

District Nursing (Herts) Ltd

# Fonthill Care At Home

## Inspection report

Fonthill House  
Cassius Drive  
St Albans  
Hertfordshire  
AL3 4GD

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05 October 2017  
12 October 2017

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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?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

The inspection of the office took place on 05 October 2017 and on the 12 October 2017 we obtained feedback from people who used the service. The inspection was announced. This was the first inspection since the service was registered on 02 November 2016

District Nursing Herts Ltd is registered to provide personal care for people who live in their own homes. At the time of our inspection there were four people were being supported.

People gave consistently positive feedback about the service they received. People were supported to live their lives in a way which enabled them to maximise their enjoyment and fulfilment. Staff always went the extra mile to encourage and support innovation and demonstrated a positive 'can do' attitude. The service was supported by a team of professionals employed by the provider to enhance people's experiences and ensure timely interventions when required. The provider and registered manager continually strived for perfection demonstrating an appetite to continually provide excellent person centred and bespoke care to individuals. They were continually experimenting with the use of IT to ensure people and their relatives were involved in the development and took ownership of different aspects which underpinned the ethos of the service.

The service had a registered manager who was also the provider's director of nursing and clinical Development. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People felt safe and were protected from the risk of harm. Staff were aware of what constituted abuse and how to report and elevate any concerns. Risks to people's safety had been assessed and measures put in place to mitigate risks, where possible and people were encouraged and supported to remain as independent as possible. The provider used technology to help keep people safe. Staff had been recruited through robust recruitment checks and there were sufficient staff employed to meet the needs of people who used the service. People were supported to take their medicines safely by staff who had the necessary skills.

Staff had received a range of training to give them the knowledge and skills they needed to support people

effectively. They were supported through regular supervision with their line managers and attended team meetings. People who used the service had consented to their care and were supported to make their own decisions. Staff were aware of the Mental Capacity Act 2005 and worked within its principles. People were supported to eat a range of meals and supported to drink enough to keep them hydrated. If there were any concerns about weight loss or gain they were referred for professional input from a dietician. People's health and well-being was well managed and they had access to a range of healthcare professionals attached to the service.

People's experiences of the service were very positive. They told us they were supported by staff who often went the extra mile and who were caring and kind. People were at the hub of the service and their care was assessed and planned with their full involvement. People were treated with dignity and respect and their privacy was maintained.

People's needs were fully assessed and discussed prior to the service being provided. People received a personalised service which met their individual needs respected their choices and promoted their independence. Care plans were detailed, and provided staff with person centred information in a timely way. Care plans were reviewed regularly and whenever there was a change to the person's needs or abilities.

The service was flexible and any additional support was provided where necessary. People knew how to make a complaint and there was a complaints procedure in place. People's feedback was viewed positively to help improve the service. Complaints had been responded to in a timely way and had been investigated in accordance with the provider's complaints procedure.

People who used the service, their relatives, the staff team and health care professional gave us positive feedback about the way the service was managed. People, staff and all professionals involved in the service worked tirelessly to make sure they provided excellent care to people.

The provider and registered manager worked in partnership with a team of professionals and the focus was about the quality of the care and people's experiences. There were robust quality monitoring systems and processes in place to make positive changes, and continually improve the service that was provided.

There was an open and transparent at the service and staff were clear about their individual roles and responsibilities. Staff were passionate and proud to work at the service and felt valued and motivated.

## 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 consistently safe.

Staff knew how to safeguard people from potential harm and how to report and escalate any concerns.

People were kept safe. Safety measures were embedded into all aspects of the service to help maintain people's and staff safety at all times.

Risks to people's safety and wellbeing were assessed and kept under regular review. Where possible risks were mitigated without placing restrictions on people's lives.

The provider used technology to improve safety for people without invading people's privacy.

People were involved in the robust recruitment and selection of staff and there were enough staff to help keep people safe at all times.

People received their medicines from staff who had been trained and records were correctly maintained.

### Is the service effective?

Outstanding ☆

The service was very effective.

People received care that was effective based on best practice.

People's consent was obtained before they supported them.

People were supported by staff who understood and worked within the principles of MCA.

People's health and wellbeing was improved because of early intervention by a team of professionals.

