

CLS Care Services Limited

Belong at Home Domiciliary Care Agency Crewe

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

This announced inspection took place on 03 August 2016. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone would be in at the office.

Belong at Home Domiciliary Service Crewe is registered to provide personal care to people in their own homes. The agency operates from an office within a Belong at Home Village and has disabled access. The Belong at Home Village is a building which incorporates nursing and residential accommodation alongside community facilities which are open to the public as well as people receiving care from the registered provider.

People who use the services of the domiciliary care service also have access to the facilities within the Belong village including a hair dressers, gym and adapted bathroom. At the time of inspection the service was supporting 30 people and employed ten staff to provide 220 hours of support on a weekly basis.

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

The service was last inspected in February 2014. We identified no concerns and found the service was meeting all standards we assessed.

At this inspection visit carried out in August 2016 people spoke positively about the quality of service provided. People repeatedly told us staffing levels met their needs and staff went the extra mile to help people. Staff were constantly referred to as 'kind' and 'caring.' People who used the service, relatives and health professionals commended staff knowledge. They told us they were confident and assured that people who used the service were supported by competent staff.

There was a great emphasis on recruiting staff with shared values and beliefs in order to deliver high quality care alongside the service mission statement. Staff we spoke with were strongly committed to making a difference. They spoke passionately and proudly about the people they supported and were able to discuss ways in which they had made a gone the extra mile to make a positive difference to people's lives.

There was an emphasis on creating positive health outcomes for people who used the service. Health care needs were met in a proactive manner. A holistic approach was taken to meet people's health care needs. The service addressed psychological and social needs alongside physical health. People told us their wellbeing had improved since they started receiving a service from Belong at Home Domiciliary Service Crewe.

The service worked in partnership with other care professionals to meet needs and referred to best practice guidance when developing care plans. Health professionals we spoke with repeatedly praised the standard of care provided and described the service as professional and reliable.

There was a strong emphasis on ensuring people's dietary needs were consistently met. A health professional with an interest in diet and nutrition spoke confidently about the skills of the staff and their ability to meet people's dietary requirements. They told us the service worked innovatively to meet people's nutritional needs within a person centred way. Staff knowledge was praised in regards to meeting people's dietary needs.

People who used the service were supported to attend activities within the Belong at Home Village, if they wished. There was a vibrant and welcoming atmosphere within the community area which allowed people to feel comfortable and relaxed. People were enthusiastic about the service offered within the Village community and the opportunities made available to them.

Staff recognised the importance of friendship and socialisation and encouraged people to be part of their local communities. People were supported to attend classes and connect with their community. This created a sense of belonging for people, increasing confidence and self-worth.

Staffing levels were flexible and responsive to need. There was a strong emphasis on promoting independence and empowering people wherever possible.

Training was provided for staff to enable them to carry out their tasks proficiently. Staff training was monitored and training was provided when training needs were identified. Staff praised the training on offer and said they were encouraged to develop their own interests within the workplace. We noted staff were eager to learn and improve their knowledge in order to provide more effective care.

There was an emphasis on developing staff potential within a positive learning environment to create a high quality service. Staff were encouraged to become champions in their field of interest. There were three champions in place at the time of the inspection visit. Champions had received additional training and skills in their specific areas. Skills were then shared within the staff team to create more positive outcomes for people who used the service.

Suitable recruitment procedures meant staff were correctly vetted before starting employment. Checks on staff were refreshed throughout employment to ensure staff were still suitable for working with vulnerable people.

People were protected from risk of abuse. People told us they felt safe and secure. Staff had knowledge of safeguarding procedures and were aware of their responsibilities for reporting any concerns.

Staff promoted a person centred approach to risk. This enabled people to take calculated risks which enhanced their well-being.

Suitable arrangements were in place for managing and administering medicines. People were encouraged to self-administer medicines where appropriate. Risks were assessed and managed to enable people to maintain independence when administering their own medicines. Regular medicines audits were carried out to ensure medicines were administered appropriately to promote safe and effective care.

Staff retention was good and people said they benefited from staff who knew them well. Agency staff were

not used as it was recognised this could have a negative impact upon people who received the service.

