

## Your Home Care Group Limited

# Your Home Care

### Inspection report

The Sidings  
Mansfield Woodhouse  
Mansfield  
NG19 7FE

Tel: 01623375275  
Website: [www.yourhomecare.co.uk](http://www.yourhomecare.co.uk)

Date of inspection visit:  
19 May 2022  
20 May 2022  
27 May 2022

Date of publication:  
25 July 2022

### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Your Home Care is a domiciliary service providing care for people within their own homes. At the time of our inspection there were 39 people using the service. Not everyone who used the service received personal care. 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

The service was exceptionally well managed. People, relatives, staff and professionals all commented on the positive approach of the provider and registered manager. Staff were highly motivated to perform to their very best. Exceptional performance by staff that resulted in positive outcomes for people was rewarded by the provider for going above and beyond. The provider focused on ensuring people had small, but effective regular teams of staff focusing on providing the best individualised care. People and relatives praised this approach and reported numerous improvements in people's wellbeing as a result. Staff worked in collaboration with other health and social care professionals to identify the early signs of health deterioration. This has resulted in early signs of poor health being identified and acted on before impacting people's health. The provider constantly reviewed the performance of all staff but with a clear direction of developing and supporting their careers in adult social care. Health and social care and other professionals praised the management of this service.

People received exceptional person-centred care and support. People and relatives felt involved with decisions about their care. The provider used innovative methods to ensure that all people received information in a format they could understand; reducing the risk of discrimination. People were encouraged to live their lives to the full. People were supported to follow and pursue the activities, education opportunities and employment that were important to them, embracing new challenges and striving for success. Age, disability and the ability to communicate were not seen as barriers to success but were seen as obstacles that could be overcome with help and support to help people achieve their best. People thrived with the care provided by staff. Innovative methods were used to ensure people received the best care as they neared the end of the life. People rarely complained about the care received; when they did, the provider acted quickly to ensure there was minimal impact on people and this was used for future learning and improvement.

People received care from staff who were exceptionally kind and caring. There was a strong, visible person-centred culture at this service. Staff cared for people in a way that exceeded expectations. People felt like they mattered, that their views counted, and they felt respected. Staff provided high-quality and dignified personal care. People felt at ease with staff and this, in turn, offered reassurance to their relatives. An equality, diversity and human rights approach to supporting people's privacy and dignity was well embedded in the service. People were provided with the support to live their lives in their chosen way, free from discrimination. People felt staff respected their backgrounds and choices and provided care in a respectful manner. People's independence improved significantly from the care provided. This was

especially evident when supporting people living with dementia.

People received care that kept them safe from harm. Risks were assessed and reviewed. When needed, care records were updated to reflect the change in risk. Care plans were thorough and addressed all risks to people's health and safety, but in as least a restrictive way as possible. Staff arrived to calls on time, they completed all tasks and spent any spare time talking with people. Recruitment processes were thorough. People's medicines were managed safely. The provider had ensured people were protected from the risk of the spread of infection. Accidents and incidents were investigated, and actions taken to prevent the risk of recurrence.

People's care was provided in accordance with best practice guidelines and legislation. Staff were supported to develop their careers through extensive training programmes and completing externally recognised qualifications. Staff felt supported by the management team. People were supported to maintain a healthy lifestyle through making wise food choices. Staff worked alongside other health and social care professionals to provide people with high quality, relevant and timely care.

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.

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

This service was registered with us on 1 October 2020 and this is the first inspection.

Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below

Good 

### Is the service effective?

The service was effective.

Details are in our effective findings below

Good 

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

# Your Home Care

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

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

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

#### Notice of inspection

We gave the service notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 May and ended on 27 May 2022. We visited the office location on 19 and 20 May 2022.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed information we had received about the service since registration. We sought feedback from the local authority, other health and social care professionals and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with five people and seven relatives by telephone and visited a further two people and their relatives within their own home. We also spoke with a person's personal assistant. We asked them about their experiences of the care provided. We spoke with or received responses to a questionnaire from 20 members of staff. This included, 12 members of the care staff, client team leader, community care leader, training officer, recruitment officer, call scheduler, the registered manager and two directors, one of whom was the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included six people's care records, medication administration records and the daily notes recorded by care staff. We looked at staff files in relation to recruitment, supervision and training. We also viewed a variety of records relating to the management of the service, including policies and procedures and training records.