People were supported to eat and drink sufficient amounts to maintain their health and wellbeing.

People were supported by a range of healthcare professionals to help maintain and improve their health.

### Is the service caring?

Good 

The service was exceptionally caring.

People were cared for by staff who were kind, caring and compassionate, and people received excellent quality care and support.

Staff had developed meaningful and respectful relationships with the people they supported and knew their individual needs and circumstances well.

People's rights and choices and were respected and promoted.

People were treated with dignity and respect and their privacy was maintained.

### Is the service responsive?

Outstanding 

The service was extremely responsive.

People received care and support that was personalised, and improved the quality of their life.

Care and support plans were personalised and people were involved in designing how and when their care would be provided.

People were supported to live their lives in the way they wanted and were encouraged to participate in a range of activities and hobbies.

People's views and opinions were actively sought and things changed as a result of feedback.

There was a flexible approach by staff which supported people's individuality.

People were encouraged to raise concerns or complaints

### Is the service well-led?

Outstanding 

The service was exceptionally well led.

People received an excellent standard of care and support.

People were supported by staff who were passionate, kind and caring.

There was an open transparent and inclusive culture within the service.

Staff were well supported by the management team and had clear roles and responsibilities.

There was robust quality monitoring systems in place to help drive improvements.

The management team were innovative and demonstrated an overwhelming commitment to provide people with care individually tailored to meet their needs and wishes.□

# Fonthill Care At Home

## **Detailed findings**

### Background to this inspection

This inspection took place on 05 October 2017 and was announced. On the 12 October 2017 we contacted people to obtain feedback about their experience of the service. We gave the provider 48 hours' notice of the inspection to make sure the appropriate people were available to help support our inspection. The inspection was undertaken by one inspector.

We reviewed all the information we held about the service including statutory notifications which tell us about significant events and which the provider is required to tell us about. We also reviewed the 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 spoke with three people who used the service and relatives of two people who used the service to obtain their views on the service provided. We received feedback from professionals attached to the service and also spoke with two care staff, the care coordinator the director of nursing who was also the registered manager and we spoke with the provider.

We reviewed care records for four people who used the service. We saw the staff recruitment process and training records. We also looked at other records relating to the overall management of the service, including quality monitoring systems and processes.



## Our findings

The service was consistently safe. People told us they felt safe. One person said, "Yes I feel very safe and well cared for, I don't know how I would manage without them". Another person said, "I have no concerns at all about my safety, they are very capable".

Staff knew how to safeguard people from potential harm. They told us they had attended training on safeguarding people and knew how to identify abuse and report any concerns. Staff training records confirmed staff had regular training updates to ensure their knowledge was up to date. Staff demonstrated a good understanding of the different types of abuse. One staff member told us they would immediately report any concerns to senior staff on duty and were confident that any concerns would be fully investigated by the registered manager. Another staff member told us, "If I noticed any bruising and did not know how it occurred I would report it immediately. We can also face time the nursing staff so that they can see the extent of the bruising and advise us accordingly." This demonstrated that there were effective systems in place to help keep people safe.

People were kept safe. Safety measures were embedded into all aspects of the service to maintain people and staff's safety at all times. Fonthill Care At Home ensured the safety of people through robust safety measures and the availability of qualified clinicians 24 hours a day through an on call system linked to another service owned and managed by the provider. Staff were issued with a Global Positioning System (GPS) device which they carried on them when working. The GPS tracked staff movements so that managers could know where people were at all times. In the event of an emergency, for example if a person was unwell or staff were faced with a risk which compromised their safety staff depressed a button on their GPS device and it alerted senior managers of a problem. Help could then be dispatched quickly. The device also enabled staff to communicate what the problem was and managers to hear what was happening. Their safety was further protected as the system was password protected which would be used in the event of an emergency.

In the event of a staff member arriving at a person's home and not being able to gain entry they would follow the 'no reply procedure'. This would involve making checks of the home and surrounding areas for example the garden. Checking with neighbours and contacting senior management so they could check with the person's next of kin and follow it up until they had located the person and ensured their safety.

