

Poppy's Homecare Limited

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Inspection report

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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?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Poppy's Homecare Limited provides care and support to mostly older people, who live in their own homes. The services provided include personal care and domestic work for people living in Weston-super-Mare, Winscombe, Congresbury, Backwell, Nailsea and the surrounding areas.

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 visited the office on 9 January 2017. We carried out phone calls to people who used the service, their relatives, and healthcare professionals between 12 January and 23 January 2017. At the time of this announced inspection 64 people were receiving personal care from the service. The service met all of our regulations at the previous inspection in January 2014.

People benefited from a management team who had clear visions and values about how the service was to be delivered. People and their relatives were keen to tell us about the management and consistently high standards of care they received from Poppy's. Comments included "I can't speak highly enough of them; Poppy's are definitely the best"; "They're the high end of care"; and "I always have outstanding responses." Professionals who were involved with the service said "They're brilliant. If I had to choose an agency I can honestly say I would recommend Poppy's"; "Poppy's are always top of my list; they're where they need to be" and "They have a very good reputation."

People were supported by a strong, stable staff team who knew them well and focused on ensuring they received the highest quality of care. Without exception people and relatives all spoke very highly of the staff who cared for and supported them. Comments included "The carers are excellent; we wouldn't get by without them"; "It lifts my day when the carers come in"; "They've almost become part of the family"; "The carers really connect with mum" and "very friendly, helpful, cheerful and they do everything they possibly can." The registered manager and staff gave us many examples of how they went 'the extra mile' for people and the difference this had made for them. For example, staff had supported one person to order a new motability car because they knew how important it was to them to get out. Staff were highly motivated and had gone out of their way to support people in their own time.

People were involved in developing and running the service. For example, people were asked for feedback on staff's performance through reviews and an annual survey. The survey carried out in 2016 was completed by 41 people and 5 relatives. People and their relatives showed 98% satisfaction overall. In response to the findings the provider had taken action. For example, one person said they would like their visit record in large print. We spoke with the person and they told us they now received a large print rota and it was so much better.

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 staff gained consent before carrying out personal care and respected their choices. People told us they liked to be independent and staff respected this, offering help when needed. Staff said "It's about enabling the person to live an independent and fulfilled life".

Staff had an in-depth appreciation of people's individual needs around privacy and dignity. A health professional commented "They treat people with total respect, it's so nice." Dignity was high on the agenda and the management team had made improvements to embed the principles in people's care and support. One person told us "They are very polite, very respectful and don't overstep any boundaries." Staff told us "We consider every aspect of equality, it's always about them. It's all geared around choices."

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 were able to make decisions in relation to their daily activities. We heard of staff supporting people with activities such as walks, shopping, the cinema, the garden centre, sporting events, and attending therapy. One relative said "It's so important (name) keeps doing activities" and staff who supported this person knew this was important to them. Care plans contained people's interests and activities they enjoyed.

People benefited from effective care because staff were trained and supported to meet their needs. People said "They're all very good" and "They know what they're doing." Staff told us they were happy with their training. Comments included "I have experience in a number of care settings, and this was the most intensive and best training I've had"; and "The training is top notch." Reflective learning questions were used after training to check staff had the knowledge they needed. Staff told us they felt well supported and had regular opportunities to discuss their work. Staff said "I absolutely love it. There's nothing we can't talk about"; "They look after us, and we look after our clients"; "This is the best care company, I'm proud to put my name to it"; and "They're a really nice company to work for, I'll be here until I need care."

The management team found ways to show staff they were valued and appreciated. Three staff had recently been presented with long service awards. They had all worked for Poppy's for ten years. The registered manager had looked for creative ways of communicating with care staff to make sure they knew about changes and kept up-to-date with best practice. For example, staff meetings were held on different days so that all staff had the opportunity to attend and contribute to the development of the service. Staff told us "They're always sending out updates" and "We're always talking about how to make things better for people."