A number of health and social care professionals as well as others gave us their views on the quality of the care provided. This included; a registered nurse and a pharmacist.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and neglect due to robust reporting processes and awareness of staff. People knew how to report concerns about their or others' safety.
- People felt safe when staff were in their home. One person said, "Yes of course I feel safe with carers visiting they are lovely girls and look after me so well." Relatives felt assured that when staff visited their family members were safe. One relative said, "The carers are trustworthy, and they give me confidence as [my family member] has quite a large package of care."
- Staff had received safeguarding adults training and understood how to report any concerns about people's safety if they felt people were at risk of abuse or neglect. The registered manager had a thorough understanding of the requirement to investigate allegations and to report them to the relevant authorities. Records showed this had been done when needed, ensuring people continued to be protected from the risk of harm and/or abuse.

Assessing risk, safety monitoring and management

- The risks to people's safety were reduced due to effective recording, monitoring and analysis of current and developing risk.
- People and relatives told us care was provided in a safe way which made them feel reassured. One person said, "They get me out of bed, take me to the bathroom, get me dressed, get my breakfast, tea, tablets and at night help with getting back to bed at night. They know what they are doing." A relative said, "[My family member] gets four visits per day, which require two members of staff to support as [my family member] is cared for in bed. I don't know what I would do without them actually."
- The provider developed their own electronic care planning/monitoring process. Many people and relatives commented that this helped reassure them that the care needed was being provided. Within this process, people and (authorised) relatives had access to all care records, visit notes and medicine records. They were able to monitor this and if they had any concerns about the care provided, they could raise this with registered manager.
- People's care records and risk assessments were thorough, were continually assessed and provided staff with sufficient information to provide safe care. We noted assessments of people's home environment had also been completed, advising staff, in consultation with people and/or their relatives about the safest way to evacuate in an emergency.

Staffing and recruitment

- People received safe care and support from a consistent team of staff. New care staff were always introduced to people before they commenced care at a later date.
- People welcomed the use of electronic care planning process which informed people what staff would be

attending their home. Pictures of each staff member were always provided. If people did not have access to the electronic process, paper versions of rotas were available.

- A person said, "I do feel safe, all the carers are lovely and new carers are always introduced to me before they start supporting me so then I am aware who is coming." Another person said, "I have an app on my phone to indicate which carer is visiting."
- Robust, thorough and safe recruitment processes were in place. Criminal record, identity and reference checks were completed prior to staff employment. Staff were recruited with specific skills and personalities to care for specific people. The provider's aim was to provide people with a small, regular team of staff who understood their needs.
- An electronic monitoring process was in place that identified up to two weeks in advance the number of staff that would be required to complete all calls. This process continually reviewed risk data about people's health and safety and enabled rotas to be planned in advance, ensuring people received care from the appropriate member of staff.
- People told us staff were almost always on time and if they were going to be late they always received a phone call or text. Analysis of punctuality records showed staff were rarely late and if themes started to commence a review took place to identify the cause. This meant there was minimal impact on the care provided.

#### Using medicines safely

- People received safe support from staff with their medicines. This was either with prompts to take medicines or support with administration.
- People told us they were happy with the support offered by staff. One person said, "The carers are qualified to give me my medication both in the morning and evening."
- Electronic medicine administration records were used. This provided a live feed to office-based staff. If a medicine was accidentally missed an alert was triggered and staff could be notified of the error within minutes. This meant the risk of people not receiving a medicine was reduced.
- Staff received regular assessment of their competency to provide safe support with medicine administration. Any concerns were addressed through further training and supervision. This helped to ensure people continued to receive support with medicines from competent staff.