Risks were assessed and kept under regular review. Where possible, risks were mitigated without placing restrictions on people's lives. Risk assessments were completed for all aspects of people's lives from skin



integrity to the risk of falls and use of equipment. There was a physiotherapist attached to the service. They provided individual bespoke assessments, for example where people used a hoist for transfers so that staff had very clear information. A video was also provided to assist staff follow step by step instructions about how to move reposition and transfer people safely. The physiotherapist provided bespoke training for staff in the use of banana boards and sliding sheets. Where a person's ability changed or there was an increased risk this would trigger a review of their care to ensure risks were being managed effectively. Risk assessments were regularly reviewed by the registered manager or a senior staff member. Staff told us they found that risk assessments provided detailed information to enable them to help keep people safe.

The provider used technology to improve safety for people without invading people's privacy. Staff were aware of the process for reporting any accidents or incidents that occurred in people's own homes. Staff could seek advice from senior nursing staff or the registered manager through Social media and if a person had sustained a serious injury nursing staff would attend immediately. Staff confirmed they updated service user daily visit records on a digital system which gave all staff immediate access and so alerts all staff in the event of an emergency. Body maps too could be uploaded to provide photographic detail of any injuries and an immediate assessment and management plan.

People were involved in the robust recruitment and selection of staff. Recruitment procedures were thorough to help ensure that staff employed were suited to work in this type of service and of good character. The provider and registered manager told us, "We look for the special qualities and shared values when recruiting staff, you can train staff but having that passion and compassion cannot be taught." This demonstrated that the provider and registered manager were committed to upholding their values that helped to ensure they recruited the right people. Staff confirmed they had been through stringent checks, interviewed and had provided references and had a disclosure and barring check before their employment commenced.

All staff shadowed more experienced staff before working in an unsupervised capacity. One staff member told us, "The recruitment process was very thorough but I am pleased it was, it protects us all and is vital to have the right staff especially for this type of service." There were enough staff with the correct skills and experience to keep people safe at all times. People told us that staff arrived at the expected time and stayed the full duration. People always knew in advance who was coming and had consistency of care. Staff arrival and departure times were monitored so that in the event of them running late people could be notified so they knew they were on their way.

People received their medicines from staff who had been trained and records were correctly maintained. People who required support with taking their medicines told us they received their medicines regularly and on time. The registered manager completed regular medicines audits to help ensure that people received their medicines safely. Records were kept under review to check that they were completed correctly and to help identify any gaps in recording. There had been no reported medicines errors at the time of our inspection. This helped to demonstrate staff had the skills and support to ensure they followed best practice guidelines when administering medicines.



## Our findings

The service had a team of professionals who were employed by the provider including a GP, dietician, occupational and physiotherapist. People received care that was effective based on best practice by following the recommendations set out by the National institute for clinical excellence for example by promoting good health by improving and developing good quality services. This included early intervention when there was a decline in people's health. For example if someone developed an infection clinicians from the service could prescribe antibiotics to prevent deterioration in people's health and therefore preventing a hospital admission being required. Senior managers and staff had regular multi-disciplinary professional meetings so that they could share best practice ideas and updates as well as review their own work practices and development needs.

Additionally the service provided bespoke care and support to people nearing the end of their life who wished to die in the comfort of their own home surrounded by their loved ones. The provider was able to respond quickly to people's changing needs and provided equipment such as specialist beds and syringe drivers to administer intravenous pain relief medicines to keep people comfortable and pain free. A syringe driver helps reduce symptoms by delivering a steady flow of injected medication continuously under the skin.

We found numerous examples where the prompt care and support people received meant that they were able to remain or return to their homes as they wished. For example a family member told us how invaluable the service had been to them and their loved one by being able to respond quickly when their family member's condition worsened in hospital and their wish was to be cared for in their final days in their own home. Fonthill Care At Home was able to respond immediately by arranging a professional support network around the person, the right equipment and staff in place for the person to return home within a day. The person received care and support to keep them comfortable and pain free until they died within two days of returning home. The family member told us that without the speedy response of Fonthill the person's last wish to die at home would not have been possible. They told us "They did a good job and did it sensitively. We were very grateful for their support."

