

UKG Lifestyle Limited

The Help

Inspection report

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

Summary of findings

Overall summary

The Help is a domiciliary care service which provides care and support to mostly older people, who live in their own homes. The service provided included personal care and support in daily living tasks for people in the Portsmouth, Southsea, Havant, Waterlooville and surrounding areas. At the time of this inspection 75 people were receiving personal care from the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We carried out a previous inspection of this service on 20 October 2015 where we rated the service requires improvement. We had identified some concerns relating to medicines management and the recording of medicines guidance within care plans. During this inspection in January 2017 we found these areas had been improved and we had no further concerns.

We visited the office on 27 January 2017. We carried out phone calls to people who used the service and their relatives on 30 and 31 January 2017. We gave the provider short notice of our inspection visit to the office as we needed to speak with staff and wanted to ensure the registered manager was available to speak with us.

People were supported by a strong, skilled and supported staff team. Staff knew people well and focused on ensuring they received the highest quality of care. Without exception people and their relatives spoke very highly of the staff who cared for and supported them. Comments included "We have a laugh and a joke they are all so nice and caring", "They are all wonderful, every single one of them. The way they treat me and speak to me. We have a laugh. I can't say anything but good things" and "I can't praise them enough they are so kind and caring."

The registered manager and staff gave us many examples of how they had gone 'above and beyond' for people and how this had made a difference for them. Staff told us their focus was on trying to make people happy and ensure they felt comfortable. For example, one member of staff had stayed with a person until they fell asleep one night as they were experiencing high levels of anxiety and would otherwise have been alone. This demonstrated the importance The Help placed on caring for people's wellbeing and comfort as well as their physical needs.

People and staff benefited from a management team at The Help which valued staff's contributions, skills and achievements. These were highlighted in a number of ways, including awards and newsletters. This ensured best practice and kindness were recognised and that these values were highlighted to the rest of the staff team for their learning and development.

People were protected from risks relating to their health, mobility, medicines, nutrition and behaviours. People's individual risks had been assessed and staff had taken action to seek guidance where required and minimise identified risks. Where accidents and incidents had taken place, these had been reviewed and action had been taken to reduce the risk of reoccurrence. Staff supported people to take their medicines safely where required and as prescribed by their doctor.

Staff knew how to recognise possible signs of abuse which also helped protect people. Staff knew what signs to look out for and the procedures to follow should they need to report concerns. Safeguarding information and contact numbers for the relevant bodies were accessible. Staff told us they felt comfortable raising concerns.

Recruitment procedures were in place to help ensure only people of good character were employed by the home. Staff underwent Disclosure and Barring Service (police record) checks before they started work in order to ensure they were suitable to work with people who were vulnerable.

Staff had the competencies and information they required in order to meet people's needs. Staff received sufficient training as well as regular supervision and appraisal. Staff's knowledge and competencies were regularly checked in order to ensure they had a thorough understanding of the training they had received. Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and put it into practice. People were asked for their consent prior to receiving any personal care. Communication methods used with people were individually tailored and enabled the delivery of exceptional care.

People and their relatives were involved in their care and staff respected people's wishes. People's care plans were personalised and included information about how they liked things to be done. People told us they liked to be independent and staff respected this, offering help when needed. The registered manager told us staff worked hard to enable people to retain and regain their independence and they regularly reduced people's care packages where support was no longer needed.

People told us staff were almost always on time and had time to meet their needs in the way they wanted. The registered manager worked hard to ensure people had consistent staff teams. This helped people develop trusting and comfortable relationships with staff and increase confidence in having staff in their homes. Staff told us they tried to ring people with any changes, and the majority of people confirmed this happened.

People, their relatives and staff felt able to raise concerns or make a complaint. They were confident their concerns would be taken seriously. People told us they didn't have any complaints. Where complaints had been received they had been managed in line with the company policy.

There was open and effective management at the service led by the registered manager and the provider. Staff felt supported and valued. An audit system was in place to monitor the quality of the service people received. Records were clear, well organised and up-to-date. Unannounced checks to observe staff's competency were carried out on a regular basis.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe when receiving care.