#### Preventing and controlling infection

- There were safe and effective measures in place to reduce the risk of the spread of infection and COVID-19.
- People told us staff wore gloves and aprons whilst carrying out personal care and continued to wear face masks. People told us they had felt safe and protected throughout the pandemic. A person said, "They have by wearing personal protective equipment and keeping a safe distance."
- The provider had the measures in place to prevent visitors to their office from catching and spreading infections.
- The provider told us they had supported staff and the people they cared for to access testing.
- The provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- People received safe care from staff. When mistakes occurred, the provider ensured these were investigated and action was taken to address any issues.
- Staff were involved in the review process of any accidents or incidents. Themes and trends were identified through a regular reviewing process. Where needed, care plans and risk assessments were amended to reflect changes to people's health and/or safety following an incident.
- The provider had an open and transparent approach to the reporting of incidents. Records showed relevant authorities were notified when incidents occurred.



# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received care and support in accordance with best practice standards, guidance and law. Recognised best practice tools were used to assess and monitor people's health. This included mobility, nutrition and skin care.
- Staff received training to help them to identify the early signs of deteriorating health. This has resulted in minor deteriorating health conditions being identified before they caused significant impact on people's health. We have reported on this in more detail in the 'Well-Led' section of this report.

Staff support: induction, training, skills and experience

- People received care and support from well trained, skilled and experienced staff.
- People praised the knowledgeable approach of staff with people stating they were, 'caring', 'thoughtful', 'safe' and 'supportive' when providing care.
- Staff attended a detailed induction programme that equipped them with the skills needed to care for people in an effective way. Throughout their probationary period staff were supported by senior care staff to carry out their role and once able, they were permitted to work alone. Ongoing supervision and regular reviews of the competency of their roles also took place. This helped to ensure people continued to receive safe and effective care from staff.
- Staff were encouraged to develop their roles and undertake professionally recognised qualifications for their role. Experienced, effective and high-performing staff were offered opportunities for further development into leadership roles.
- Staff felt supported by the registered manager and the provider to carry out their roles effectively. One staff member said, "The management team at Your Home Care are very approachable and are excellent leaders." Another said, "Our management and office staff are very helpful, they are always at the other end of a phone when needed."

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

- When needed, people were provided with the support needed to eat and drink enough and to maintain a balanced and healthy diet.
- People told us they had choice about the meals they ate and drink they consumed. One person said, "I have not been able to move a lot and I tell the carers what I would like to eat and drink." A relative said, "Sometimes when I've gone to work, I have made a sandwich for [family member's] lunch and the staff will make some soup or a ready meal for the evening meal."
- When people had conditions that could affect their health as a result of the food and drink they consumed such as diabetes, guidance was in place for staff to follow to reduce the risk to people's health. However, it

was also made clear in people's records that if they decided to make unwise decisions about their food and drink choices then staff should not prevent people from doing so.

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

- Staff worked closely with other health and social care professionals to ensure that people received consistent and timely care with access to a range of health services where needed.
- People told us where needed, staff had attended appointments with them and also helped to remind them if they had an important appointment coming up.
- Staff paid particular focus to people's oral health. In consultation with people and/or their relatives, staff were informed how to ensure people were offered the opportunity and support to maintain good oral health. Some staff had completed specific training in relation to oral health with the view of rolling this out to all staff.
- Other health professionals praised the impact staff had had on people's health. A pharmacist said, 'They seem very well organised, and their customers are clearly at the forefront of the work they do. I would definitely recommend my patients contact them if they are ever in a position where they need help with care in their own homes.'