People and their relatives told us that the care and support provided was holistic and met their needs fully. One person told us, "They are the best there is, and I know because I have something to compare with, I just can't imagine how we managed before. The care is exceptional and they are very skilled." Another person told us, "They enable me to live at home; they are marvellous, they really are, they are like my friends or extended family and always very professional." Another relative whose family member had received

palliative care from the service told us "The staff that came to support [name] were exceptional, kind caring and compassionate and through them my [relative] was able to achieve their wish to die at home in a dignified way".

Staff champions were trained in a variety of topics relevant to their interest and to enable them to have a fuller understanding of the condition of the people they supported. For example there was an end of life champion, a skin integrity champion, a Dementia champion and the provider had sponsored nursing placements through a local college to supplement the skills of the work force. The provider gave staff incentives to encourage them to constantly learn and upskill the workforce. So for example those staff who had completed specialist training were paid at an enhanced rate and were able to support and advise staff on matters within the areas where they were 'champions'. Staff told us they were continually learning and sharing information and updates to help ensure they worked in a way that supported good practice and embraced and implemented changes recommended through the national institute of excellence. (NICE).

Staff received training to support them to be able to care for people effectively. All staff completed a detailed and robust induction programme. New staff were given a nurse mentor, who shadowed the staff and observe them in practice giving constructive feedback to support and develop their learning. In addition, care staff completed an extensive on-going training programme which included safeguarding, admin of medicines moving and handling people. People who had specific moving and handling needs were individually assessed and all care staff were given clear information on how best to support the person effectively using a range of training materials including media, written, photographic, video and one to one training. Staff were also supported by the occupational therapist and physiotherapist employed by the provider who provided detailed guidance for example if a person needed an adaptation or a specific piece of equipment. The Occupational therapist demonstrated how to move people safely using the persons own hoist and sling.

Staff were also had access to have specialist training such as caring for people who lived with dementia and end of life care and had their competencies assessed before they supported people on their own. The training also took into account the staff's approach and empathy towards people, motivation, respect and encouragement to maintain independence effectively. Staff and management told us that all the training provided using a range of interactive methods such as face to face and individual training in people's own home where the training was provided by a team of professionals aligned to the service. These included a dietician who could provide speech and language therapy (SALT) assessments and individual specialist training for staff to enable them to support people safely and effectively.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation.

People's consent was obtained before care staff supported them. People told us that staff always obtained their consent before supporting them. One person told us, "They [staff] always explain before they do anything, like when they are going to help me to get washed and changed". A relative told us, "I hear them telling [Name] Are you ready shall we commence and having a little joke to help [Name] feel more comfortable". The person told us, "They always say is there anything else I can help you with, and are never in a rush". Staff understood the Mental Capacity Act and how it related to people's consent and choices. One

member of staff told us, "We always assume everybody has capacity and help people to make decisions, it's their right to refuse and we would always respect their decision."

People were supported to eat and drink sufficient amounts to maintain their health and wellbeing. The provider and registered manager told us people were supported with shopping and meal planning where this was assessed as a need. People told us they had really enjoyed the food whenever they had eaten food from provided by the service. People's weight and fluid intake were monitored and where there were any concerns these were elevated to the director of nursing attached to the service and monitored for example through the use of food and fluid charts. Specialist nutritional food supplements were provided when this was required to support people's nutritional intake.

People were invited to access a range of nutritionally balanced meals from the provider's other service and menus were provided so that people could choose if they wished to avail themselves of this service. Where they choose to have the meals these were delivered to their homes at a time they choose and were temperature controlled to ensure they arrived hot. Alternatively people could choose to come to the provider's other service to eat at the restaurant. One person told us "It was amazing the choice, service and availability of the vast range of food, I was pleasantly surprised" Transport was provided for this service.

People's health and wellbeing was improved because of early intervention by the provider's team of professionals. Access to other professionals including a chiropodist, optician and dentist were all arranged by staff. People could opt to see the GP by appointment and or in the event of an emergency. The GP was an additional resource as well as people having access to their own GP's. The GP told us, "It is intended that I will work in partnership with people's own GP's." The team of professionals provided a holistic service all having access to the provider's IT system which enabled staff to share information quickly and all at the same time.