The registered manager worked with other organisations to make sure they followed current best practice and provided a high quality service. For example, one of the company directors was a facilitator for the Best Practice in Dementia Care Learning Programme at the University of Stirling. The registered manager accessed professional websites, subscribed to a range of health and social care magazines, and attended local forums. They were also a member of the United Kingdom Home Care Association (UKHCA).

People told us they felt safe and comfortable when staff were in their home and when they received care. One person said "I'd trust the girls with my life." Another person had fed back to the provider that they were confident they were in good hands if there was an emergency. Staff knew how to recognise signs of potential abuse and understood how to report any concerns in line with the service's safeguarding policy. Safe staff recruitment procedures were in place. This helped reduce the risk of the provider employing a person who may be a risk to people.

People told us staff were usually on time and had time to meet their needs in the way they wanted. People were provided with visit record so they knew which staff would be visiting them. Staff told us they tried to ring people with any changes, and the majority of people confirmed this happened.

Risk assessments had been undertaken for each person. These included information about action to be taken to minimise the chance of harm occurring to people. We saw risk assessments had been carried out in relation to mobility, nutrition, epilepsy, medication, and skin care. Risk assessments relating to each person's home environment had been completed. Staff identified when people were not safe and raised concerns. We received feedback from an occupational therapist who said "I have spoken to the senior carers a number of times when they have identified manual handling risks to the patient and their carers."

People were supported safely with their medicines and they told us they were happy with the support they received. Staff completed medication administration record sheets to confirm people had been given their medicines. Staff had completed medicines training and were observed administering medicines to check they were competent. Senior staff checked medicines were being administered correctly during checks carried out in people's homes.

People and their relatives 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. Where there were some ongoing issues with a complex package of care, the management team held monthly meetings with the person. This was to review what had happened and look for different ways of doing things when needed.

An audit system was in place to monitor the quality of the service people received. Information could be quickly updated on the provider's electronic system which meant staff were able to monitor what was happening for people. 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 were protected from risks to their health and wellbeing because staff took action when issues were identified.

People were protected from the risk of abuse through the provision of policies, procedures and staff training.

Safe and robust staff recruitment procedures helped to ensure that people received their support from suitable staff.

Is the service effective?

Good ●

The service was effective.

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

People were supported by staff who were trained in the mental capacity act and understood the need for consent.

People were supported by staff who sought advice from health care services to ensure their needs were met.

Is the service caring?

Outstanding ☆

The service was very caring.

People's feedback was overwhelmingly positive. People were cared for by staff who 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?

The service was responsive.

People received personalised care because care plans described what staff needed to do to support people well.

People benefited from a staff team who supported them to follow their interests and take part in their chosen activities

People were encouraged to give their views and raise concerns and complaints if the need arose.

Good 

Is the service well-led?

The service was very well-led.

People benefited from a provider who had a strong commitment to delivering the highest quality of care.

People and staff benefited from strong leadership. The management team had clear visions and values about how the service was to be delivered and these were shared with the staff team.

People benefited from a provider who involved them in the running of the service and used their feedback to drive improvements. The provider was continually striving to improve whilst putting people at the heart of the service.

Outstanding 

Poppy's Homecare Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 9 and 12 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 to healthcare professionals. These phone calls took place between 12 and 23 January 2017.

One social care inspector carried out this inspection. On the first day of our visit, 64 people were using the service. We used a range of different methods to help us understand people's experience. We spoke with eight people and seven relatives on the phone. We spoke with five care staff, two care managers, an office administrator, two care skills trainers, the deputy manager, and the registered manager. We spoke with two healthcare professionals and two external trainers. We received feedback from the local authority, another healthcare professional and another external trainer. We looked at five care plans, medication records, three staff files, audits, policies and records relating to the management of the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe when staff were in their home and when they received care. One person said "I'd trust the girls with my life." Another person had fed back to the provider that they were confident they were in good hands if there was an emergency. Staff had clear instructions on how to get to people's homes, and how 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 told us staff were careful to ensure their homes were secured on leaving.