Staff were positive about ways in which the service was managed and the support received from the management team. They described a positive working environment with high levels of job satisfaction. Communication within the service was described as 'good.' We noted there was a vibrant atmosphere within the service.

Leadership within the organisation was strong. Managers had a clear vision of what was required of a quality service and this dissipated throughout the organisation. All staff were respectful of management and demonstrated a commitment to working towards the shared values of the organisation.

The registered manager had implemented a range of assurance systems to monitor quality and effectiveness of the service provided. Feedback was gained from all parties as a means to develop and improve the service.

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 who used the service and relatives told us people were safe.

Processes were in place to protect people from abuse. Staff were aware of their responsibilities in responding to abuse.

The service had suitable recruitment procedures to assess the suitability of staff.

Suitable arrangements were in place for management of all medicines.

The service ensured there were appropriate numbers of suitably qualified staff on duty to meet the needs of people who used the service.

Is the service effective?

Outstanding 

The service was very effective.

The service took a holistic approach to meeting health needs and focussed on meeting people's psychological, spiritual and social needs as well as physical need. This increased people's well-being and contributed to positive outcomes.

The service ensured people received effective care that met their needs and wishes. This enabled people to develop confidence and independence.

The service was committed to promoting an open culture of learning. Staff were encouraged to develop their strengths and interests as a means to promote effective care and to develop a highly proficient organisation.

There was a strong emphasis on ensuring people's nutritional needs were met. The service worked in partnership with other

professionals to meet need and guidance was actively followed by staff. The service demonstrated innovative ways of meeting dietary needs.

Staff had an understanding of the Mental Capacity Act 2005 (MCA) and the relevance to their work.

Is the service caring?

Outstanding 

The service was exceptionally caring.

People and their relatives said staff were extremely caring and sensitive to their requirements. We found, without exception, staff went the extra mile to ensure people were safe and happy within their lives.

The registered manager ensured individuals were at the heart of their care. We found in depth care planning and staff approaches underpinned this.

The service understood the importance of encouraging people to maintain their independence. They worked flexibly and innovatively to ensure independence could be achieved and maintained.

When people required support with decision making the service sought advice and guidance from advocacy services.

Is the service responsive?

Good 

The service was responsive.

Records showed people were involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

The service had a complaints system to ensure all complaints were addressed and investigated in a timely manner.

Is the service well-led?

Good 

The service was well led.

The management team had good working relationships with the

staff. All staff commended the skills of management.

Regular communication took place between management, staff and people who used the service as a means to promote continuity of care.

The management team sought continuous feedback from relevant parties to improve service delivery.

Belong at Home Domiciliary Care Agency Crewe

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 03 August 2016 and was announced.

The inspection was carried out by an adult social care inspector and an inspection manager.

Prior to the inspection taking place, information from a variety of sources was gathered and analysed. This included notifications submitted by the registered provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people. We also contacted the commissioning bodies at the local authority to find out their views on the service provided. We received no information of concern.

Before the inspection visit, the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed this document to inform our inspection planning. This information helped us plan the inspection effectively.

We visited one person at their home (with their consent) to seek their opinion of the service. We spoke with three additional people who used the service and spoke with one relative.

We spoke with four members of staff. This included the registered manager, the senior support worker, and two members of staff who provided direct care. We spoke with two health professionals who were visiting people who used the service to gain feedback from them.

To gather information, we looked at a variety of records. This included care plan files relating to three people who used the service and recruitment files belonging to five staff members. We viewed other documentation which was relevant to the management of the service including health and safety certification and training records.

Is the service safe?

Our findings

People who used the service told us they felt safe. Feedback included, "Staff help me feel safe and comfortable. I can leave myself to their care." And, "I rely on my carers to keep me safe."

A relative we spoke with praised the way in which people were kept safe. They told us, "All staff are good. They reassure my [relative] and help them feel safe."

Staff were aware of the importance of keeping people safe. They told us they had particular responsibilities as part of the care plan to promote people's safety. One staff member said, "My job is to make sure people are safe."