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager had a good understanding of the Mental Capacity Act 2005.
- People's consent was always sought when receiving personal care. Where people lacked the capacity to consent to aspects of their personal care, the provider ensured the MCA was followed. This ensured people received personal care in a lawful way.
- Where people had appointed others to manage decisions about their health and welfare, the appropriate documentation had been recorded within their care records. This ensured only legally appropriate people were able to make those decisions.
- The registered manager was aware of the processes to follow should an application be made to the Court of Protection to restrict people's liberty within their own home.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- There was a strong, visible person-centred culture. The provider ensured that staff in all roles were highly motivated and offered care and support that was exceptionally compassionate and kind.
- All of the people and relatives, without exception, praised the approach of staff. One person said, "They are very trustworthy and give me confidence to carry on." Another person said, "I have carers who communicate with me and take their time, they never rush me, and they treat me with respect." A relative said, "From the very outset, we had a lot of confidence in them. They are caring, well-trained staff. We have been with them for over a year now and they have such a high standard of staff."
- The service anticipated people's needs and recognised distress and discomfort at the earliest stage. It offered sensitive and respectful support and care. New staff never provided care for people they had not met. All new staff were introduced to people with an experienced member of staff, ensuring the person was comfortable and assured before care commenced reducing the risk of anxiety. A relative said, "They are invaluable because they put [my family member] at ease before future visits, as well as giving the assistant beneficial knowledge of [my family member's] needs and surroundings."
- An equality, diversity and human rights approach to supporting people's privacy and dignity was well embedded in the service. The service was particularly creative in the way it involved and worked with people to understand their diverse circumstances and individual needs.
- Guidance and support was available for people from the LGBTQ+ community. Leaflets had been sourced which offered support and advice for people if they did not wish to speak with a member of staff. The provider had, a trained LGBTQ+ champion to offer support. This helped to ensure people were provided with support to lead their lives in their chosen way.
- The provider ensured people living with dementia were supported to lead meaningful and positive lives. Staff were supported to become trained 'Dementia Friends'. A Dementia Friend is somebody that learns about dementia so they can help their community. Staff used this, along with formal dementia training to help to inform them how they could support people living with dementia. Relatives commented on the positive impact this had on their family members and the improvements it had made in their relationships with their loved ones.

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

- The provider was exceptional at helping people to express their views so that staff and managers at all levels understood their views, preferences, wishes and choices.
- It had been identified that company literature was heavily focused on older people and did not reflect the few younger adults who received care. Amendments were made to various documentation including

marketing materials to ensure that people were not unwittingly discriminated against because of their age.

- Technology was embraced and used to improve a person's experience of care, enabling them to take control of decisions made. The provider's electronic care planning process enabled one person to plan their care, inform staff of what they wanted prior to calls being made and also offered them the opportunity to provide instant feedback on the care to senior management. The person's relatives told us, "The way the app works is absolutely brilliant. [Family member] thinks it awesome. They communicate with [family member] via email which they love. It means staff are prioritising [family member] not us."
- The provider ensured people received the support they needed and wanted. They were particularly skilled when exploring people's reluctance to express their wishes and worked with people to try to resolve any conflicts and concerns.
- The actions of the staff had a direct impact on this person's confidence and helped identify a deteriorating health condition. The person described the staff who helped them as, 'angels without wings'.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values. It was embedded in everything that the service and its staff did.
- People and their relatives all praised the kind, caring, respectful and dignified approach of all staff. One person said, "I have carers who communicate with me and take their time, they never rush me, and they treat me with respect." A relative said, "I find the carers to be very kind, caring and thoughtful and do lots of little things that brighten up [family member's] day."
- A dignity champion was in place. A dignity champion is a person who has specific responsibilities to ensure that people received dignified care. Dignity spot-checks were carried out to ensure staff provided dignified work practices in accordance with the provider's mission statement. This helped to ensure people always received their care in a dignified way.
- A decision was made by the provider for staff not to wear uniforms when carrying out care calls (appropriate identification and PPE were always worn when calls commenced). One of the provider's directors said, "We want to break down the barriers of staff walking in just to provide care. For many people they see staff as friends, family even; family don't wear uniforms when visiting. This also helps keep the fact someone is receiving care private from their local community which is important to some." The director added if a person wanted a staff member to wear uniform, they would ensure staff did so.
- Staff explored different ways to improve people's independence, working with people to achieve individual outcomes. Individualised care packages were in place to support three young adults in obtaining qualifications and seeking and maintaining paid employment. In a recent review one of these people praised the approach of staff in also helping them to become less dependent on their family.
- Reasonable adjustments were made in innovative ways to encourage independence. Wherever possible, the provider had a flexible approach to care call times. These had been amended to ensure people could continue to lead independent lives. For example, a person enjoyed taking part in a local sporting activity for people with similar health conditions to themselves. This was an important aspect of this person's life and flexible calls times were crucial in ensuring they could take part. The provider ensured these changes were accommodated, enabling the person to continue with an activity that was key to maintaining their independence.

