

Morepower Limited

# AQS Homecare Sussex

## Inspection report

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Date of inspection visit:  
30 October 2019  
05 November 2019

Date of publication:  
16 December 2019

### 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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

AQS Homecare Sussex is a domiciliary care agency. It provides personal care to 50 people living in their own houses and flats in the Eastbourne area. Care and support was provided to people living with mental health needs, substance misuse, dementia and physical disabilities.

Not everyone who used the service received personal care. 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.

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

People received a responsive service which was tailored to meet their needs. Staff delivered person-centred care which enhanced people's quality of life. Healthcare professionals praised the service's responsive nature and spoke highly of how staff empowered people to remain living at home. There was a flexible approach towards people's changing needs and preferences. Staff recognised the importance of combatting social isolation alongside supporting some people to care for their pets who provided companionship and company.

The service was well-led. Robust systems to monitor and assess the service provided helped the registered manager to identify where improvements were needed, and these were addressed quickly. People were asked for their views about the service and these demonstrated a high level of satisfaction relating to the service they received. Staff were extremely passionate about providing high quality care to people.

People and relatives told us how the care workers and other staff working in the service were caring and respectful. People were provided with a caring and compassionate service. People's rights to independence, privacy and dignity were promoted and respected. People's choices about the service were valued and used to plan their care.

Risks to people were assessed and mitigated. Support was provided to enable people to live safely in the community. Where people required assistance with their medicines, there were systems to provide this service safely. People's care visits were completed as planned. Recruitment of care workers was done safely. Care workers were trained in infection control and the appropriate equipment was provided to reduce risks of cross infection. There were systems to learn from incidents and use the learning to drive improvement.

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. Where people required support with their dietary needs, this was provided. Where required, people were supported to maintain good health. The service worked well with other professionals involved in people's care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

The last rating for this service was good (published 29 March 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was Safe.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was Effective.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was Caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was Responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was Well-Led.

Details are in our Well-Led findings below.

# AQS Homecare Sussex

## Detailed findings

### Background to this inspection

#### The inspection:

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

#### Inspection team:

An inspector and an Expert by Experience carried out the inspection. 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:

AQS Homecare Sussex is a domiciliary care agency. It provides personal care to people living in their own houses, flats and specialist housing.

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

#### Notice of inspection:

We gave the service five days' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 30 October 2019 and ended on 5 November 2019. We visited the office location on 30 October 2019.

#### What we did before the inspection:

We reviewed information we already held about the service including previous inspection reports, 'share your experience' which gives us feedback about the service and notifications which are important events the service is required to tell us about by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our

inspections. We used all this information to plan our inspection.

During the inspection:

We spoke with seven people who used the service and five relatives about their experience of the care provided. We spoke with the registered manager, deputy manager and five care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits and questionnaire surveys, were reviewed.

After the inspection:

We continued to seek clarification from the provider to validate evidence found. Further information was sent to the inspection team via email. We sought feedback from five healthcare professionals via email.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse:

- Care workers had received safeguarding adults training, could describe situations which could amount to a safeguarding concern and knew what to do. One care worker told us, "I was on duty recently and had to raise a safeguarding concern because care staff had visited a person and found them not to be in. We were concerned for their safety so phoned the police and raised a safeguarding concern."
- The registered manager and care workers worked in partnership with people to understand their diverse needs and individual circumstances. Care and support were provided to people living with complex care needs and who were vulnerable within the community because of their care needs. One care worker told us, "We've been working with one person to help safeguard them and support them on how they can better safeguard themselves. Unfortunately, they had some money stolen from their property. We've put a laminated sign up on their front door prompting them to consider whether they know who is knocking and to only answer the door to people they know."
- Care workers worked in partnership with healthcare professionals to ensure the ongoing safety of people and to safeguard them from further risk of abuse. The registered manager told us how they supported one person who was the victim of 'cuckooing' (cuckooing occurs when dealers befriend vulnerable individuals and turn their homes into a place to keep and sell drugs). They commented, "We worked in partnership with the individual and the healthcare professionals to ensure their safety and to ensure that they were safe in their own home. When care staff now visit, they are always mindful of who is visiting the person's home and who might be staying. Any concerns, we advise the individual's social worker."