The registered manager told us that where people required additional support following a period of incapacity they had a facility within the provider's other service to accommodate people following a period of hospitalisation to help them to rehabilitate in a step down facility. Equally if people experienced a decline in their health but did not require hospital admission but did require additional support including nursing care they could be cared for in a step up facility to build them up until they reached a standard of health where they could manage their health enabling them to move back into their own homes.

People's medical and health needs were improved through early detection and intervention. For example, the registered manager told us that people could be prescribed antibiotics for an infection and they could be commenced immediately thus often preventing a hospital admission. One person told us "When I needed help, they were fantastic they really did help me get back on my feet". Another person told us "I am severely disabled and could not remain at home without the support I receive. They really do look after all my health needs and do it very well". People's day to day health needs were monitored as well as more chronic medical conditions. People had regular medicine reviews to check that their medicines were still appropriate and required.



## Our findings

People were cared for by staff who were kind, caring and compassionate, and people received excellent quality care and support. The service operated around the people who were central to everything that happened and was a truly person centred holistic care. One person told us, "I just could not manage without them; they have given me back my life". A relative told us, "They don't only care for [Name] but they check that I am ok as well, they even give me a hug to reassure me they are more like family than staff. They go over and above the call of duty that's for sure". Feedback from people was consistently positive.

The provider told us, "Staff are frequently seen to be 'going the extra mile' in small but meaningful ways. For example bringing a slice of cake round to a person or collecting fish and chips on their way round to visit people because the person mentioned they would like it". One person told us "Staff are thoughtful and often remembered small things that had been said in passing".

The provider and registered manager demonstrated a passion for excellent care and told us they had handpicked their staff team for their values, ethos and compassion. The registered manager told us, "we are very selective and it is so important to get the right staff with shared values and a determination to be the best there is, you can't teach people to be caring they have to have that in them".

Staff spoke kindly about the people they supported demonstrating that the people really mattered and it was all about the person. One staff member told us, "I had not done this type of work before so did not know what to expect but now I love it, I just could not imagine doing anything else, it becomes part of your life, a way of life and it's so rewarding". Another staff member told us, "It's the best place that I have worked, the people we support are amazing despite their health issues they are so grateful for the support. The staff all work as a team, there is a real bond. The management are so supportive and they care about the staff which makes us feel valued and motivated". It was evident that staff and management shared the same values.

People received a consistent service from a small team of staff. This enabled staff and people to develop meaningful relationships and to get to know people really well and their preferences, routines and individual requirements. The service had received many compliments about the service and staff. In particular the end of life care and support truly enhanced people's quality of life with care being provided by a small team of dedicated staff supporting both the people and their families and assisting with arrangements and practical support such as with equipment. Nursing staff were on hand to administer end of life medicines to help ensure people were kept as comfortable as possible. The service offered was similar to what a person would receive in a hospice but all provided in the comfort of their own homes, in familiar

surrounding which reduced people's anxieties.

People's rights and choices and were respected and promoted. Care plans contained people's life histories which really helped staff to get to know the person really well and understand what their lives were like before they needed care. People and families could access online care records to be kept up to date with their relatives care. This was particularly useful for family who lived far away. One relative told us "I can log on and read [Name] daily records so know if they have had a good day and be kept abreast of any changes to their condition and well-being. People and families where appropriate were able to access their electronic records to facilitate timely communication and also to enable monitoring of the quality of what is being recorded.

People were fully involved in making decisions about their care. Holistic care and support were regularly reviewed with senior managers who made regular contact with the people they supported to check that people were happy with the service they received. People were encouraged to talk about their experiences and express views about how and when their care and support was provided.

People were treated with dignity and respect. Staff told us how they maintained people's dignity. One staff member told us, "I always consider how I would feel myself if I was the person receiving the care and I chat to them to help take their mind off things, I am sure it helps to make them feel more at ease". One person told us, "They [staff] are most respectful, they knock and wait to be invited in they respect my dignity and talk with me while they are assisting me, they are wonderful".



## Our findings

The service was extremely responsive. People and their relatives told us they had been involved in discussions about their individual needs and wishes and had contributed to the development and continual review of their care plans. The provider and registered manager completed detailed assessments before people were accepted for the service. This was to help ensure they had the right staff with the attributes that would suit the person's needs and wishes. This enabled senior staff to explore in detail the person's lives, preferences, needs and how they wanted their care to be delivered.