Risks to people had been identified and staff took action to minimise these risks.

People were protected from the risk of abuse as staff understood the signs of abuse and how to report concerns.

People were supported by sufficient numbers of staff to meet their needs.

Is the service effective?

Good ●

The service was effective.

People benefited from having staff who were skilled, knowledgeable and well supported in their job role.

People were supported by staff who were trained in the Mental Capacity Act and understood the need for people's consent.

Staff skills and achievements were valued by the management team which made staff feel empowered.

Is the service caring?

Outstanding ☆

The service was very caring.

People's feedback was overwhelmingly positive. People were cared for by staff who genuinely cared about them and went 'the extra mile' for them.

People benefited from staff who took time to listen to them and get to know them. Staff had formed strong caring relationships with people.

People and their relatives were involved in their care and staff respected people's wishes.

People benefited from staff who promoted their independence and encouraged them to do as much for themselves as possible.

Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's individual needs and these needs were regularly reviewed.

People's care plans had been created with their input and contained personalised and detailed information.

People felt comfortable making complaints and were encouraged to do so. The service took concerns seriously and active promptly to resolve these.

Is the service well-led?

Good ●

The service was well led.

People and staff confirmed the registered manager was approachable.

There was an open culture where people and staff were encouraged to provide feedback. The service used this feedback to continue to make improvements.

There were effective systems in place to assess and monitor the quality and safety of the care provided to people.

Records were clear and well organised.

The Help

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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 27 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. We made telephone calls to people in their own homes, and sought feedback from healthcare professionals. These phone calls took place between 30 and 31 January 2017.

One adult social care inspector carried out this inspection and an expert by experience, with experience of receiving care, conducted the telephone calls. At the time of our inspection, 75 people were receiving personal care from the service. We used a range of different methods to help us understand people's experiences. We spoke with seven people who used the service and five relatives on the telephone. We spoke with two care staff, the registered manager and the provider. We received feedback from two healthcare professionals. We looked at seven people's care records, including their care plans and medication records. We looked at the recruitment and training files for three staff members, audits, policies and records relating to the management of the service.

Is the service safe?

Our findings

We carried out a previous inspection of this service on 20 October 2015 where we rated this question requires improvement. We had identified some concerns relating to medicines management. During this inspection in January 2017 we found this area had been improved and we had no further concerns.

People told us they felt safe with their carer and were happy to have them in their home. People's relatives told us they were confident their loved ones were in safe hands. One relative said "I am quite confident to go out when they deliver his care. He's in safe hands." Staff had clear instructions on how to get to people's homes, and how to get into the house if there were special arrangements. For example, some people had a key safe installed outside of their homes. This meant staff were able to access people's homes when they were unable to open their doors.

People were protected by staff who knew how to recognise signs of possible abuse. Staff and records confirmed they had received training in how to recognise harm or abuse and knew where to access information if they needed it. Staff told us they felt confident the provider would respond and take appropriate action if they raised concerns. One member of staff said "I've done safeguarding and we covered whistleblowing. I would have no qualms about raising concerns." Staff also knew how to raise concerns outside of the service if required. People and staff were encouraged to speak about safeguarding and share any concerns they may have. Staff's understanding of safeguarding was regularly checked by the registered manager during supervisions. Staff were often asked a number of questions to test their knowledge and if gaps in their learning were identified they received additional training.

People's needs and abilities had been assessed prior to them receiving care and support. Risk assessments had been created for each person to guide staff on how to protect people. These included information about actions to be taken to minimise the chance of harm occurring to people. People had assessments relating to any risks to their physical health, mental health or wellbeing. Assessments had been carried out in relation to risks relating to people's mobility, nutrition, medication, skin care, specific healthcare issues and behaviours. Risk assessments contained enough information so that staff knew how to care for people safely. For example, where people required the use of specific equipment to help them mobilise and transfer, this was explained in detail so staff knew which piece of equipment to use at what time.