# Is the service responsive?

## Our findings

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

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

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had taken innovative steps to meet people's information and communication needs over and above complying with the Accessible Information Standard.
- People and relatives felt information was always provided in a format that was relevant and easy to understand. A relative of a person who had learning and physical disabilities praised the use of the electronic care and planning process and the positive impact it had on them. They said, "[Family member] loves the app. They know exactly who is coming and it is very reassuring. Most importantly [family member] feels in control." We discussed the app with the person themselves and they smiled and took pride in showing us how they used it.
- All care plans, policies, procedures and company literature were available in a number of formats. All documents could be converted to audio documents, larger print, differing fonts or different coloured paper to support people who may be visually impaired. The provider had recently formed a working relationship with a company who will convert documents into Braille should people require this which ensured people with a learning disability and/or sensory loss were not unduly discriminated against.
- The provider was also able to provide all records in a variety of different languages and they were introducing a 'text relay' service. This supports deaf, hard of hearing and speech impaired people enabling them to call the provider should they require assistance or want to raise a concern. This will help to improve people's experience of their care by providing opportunities to have regular communications with office-based staff and management.

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

- Arrangements for social activities, and where appropriate, education and work, were innovative, met people's individual needs, and followed best practice guidance so people could live as full a life as possible.
- Although some people did not require support from staff with their hobbies and interests, staff still took the time to identify people's interests and to engage with and support them as much as possible.
- For example, a person was being supported to attend college to become a 'nail technician'. Their call times were amended to correspond with their college classes. As part of their course they required 'models'

for them to practice their work. Staff volunteered their time for the person to practice. The person successfully passed their exams. The person commented that practising on people rather than mannequins had increased their confidence to provide nail care to others.

- Another person had a keen interest in Harry Potter movies. A regular staff member took the time to make the person a themed lightbox as a gift. This gift was gratefully received, and the person and their family commented on the kind and thoughtful approach of the staff member. The staff member was rewarded with the provider's 'Above and Beyond' award for their actions.

- The provider focused on reducing the risk of loneliness amongst the people they cared for. Working in conjunction with a local education provider, a room was sourced where a 'Lunch Club' was held and fish and chips were provided. People, along with family and friends were invited to attend to meet the office staff, management and some care staff as well as the opportunity to make new friends. Those who lived alone and/or had no transport were picked up by staff and driven to and from the event. This had a significant impact on people's lives and gave people a regular event to look forward to. One person in particular who lived alone with little social contact had now made three new friends whom they remained in contact with.

- Numerous positive comments were received about this event; including, 'I absolutely loved the fish, chips & mushy peas and playing bingo. I found everyone to be friendly and enjoyed talking to people. Being social again was important to me and I would love to go to another one.' And, 'I enjoyed meeting all the people at the event and thought it was a great idea. The biggest positive for me is that Your Home Care is like one big family, and I felt really welcome by everyone. In 23 years of having care companies, this is the first time I have felt settled'.

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

- Staff used innovative and individual ways of involving people and their family, friends and other carers in their care and support plans, so that they felt consulted, empowered, listened to and valued. Staff continually focused on improving people's lives.

- Relatives praised the approach of staff and felt involved with decisions made. A relative said, "[My family member] does have a care plan and it does reflect their needs, it's very flexible and we were involved in the care plan discussion at the beginning." A relative said, "Staff just being there for my family member has helped me relax a little more on a daily basis."

- The provider understood the needs of different groups of people and delivered care and support in a way that met those needs and promoted equality. People had access to the electronic care planning process to view care records, review the care provided and to leave comments for staff and management; people were also supported by staff to involve others with decisions about their care and support needs.

- The provider was contacted by Age UK about concerns they had about the living conditions of a person's home, they felt they were at risk of neglect due to refusing support with personal care. The provider agreed to meet with the person, their family and their legal appointee to agree an appropriate care package and carry out deep cleaning, replacing furniture and sourcing plumbers to carry out urgent plumbing work. The person stated they were now happier, liked now having people to talk to and stated they felt the care was 'wonderful'.