We looked at how safeguarding procedures were managed by the service. We did this to ensure people were protected from any harm. The service had developed its own safeguarding initiative called, 'If you see something, say something.' Information was documented in a small pocket size booklet. This was given to staff at induction and gave clear explanations as to what constituted abuse, how to report it and explained managers responsibilities in dealing with it.

Staff told us they received regular safeguarding training to keep abreast of safeguarding matters. Staff were able to describe different forms of abuse and were confident if they reported any concerns to management it would be dealt with immediately. One staff member said "I would go straight to [registered manager.] I know she would do something about it."

We looked at records maintained by the service. We saw evidence that on one occasion suspicions of abuse were reported to the registered manager and swift action was taken to address the concerns. The registered manager communicated the concerns with all relevant people to enable the person to be protected from further harm.

We looked at staffing arrangements to ensure people received the support they required in a timely manner. The service had a call monitoring system which was used to monitor staff attendance at people's homes. The management team would be alerted by email when a staff member had not logged in at a person's home 30 minutes after a visit was scheduled to start. This enabled the service to track staff attendance and make provision for an alternative staff member to attend. The senior support worker said the monitoring system was reliable and enabled them to ensure missed visits never occurred.

People who used the service and relatives told us they received support from familiar staff who knew them well. One relative said, "My [relative] has a consistent team of carers who knows my [relative] well. One person said, "Since I have become ill, I fear change, I know my Belong carers well."

Staff were introduced to each person prior to a visit taking place by the senior support worker. This allowed people to be familiar with staff prior to them visiting to provide support. A person we spoke with confirmed their relative was supported by a stable team of staff who knew the person well.

The senior support worker said they provided hands on care in an emergency when staff were unable to cover any shifts. The service did not use agency staff. This promoted consistency of care.

The service had an out of hours on call system. Staff said they were happy with the on call system and were confident the management team would support them if required.

Staff told us staff retention within the service was good and staff rarely left the company once recruited. People who used the service confirmed they received consistent care from a staff team who knew them well.

We looked at recruitment procedures to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed five staff files. Full employment checks were carried out prior to staff starting work. The service kept records of the interview process for each person employed. Two references were sought and stored on file prior to an individual commencing work. One of which was the last employer. Gaps in employment history had been explored with each applicant.

The service requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for people providing a personal care service supporting vulnerable people. The service checked this documentation prior to confirming a person's employment. DBS checks were refreshed every three years to check to see if staff were still suitable for employment.

We looked at how the service managed medicines. The service addressed risks and worked to support people to self-administer medicines in a safe way. We saw evidence the service worked creatively to manage risk and promote independence. For example, one person became confused about how much medicine they required and at what time so staff measured out the person's medicines and left them out for the person with a prompt. The remaining medicines were locked away in a safe so the person could not take more than required. This allowed the person to feel in control and not disempowered whilst keeping them safe and reducing their anxiety.

For people who could not manage their own medicines, staff provided support to do this. Care plans gave clear instruction as to how to administer medicines and when. When people required support the registered manager provided a MAR (medicines administration record) for each person. Staff signed the record after administering medicines to show medicines had been given. Each MAR sheet was audited monthly by the senior support worker to ensure people had received their medicines correctly.

Staff were observant and knowledgeable about people's medicines. We were told by a health professional a staff member had noticed an error in a person's blister pack. They worked swiftly to raise their concerns and have the problem remedied.

The service had systems to assess risk. Relatives we spoke with said they were consulted with at the pre-assessment stage when developing care plans and risk assessments. They were confident the management team were able to assess risk and said the registered manager addressed each person's needs prior to agreeing whether or not they could provide a suitable service. We saw a variety of risk assessments including manual handling assessments, and assessments for administering of medicines.

We looked at the system for reporting accidents and incidents. Records were detailed, concise and up to date. The registered manager said they reviewed incidents to check for themes and trends so improvements could be made to service delivery.

Is the service effective?

Our findings

People who used the service and relatives consistently praised the effectiveness of the staff. Feedback included, "They make me feel smashing." And, "I was very poorly before I started using the service. They have pulled me through. I can't thank them enough."

Staff were very proactive in managing people's health and people who used the service had regular appointments with general practitioners, dentists, chiropody, specialist health practitioners and opticians. Health professionals were consulted when concerns were identified to ensure health needs were met in a timely manner.