Risk assessments relating to each person's home environment had been completed and checks were undertaken to ensure equipment was safe and serviced at appropriate intervals. Staff received training in personal safety and kept in regular touch with the office in order to help ensure their safety when out on their own.

Where accidents and incidents had taken place, the registered manager had reviewed these to ensure the risks to people were minimised. The registered manager also regularly audited accidents and incidents in order to identify trends and takeaway any learning. Where people had experienced accidents and incidents, they told us how staff had supported them. One person said "I have been unwell on two occasions when the carer has arrived. On one occasion I was unconscious, she called an ambulance and stayed with me until

they came." One relative said "Last time she had a fall they sat with her until the ambulance came."

People were supported safely with their medicines and they told us they were happy with the support they received. People's level of need in relation to the management of their medicines had been recorded and people had signed to give their consent for staff to administer their medicines if required. One relative said "They always check that my [relative] has taken her medication." Records of medicines administered confirmed people had received their medicines as they had been prescribed by their doctor. Staff had completed medicines training and had their competencies checked before administering medicines on their own. Staff competencies and knowledge about medicines were regularly tested during supervisions. The registered manager conducted medicines audits and checks. Where staff made an error with medicines, the registered manager would respond by speaking to them, offering additional training, checking competencies and taking action where required. This ensured any errors were responded to without delay and staff understood their responsibilities.

The service had enough staff to carry out people's visits and keep them safe. The provider did not take on any new packages of care unless they were able to allocate the visits and provide sufficient staff. Management staff and office staff were available to cover sickness and new staff were regularly being recruited in order to expand the number of staff available. The registered manager worked hard to ensure people had regular carers. People and staff confirmed this was working and people mostly had the same small group of carers come to their home. One person said "I have had other companies but their timescale was all over the place. With The Help they are on time and as far as they can they send the same carers." Staff told us they had enough time to get to each person's home and enough time at each visit to ensure they delivered care safely in a way which met people's needs. Staff told us every effort was made to ensure people never had late visits. One member of staff told us of an occasion when they had been called to attend one person's visit because their usual carer was being delayed with waiting for an ambulance for a previous call and they wanted to make sure the next call was not late.

As of February 2017 a new monitoring system was being implemented which would be helping the registered manager monitor staff arrival times and length of visit. They told us this would help ensure staff were staying the full time required and monitor how long people may need in order to either increase or reduce packages of care to meet people's needs. This system would alert the office if a carer had not logged in five minutes after they were supposed to. This would help ensure the office could call the person to let them know their carer may be late and call the carer to understand the reason for the delay.

The Help had an on call system for people and staff to ring in the event of an emergency out of office hours. People and relatives confirmed they knew how to contact the service and felt confident to contact them at any time. They told us they would be listened to. Staff told us they could call and ask for help at any time and it would be given to them.

Good infection control practices were followed. Staff were provided with gloves and aprons and they told us these were freely available from the office. Records showed staff were provided with infection control training to ensure they followed good infection control principles.

Recruitment practices ensured, as far as possible, that only suitable staff were employed at the service. Staff files showed the relevant checks had been completed to ensure staff employed were suitable to work with people who are vulnerable. This included a disclosure and barring service check (police record check). Proof of identity and references were obtained.

Is the service effective?

Our findings

People told us staff knew how to meet their needs. Comments from people included "I am very glad to see my carers. They know exactly what they are doing" and "They are confident in what they are doing." One relative told us "His carer has given me tips on helping with his care and how to manage it."

People benefited from effective care because staff were trained and supported to meet their needs. All staff had undertaken or were undertaking the Care Certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. Staff had, through this certificate, undertaken training in areas which included privacy and dignity, fluid and nutrition, awareness of mental health and dementia, safeguarding, basic life support, health and safety and infection control. On top of this staff had received training in manual handling and medicines management.

Staff told us they had received sufficient training to carry out their role and meet the needs of the people receiving a service. Where people had specific needs, staff who cared for those people were provided with the training they needed to meet their needs safely. For example, staff had to undertake training in supporting people who used stoma bags or nebulisers for people who required these. One person said "They change my stoma bag, they are all trained on how to do it. They are excellent." Staff told us they had received sufficient training to carry out their role and meet the needs of the people receiving a service. They told us they could always ask for further training if they wanted it. Comments included "If I wanted more training I could just say and it would be organised."

