

Right Kare Limited

Right at Home (Maidenhead and Slough District)

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service:

This service is a domiciliary care agency. It provides personal care to people living in their own homes in Maidenhead and surrounding areas. It provides personal care to younger adults and older people. On the day of the inspection the service was supporting 50 people with personal care.

People's experience of using this service:

At this inspection we found overwhelming evidence that demonstrated people received outstandingly responsive support. The significant improvements of people's experiences had been achieved because of excellent leadership provided by the management that had also met the characteristics of the outstanding service.

People received care and support that in their words or in their relatives' words was 'life changing'. The feedback we had reflected the service provision had a positive impact not only on people but also on people's relatives. This was due to an awareness that people received such a reliable, responsive and proactive support which in turn provided piece of mind to the families.

Everyone we spoke with was extremely complimentary about the way the care was delivered. People and relatives described the service using words such as 'absolutely excellent', 'brilliant' and told us they could not 'praise them enough'. We saw the service was flooded with compliments from people and their relatives. Again, the wording people used reflected a very high level of satisfaction and included; 'wonderful', 'fantastic', 'total legend' and a 'cracking job'.

Staff excelled in identifying ways to enhance people's well-being. The team recognised the importance of people being a part of the local community. The provider, despite being a community-based organisation had gone the extra mile and created additional opportunities for people to benefit from. These enhanced people's wellbeing and helped with social isolation. People were encouraged to access various activities such as visits to a day centre, accessing local community support groups and various outings.

The registered provider's ethos behind setting up the organisation was based on a personal experience of a close family member receiving care previously. This had enabled the provider to have an invaluable insight of what quality of support they wanted to provide to people. The management led the team by an example and acted as an active role model for the caring industry.

We found the provider demonstrated strong values and successfully created a service that put people first and empowered staff. The staff continuously considered ideas on how to enhance people's lives and how to adapt the service delivery to people's changing needs. The feedback from staff confirmed they were fully involved, felt valued and there was a strong feel of belonging and pride of working for the service reflected

through the structure of the organisation.

The provider had excellent quality assurance systems that remained effective and ensured quality of service and ongoing tracked record of compliance. There was evidence available that the delivery of a high-quality service was a shared aim of an entire team working together in a very supportive environment.

The provider reflected how the service could be improved and took appropriate action when needed. For example, since our last inspection they created a new post for a quality manager to ensure an additional support around auditing. The team saw any feedback as an opportunity to reflect and enhance further the quality of the service for people and people said the smallest issues had been promptly addressed.

Rating at last inspection:

Good (report published 13 October 2016).

Why we inspected:

This was our scheduled, planned inspection based on the previous rating.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our Responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led

Details are in our Well-led findings below.

Right at Home (Maidenhead and Slough District)

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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.

Inspection team:

The inspection team consisted of one inspector, one assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Right at Home (Maidenhead and Slough District) are a domiciliary care agency (DCA). The service provides personal care to people living in their own houses and flats in the community. There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was announced and took place on 9 April 2019. We gave the service 48 hours' notice of the inspection visit because we needed to be sure the management would be in the office.

What we did:

Before the inspection we reviewed the information, we held about the service and the service provider. The registered provider 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 looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We contacted 13 people and 5 relatives to obtain their feedback. We looked at records, which included four people's care and medicines records. We checked recruitment, training and supervision records for three staff. We looked at a range of records about how the service was managed. We also spoke with the director, the registered manager, the training manager, the quality manager and five care staff. After the inspection we contacted 13 external health and social care professionals, including commissioners to obtain their views about the service.

Is the service safe?

Our findings

Safe – We looked for evidence that people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes:

- People and their relatives told us people were safe. Comments included, "I feel safe because they are confident, proficient carers" and "I feel safe because the carers are personally, genuinely interested in me, which is very important, I think".
- Staff knew how to report and raise any safeguarding concerns and told us they would report to senior team. One staff member said, "I would ring the office, report to the office". The staff member went on to say what signs they would look for when considering if a suspected abuse took place. They said, "Bruises - I see most clients twice per day - if they seem frightened, change in their behaviour (could mean) financial abuse, neglect".