Assessing risk, safety monitoring and management:

- People and their relatives told us that they felt safe with care workers entering and leaving their home and providing care.
- Care workers recognised the importance of leaving a person's home safe and secure following a care call. One care worker told us, "We make sure windows are doors are closed and that the key safe is secure." People confirmed that care workers left their property secure and safe.
- Individual risks to people and the environment had been assessed and were managed appropriately. Care records provided clear information around identified risks in order for staff to keep people safe.
- Care and support was provided to people who could display behaviours which challenged. Care workers and the management team worked proactively with people and healthcare professionals on how to manage behaviours and associated risks. Care workers told us they recognised the importance of recognising people's triggers and what worked well to support the person. One care worker told us, "It's about seeing the person and not their illness or behaviours which they display."
- Healthcare professionals spoke highly of care workers and the registered manager's ability to manage risk whilst recognising that people have the right to make unwise decisions. One healthcare professional

commented, "I have observed staff to always be respectful and person-centred, balancing risks against client's unwise choices."

#### Staffing and recruitment:

- People were protected by the recruitment processes that were followed by the service. These made sure, as far as possible, that people were protected from staff being employed who were not suitable. Staff files included the required recruitment information, such as Disclosure and Barring Service (DBS checks). Where recruitment checks identified a previous conviction, a risk assessment was in place to determine if the individual was safe to work with adults at risk.
- The registered manager operated a 'values based' approach to recruitment. They told us, "Whenever we carry out interviews, the question is always asked, 'Would I want this person to care for my loved one?' We have not continued with the interview process for some candidates as they haven't demonstrated the values that underpin our organisation."
- There were enough staff to keep people safe and meet their needs. Care rotas were planned in advance with care staff receiving set care calls each week. This promoted continuity of staff and people knew which care staff would be arriving and when. The registered manager confirmed they would only accept a new referral if they had capacity to meet the person's needs and at a time that was convenient for them. Systems were in place to monitor late and missed care calls.
- People confirmed that they received a rota each week with information on what care worker would be attending and when. One person told us, "It's a variety of carers, we have a rota, if it's a new care worker they come with one I know first."
- The scheduling of care calls was centred around people's individual care needs. The management team told us that for people with time sensitive medicines, their care calls were centred around that. Where people required routine, care workers recognised the importance of providing such routine and ensuring care calls were scheduled for the same time every-day.

#### Using medicines safely:

- Medicines were managed in a safe and appropriate way. Care workers received training and had their competency regularly assessed.
- People had care records that included information about any medicines they were prescribed and clear guidance about the support people required from care staff. Where people required support from care staff, a red laminated sheet was documented within their care plan which provided concise and clear guidance on their medicine regime, the support required and where medicines were stored. Care workers spoke highly of these red laminated pages. One care worker commented, "It's a great visual prompt and helps with minimising any errors."
- Medicine risk assessments were in place. These considered who was responsible for the ordering, disposal and collection of medicine.

#### Preventing and controlling infection:

- People were protected from the risk of infection. Care workers told us they had access to aprons, gloves and shoe protectors to use where required. People confirmed that staff practice was good, and care workers always wore gloves and aprons.
- Checks were carried out by the registered manager and management staff to ensure care workers were following the provider's policies and procedures correctly. This included wearing the correct uniform, having the right equipment and protective clothing whilst carrying out visits to people.

#### Learning lessons when things go wrong:

- Accidents and incidents were recorded, reviewed for any trends, themes or patterns and lessons learnt

shared with care staff. The registered manager was open and honest and spoke about the importance of learning from incidents to improve practice. The registered manager commented on the learning derived from a potential data breach. They told us, "As a result of this incident, we completed, reviewed and changed how confidential information is shared with staff and now time sheets no longer have people's address on and key code numbers are sent in a coded format. It was a huge learning curve for us."

- Care workers regularly met in the office and discussed any ongoing situation, change in need or incident and had a log of events which had occurred, and actions taken which were reviewed. The service had on call procedures and good on-going monitoring which enabled them to review and change actions.
- Staff knew they should report any accidents and incidents and maintain clear written records.

# Is the service effective?

## Our findings

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

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

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

- People's assessment of need was individualised and led to well-planned care and positive outcomes for them. The registered manager and management staff worked collaboratively with health and social care professionals to ensure detailed assessments of people's needs were completed prior to people receiving support.
- The registered manager was committed to ensuring that robust assessments of people's needs took place to ensure the service and care staff could meet people's individual needs and also provide person centred care. The registered manager commented that if they felt they could not meet a person's needs with the time funded from the local authority they would not accept the referral. They commented, "We recently received a request from the local authority to support a service user with end of life care. The time for the care call allocated was thirty minutes. We advised that we could accept the package of care if the call was increased to one hour as we felt we wouldn't be able to provide dignified and person-centred care in thirty minutes."
- The registered manager kept up to date with any changes in the health and social care field. Their knowledge of policies and legislation was passed on to staff who were able to support people in line with best practice. Memos were sent to care workers on a regular basis providing key updates. A recent memo focused on the importance of oral hygiene.