The service had a trainer who ensured all staff were up to date. The trainer and the registered manager regularly tested staff's knowledge of particular topics and provided them with quizzes and competency tests. This helped to ensure staff understood their training and could apply it. If further training needs were required, these were provided. The registered manager had developed incentives to encourage staff to focus on their training and learning. For example, staff had all recently undertaken medicines management training. Following this training, the registered manager had given all staff a quiz to test their knowledge with the promise that the top scorer would receive a prize. Two members of staff scored the highest marks and both were given a box of chocolates and had their picture taken for the monthly newsletter.

Staff were encouraged to develop their skills and knowledge by completing diplomas in health and social care. Staff told us the provider and registered manager were very supportive, encouraged people to feel confident and valued and provided opportunities to gain new skills, training and qualifications. One staff member said "I have been offered further training on dementia because it interests me. I have done my care certificate. I am currently doing my NVQ2 which they encouraged me to do and they have already offered me to do my NVQ3. We are really looked after by this company."

The Help strongly valued their staff and understood the importance of highlighting their accomplishments in order to grow staff confidence and provide motivation for the rest of the staff team. Each month a member of staff was awarded 'Star of the Month'. This award was used to highlight good practice and also

to provide motivation and ideas for development for the wider staff team. Staff told us they felt valued and appreciated by The Help and the registered manager. One member of staff who had won 'Star of the Month' prior to our inspection told us "I was star of the month, put in the newsletter and got a bunch of flowers. All the times I helped and did little extras they noticed and they appreciated." They told us this had increased their confidence and had ensured they would continue to go 'above and beyond' for people receiving care and support. The registered manager also demonstrated their appreciation for staff and their accomplishments by celebrating their achievements. For example, each time a member of staff successfully completed their Care Certificate, they held a small celebration ceremony. Each person had their picture taken holding up their certificate and this was then printed and framed for them to take home. This ensured staff felt valued and appreciated.

Staff told us they felt supported by the registered manager and had regular supervision and a yearly appraisal. During supervision and appraisal staff had the opportunity to sit down in a one to one session with their line manager and talk about their job role and discuss any issues they may have. Records confirmed supervisions, spot checks and appraisals had taken place.

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. We checked whether the service was working within the principles of the MCA.

Each person's care plan contained detailed information about people's capacity to provide consent. The registered manager and staff had received training in the MCA and displayed an understanding of its principles. People confirmed they were able to make decisions about their care and support. Staff told us they would inform the office if there were any changes in a person's ability to make decisions. People told us staff gained consent before carrying out personal care and respected their choices. Care plans showed people had consented to their care. People's comments included "I choose my clothes and they support me whilst I get dressed."

Staff told us if they had concerns about people's health or wellbeing they would let the office know and were confident action would be taken. Where staff had immediate concerns they told us they had made contact with healthcare professionals or emergency services themselves prior to informing the office. For example, one member of staff told us they had noticed a person's skin was red and they were at high risk of pressure ulcers. They had made contact with the tissue viability nurse directly in order to ensure action was taken as soon as possible. They had also ensured the person's pressure areas were relieved and had informed the office of their actions.

Staff supported some people with their meals and drinks. People's nutritional needs were identified at their initial assessment and regularly reviewed. People's care plans contained details of their food preferences. People told us staff helped them with their meals where required and always ensured they had drinks easily available. Comments included "They know I like my porridge made with water", "They don't usually do my food but if I haven't had breakfast they will make it for me" and " They support me whilst I dress and make breakfast. They check I'm ok and if I need anything done they will do it."

Is the service caring?

Our findings

Every person and relative we spoke with expressed how impressed they were with the exceptionally caring nature of the service. They all spoke of the staff with high admiration and praised them for the caring approach in which they supported people. Comments from people included "We have a laugh and a joke they are all so nice and caring", "They are all wonderful, every single one of them. The way they treat me and speak to me. We have a laugh. I can't say anything but good things" and "I can't praise them enough they are so kind and caring." Comments from relatives included "We are so happy. It's more like having a friend coming. We both have a good rapport with them."