Assessing risk, safety monitoring and management:

- The provider had a system to record accidents and incidents. We found appropriate action was taken when needed. The staff knew how to report accidents and told us that once an accident has been inputted on to the electronic system it 'pinged an email directly to the manager'. This was to ensure that the correct action had been taken and systems put in place to prevent reoccurrence whenever possible.
- Risks to people, such as risks surrounding their individual needs were assessed and recorded. People's care records contained guidance on how to manage these risks. This included risks around people's mobility and individual risk such as around an increased risk of choking. One person's care plan gave clear instructions on how much of the drinks thickening agent to use and staff were aware of this guidance.
- There were systems in place to assess and record risks surrounding the environment, such as fire safety or external lighting in and around people's homes. The risk assessments also included staff's lone working.

Staffing and recruitment:

- There were sufficient staff to keep people safe. People complimented continuity of care provided by the regular staff. One person said, "I have the same pool of staff, all pretty reliable, no problems". Another person said, "They've rarely been late, but if ever they are going to be a few minutes late, they always phone me and tell me". The provider used an electronic system for staff to login in and out of the care visits that was monitored in real time. This ensured visits took place as planned and allowed managers to address if cover was needed in unforeseen circumstances.
- The staff complimented the way the rotas had been created and told us that by visiting consistent people they were able to get to know people well and have a meaningful rapport with people and their relatives.
- The provider followed safe recruitment practices that ensured staff were suitable to work with adults at

risk.

Using medicines safely; preventing and controlling infection:

- The provider used electronic records that demonstrated people received medicines as prescribed. The system enabled live monitoring of medicines charts to ensure people had their medicines when needed. The system had added security as staff would not be able to log out of the visit without marking necessary tasks, such as assisting with medicines, as completed. People's care records contained the list of their prescribed medicines and a list of possible side effects.
- People told us they had their medicines when needed. One person said, "I take my own tablets from a nomad pack, but my carer always asks me if I've had my pills. If I haven't she will bring the pack to me". Another person said, "Carers collect my nomad pack from the pharmacy for me. They get it ready for me, take the tablets out and put them on a saucer, always make sure I've got water". Nomad is a pharmacy sealed box containing medication prescribed for a person for each week.
- People told us staff followed good practice guidance around infection control, they told us staff washed their hands and always wore gloves. Staff received training in infection control as part of their induction.

Learning lessons when things go wrong:

- The management team ensured the staff's practices had been reflected on when things could be improved. For example, following a concern raised around staff assisting a person that was not well, the practices had been reviewed. This included new guidance that had been circulated, the management team also arranged for a training session in two successive team meetings, the information was shared wider with the provider's training and the newsletters to managers. Any update had been fed back to staff via emails and phone calls.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- People told us staff respected their rights to make their own decisions. One person said, "My carer is absolutely excellent, he waits to be told what to do, he does what I want, always asks what I want, and he takes as long as necessary to do it".
- Staff knew the principles of the MCA. Comments from staff included, "Assume people have got capacity" and "Everyone is deemed to have capacity unless it's been assessed otherwise".

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

- People's care plans contained information about their nutritional needs. For example, one person's care plan clearly stated the details of how they liked their drink. It said the person preferred, "Half coffee, half milk".
- People told us they had received support around meals when needed. People said staff always gave them choices of food and drink, staff prepared, cooked and washed up, leaving everywhere tidy. One relative told us how staff assisted one person to eat a midday meal each day: "[Person] can't feed themselves so having the carers come in is such a help, it frees me up to do other things".

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

- People were positive about support received. Comments from people included, "They come and make sure I've got plenty of water, that I'm all tucked up, curtains drawn and they set my alarm before they go" and "I couldn't ask for a better carer, she does what I want. If I ask her to, she washes my hair and dries it".
- People's needs were assessed before commencement of the service. The registered manager told us they always did the assessment themselves to ensure the team were able to care for people effectively. People's needs were reviewed shortly after the settling in period and this ensured any tweaks to the care plan could be implemented. Regular reviews took place to ensure the service provided still met people's needs. People and people's relatives where appropriate were involved in the planning process.