Individual care records showed health care needs were constantly monitored and action was taken in a timely manner to ensure a person's health was maintained. A variety of assessments were used to assess people's safety, mental and physical health. Assessments were regularly reviewed and changes in assessed needs were accurately recorded within the care plan. Relatives were consulted with when identified changes were noted. These measures enabled staff to provide care that was fluid and adaptive.

A relative praised the way in which they were regularly communicated with when their relative's health needs changed. They said staff would ring them to keep them updated or leave them messages at their relative's home. They described staff as 'professional and knowledgeable.' The relative told us staff went the extra mile in order to ensure good health care was achieved. They told us the registered manager voluntarily attended a medicines review meeting so they were aware of what side effects the person may experience. The relative said the registered manager did this so staff could be vigilant to know what to look out for should the person experience any side effects. They said this was above and beyond what they would expect the registered manager to do.

All health professionals spoken with repeatedly described the service as efficient and said staff were extremely effective at meeting people's health needs. One health professional described how the organisation was currently working proactively with the Clinical Commissioning Group to implement new protocols regarding food and drink supplements and described the staff as committed to making the changes working in the best interests of people who used the service. They praised the way in which staff embraced the changes and followed the guidance provided. The health professional said they were confident people were receiving high quality care from Belong at Home Domiciliary Care Service. They said this contributed to improvements in people's health and well-being.

Another health professional praised the astuteness of staff when supporting a person on their return from hospital. Staff recognised there was an error on the person's discharge letter. The member of staff spoke with a nurse at the hospital to discuss and remedy the error. The health professional said this communication avoided the person being readmitted to hospital. This demonstrated that staff were committed to ensuring effective care was provided at all times.

The registered manager said they had a 'Good Neighbour' agreement with staff in the Belong Village. This

enabled them to call upon advice and guidance from nursing staff in emergencies. We saw evidence this occurred. On one occasion a person who used the service, was eating in the community restaurant. Staff from the Belong at Home Domiciliary Service noted the person was acting in a strange manner which was out of character for them. A nurse from the Belong Village was asked for assistance and it was noted the person was unwell and required immediate medical attention. It was recognised the person had low glucose levels and action was taken to treat this whilst an ambulance was called. The prompt support from the nurse prevented the person from further deterioration and further harm. We spoke with the person and she told us about the incident and how she had been impressed that a medical professional was available so quickly.

People who used the service had access to an Admiral Nurse who was employed by the service. An admiral nurse is a nurse specially trained to give advice and support to people living with dementia and their relatives. One relative praised the service offered and said it had been a great support to them in helping them understand their relatives experience of living with dementia.

There was an emphasis on retaining and promoting physical health for people who used Belong at Home Domiciliary Care Agency Crewe. People had access to a gym within the Belong Village and had access to a personal trainer who was employed by Belong At Home. We spoke to one person who received a service from the personal trainer. They spoke enthusiastically of the service and told us their physical health had dramatically improved and they were experiencing an improved quality of life. When they started receiving a service they were having four visits a day and required support in all aspects of their life. This had decreased to one fifteen minute visit per day as they could now take care of their own personal care. This increase in physical health had contributed to the person's positive well-being and now provided them with independence. They said, "I can't thank them enough. I used to sit in a chair and couldn't get about much. My movement is a lot better. I can now take a shower by myself and cook my own meals."

A member of staff we spoke with told us they supported a person to go to a community gym to go swimming. They explained this person was also a carer for their family. The member of staff said it was important physical health was promoted so the person could complete their own role as a carer. This showed us staff had empathy, as they recognised how important good physical health was for a person who was also an informal carer.

The registered provider recognised the importance of people eating and drinking well and emphasised the importance of this throughout the service. People who required support with meals had detailed and comprehensive instructions within their care plan. These documents enabled staff to deliver effective care which helped promote physical health and well-being. For example, we noted one person required a thickening agent to be added to their drink. The care plan detailed which cup the person used, the amount of fluid and amount of thickener to use. This ensured the person's preferences and health needs were met.