Staff had completed training in safeguarding adults which was provided by the local authority. Staff had a good understanding of safeguarding and knew how to recognise signs of potential abuse. They knew how to report any concerns in line with the service's safeguarding policy. Staff told us they felt confident the provider would respond and take appropriate action if they raised concerns. Staff also knew how to raise concerns outside of the service. The external safeguarding trainer told us "Staff always appear very supportive of each other and are very clear in knowing how to escalate concerns."

Risk assessments had been undertaken for each person. These included information about action to be taken to minimise the chance of harm occurring to people. We saw risk assessments had been carried out in relation to mobility, nutrition, epilepsy, medication, and skin care. Risk assessments contained enough information so that staff knew how to care for people safely. For example, moving and handling risk assessments contained clear and detailed information on the equipment available, how to use it, and where to position it. We received feedback from an occupational therapist who said "I have spoken to the senior carers a number of times when they have identified manual handling risks to the patient and their carers."

People were supported to take risks so they had as much control as possible. For example, one person liked to use a wheelchair that no longer fully met their needs because they found it comfortable. Staff respected their wishes whilst encouraging the person to use their new wheelchair. This was a gradual process and the person was now using their new wheelchair at times.

Risk assessments relating to each person's home environment had been completed. Staff identified when people were not safe and raised concerns. For example, staff assessed people's homes for fire safety. Where issues were identified, the provider organised a free fire safety check. As a result, smoke alarms had been fitted and referrals for fire retardant bedding for smokers had been made. Team leaders checked to ensure equipment was safe and serviced at appropriate intervals. They completed forms with details of servicing and supplier contact numbers. The provider had also considered risks to staff who worked on their own. Staff were provided with a torch, personal alarm and snow grips.

Where accidents and incidents had taken place, forms were completed. The registered manager monitored and audited accidents so they could identify any trends.

People were supported safely with their medicines and they told us they were happy with the support they

received. Staff completed medication administration record sheets to confirm people had been given their medicines. Where one person had large amounts of medicines, the provider had introduced a medicines book with a daily record sheet instead of a weekly record sheet. This meant the records were clearer. Staff had completed medicines training and were observed administering medicines to check they were competent. Senior staff checked medicines were being administered correctly during checks carried out in people's homes.

Recruitment practices were safe. The staff files included evidence that pre-employment checks had been made including written references, satisfactory police checks (Disclosure and Barring Service or DBS), health screening and evidence of their identity had also been obtained. Staff told us references and a DBS had been completed before they started to work in the community. This helped reduce the risk of the provider employing unsuitable staff who may be a risk to people.

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. Team leaders were available to cover sickness. The provider asked staff to work two extra evenings during the summer months to cover peak holiday times. People received a visit record each week so they knew which staff would be going out to them and when the visit would take place. Staff told us they had enough time at each visit to ensure they delivered care safely.

There was an on call telephone number for people and staff to ring in the event of an emergency out of office hours. The on call system was managed by senior staff and management. The provider had given relatives a contact card so they knew how to get in touch with the service.

The service had arrangements in place to deal with foreseeable emergencies. There was a plan in place so that staff knew what action to take in events such as fire, flood, severe weather conditions, and loss of power. This included a list of emergency contact telephone numbers. The provider had a system in place to ensure visits to vulnerable people were prioritised. The provider had a car that staff could use if their own cars broke down or were in for servicing. One relative told us staff had called in to check everything was alright when there was a power cut in the area which affected them. On another occasion, staff had got to them through thick snow using a four wheel drive vehicle.

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.

The service did not hold monies for anyone or routinely assist people with any financial arrangements. However staff did sometimes assist people with shopping. The service's procedure was for staff to sign for any money given to them and to obtain receipts for any items purchased. This allowed people and the registered manager to ensure money was being managed safely.

Is the service effective?

Our findings

People told us staff knew how to meet their needs. Comments included "They're all very good" and "they know what they're doing."

People benefited from effective care because staff were trained and supported to meet their needs. Staff told us they were happy with their training. Comments included "I have experience in a number of care settings, and this was the most intensive and best training I've had" and "the training is top notch." One staff member had given feedback to the provider stating "My skills base has grown tremendously and I find the courses and training interesting and worthwhile." We spoke with external trainers who delivered training to staff. They told us "Staff are always willing to learn and keen to participate" and "When I re-visit staff are bursting to tell me what they have changed or looked at differently".