The Help placed high importance on finding staff who shared the values of the service and had kind and caring personalities. The registered manager told us staff interviews were designed in a way to understand potential staff's personalities and the values they held. They told us "We look for a particular sense of humour and that they're caring." A newsletter was sent to people who used the service and staff each month. This newsletter contained a section which detailed what the values and the vision for the service were and the expectations on staff to help achieve these. The most recent newsletter stated 'It is our mission to provide the best person-centred care with continuity to all our service users. It is our mission to have the most professional and caring people working at The Help. We need your support, ideas, involvement and commitment to make our vision become reality.'

The registered manager, the provider and training staff worked hard to ensure staff demonstrated a caring nature towards people. One member of staff said "[Name of registered manager] encourages communicating with clients. Talk to them all the time, tell them what you're doing, what you're going to do next" and "Choice and person centred approach was discussed a lot. They were heavy on that in training."

Staff were highly motivated and were inspired to offer kind and compassionate care. Staff told us the registered manager instilled these values into them and regularly checked they were meeting the standard expected. The registered manager ensured that where staff had provided high quality care which went above and beyond, this was celebrated and shared with the rest of the staff team. Regular spot checks were undertaken whereby management staff would observe staff performance and seek the views of the people receiving care. These checks asked people about the caring nature of the staff and if improvements were required. This ensured staff delivered a consistently high level of kindness and caring. Each month a member of staff was named 'Star of the Month'. This ensured staff felt appreciated, other staff were shown examples of best practice and The Help's values were regularly highlighted. The most recent person to have won this award was photographed within the newsletter and the registered manager had stated under their picture 'She genuinely cares about the clients she sees and she shows a real interest in them.'

The registered manager had worked hard to improve the personal information about people within their care plans. They had ensured staff understood the importance of obtaining detailed information about people and how this could be used to build rapport and strong caring relationships. They told us this process happened from the initial assessment. They told us about one person who had not wanted to let anyone into their home. The registered manager had gone out to do an initial assessment of needs for this

person and had seen a beautiful painting behind them in the doorway. They commented on the picture and the person opened up to them and they discussed the person's talent and passion for painting and music. The registered manager had been able to enter the person's home and complete their assessment. This information had then been added to the person's care plan and staff had been made aware. This enabled staff to be able to build relationships with this person by knowing what their passions and interests were. One member of staff said "Information about them, their interests, their families, what they did for a job is all in the care plans so you can go in and build rapport. You can talk to them about a topic straight away. It helps make people feel more comfortable." Staff knew people well and were able to discuss people's care needs, preferences, and interests in detail.

Staff ensured each person was supported to communicate their preferences, choices and interests. For example, where one person had difficulties communicating, staff had created a folder which was kept in the person's home. This folder contained detailed descriptions of the person's facial expressions and what these meant. This enabled all staff to understand what the person was communicating to them and ensured their voice was heard.

People benefited from small, regular staff teams who they had built relationships with over time. Staff commented "We consistently see the same people. My clients are a lovely lot. When you're going in to someone regularly you build up a caring relationship with them. We have such a laugh." People commented "The Help are on time and as far as they can they send the same carers", "I mostly get the same ones" and one relative said "He has two regular carers, it's not often we see new faces."

All staff told us they enjoyed their role and were passionate about achieving the highest quality of care for each person. Comments from staff included "I would have my family looked after by this company" and "I'm in love with each of them. It's about what they need, not about what I need." One member of staff told us how they had heard of The Help before seeking employment with the service. They told us their relative had received support from The Help in the later stages of their life. They said "I was so impressed. There was always laughter and they made a real difference to [my relative]. Not one person that wasn't lovely. It made me want to work here." This showed staff valued the importance of delivering kind, compassionate and high quality care to people.