One staff member told us they supported a person who was at risk of malnutrition. The person had a history of not eating and having a poor appetite. They said they worked closely with the person to find out what motivated them to eat and responded to these motivators. The person was now eating regular meals as they were provided with foods which enhanced their appetite and they enjoyed. This had impacted positively upon the person's physical health and emotional well-being. They described the person as 'unrecognisable' from the person they were a year ago.

Within the Belong Village there was a community restaurant. People who lived within the village, people who accessed Belong at Home Domiciliary Service Crewe and members of the public had access to the restaurant which was open daily. We observed the restaurant serving a variety of nutritious meals during the

day. The registered manager said one person who used the service enjoyed eating meals prepared by the cook in the restaurant. However due to the person's health condition, the person had been assessed by the Speech and Language Team (SALT) as requiring a special diet. In order to keep the person safe and to promote their independence, the cook had worked within the SALT guidelines to develop a personalised menu for this person. The aim was to produce a menu card in the same style format as the main menu card. The person could choose what they would like to eat but they would be choosing foods which promoted safe eating and drinking for them. We spoke with the visiting dietician about this strategy. They commended the way in which staff had approached the subject and had innovatively worked to meet the needs of the person.

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.

The registered manager told us they had provided staff with a MCA pocket guide which staff could refer to when they had any concerns. We spoke with staff to assess their working knowledge of the MCA. Staff we spoke with told us they had received training and were aware of the need to consider capacity and what to do when people lacked capacity.

We looked at staff training to check staff were given the opportunity to develop skills to enable them to give effective care. New members of staff were expected to complete an induction at the start of their employment regardless of previous experience. One staff member who had recently been employed told us they completed a week's induction within the office environment. As part of the induction they received moving and handling training, first aid and dementia awareness training.

The registered manager told us new staff were supported by a senior member of staff before working unsupervised. The period of shadowing was dependant on the skills of the member of staff and their confidence. We spoke with a member of staff who said they were more than happy with the support they received at the outset of their employment.

There was an emphasis on developing a learning culture within the service. The registered manager regularly reviewed the training needs of staff and ensured on-going support was provided. Training was provided through a variety of means including e-learning, in house training and in conjunction with other organisations. This allowed staff to develop and provide a better standard of care. The registered manager responded to the needs of the people who used the service. When people had certain health conditions, extra training was provided to equip staff with additional knowledge.

Self-development of staff was openly encouraged. One staff member said through their practice they had identified the need for training in relation to substance abuse and dementia. They said they were supported to find a relevant course and attend it. The staff member said this had impacted greatly upon them and had allowed them to be more effective in their role. They spoke proudly about how the training had enabled them to reduce conflicting situations and enabled them to support the person's family as well as the person using the service. This demonstrated the service put learning into practice to deliver effective care.

Staff were supported to develop their interests within health and social care and take the lead for their specific interest. People with specific interests were encouraged to become champions in their field of interest. At the time of the inspection visit the service had three champions in dignity, end of life care and

dementia. The registered manager said they were hoping to extend on this in the future. Champions took on responsibility for attending additional training and then shared their knowledge within the staff team. The registered manager said champions offered peer support to other staff if they had particular concerns. They described this initiative as 'Brilliant,' as it encouraged creative thinking and personalised solutions. This promoted more effective care and positive outcomes for people who used the service.

We spoke with one person who was an end of life care champion. They confirmed they had approached the registered manager about pursuing further training in this area. The registered manager supported them to attend training through a hospice to further their interest. The registered manager said this additional training had given the staff member the confidence to provide practical and emotional support to families who had relatives who were terminally ill.

We spoke with staff about supervision. They confirmed they received regular supervision. Supervisions are one to one meetings between a member of staff and their line manager which are held to discuss any concerns they may have. Staff said managers were approachable and they were not afraid to discuss any concerns they may have in between supervisions. Feedback about staff performance was sought from people who used the service and was included in supervision sessions. This demonstrated that people who used the service were consulted with and listened to as a means to drive up quality and provide effective care.

Is the service caring?