The service employed two care skills trainers who ensured staff had the knowledge and skills they needed. One of the trainers provided in-house training and supported staff with their induction. They told us they had completed a course at the local college in how to train staff. The other trainer carried out unannounced checks and observations to make sure staff were competent in their role. The trainer told us they tailored sessions to each staff member's knowledge and experience.

Staff who were new to care completed 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. New staff completed shadowing, where they worked alongside experienced staff to observe how people had their care and support delivered.

Staff told us they had completed training which was up-to-date in areas such as moving and handling, first aid, infection control, food hygiene, and health and safety. Reflective learning questions were used after training to check staff had the knowledge they needed. Training that was specific to people's needs such as stroke, Parkinson's Disease, and dementia had also been completed. Certificates were kept in staff's individual files. We saw that a relative had taken part in the stroke training. They had fed back to the provider they had found this very interesting and helpful.

Staff were encouraged to develop their skills and knowledge by completing diplomas in health and social care. These diplomas included a skills exam. The provider told us staff were given individual support with this learning. Staff were able to use the service's board room to sit practice exam papers. They also sat the exam there so they were in familiar surroundings. An external trainer said "The registered manager and deputy manager are very keen on staff achieving qualifications and progressing."

Staff told us they had regular supervisions with their line manager for their team to discuss their work. During supervisions staff had individual time with their line manager to talk about their job role and discuss any issues they may have. Staff told us they felt well supported and they could come into the office at any time and speak with someone. Records confirmed that supervisions 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.

Care plans gave detailed information on people's capacity to provide consent. The registered manager and staff had completed training in the MCA. They had a good understanding of the principles of the MCA. Staff carried out an initial assessment to check whether people were able to make decisions. This identified whether a full mental capacity assessment was needed. 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.

Staff told us if they had concerns about people's health they would let the office know. They were confident action would be taken. Whilst most people were able to contact healthcare services independently, we saw evidence of occasions when people were not well and staff had supported them to seek advice. For example, one person was not feeling well and staff called their GP. The GP prescribed antibiotics for a chest infection. Another person needed a home visit from a dentist. Their own dentist did not provide this service. Staff supported the person to find a dentist who visited them. The service kept the contact numbers for future reference.

When a person was admitted to hospital, the service had a form they used to track the person's progress. We received feedback from an occupational therapist who said "They have actively made referrals when they have identified a need and have phoned for advice when they were not sure about something."

Staff supported some people with their meals and drinks. People's nutritional needs were identified at their initial assessment. Care plans contained people's food preferences. Staff told us they encouraged people to plan healthy meals whilst giving people choices. Where staff went shopping with the person they told us they supported them to make healthy choices. Staff knew to contact the office if people did not eat or drink enough or they had any other concerns in relation to eating and drinking.

Is the service caring?

Our findings

Every person and relative we spoke with was keen to tell us about how exceptionally caring the service was in its approach. Without exception people and relatives all spoke very highly of the staff who cared for and supported them. Comments included "The carers are excellent; we wouldn't get by without them"; "They've changed (name)'s life and my life for the better"; "The carers really connect with mum" ; "very friendly, helpful, cheerful and they do everything they possibly can" and "I can talk to them, they're really supportive and they do go that extra mile." A health professional told us "They're brilliant and have lots of empathy."

Staff were highly motivated and were inspired to offer kind and compassionate care. A relative told us "They do employ the cream of the crop" and one person had commented on a survey "As the managing director says, if I wouldn't want a carer caring for my family they are not right for Poppys."