People valued their relationships with the staff team and we heard of many occasions when staff went 'the extra mile' for them. For example, one member of staff had called into the office one evening to say a person they were visiting was experiencing high levels of distress in relation to their dementia and confusion. The member of staff had made contact with the person's relatives but they had been unable to come until the next day. The member of staff had identified that their presence provided the person with comfort and they were very distressed by the idea of them leaving. The member of staff asked for permission to stay with the person until they went to sleep, much later than their shift was supposed to end. The registered manager made sure the member of staff was comfortable with this arrangement and agreed to pay for them to stay in order to provide the comfort this person needed at the time. The member of staff stayed and the person and their relative was hugely grateful and thankful for this act of compassion and understanding.

We heard of other occasions when the staff team and the registered manager had gone above and beyond for people. For example, staff had identified one person loved Meerkats. When this member of staff was on holiday in a different part of the country, they had seen a collection of decorative Meerkats in a shop and had purchased them for this person. The registered manager told us the person loved them so much they had insisted the collection go with them when they later moved into a nursing home. During the Christmas period staff had asked the registered manager whether they would be able to dress up during the festive period. They said the registered manager had "loved the idea" and had made a number of festive costumes available for staff to use so no one would miss out. One person who received a visit during that period found

the costumes to be very funny and their relative told staff they had not stopped chuckling about it all day. Staff decided to take a photograph of themselves in costume with the person, with their permission. The person's relative had asked for a copy of the picture as it had brought their loved one such joy. Staff had told the registered manager who had printed the picture, had it framed and given to the person and their relative as a Christmas gift. This had brought the person joy and regular laughter when remembering the day.

Staff told us their job was not just about providing physical and practical care to people. They told us it was also about spending time with people, making them feel valued and participating in social chats and companionship. One member of staff told us the management team at The Help had instilled in them the need to stay as long as possible with people, spending time chatting to them and being social. They told us they knew the people they cared for very well and would often stop at the shop on the way to a person's home if they had the time and get them their favourite chocolates or treat. This ensured people felt staff enjoyed spending time with them and cared for them and their wellbeing.

People told us they had been involved in planning their care and support. People's care plans were personalised and included information about how they would like things to be done. People's independence was promoted and care plans told staff to encourage people to do as much for themselves as possible. People told us staff supported them to be independent and offered them help where they needed it. People's comments included "They support me whilst I get dressed." People's care plans highlighted how staff were to support people and how they should encourage people to do as much for themselves as possible. For example, where people required support with personal care or moving and handling, their own skills and abilities in this area had been highlighted and staff were instructed to encourage them to complete these tasks unassisted.

People told us they had been involved in creating their initial care plans and these were regularly reviewed by the registered manager and office staff. The registered manager said "Soon after a new person comes on we do quality assurance. Either I or a client service advisor go to the client's home and do a questionnaire, check the books and go through their care plan with them." People and their relatives confirmed this took place with comments including "My care plan is up to date. They come out regularly to have a chat", "We had a meeting after three months to make sure all was going ok", "They came and saw me with the setting up after six weeks, I could not fault them" and "The office came and checked everything was ok when the care was set up." This ensured people were receiving the care they wanted and that met their needs. People and their relatives were asked for their views and these were used to create and update their care plans.

Staff had an in-depth appreciation of people's individual needs around privacy and dignity. Staff told us this was an area which was highlighted during their training and regularly discussed within meetings, memos and training. Staff comments included "The Help promote a person centred approach and respect for dignity." People confirmed staff always respected their privacy and dignity. One person commented "If anyone is here they make sure that the door is closed when they wash me." Every six weeks questionnaires were sent out to ask people about the quality of their care. Within this questionnaire people were asked about the staff who supported them and whether they were always respectful. The most recent responses we looked at contained 100% satisfaction in this area. All questionnaires revealed people were very happy with the service they were receiving.

Staff worked hard to build strong relationships with people's relatives as well as people receiving care. One member of staff said "We support the family too and care about their needs." People's relatives confirmed this and told us staff always stayed in contact with them.

Thank you cards were regularly received by the service. We looked at a number of cards recently received.