Staff support: induction, training, skills and experience:

- At the last inspection in January 2017, a recommendation was made that the provider sought advice and guidance from a reputable source around the completion of complex health procedures. This was because care worker's competency was not regularly reassessed when care staff provided care and support to people living with percutaneous endoscopic gastrostomy (PEG) feed in place.
- At this inspection, we found improvements had been made. Whilst care and support was not provided to anyone with a PEG at the time of the inspection. Care worker's competency had been routinely assessed and the provider had sought specialist input from a clinical nurse.
- Care workers were competent, knowledgeable and skilled and carried out their role effectively. Newly recruited care workers had completed a comprehensive induction and shadowing period. The registered manager advised that following the shadowing period, care workers would initially work alongside another member of staff for a period of six weeks until they were deemed competent to work unsupervised.
- Care workers felt supported in their role and received regular one-to-one supervision. They told us the ongoing support enabled them to discuss their work concerns or learning and development when needed.
- Care workers spoke highly of the training provided. One care worker commented, "The training is very good here and the standards of training are very high. Without the appropriate training you are at risk of

endangering a person. It is important that we always remember the person and what's important to them."

- People and their relatives felt care workers were skilled and competent. One person told us, "They work jolly hard."

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

- Assessments established what support people needed in respect to their dietary needs and fluid intake. Daily notes clearly demonstrated what support was provided and ensured people had enough to eat and drink.
- People told us that care workers helped with their meals where required and always made sure they had access to drinks and snacks before leaving.

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

- Care workers built up a good rapport with people, were able to recognise changes in the person's needs and responded accordingly. They did this by either by increasing support or supporting the person to access different services and advisory services. Relatives praised the communication between themselves and the service at all levels of staffing.
- Healthcare professionals spoke highly of the service's ability to support people to remain living at home for as long as possible.
- Care workers took timely and prompt action to ensure people had access to healthcare services. Staff told us how they identified that one person was becoming at risk of skin breakdown. They submitted a referral for district nursing input as they felt the person would benefit from pressure relieving equipment. Care workers' prompt referral prevented the person from experiencing actual skin breakdown.

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.

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:

- The provider, care workers and registered manager had a good understanding of the Act and were working within the principles of the MCA. People were not unduly restricted and consent to care and treatment was routinely sought by care workers.
- Care workers received MCA training and understood the relevant consent and decision-making requirements of this legislation.
- Care workers encouraged people to make day to day decisions about their care and told us they always provided people with choice or provided care in people's best interest. Care workers had worked in conjunction with people, their families and health care professionals to ensure people's known wishes and beliefs were considered before they received care and support in their best interest.

# Is the service caring?

## Our findings

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

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

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

- All staff were highly motivated to offer compassionate and kind care and support. One care worker told us, "I love the diversity of the role. Every day is different, and we get to support people to remain living at home." Another care worker told us, "I get to make a difference every day which I love."
- People and their relatives told us they were treated with great kindness and respect by the staff who visited them. One relative told us, "They are amazing with my loved one."
- The provider and registered manager treated its care workers well and valued their contribution. This helped them feel empowered and loyal to the company. By building confidence and prompting a caring ethos, care workers felt valued and happy in their work. The registered manager told us, "It's important that the staff feel valued."
- People's diverse needs were recorded. Care workers demonstrated a good knowledge of people's personalities, individual needs and what was important to them. For example, one care worker told us about how a person's religion was extremely important to them and how care calls were scheduled so that they could attend Mass every-day.

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

- The registered manager and care workers ensured people got the support they needed and wanted. For example, care workers advocated for one person who was struggling to access the support they needed. Care workers liaised with other healthcare professionals to ensure their needs were met and they were able to access services that they needed to maintain their health and wellbeing.
- People were involved in deciding how their care was provided. The registered manager and management team undertook regular quality assurance surveys and checks with people to review how their care was going and if any changes to their care were required. The registered manager told us, "When we start a new package of care, we undertake a quality review in two weeks to see how everything is going, if the care plan is working and if any referrals are required to other healthcare professionals. By week six, we undertake a further review to see if there's anything further we could be doing to promote their independence."

Respecting and promoting people's privacy, dignity and independence

- The service promoted a culture where people were treated with the upmost respect and were supported to maintain their independence. One care worker told us, "I support one person with significant disability. During a care call, I supported them to set up their 'Google home' (electronic device) as it would promote their independence by assisting them with turning the television on and opening their front door."
- Care workers had a good understanding of the importance of maintaining people's dignity and respect.