Care and support plans were personalised and people were involved in designing how and when their care would be provided. Care plans contained relevant and current information about everything that was important to people so that staff could provide personalised care and meet people's individual needs. The provider and registered manager told us that physical care was only one aspect of what was offered by Fonthill Care at Home. Advice and support about advance care planning and end of life care was also discussed at any point in time with an experienced nurse who would then liaise with GP and the person's family as appropriate. This demonstrated a forward thinking approach which would support people's choices and wishes when they were nearing the end of their lives. The service had responded to an urgent request to support a person who was at the end of their life and had responded within two hours of the request. The service had been awarded a Beacon for the quality of their end of life care. A Beacon is awarded to recognise inspirational and excellent service in a particular field of expertise.

People were supported to live their lives in the way they wanted and were encouraged to participate in a range of activities and hobbies. They could access, activities within the provider's other service, spend time using the facilities such as the coffee shop, attend community events, meals, participate in activities and focus groups, shopping, trips out, for example by offering a driver and care staff escort to support people to attend appointments and social activities.

There was a flexible approach by staff which supported people's individuality. People told us the service was extremely flexible and responsive to their needs. For example, with the range of healthcare professional attached to the service people could be assisted with advice about adaptations such as a shower room, equipment such as walking aids, a hospital bed, pressure relieving equipment or syringe drivers for the safe administration of medicines. One person who was cared for in bed told us "[Name] came and spent ages discussing various options with me, it was very helpful as they put forward suggestions that I would never have even known about they were very knowledgeable". Times and durations of visits could be arranged or rearranged. One person told us "I just pick up the phone or ask [Name] if I need to change my visits and it is



done there and then.

Additional services offered by the provider included maintenance and home improvements, and a gardening service to assist people with the upkeep of their homes. This had been identified by safety advisers as being a well-recognised indicator in identifying a household where there may be an older or vulnerable person living. This was costed on an individual basis depending on the needs so people could choose to have one or more aspects of the service. This enabled people to remain living in their own homes with the different types of support and really did provide a holistic bespoke care and support package to people. The provider could also provide innovative security devices to enable the person to see who was at the door before opening it or responding. Staff, people and their relatives could also update records through their online IT system and if there was any kind of an emergency staff would be alerted and could respond quickly. Although these were done involving an additional cost to people it provided them with assurances that the work had been done by genuine professionals and enabled people to live in their homes safely for longer.

People's views and opinions were actively sought and things were changed as a result of feedback. For example one relative told us, "[Name] only want a particular type of care staff, they prefer a more mature person with more life experience and the provider had responded to this request." The provider and registered manager told us they sought feedback in various ways and viewed feedback as a positive tool to help make improvements. For example people were asked how the service could be improved. One of the ideas that had been implemented was the availability of a chauffeur and a care staff escort to enable people to go out and about safely. Ideas and suggestions were encouraged from staff and people who use the service. The online IT communication system had a channel for just this. This allowed instant consideration of feedback and enabled staff to risk assess the situation and provide quick appropriate responses and solutions. The speed of this two way communication offered a safety net which was paramount to those working remotely.

The provider encouraged feedback through various means including meetings, home visits, comments slips, a suggestion box and completion of a survey. All feedback could be anonymised and shared by those who used the service, staff and families in order to be transparent and open. Learning was shared to improve the service in the future

People were encouraged to raise concerns or complaints and these were appropriately investigated and resolved in a timely manner. The provider and registered manager had fully investigated any concerns raised, and taken appropriate action to address it. The complainant was always informed of the findings, what they had learnt and measures they had put in place to prevent a reoccurrence. For example if care staff arrived later than the planned time this was reviewed to see why this was happening. In the case of people who required the support of two staff to ensure staff arrived at the same time to provide care the staff travelled together which mitigated the risk of them arriving at different times.