These contained the following statements, "Thank you so much for all your care and kindness when looking after [name of person]. I will always appreciate the amazing care he received from yourselves" and "You were all really lovely and caring."

Is the service responsive?

Our findings

People, their relatives and staff told us they were confident people were receiving the best possible care from The Help. People using the service had a variety of needs and required varying levels of support. People had needs relating to their physical health, their mental health and their wellbeing.

People received care that was responsive to their needs and personalised to their preferences. The registered manager told us they matched care staff with the people they supported as much as possible. They told us they regularly reviewed people's care and asked them for their views on the care staff who visited them. This was to ensure people were supported by people they shared interests and personalities with in order to ensure they were comfortable and happy having support staff in their home.

People's needs were assessed before they started using the service and these needs were regularly reviewed. The registered manager and office staff undertook regular visits to people in order to assess their care package and ask them for their views. People confirmed this had taken place and felt confident their support needs were understood and their care plans up to date. During these review visits, people's needs and abilities were reviewed in order to understand people's areas for development. Support staff focussed on enabling people to retain and regain as much independence as possible. The registered manager told us their aim was to improve people's independence so much they would need to decrease their care package. They informed us people's packages were decreasing every week where staff had successfully achieved this.

Each person's individual needs had been assessed with input from people and their relatives, and care plans had been created for each person. Each person's care plan was regularly reviewed and updated to reflect their changing needs. For example, one person had experienced a fall. Staff had made contact with the person's GP and had requested a referral to the falls clinic. They had also made a referral to the occupational therapists, had updated the person's care plan and their risk assessment. Staff had been instructed to continue encouraging the person to use their frame and to ensure everything they needed during the day and night was placed within reach until new guidance from specialists had been obtained.

The registered manager had recently taken on the role and had worked hard at reviewing people's care plans and making them more person-centred. They told us they had reviewed the records staff completed and had created new forms which prompted staff with information to record and enabled staff to spend more time with people and less time completing forms.

People's care plans contained detailed information about their specific needs, personal preferences, preferred routines, histories and how staff should minimise any risks to them. Step by step guidance was provided for staff which ensured they fully understood people's needs and helped ensure people were supported in a consistent manner. This was particularly important for people who had communication difficulties. People confirmed they were provided with copies of their care plans and these were kept up to date.

Staff knew people well and could tell us about people's specific needs, their histories, interest, how they

communicated and the support they required. Staff recorded the care they provided at each visit and we saw these records were detailed and clearly written.

The provider had introduced an electronic system for planning and recording care and support. Staff could view each person's care plan summary on their mobile phone. The system was secure so that only staff could access this information. This included essential information for staff to know about people's needs and risks to them but also practical information such as key safe numbers.

The service was flexible. People told us office staff always listened to them and they had been able to change times to meet their needs. This meant people were able to attend events and appointments, as well as enabling them to follow their interests. People told us staff were almost always on time and had time to meet their needs in the way they wanted. People told us they were usually contacted if staff were going to be late. In the two weeks prior to our inspection only one visit was late and this was due to the member of staff waiting for an ambulance with a person from the previous visit. The office had been informed and the person had been contacted to warn them of the member of staff's lateness of 20 minutes.

The service was also flexible in relation to visit times where this was to meet people's specific needs. For example, one person's challenging behaviours became more pronounced at particular seasonal times and when watching favourite television programmes. Staff had identified this and reported this back to the office. The registered manager had spoken with the person and had obtained the schedule for all television shows the person was interested in watching. They agreed with them that their visit times would be adjusted to give them the opportunity to enjoy watching their favourite shows without this having an effect on the benefits they got out of their support visits.

People were supported to make as many decisions relating to their care and daily living as possible. Where one person was unable to communicate verbally, we saw records contained clear details about how staff should offer the person visual choices and interpret their responses. This enabled people to have control over their lives and be involved in their care.

People received consistent, planned, coordinated care and support when they moved between different services. For example, where one person had gone into hospital the service had left their calls in place until they returned and had kept in contact with the person and their relative in order to be responsive to their needs on their return. The person's relative said "The manager came to see me when my [relative] was coming out of hospital to talk about his care needs which was lovely. They were good about when to start as we didn't know when he would be out."