Poppy's mission statement stated "To recognise the uniqueness and individuality of each client and deliver the highest quality Care Programme tailored to the preferences and abilities of their needs." Staff had completed a 'how can we be more caring' questionnaire. Suggestions included learning more about people's lives and involving people in conversations that matched their interests. Following this staff had shared information about people so they knew more about each individual. People benefited from small, regular staff teams who they had built relationships with over time. Staff knew people well and were able to discuss people's care needs, preferences, and interests in detail. All staff told us they enjoyed their role and were passionate about achieving the highest quality of care for each person. Staff said "It's so rewarding, forming a bond with people and having a chat"; "It's all about the people; that could be my mum or dad; and "I like seeing different, happy faces." Staff had written reflections of their experiences. One staff member wrote "A reassuring smile and friendly embrace can be all that is needed to change the day of our clients so they know they matter". This showed compassion and staff's commitment to improve people's lives.

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 person wanted to change their motability car which was adapted for their wheelchair. In their own time, a staff member supported them through the process. The staff member told us they had measured the wheelchair, gone out for a test drive with the person and shown them the choices available for the particular car the person wanted. They told us they knew how important the car was to the person as they loved to go out. After the car was delivered, the staff member trained the other care staff in how to use the belts and straps in the car. The person's relative told us they were very grateful to the staff for taking on the work involved. Another person was attending their daughter's graduation and wanted to look smart for this special event. Staff rearranged the rota so they could be there to support the person to get ready for their special occasion.

We heard of other occasions of when the staff team had gone over and above. For example, staff members told us they would often stay on after their visit if they had finished their calls. One staff member told us about a person who didn't have any relatives and how they liked to make a difference for them. They said "It's just about being there for them." Another staff member told us they liked to stay on to have a chat or comfort people if they were not feeling well or were anxious.

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 they liked to be independent and staff respected this, offering help when needed. Staff said "It's about enabling the person to live an independent and fulfilled life". A staff member told us how they supported one person with limited sight to get dressed independently by passing each item of clothing to them and talking them through each step of putting it on. The person told us "Sometimes I put my clothes on the wrong way round; staff are very discrete and ask if they can adjust it". Another person was finding it difficult to use their computer due to their medical condition. Staff told us they were trying to find an adaptation to enable the person to continue to use their computer independently, as this was important to them. We saw a letter from one person who had undergone surgery, thanking the staff for their care and support which had enabled them to live independently again.

Staff had an in-depth appreciation of people's individual needs around privacy and dignity. A health professional commented "They treat people with total respect, it's so nice." Dignity was discussed at every team meeting and information posters were on display. The registered manager and deputy manager had attended a regional Dignity conference. Following this, the management team at the service met to discuss each part of the 10 Dignity Do's. This was part of the Dignity in Care campaign and describes the values and actions that high quality services should take to ensure people's dignity is respected. The purpose of the meeting was to look at ways to embed the principles into people's care & support. Changes were made to the care plans and staff induction training book to include more information on dignity. One person told us "They are very polite, very respectful and don't overstep any boundaries." Staff told us "We consider every aspect of equality, it's always about them. It's all geared around choices." For example, one person had changed their mind about a planned activity and decided they would rather go for a long walk on the sea front. Staff respected their choice and they went for a walk together which they told us they both enjoyed. This showed the provider consistently raised the topic of dignity to maintain and increase staff awareness and improve outcomes for people.

The independent survey questionnaire that was sent out in June 2016 contained a section with eight questions about treating people with dignity, respect and involving them in their care. We saw that 41 people and 5 relatives completed the survey. The overall satisfaction rate across all questions was 98%. When asked whether the carers were caring and compassionate there was 100% satisfaction. Again, when asked whether people were treated fairly regardless of age, race, and gender there was 100% satisfaction.

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their preferences. The registered manager said they matched care staff with people where possible. They wanted to try to make sure people were supported by staff with similar interests or who they felt would get on well with each person. They confirmed people had the choice of who cared for them and people could say if there was a member of staff they would rather not have.

People's care needs were assessed during their first meeting with the service's care manager. Care plans were developed with each person and people told us they had received a copy. These plans described the support people needed to manage their day to day needs. This included information such as their preferred routine, step by step guidance about how to meet people's needs and other information such as their food and drink preferences.

Staff knew people well and were able to tell us how they supported people. Staff recorded the care they provided at each visit and we saw these records were detailed and clearly written. Records showed the care plans had been reviewed regularly as people's needs changed.