Our findings

People who used the service and relatives were extremely complimentary and enthusiastic about staff providing care. Feedback included, "The care is brilliant. I have no regrets in choosing a service from Belong at Home." And, "Staff go a lot further than what is expected of them." And, "The staff are fantastic. I can't say a wrong word about any of them. They have encouraged me and helped me. They go the extra mile."

People smiled as they spoke fondly of the relationships they had developed with their member of staff. People consistently referred to staff as kind and caring. One person said they considered their staff team to also be friends. They said, "It's like having friends pop in but it is serious as well." People told us staff did not rush when they were on visits and always had time to sit with people and chat.

Staff consistently told us the organisation had a caring ethos and positive caring relationships were nurtured and encouraged. Staff said they had the flexibility to respond if people were in need or if people were distressed. They told us they were encouraged to extend visits to ensure people were happy and content before leaving them. This caring nature was extended to supporting relatives too. Staff within the service displayed empathy with carers and family members supporting them with their own personal needs as well as people who used the service. One relative described how management personally supported them throughout a difficult period and supported them when coming to terms with their relative's health condition. They said the registered manager had "held their hand."

On the day of the inspection visit, we met one person who used the service. They told us they lived in their own home within the community. The person told us that they were not feeling well but the staff had arranged for them to go to the Belong Village for an assisted bath and to have their hair washed and set at the hairdressers. The person told us they didn't have a bath at home and was hoping that a bath would make them feel better. We met the person at the end of their visit. The person had a huge smile on her face and told us, "They are so lovely. Wonderful. I feel so much better."

Staff said they were encouraged to have a regular caseload of people they visited so relationships could be built and maintained. This promoted continuity of care and created satisfaction. Staff were allocated as companions to people who used the service and were allocated tasks to ensure the relationship was nurtured and promoted. For instance, companions were responsible for purchasing a birthday card and present for each person they were a companion for.

The registered manager said they were committed to getting to know people including their likes and preferences and life history. They said understanding about a person's past life was very important and encouraged staff to see people as individuals not just as a person who received a service. We saw a document in one person's file called, 'This is me.' The document had been completed by family and staff and clearly described the key life experiences of the person including previous work experience and places they had travelled. Staff had a good knowledge of people and were able to tell us about people and their life history.

Staff repeatedly showed a genuine interest in the people they supported. One staff member spoke passionately about their love of the role and how it created extreme job satisfaction. They said interactions with people created "magical moments." They spoke about the opportunities they were party to when they had made people smile. They said they were privileged to be in people's lives and partly responsible for creating these moments. They said, "I could work elsewhere but where else would I see magical moments every day?" Another member of staff said, "You can't put a price on job satisfaction."

The registered manager praised the caring nature and the dedication of the staff team. They told us two staff had recently won awards as a means to recognise their accomplishments. We saw one member of staff had won an award for their achievements as a new member of staff. The member of staff had repeatedly gone above and beyond what was expected of them within their role. One person had spoken with the support worker about their love of a particular football team. The member of staff had connections with the team and arranged for a football to be signed by the footballers for the person. The member of staff had also recognised one person they supported was going to be alone at Christmas time. The member of staff volunteered and offered the person Christmas dinner at their own home to prevent the person from being lonely. The person was delighted and the arrangement was agreed with the registered manager. These actions were voluntarily carried out to make people who used the service feel cared for and loved.

Another person within the team had won an award for their flexibility and their displayed commitment to ensuring the people they supported were safe and well. The staff member had taken it upon themselves to visit people outside of work if they knew the person was unwell. The staff member acted professionally; informing management they were doing this but did not request payment for attending. As part of the inspection we spoke with the member of staff. They spoke passionately about their role and the importance of caring for people they visited. They saw it as their duty to ensure people were safe and happy. This demonstrated staff went the extra mile to ensure people were content, comfortable and not in need.

A relative we spoke with praised the determination of staff and said they 'persevered' to gain positive outcomes for people. They explained how their relative sometimes displayed behaviours which challenged the service but staff worked positively and displayed empathy to overcome any difficulties. They said if their relative was having a bad day and was unhappy they would routinely pop in and visit them if they were passing to check up on their well-being. The relative said they were more than happy with their decision they had taken to employ the services of Belong at Home Domiciliary Care Crewe.