Staff support: induction, training, skills and experience:

- Staff received ongoing training that was relevant to their roles and reflected the Care Certificates standards. The Care Certificate is a nationally recognised set of standards that social care workers need to adhere to.
- Staff had opportunities to complete additional training that was specific to people's needs. For example, around staff support and supervision skills.
- Staff told us they were well supported by the management team. Staff praised the quality of the supervision sessions. One staff member said, "We answer the questions (as part of the supervision process) it's to identify our strengths and areas for development".

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

- People were supported to access healthcare professionals including assistance to go to appointments.
- People we spoke with told us how staff supported them in doing so. For example, one person said, "Once I needed a nurse appointment and couldn't get through. The carer kept phoning for me and eventually got through, then handed me the phone so I could make an appointment. Such a help". Another person told us, "I cannot praise them (staff) too highly. One day my carer noticed my leg was red and swollen. She suggested I tell my daughter, who contacted the doctor and I had to go to hospital".

Is the service caring?

Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People told us staff were caring. One person told us, "I'm very happy with the ladies who come, they are good company. They do what they have to do then have a little chat with me, they break the day, makes a difference, it's a long day in on your own." Another person said, "I have a very good relationship with my carer, she understands me and how I like things done".
- People told us they built meaningful caring relationships with staff and they looked forward to them visiting them. Comments included, "My carer works hard, he chats, I see him as a friend" and "I look forward to seeing them, we have a good laugh".
- There was evidence that the caring approach was promoted by the management that led their team by example. The registered manager told us they ensured they reinforced the good practices to staff by advising, "Treat clients as family members in a professional way". They also encouraged that staff always consider "Would you do that to your mother?" This meant the right principles of treating people with respect and treating them in a way they would want their own relatives to be treated were at the centre of their focus.
- Staff told us they felt the team was very caring. Their feedback also reflected they were enthusiastic, enjoyed their job and were motivated to do their best: "It is the best job I have had. I didn't think I could do it, it is different every day", "I have time and I like talking! The clients like that. Clients like to talk to someone new (other than family members)" and "Clients are the best". The management referred to staff as 'care givers'. One staff member said, "It sounds more personal and dignified" and they stressed it was a 'privilege to be able to care for people'.

Supporting people to express their views and be involved in making decisions about their care, equality and diversity:

- Feedback from people reflected staff ensured people were fully involved in their support and their wishes were respected. People told us how the support they had was led by them. Comments included, "They always tell me to take my time and they can wait", "They always ask if there's anything else I want doing before they go, e.g. make a cup of tea or get the washing out. They don't rush off" and "My carer is very conscientious, she will never leave here until she knows I'm comfortable and everything is done for me".
- People's diverse needs including needs around equality were respected. The provider had relevant policies in place and the team were committed to treating everyone equally by providing a person-centred approach.

Respecting and promoting people's privacy, dignity and independence:

- People's privacy and dignity was respected. One person told us, "Carers have a good attitude. I have a number of digestive problems and if I need clearing up at any time, they stay and do it, no fuss made". Another person said, "My carer gets me up, covers my modesty as and when necessary, uses towels. He will hand me bits and pieces, put things within reach in the bathroom and he leaves me to it. He'll always knock before entering the bathroom".
- People's personal records were kept securely at the office with only designated staff having access to them. The staff used individual logins to access electronic records. All the people we spoke with reported no concerns around confidentiality and told us staff didn't talk with them about anybody else's issues.
- People's care plans highlighted people's capabilities and highlighted the importance to promote people's independence. One person's care plan read, "Pass [person's] cream on so they can apply (themselves)". This was to ensure people had been encouraged to carry out as much as possible of the task independently.

Is the service responsive?