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 phone. The system was secure so that only staff could access this information.

People had a copy of their full care plan in their home and staff told us they read the care plans. Staff told us they felt better informed as they could read people's care plan summary on their phones before they visited them and knew what was happening for that person. Any changes to people's needs could be updated on the system and staff were able to respond to issues more promptly.

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 usually 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.

People were able to make decisions in relation to their daily activities. We heard of staff supporting people with activities such as walks, shopping, the cinema, the garden centre, sporting events, and attending therapy. One relative said "It's so important (name) keeps doing activities" and staff who supported this person knew this was important to them. Care plans contained people's interests and activities they enjoyed. Staff had supported people to have holidays. For example, one person wanted to go on holiday with their family. Two staff members agreed to go with the person to support them throughout their holiday. Staff worked with the person and their relative to arrange the holiday. This included staff transporting moving and handling equipment and ensuring everything was in place. The relative told us they had enjoyed their holiday and the staff could not have been more accommodating.

People received consistent, planned, coordinated care and support when they moved between different services. For example, the registered manager told us when people went into hospital or for respite all of their calls were left in place until they returned. When a person was admitted to hospital, the service had a form they used to track the person's progress. Team leaders reviewed people's needs before they returned home by liaising with the person, family, and hospital. This was to make sure any changes to care and support were put in place.

People and their relatives felt able to raise concerns or make a complaint. They were confident their concerns would be taken seriously. People had a copy of the service's complaints policy in their care plan file which provided information on how to make a complaint. People we spoke with told us they didn't have any complaints. Where complaints had been received they had been recorded and managed in line with the company's policy. Where there were some ongoing issues with a complex package of care, the management team held monthly meetings with the person. This was to review what had happened and look for different ways of doing things when needed.

Is the service well-led?

Our findings

People and their relatives told us about the consistently high standards of management and care they received from Poppy's. Comments included "I can't speak highly enough of them; Poppy's are definitely the best"; "They're the high end of care"; and "I always have outstanding responses." A healthcare professional said "They're brilliant. If I had to choose an agency I can honestly say I would recommend Poppy's." External trainers said "Poppy's are always top of my list; they're where they need to be" and "They have a very good reputation."

There was a positive and sustained culture that was open, inclusive, and empowering. The provider's mission statement said "Our structure and approach will be client focused, our systems will be robust, our culture will be supportive, challenging, entrepreneurial, rewarding and will always be goal-oriented." The registered manager told us they felt one of their strengths was having a strong, stable staff team who put their vision and values into practice. The culture of the service was caring and focused on ensuring people received the highest quality care. Staff were highly motivated and enjoyed their role. Staff said "I absolutely love it. There's nothing we can't talk about"; "They look after us, and we look after our clients"; "This is the best care company, I'm proud to put my name to it"; and "They're a really nice company to work for, I'll be here until I need care." An external trainer told us the registered manager and deputy manager were really focused and dedicated in making sure staff fitted in with the team ethos.

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. The provider commissioned an independent agency to carry out an anonymous survey every year. The survey carried out in 2016 was completed by 41 people and 5 relatives. People and their relatives showed 98% satisfaction overall. In response to the findings the provider had taken action. For example, one person said they would like their visit record in large print. We spoke with the person and they told us they now received a large print rota and it was so much better.

The provider had links with the local community and sent out information to people which may be of interest to them. These provided information about other organisations such as Age UK and staying warm in winter; the local talking news; meals on wheels; free home eye tests; and mobility equipment open days. The service also printed a newsletter for the local MS (Multiple Sclerosis) Society. They sent the newsletter to people who used the service and were living with MS. As a result, people had got together to have lunch which they enjoyed.

The service benefited from strong leadership and oversight. Poppy's had a well-qualified and stable management team. The provider who was also the registered manager set the service up ten years ago. The deputy manager had worked at the service for nine years and had completed the Level 5 Diploma in Leadership and Management. The care manager had worked at the service for ten years and had also completed their Level 5 Diploma. One of the company directors was a registered nurse who had experience

of caring for people in their own homes and provided staff training in dementia. They were supported by an office manager, administrative staff, care skills trainers, team leaders, and care staff.