People and their relatives felt able to raise concerns or make a complaint. They were confident their concerns would be listened to and acted on. People had been provided with a copy of the complaints policy and the procedure to follow. People's comments included "I feel I could pick up the phone and I would be listened to" and "I would feel happy to call the office if I needed to." Where complaints had been received, these had been recorded and managed in line with the service's policy.

Is the service well-led?

Our findings

We carried out a previous inspection of this service on 20 October 2015 where we rated this question requires improvement. We had identified some concerns relating to the recording of medicines guidance within care plans and this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection in January 2017 we found this area had been improved, there was no longer a breach of the regulation, and we had no further concerns.

There was strong and supportive leadership at The Help. The leadership of the service comprised of the registered manager and the provider who spent a large amount of time at the service. They were supported by administrative staff, a care skills trainer, team leaders, and care staff. Staff spoke highly of the registered manager and told us they led by example to ensure staff provided a high standard of care.

Staff were positive about the support they received from the leadership at the service. Comments included "They encourage me and make me feel more confident", "[Name of registered manager] has been very available to me. [Name of provider]'s door is always open. They are both approachable. You know that if you needed to, they're there", "They care about your wellbeing. They make me feel valued" and "They are extremely supportive."

There was a positive culture which was open and empowering. The registered manager and the provider worked hard to develop and empower their staff team by acknowledging their talents and achievement. They understood the importance of valuing and investing in their staff. The registered manager spoke to us about their staff team with pride and admiration. They said "I love the staff team. They are just amazing." Staff confirmed the registered manager appreciated and valued them. Staff also spoke highly of the rest of the staff team and made comments including "We always turn up, we're always on time, we're really tidy and we're all caring. It's a really good team" and "Everybody that I have worked with has been great. The staff are all very supportive of each other." This ethos of placing importance on the value of the staff team came from the top and we saw the provider had acknowledged the registered manager's skills and contributions since coming into post. This created a culture in which all staff and management felt supported, valued, appreciated and worked in partnership.

The registered manager and the provider had 'open door' policies and encouraged people, relatives and staff to share their views and ideas with them. One member of staff told us they had approached the registered manager with a new idea in relation to a staff reward scheme. They told us the registered manager had listened to them and had been very positive about the idea and would be discussing it further. The member of staff said "I felt my idea was listened to." They also told us staff views were sought in other ways. They told us they regularly received emails and were asked to come in in small groups in order to discuss topics and learning. They also said "We have one to one supervision and we get asked for feedback."

People were involved in developing and running the service. For example, when a staff member's performance appraisal was due, people were asked for feedback. This feedback was then used as part of the appraisal meeting. We reviewed the feedback forms and all the comments were positive. After a person had

received the service for six to eight weeks, they were asked for feedback on how things were going as part of a review. Regular questionnaires were also sent out to people in order to seek their views. Where concerns or comments had been made, the registered manager had investigated these and taken action where necessary. For example, during the most recent survey, one person had commented they would benefit from more time for their evening visit. The registered manager had spoken to the person, listened to their feedback and was in talks with the council in relation to the care package available.

People benefited from a high standard of care because The Help had systems in place to assess, monitor and improve the quality and safety of care provided by the service. Regular checks were undertaken of visit times and durations. A new system was being implemented in order to have a more robust process which did not rely so heavily on staff recording their times of arrival and exit. Regular checks were undertaken in relation to people's care plans, risk assessments and records. Where these audits and checks had highlighted areas of improvement, the registered manager had taken action. For example, a previous audit had identified recording errors had been made repeatedly by the same few members of staff. The registered manager thought of an innovative way to tackle the problem. They provided these members of staff with training and then organised for them to come into the office every day for two weeks, during their working hours, and audit the paperwork. These members of staff learned to understand the importance of the recording and since that time had been very dedicated to completing paperwork and had not made any mistakes.

Records were clear, well organised and up to date. The provider met their statutory requirements to inform the relevant authorities of notifiable incidents.