The registered manager showed us photographs they had collected of people enjoying the services provided. They explained they kept these photos of happy memories to share with relatives and staff. They said this often gave families reassurance their relatives were cared for and happy. They showed us a photograph of one person who had always wanted to ride a motorbike. They explained this person had developed a list of things they hoped to experience before they died. The registered manager said staff supported the person to develop this list and worked in partnership with the family to enable the person achieve their aspirations. This demonstrated staff were caring and compassionate.

We spoke with one staff member about positive achievements people had accomplished since they had been supported by the service. The staff member spoke about a person who prior to receiving a service was isolated and confused. The person had been given a diagnosis of dementia. Through support from the service it was recognised the person did not have dementia and the confusion was due to stress. The staff member said proudly, "Their life is so different now."

All the staff we spoke with set high expectations for themselves and were genuinely committed to providing a high quality service. One staff member said, "When I do things I like to do it right." Another staff member

said, "It's my job to make sure people smile. All I want to do is put a smile on people's faces." We saw evidence of staff supporting each other to ensure high quality care was provided and achieved. For example, staff would work together to change rota's around at short notice if they recognised people had changed needs and required staff to stay longer. A relative we spoke with told us staff would often extend support time if they felt there was a need to. They said staff would never leave people if they were in need.

People who used the service had access to advocacy services if they required. The registered manager said at present no one was accessing the service but they were aware of advocacy services and the advantages of using them to allow people to be supported to make decisions for themselves. This demonstrated that people were supported to be independent and be involved in making their own life choices.

There was a strong emphasis on promoting dignity throughout the service. People who used the service told us they were treated with dignity and respect. The registered manager said, "Promotion of dignity runs through everything we do." Staff were able to give practical examples of how dignity was maintained and recognised the importance of doing so. For example, one member of staff described a situation where a person required assistance with personal care. The person was shy and retiring. The staff member took this into consideration and ensured they carried out their duties professionally and discreetly to promote the person's dignity.

Is the service responsive?

Our findings

People and relatives praised the responsiveness of the management team and their ability to develop a person centred service. One relative said, "The service has been really flexible. Staff react when needed and back off when [relative] is good."

We looked at care records belonging to three people who used the service. We saw evidence pre-assessment checks took place prior to a service being provided. A relative confirmed they were involved at the pre-assessment stage in developing care plans for the person who required the service. Peoples consent was sought throughout the care planning process. When people could not consent we noted good practice guidance was followed to ensure decisions made were in the best interests of the person.

Care records were personalised and highlighted key points of their likes, dislikes and important factors to consider when supporting them. There was an emphasis on staff getting to know people as an individual not just a person who was using the service. Daily notes were completed for each person in relation to care provided. This helped promote continuity of care as information in regard to delivered care and required needs were clearly detailed.

Care plans were detailed, up to date and addressed a number of topics including managing health conditions, medicines administration, personal care, diet and nutrition needs and personal safety. Care plans detailed people's own abilities as a means to promote independence, wherever possible. There was evidence of relevant professional's and relatives involved wherever appropriate, within the care plan. Care plans were reviewed monthly.

The service encouraged and supported people to be active. People had access to groups and social activities that took place within the Belong Village. One person told us they visited and played scrabble with other people who used the service. On the day of the inspection visit we observed the person smiling and looking enthralled whilst taking part in the group activity. The registered manager said a variety of activities were on offer including arts and reminiscence sessions. Speakers visited Belong Village and provided talks to people who used the service. We noted a local historian society had visited and there were drop in sessions arranged from the local police and community support officer, (PCSO.)

People were supported to access activities in the outside community if they chose to do so. One person had a love of dancing. Staff had supported the person to regularly attend a community dancing group. The registered manager told us this had enabled the person to meet up with old friends from whom they had lost contact. This had helped combat the person's isolation and had increased the person's wellbeing. The registered manager said they were currently working with the person to increase their support to enable the person to attend further groups and fulfil a dream of dancing in The Tower Ballroom.

People and relatives we spoke with consistently said they had no complaints about the service. One relative told us they were encouraged to give feedback about any concerns and said when they had discussed some concerns with the registered manager they were dealt with professionally and quickly. They said, "Even

though it was only a slight issue I was happy about how it was dealt with."