Relatives were positive about the care and support their family member received, as well as the support for them. People and their relatives told us they were able to approach the management team at any time. Comments included "They're very proactive, we have a very, very good relationship"; "very obliging and helpful." Staff told us they found the management team approachable and supportive. They told us they received regular support and advice via phone calls, text messages, and during face to face meetings. They said "they're very approachable, there's always someone to talk to" and "The door is always open, you can walk in make a cup of tea and chat; "They're always sending out updates" and "We're always talking about how to make things better for people." Staff gave us a number of examples of the management supporting them through times of personal difficulties. One staff member told us they had found it difficult when they were present when a person they visited passed away. They said they were well supported by other staff. The provider offered them end of life training. Following this incident, the provider put a procedure in place to support staff if this should occur again. All calls would be taken off them for the rest of the day and the care staff would be invited into the office to receive support. This would be followed up after seven days and additional support would be sought if needed.

The management team found ways to show staff they were valued and appreciated. Three staff had recently been presented with long service awards. They had all worked for Poppy's for ten years. The provider had badges specially made for staff to wear to show they had successfully completed a diploma. The provider paid for staff to have a Christmas party and gave them each a present. One member of staff had asked permission to visit a person on Christmas day, in their own time, as they knew they wouldn't see anyone. The provider agreed and paid the staff member for their time.

The registered manager had looked for creative ways of communicating with care staff to make sure they knew about changes and kept up-to-date with best practice. For example, staff meetings were held on different days so that all staff had the opportunity to attend and contribute to the development of the service. At the end of each meeting, staff were invited to put any other items they would like to raise in a suggestion box. When staff went above and beyond in their role to improve outcomes for people, the provider recognised these occasions by sharing them with the staff team and adding them to 'the extra mile file'. This encouraged other staff to look for ways to improve things for people. Staff were invited to complete the annual survey. We saw that the 67 staff who responded in 2016, showed 97% satisfaction overall. Staff had been given an activity at the staff meeting in December 2016 that stated 'We value your opinion'. It asked staff to state why they liked working for Poppy's and one thing they could change. Responses included 'Very rewarding'; 'They look after us'; and 'A fab agency'. One staff member told us they had raised that they felt the communication by text when there were changes to visits could be better. They said this had now improved. Staff were sent a monthly newsletter which gave them information and updates.

The registered manager worked with other organisations to make sure they followed current best practice and provided a high quality service. One of the company directors was a facilitator for the Best Practice in Dementia Care Learning Programme at the University of Stirling. The course had achieved Royal College of Nursing and City and Guilds accreditation. The Royal College of Nursing accreditation is a mark of quality. City and Guilds accreditation is a globally recognised quality benchmark for in-house training courses. Staff who supported people living with dementia had completed the course. The registered manager told us they had identified that one person living with MS may benefit if staff supported them to do exercises. The service arranged for a private physiotherapist to train staff in person specific exercises, through the MS Society, and part funded the training. The person had fed back that the exercises were hugely beneficial. This showed

the provider recognised the importance of providing staff with high quality training to meet people's individual needs.

The registered manager accessed professional websites, subscribed to a range of health and social care magazines, and attended local forums. They were also a member of the United Kingdom Home Care Association (UKHCA).

The management team and staff promoted the value of social care locally. The registered manager and deputy manager had volunteered to talk to students at a local school, local college, and to adults looking to return to work. They had taken part in events where they interviewed people for real and pretend jobs in Social Care. They attended jobs fairs, careers events, and local shopping centres, inviting their own care staff to show them social care can be a career pathway.

An audit system was in place to monitor the quality of the service people received. Information could be quickly updated on the electronic system which meant staff were able to monitor what was happening for people. If a visit should be missed, this would be sent through as an alert to the office. Records were checked in the office. Care plans and staff files were checked to ensure they were complete and up-to-date. Records were clear, well organised and up-to-date. Unannounced checks to observe staff's competency were carried out on a regular basis.