People and staff told us that they would be comfortable to raise any concerns with the provider and registered manager. One person told us, "If I have any complaints I tell them and they sort it out, they are very responsive." Another person told us "I have never had to make a complaint I have found them to be brilliant". People and staff told us they felt listened too and had a voice. One staff member said, "We are always sharing ideas and giving feedback and the managers do listen, they actually ask for the feedback." For example they involved staff in ideas for developing the service and making it a completely holistic service.





## Our findings

People, their relatives and staff were all very complimentary about how the service was operated and managed. There was an open, transparent and inclusive culture at the service. The manager promoted people being at the hub of the service and providing an excellent service was a commitment shared by all. People were extremely positive when describing the support they received and the impact this had on their lives. One person told us, "My outlook on life has changed since I have been cared for by this agency, I really look forward to their visits they are like extended family." The manager had developed a culture where staff were enthusiastic, positive and excited by all the service had to offer not just to the people who used the service but also how staff were treated, respected and valued members of the team.

A relative told us "This service is definitely top of the range the best there is. We could not have experienced a more caring sensitive service. It certainly took the strain of us because they just arranged everything even liaising with other services to make sure [name] had everything they needed. I would highly recommend this service".

People received an excellent standard of care and support. Staff were handpicked and the culture of the service was 'we only want the best' and this was a vision that was actively promoted, visible and present in all aspects of the service. The registered manager, who was also the director of nursing and clinical development, worked tirelessly to embed excellent clinical practice and to support the staff to provide exceptional care. For example, they sought external clinical supervision to help ensure they were kept abreast of current practice and work ethics and they shared learning and good practice with the care staff. This meant that the staff team were highly skilled and knowledgeable about people's conditions, the implications, management of symptoms, and palliative care.

People received care from staff who were well trained, supported and appreciated by the provider and registered manager. The provider had established the Fonthill academy of care to support staff with achieving and completing the care certificate. The provider had various incentives in place to encourage and support staff to be the best they could be and to embrace the positive ethos of the service. For example, staff were paid to attend training and received a pay enhancement if they completed any specialist training. They were paid for travel time and mileage in between visits. The provider also sponsored staff to go to university and obtain a nursing qualification. Staff were recognised for providing an outstanding service and could nominate other team members where they felt they had provided an exemplary service and gone the extra mile.

People were supported by staff who were passionate, kind and caring. This was because the provider and registered manager had such a focus on quality and they were kind and demonstrated they cared about the well-being of staff which in turn helped staff to be kind and caring to people who used the service. Staff spoke positively about people in their care and demonstrated they were passionate about the care they provided to people.

One staff member told us "We share the values and ethos in relation to the quality of care people receive. The registered manager does not take on any new care unless they can provide a first class service. They consider all aspects and do not compromise on the quality". A relative told us "When they came to do the assessment they asked so many questions some I did not understand at the time. But then they told me they were matching my needs and interests to prospective staff so that we would share some common ground and this would enhance the quality of the visits". The person went on to tell us "Staff do not leave when they have finished the practical support but they will sit and have a chat and a cup of tea that is the difference with this service. They definitely go beyond the call of duty and it's not just the odd one it's the entire team they are consistently excellent".

There was robust quality monitoring systems in place to help drive improvements. The provider and registered manager undertook a range of audits and checks from record keeping to medication checks. Staff files and care plans were audited to make sure the quality of the systems and processes that had been established was maintained and improvements were made where required. Other checks included work based observations by senior staff to see how staff represented the company when they were supporting people. The provider and registered manager regularly called people to check that they were happy and people had access to contact details for senior management if they wished to discuss anything with them. The provider and registered manager were aware of the need to report accidents, incidents and serious injuries, to the Care Quality Commission (CQC), and had a process to do this.

People were asked to complete questionnaires and surveys as part of the overall monitoring of the service. The results were reviewed and analysed and any dissatisfaction was addressed immediately. However feedback from people who used the service was overwhelmingly positive.

The management team were innovative and demonstrated an overwhelming commitment to provide people with care individually tailored to meet their needs and wishes. This included identifying and offering additional services and support which people could access via the provider if they chose to. This was evident in the way the service was managed and through feedback from people who told us how well the service was managed and how the management and staff genuinely had people`s best interest at heart and regularly spoke to them to check if they were happy with the service or if anything could be done to improve their experience.□