They described how they would deliver care in line with people's individual preferences. They said they would always involve the person throughout without ever presuming what people wanted.

- People confirmed that care workers respected their dignity and privacy. One person told us, "I have help with washing, they're always very respectful, they know what I like, I ask them to help me."

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences:

- Care and support was provided to people living with complex care needs. One care worker told us, "We are committed to a challenge and changing things for the better. With our training we are at an advantage of supporting people where other care agencies may have struggled."
- Healthcare professionals spoke highly of the service's ability to accept complex packages of care and to support people to remain living at home and safe in the community. One healthcare professional told us, "All my interactions with AQS have indicated knowledge, understanding and passion to make sure the client's needs are met. This has included advocating for the client's needs to professionals. AQS support clients with particularly complex needs due to dual diagnosis of mental health and substance misuse. I feel that the carers are able to adapt to clients' needs even at times when it has proved challenging."
- Care workers were passionate and committed to ensure people received care that was individual to them and which also allowed them to live as independently as possible. The service had an underpinning ethos of ensuring people were supported to remain at home and all care workers worked to this ethos. Healthcare professionals also praised the care worker's skills and competency to ensure people could remain living at home.
- One healthcare professional told us, "I have recently worked with AQS who worked tirelessly with a particular person who had a complex medication regime. They spent time liaising with different professionals, from the GP, pharmacist, Parkinson's nurse specialist and adult social care to ensure the individual's medication was correct and that the carers would be able to administer the medication safely. The time invested by staff and the registered manager resulted in the complex medication regime being administered as prescribed by competent staff, which in turn improved the person's health and enabled the client to remain living in their own home."
- Personalised and holistic care planning was at the heart of the service. A few care workers were assigned to each person which helped them build up strong relationships and provide continuity of care. Without exception, we heard of the positive impact this had on people and their ability to remain living at home.
- One care worker told us, "We accepted a package of care to support a person living at home with dementia. The previous care agency were unable to meet their needs due to behaviours which challenged. A small team of us worked with the person and their family to enable them to safely live at home. We slowly learnt of their triggers and implemented a routine. It took time. They hadn't received a shower in nine months, but through building a rapport and implementing a routine, we were able to provide that level of support they needed."
- Care workers provided care and support to meet people's protected equality characteristics. Care workers told us how they supported one person who was at risk of eviction. Work was required in their house, but they were refusing the workmen entry. Care workers recognised that they were at risk and therefore, outside

of their care calls, worked with the person to enable the workmen entry so that repairs would be undertaken on their house.

- Healthcare professionals praised the service's ability to deliver flexible care. One healthcare professional told us, "Care workers at times have gone above and beyond expectations in supporting people who can be quite difficult to support sometimes. They have been collating information for one person's housing applications. I have been impressed by their dedication and achievements in this area. They have been flexible in making arrangements for finances whilst pending appointeeship despite this being quite time consuming and complicated administratively for office-based staff."

- Care workers understood the different needs of people and delivered care and support in a way that met those needs. Care and support was holistic and addressed not only people's physical care needs but also their emotional and social needs. For example, care workers visited a number of people with pets. Care workers recognised the importance of people's pets and the companionship they brought to people. Care workers took people's pets to the vets at a reduced cost for them to ensure their ongoing health and well-being.

- Care workers and the registered manager were flexible; they responded swiftly, often at short notice, to ensure people received the care they wanted. Healthcare professionals and relatives praised the service for their ability to be responsive whilst providing person centred care. One relative told us, "Staff identified that my loved one was possibly having a stroke. They were so calm, swift and ensured I was ok alongside my relative. They stayed with us until the ambulance arrived and they were fantastic."

- Care workers told us how one person was presenting with deteriorating mental health. They commented, "This person was raising concerns about their mental health and expressed their wish to attend a support group in the evening. The time of the support group was also at the same time as their care call. We worked hard to change the care call and support the person to attend their support group as we knew it was important to them."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them:

- The service showed a strong person-centred, thoughtful, caring and responsive ethos in the way they worked with people who use their service. The registered manager and care workers explained how they had put people's emotional and social wellbeing high on their list of priorities.

- Care workers recognised the importance of providing people with companionship during care calls and identified the impact that loneliness could have on people. For example, the registered manager told us how they recently identified that one person was lonely and worked with them to refer them to a befriending service.

- The care planning process considered what was important to the person, their interests and hobbies. This enabled care workers to develop relationships with people and support them to pursue their hobbies. One care worker commented, "One person loves history and reading books about history. There is often an exchange of history books with them and the care workers which they enjoy." One relative told us how care workers suggested getting wool as their loved one use to knit. Care workers then spent time talking with the person on knitting and supporting them to pursue their hobbies.

