service well-led?

### Our findings

We spoke with a range of professionals, families and staff who all felt this was an excellent service. Comments we received from professionals included, "I can't speak highly enough of the service they offer, and I have every confidence. The work they do is excellent," "Nothing but praise to give them," and, "They deliver high quality care to children and families with very complex needs."

There was an effective management team in place led by the two company directors, one of whom was also the registered manager. When asked about the management style one person told us, "They [Names] are very open. You would never mind raising anything with them, there would be no repercussions."

The provider's core values were to 'provide accessible, high quality, dignified and respectful care which is safe, effective personalised, responsive, caring and reliable and provided by well trained, competent and motivated staff. To support individuals that we support to achieve their own goals and aspirations'. We found the service had put those values into practice and communicated them to staff through the induction process and reinforced through staff support and appraisal.

It was evident from speaking with staff that they had a firm understanding of the service's core values and used these in their day to day practice. For example, one care worker told us what the values meant to them, "To give [Name] as normal and happy life and to support [Name] to do what they want to do to achieve their goals." Staff described their managers as approachable and said they could contact them for support and advice at any time, day or night. One care worker said, "[Name] never minds me ringing and is always there for me when I need to ask for advice." Care workers confirmed that they could always speak to a manager over any concerns and were confident that these would be acted upon.

The registered manager told us that all the families had their direct telephone number and could ring any time if they needed to. Families confirmed this was the case and said the managers were all very accessible and they could contact the registered manager for advice including during the evenings and at night. One relative told us, "The [registered manager] is very hands on and they and [Name] are very approachable. They all deserve praise." Another person said, "They [the staff] work together as a team; they are supportive and straightforward to deal with."

Everyone we spoke with told us that all of the staff were proactive and that managers regularly engaged with them and considered their changing care and support needs. For example, one parent told us that they were working with staff towards their child starting secondary school and hoped to use the same team to help with the transition. "They [the managers] are always looking ahead, it is very good." This meant that the service was being proactive and thinking about what would work in the longer term to provide people who used the service with a seamless service.

One parent told us that the registered manager and the management team went "Above and beyond what we could expect to look into and resolve any issues." They went on to say, "It will only be a small thing but they are straight on to it and they will act on it." We found that the management team also reviewed and

updated their practice following any investigations in order to improve the service. For example, they had examined the issues leading up to the review of one care package and had come to a balanced conclusion and action required.

In their PIR the registered provider told us about a planned management restructure to increase management capacity to support service delivery as the service expanded. They had also applied for and been awarded an external Investors in People Award in March 2016, which demonstrated they were looking at ways to continually improve. We saw this award recognised how the provider had structured their approach to co-ordinated care in order to produce the best outcomes for people who use services. In addition, an annual business plan summarised the organisation's aims with defined goals and forward strategic planning implemented.

We saw that results from the feedback in surveys from people who used the service were positive. In their feedback one person described the service as, "A reliable, caring team of professionals who offer an extremely high level of care, not just to [my relative] but to our entire family," and, "A professional and caring company who have made it possible for our [relative] to live a full and increasingly independent life. We would recommend them 100%."

Staff told us that they thought communication was good and said they received regular updates through email, the newsletter and through staff meetings. Staff appraisals included feedback from people who used the service, family and colleagues together results from any care audits. This approach supported continuous professional development and learning. All the professionals we spoke with felt the service worked collaboratively with a range of agencies and services to achieve the best outcomes for each person. The service had also built up good relationships with outside agencies such as the Flying High project to ascertain views of young people and incorporate these into the development plans for the service.

We saw evidence that the service was not afraid to challenge other agencies or partners on behalf of the people who used the service where they felt necessary. For example, the service had supported one child to attend 'out of school' clubs. Their application had originally been refused, as the health concerns and risks were deemed to be too great. However, this decision was successfully challenged by the service who felt it was important to support the child's wishes in accordance with the UN Convention on Children's Rights. As a result they supported one of their care workers to undertake the necessary training to support the activity within the school setting, thus enabling the child to attend their chosen activity while ensuring they remained safe. This showed us that the emphasis was on meeting the child's needs first, irrespective of their disability.