- Staff were able to adapt and respond quickly to people's changing needs, especially for people who reluctant or unable to express their wishes. This helped to improve people's quality of care, quality of life and living standards.

- For example, a staff member had provided care for a person whose home had become increasingly cluttered and untidy. Part of the person's care calls were being spent trying to locate things for the person rather than focusing on care. With the person's permission, the staff sourced donations of new wardrobes, cupboards, shelves and drawers and helped the person to de-clutter their house, improving their living

space. This had a significant impact on this person's mental wellbeing. Their relative said, 'I couldn't wish for anyone better caring for [my family member]. I am impressed with the communication between myself and the staff. The staff are all very kind and polite and since [my family member] has been under their care, they are a lot happier.'

#### End of life care and support

- The service was very responsive in enabling people to engage with their religious beliefs and/or preferences at the end of their life. Staff who would be providing end of life care for people were well trained and prepared to provide care in accordance with people's wishes.
- Aware of the sensitivity of the subject of discussing end of life care, prior to care packages commencing the provider sent an end of life questionnaire to people and their family members to discuss together prior to care planning meetings with staff. This enabled people to take the time to discuss their wishes with loved ones. If they did not wish to discuss this aspect of care then they were able to inform care planners, preventing any later uncomfortable and potentially distressing conversations.
- The service worked closely with healthcare professionals and provided outstanding end of life care that enabled people to experience a comfortable, dignified and pain-free death. The provider was always seeking ways to improve this aspect of care. They were currently in consultation with a local hospice to source paid placements for staff to improve knowledge and experience of end of life care. Discussions were also taking place with another hospice for training days to be provided for staff.
- The provider was part of the local Integrated Care Partnership (ICP). An ICP are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.

#### Improving care quality in response to complaints or concerns

- People were supported to make complaints and the provider ensured they were responded to appropriately and in accordance with their complaint's procedure.
- Records showed the small number of complaints received had been investigated and responded to appropriately. People had been informed of the actions to be taken and when they would be completed.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People felt that the way the service was led was exceptional and distinctive. Its vision and values were imaginative, and people were at the heart of the service. People received short and long-term improvements in care and quality of life as a direct result of the actions of staff.
- A person told us it was the small things that mattered to them. Thoughtful actions of staff that made them smile and look forward to their visits. They told us they had mentioned to a staff member that they had never had a 'Costa Coffee' before. The next day the staff member bought them one. The person said, "Little things like that just show they care." This person's relative told us, "[My family member] is so much brighter with this company. This company is so much better than others we have used."
- The provider had developed an electronic monitoring/assessment process where the needs of each person were continually assessed to identify how many staff they needed to provide care. This figure was then used to calculate the size of the person's staffing team. That team was then assigned to each person for each call, ensuring people received care from staff they knew well and in turn from staff who understood their needs.
- People praised this approach and commented on the reassurance this gave them. One person said, "The thing is you know your care team. I have never been left high and dry if carers are off sick. They always stick to the times I want, and they accommodate me very well." A relative told us knowing their family member received a consistent team of staff had meant they felt comfortable to go on holiday for the first time in years. They and others felt the added assurance of the electronic care planning gave them peace of mind enabling them to check what staff had attended the calls and what care was provided. This had a significantly positive impact on people and their relative's lives.

Continuous learning and improving care

- There was a particularly strong emphasis on continuous improvement. The views of people using the service were at the core of quality monitoring and assurance arrangements.
- The most recent customer survey showed that whilst the feedback about care provision from people and relatives was positive in all areas, when asked about communication with office-based staff, they received a 'satisfactory' overall rating. The provider responded immediately to this and implemented a call waiting system that prioritised calls that related to care. When a person pressed '1' in the call waiting system, office-based staff knew the call related to care and the provider had challenged them to answer the call within 'two rings'.
- This resulted in improved feedback from people. One person said, "I am impressed with the



communication between myself and the staff. They are all very kind and polite and since [my family member] has been under their care, they are a lot happier."