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.

- The service identified people's information and communication needs by assessing them. Care plans were highly personalised; they described people's individual communication needs and any support they

needed.

Improving care quality in response to complaints or concerns:

- The registered manager took feedback very seriously and was open and responsive. They provided many different forums for feedback giving people the opportunity to raise issues about their support or the wider organisation. One person told us, "I wouldn't be with them if they weren't good."
- A complaints procedure was in place and accessible. The service had not received any formal complaints in a year. Where concerns had been raised, records showed the provider had carried out an investigation and provided a response to the satisfaction of the complainant within agreed timescales.

End of life care and support:

- The service was designed around the person's individual needs and could be adapted to take into account future needs. Care workers received ongoing support and training to help them meet people's needs in a holistic way and recognise the emotional stresses illness put on the individual and the family.
- At the time of our inspection, no one was receiving end of life care. However, care workers had received training and provided examples on how they would provide dignified end of life care.
- Where appropriate, care files in people's homes contained information where people had a Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) order in place so staff could provide the appropriate response to people in an emergency health situation to ensure peoples wishes were upheld.

# Is the service well-led?

## Our findings

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

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

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

- The service had a clear vision to provide high-quality, personalised care to people and to enable people to remain living at home for as long as possible. The registered manager told us, "I feel incredibly strongly about supporting people to remain at home and I know my staff feel the same."
- Care workers genuinely enjoyed their role and felt valued and happy. They described the registered manager as, 'approachable', 'open to ideas' and 'understanding of our needs.'
- People and their relatives commented that the service was well-led. One person told us, "It's the best care service we've had, and we've had several." One relative told us, "They seem genuinely committed to caring."
- Everyone confirmed they knew all their care workers, got to know them well and said they worked in line with their wishes and preferences.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong:

- The service provided was open and transparent and the registered manager clearly communicated when things went wrong and reflected on this to see how the service could be improved upon. They worked very hard to get things right from the beginning to reduce the risk of things going wrong, but healthcare professionals told us they were not afraid to challenge, learn and seek advice. One healthcare professional told us, "They do not hesitate in raising concerns or seeking advice."

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

- The registered manager was well organised and had files to evidence how they were meeting regulatory requirements and running a service in line with people's needs. The service had recently implemented an 'outstanding' folder to demonstrate and celebrate examples of where staff had gone above and beyond what was required. The registered manager told us, "In my mind, all my staff are outstanding, and we need to celebrate that."
- The registered manager and management team strived to continually develop the service for the benefit of people and care workers. The registered manager and a member of the management team told us how they devised an internal medication audit and audit of daily notes which was then shared with the provider's sister branches. The management team told us with pride, "We've had five missed signatures within the past 10 months out of 824 Medication Administration Records (MAR). We've worked extremely hard to ensure the administration of medicines is safe."

- Quality assurance was embedded within the service and used as a means to learn and improve the service. This included spot-checks and audits which had been successful in identifying areas for improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Continuous learning and improving care: Working in partnership with others:

- People, relatives and care workers were integral to quality assurance and feedback was used to make improvements.
- People and relatives were empowered to give their feedback about their experience of using the service; this was used to improve the care they received. They discussed whether their needs were being met and any changes needed; the registered manager and care workers were proactive in ensuring these happened in a timely way.
- Care workers felt empowered to open up and make suggestions. One care worker told us, "There is an open-door policy which is great. Often, we visit the office daily to discuss people's care calls and talk about new ideas. Due to the complex nature of the people we support, we have to talk every day and ensure we are providing the best possible care."
- Feedback from care workers was used to drive improvement. The registered manager told us how care workers had raised concerns about communication. With their input, the management team devised a handover log which was placed in people's care plans. Following a care call, the care worker would provide key information that the next care worker needed to know.
- There were effective links with the local community. The service held open days where the local community were invited into the office to learn about what the service did, and the services provided. The service recently held a dignity tea party for dignity action day. Visitors were invited to write on a leaf what dignity meant to them. Dignity leaves were also sent to people using the service to gain their feedback on what dignity meant to them. The leaves were then displayed on the service's dignity tree. The registered manager added, "As a training forum, we all read the responses to what people thought dignity meant to them. It helped raise awareness and enforce the importance of respecting people's dignity."
- Care workers worked in partnership with healthcare professionals to obtain positive outcomes for people. One healthcare professional told us, "They are very good at advocating on people's behalf and ensuring that they get the care that they require."