The registered manager understood the importance of listening to people and resolving concerns in a timely manner. They said, "I try to capture the grumbles so concerns do not become a complaint."

We looked at a complaints and compliments log which the registered manager maintained. When concerns had been raised the registered manager had investigated and offered an apology. All concerns were shared with the senior management team so they could have oversight as to what issues were emerging. This showed there was a collective responsibility for ensuring concerns were suitably addressed and managed.

Staff told us they were aware of the complaints procedure and would inform the registered manager if people complained.

Is the service well-led?

Our findings

People who used the service and relatives consistently told us the service was well managed. Feedback included, "The service is well managed." And, "[Registered manager] is a good manager."

People and relatives praised the positive presence of the registered manager and their willingness to help out. One person told us, "The registered manager is readily available if needed."

Staff consistently praised the management team and their professionalism. They described the registered manager as 'a good leader,' and, 'professional.' Staff praised the approachability of the registered manager and their willingness to help staff when they had concerns or queries.

Staff praised teamwork within the service, describing the team as one unit and said there was no differentiation between managers and staff. The registered manager said, "We are a team. We do not have any divides."

Staff described an open and transparent culture where they could make suggestions and were listened to. They told us they were not afraid to come forward and make suggestions. This showed the service was committed to listening to relevant parties as a means to make improvements within service delivery.

The registered manager said it was important staff shared the same vision and goals as that of the management team. They told us these values were explored as part of the recruitment process and were built into the induction process. Staff were encouraged to become "Belong Champions" who would routinely go the extra mile at work. These shared values contributed to the development of a strong person centred culture throughout the organisation.

During the course of inspection we noted feedback was continually sought from people and relatives. Feedback was received informally at people's care reviews. When feedback was provided, we saw evidence this was communicated to staff in order for improvements to be made. Feedback was positive and comments included, "The Belong girls are great, they do over and above." And, "I don't know what I would have done without you."

Communication with staff occurred through a variety of channels. Staff told us they had regular communication through text messages, phone calls and emails. Staff said the registered manager would make themselves available if they required any advice or guidance. They said they felt comfortable in visiting the office if they needed support. Staff described communication as good. They had the opportunity to talk with other staff and the management team at regular team meetings.

The registered manager said, "Communication is key when providing good care." They said they had recently introduced a diary system within people's homes to improve communication between people, staff and relatives.

The registered manager had a sound knowledge of their roles and responsibilities in regards to managing regulated activity. We saw evidence statutory notifications were submitted, in a timely manner, when required.

Feedback was sought through an annual customer satisfaction survey. We looked at the most recent survey carried out in 2016. Three people who used the service of Belong at Home Domiciliary Service Crewe contributed to the registered provider's survey. Feedback from other services which were part of the Belong group was incorporated into the survey. Feedback within the survey was on the whole positive. Comments included, "Apartment living gives a freedom of choice and independence which I enjoy." And, "Whilst there is always room for improvement in any organisation, I find it difficult to find much to criticise."

The service had a range of quality assurance systems. These included health and safety audits, hand hygiene, medication and documentation audits. We saw evidence actions were set when there was a need for improvement.

We saw a quality audit had been carried out by the registered provider in June 2016. The audit showed the service had consistently met all targets set in ensuring dignity and respect, consent, management of safeguarding and complaints were achieved.

The registered provider supervised the work of the registered manager through regular supervisions and managers meetings. The registered manager said they attended quarterly meetings with a member of the senior management team and other registered managers. This allowed them to share information and discuss areas for improvement.

The registered provider also carried out annual audits of the service. To audit the quality they organised annual meetings with people who used the service to gauge their level of satisfaction. They also reviewed paperwork relating to people who used the service and attended people's care reviews if appropriate. The registered manager said there were plans being developed to increase auditing systems to every six months.

The service was committed to developing people and staff as a means to promote effective care. We noted the service was currently undertaking an "Investors in People" review. This is a nationally recognised accredited programme designed to encourage continuous improvement. This demonstrated the service was committed to providing a high quality service.