- The provider had a systematic approach to working with other organisations to improve care outcomes. Working alongside the 'Nottinghamshire Alliance Training Hub' the management team and care staff received RESTORE2 training. RESTORE2 is a physical deterioration and escalation tool for community settings such as home care providers. It is designed to support staff to recognise when a person may be deteriorating or at risk of physical deterioration.

- This then helped staff to provide a concise escalation of the deterioration of a person's health history to the relevant health professionals. There had been numerous examples where people's high blood pressure was identified using this process and referrals to their GP were made. This process was a timely and effective way of people receiving the appropriate support.

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

- Managers developed their leadership skills and those of others. There were high levels of satisfaction across all staff.

- People received high quality, consistent and meaningful care because staff were highly motivated by and proud of the service. We spoke with (or received questionnaire responses from) 20 members of staff across a variety of different roles. All told us they enjoyed their roles and focused on improving the lives of all people.

- Staff were encouraged to aim high and develop their careers. A thorough training programme and 'career pathway' were in place to aid continual development and improvement of staff roles. Staff were supported to learn about the health care regulations and how their role contributed to the overall compliance of this provider. Staff embraced this and felt the provider valued them.

- Opportunities for staff to take on additional responsibilities were readily available. Some staff had taken on 'Champion' roles alongside their main duties. Promotion opportunities were available for exceptional staff performance. All senior care staff were trained to or working towards a minimum of Diploma Level 3 in adult social care. This qualification is for care staff who wish to undertake supervisory roles leading to potential management positions. This motivated and passionate care staff team led to low staff turnover and consistently high-quality care and outcomes for people.

- This service was led by an exceptional management team; a registered manager and two directors. Each had clearly defined roles and together they developed and embedded robust governance procedures. There was a strong framework of accountability. The performance of all staff, including that of the senior management team was reviewed and analysed. Exceptional performance was rewarded through the provider's internal 'Above and Beyond' awards. This encouraged continual high-quality performance from staff and improved outcomes for people.

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

- The provider found innovative and creative ways that enabled people to be empowered and voice their opinions.

- All of the people and relatives we spoke with told us they would recommend this service to others. Many commented on the exceptionally high standards of care provided. One person said, "I would recommend them because they are professional and caring."

- The provider regularly sought regular feedback from people and their relatives using a variety of forums such as; surveys, telephone interviews and face to face meetings. However, the provider has acknowledged that due to varying abilities and willingness of people to communicate their views, they wished to develop more tailored way to support people to do so. The provider was currently working with an external company to support them with producing a variety of formats to gain people's views including those living with

dementia.

#### Working in partnership with others

- The service had a track record of being an excellent role model for other services. It worked in partnership with others to build seamless experiences for people based on good practice and people's informed preferences. At the 2020 Mansfield and Ashfield Business Awards the provider and their team were nominated for three awards. They won two of these awards. This was a recognition of the exceptional quality of care provided for people in its local community.
- During the recent fuel shortage crisis, the provider's staff raised concerns about their ability to obtain fuel to travel to people's calls. The provider contacted a local petrol station manager and agreed for reserved hours throughout the day where their staff could obtain fuel. The provider also ensured other health and social care professionals within the local community were made aware of this process. This meant the fuel crisis had no impact on local people receiving their care.
- The provider had developed meaningful relationships with local businesses and care and education providers with the aim of working together to improve outcomes for people. The provider worked in collaboration with a local college and university and has developed a training partnership where staff will complete formal health and social care qualifications. In return, the provider will give practical training for students. This included moving and handling techniques and medicines, but also providing real life scenarios to be discussed during seminars. This has led to more staff receiving formalised qualifications and developing a career in adult social care.
- All of the health and social care and other professionals we have spoken with universally praised the care provided and/or the management of this service. One said, "I have worked with the owner/provider over several years, they have always tried to achieve the best outcomes for service users and staff alike". Another said, "They are a fully proactive and supportive care agency that puts the client at the heart of what they do by providing individual holistic care".

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 provider had the processes in place that ensured if mistakes occurred, they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted on.