Our findings

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

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- Feedback from people demonstrated the positive impact that the quality of care received had on their life. One person told us: "I didn't feel confident enough to walk out on my own but (name of carer) walks with me now and it's made such a difference to my confidence". This showed the person was now able to mobilise independently which impacted their life significantly. Another person following a significant fall had been assessed as unable to live on their own. The team worked with the person and their family to create a bespoke support plan that addressed the person's complex needs in detail. The support plan worked so well that the person was now able to live their life independently and remain in their own home. At a recent review it had been assessed the person and the staff formed a strong bond and the person considered their carer as their 'closest companion'. The person's relative said, "[Person] has improved as a result of this (care). We're really pleased how Right at Home worked with us to achieve their wish which was to remain in their own home". They added that because of this vast improvement the person now occasionally played the piano which they used to do before and it was thought the person had lost forever this ability.
- One, previously home-bound, person had been encouraged to mix socially with people. The person was encouraged and supported to visit external services, which had a positive impact on their emotional well-being. The person's relative said, "Staff are brilliant, totally turned [person's] life around, gave her some things to do instead of just watching TV. I am so pleased we got them (Right at Home). I can see how they go out of their way, they make a difference to her life, I can assure you".
- People were fully involved in identifying their needs and developing their care plans. A matching profile was completed for staff during their induction which included their interests, skills, availability and personality characteristics. These were used to match the right staff with a person and a member of staff told us, "You know them before you meet them". The feedback from people clearly demonstrated that people had been matched with the right staff members. Comments included, "My carer is just brilliant, she knows what I need and how to help me. I've had her for years" and "Well, I trust my carer, she's very good, I trust her implicitly".
- The team ensured that people's cultural and ethnic needs had been considered when matching the right staff with people. One person told us, "They know I can speak Spanish and have matched me with a Spanish carer who's great. She always asks me if I've done my exercises". This person then added, "The carer is a really good cook and she knows I like my Spanish food and offers to make me a tortilla. If I haven't got an onion one day, she will bring one in for me and make it, which is really kind of her".
- The team shared with us numerous examples of when they'd gone the extra mile in meeting people's needs and enhancing their lives. For example, one a person lived with a medical condition that affected their muscles which in turn caused their mouth to shrink. They told us, "We referred (person) to dental expert, staff using initiative - this helped [person's] mood – (we) think outside of the box". One person said, "If I

didn't have this agency, I wouldn't be able to stay at home". Other examples included people attending the cinema, visiting a turkey farm, being accompanied to vote and to attend a music gig with a carefully matched staff member that shared the same musical interest - the management shared with us the pictures of these events.

- There was a real emphasis on continuously enhancing people's lives by reducing the risk of social isolation. The provider ran a Clients' Forum held twice a year that enabled people to provide feedback, as a result of this forum the service had purchased a wheelchair vehicle to enable people to access community activities more. The purchase of the vehicle reduced people's social isolation and enabled them to access various groups, such as a day services and other outings. This had a huge impact on people's well-being and their overall self-esteem. The provider gathered information about venues offering recreational activities in the local area. This included information on activities that corresponded to people's specific conditions, such as 'Activities Supporting Individuals with Dementia' and 'Activities Supporting Individuals with Neurological Conditions'. Some of the examples included local creative writing groups, silver surfers or dementia cafés. The information was presented to people during assessments and staff were able to identify the activities for people to attend to enhance their skills and well-being. Additionally, an annual barbeque was held as an opportunity for people and staff to socialise outside their care visits.

- People's individual communication needs were assessed and reflected in people's care records. This ensured the provider met Accessible Information Standard (AIS) framework. AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS. For example, one person had limited ability to converse in English and their care plan gave full details of how to maintain effective communication, using gestures such as pointing at objects, observing body language and speaking in front of the person to aid communication.

- The provider used innovative ideas to ensure staff were confident in meeting people's needs. The director himself went the extra mile to ensure staff knew what to do. The registered manager told us, "[Director's name] had new, inexperienced staff to brush his teeth and shave him". This was to ensure the staff who had never worked in the caring industry were able to have a first-hand experience on how it is to carry out such tasks for another person. This also gave the director an insight of staff's approach and attitude.

End of life care and support:

- No people were receiving end of life care at the time of our inspection. The team worked with other health professionals if needed to ensure people had a pain free and dignified death.
- People's end of life wishes if applicable, were discussed with people and detailed in their records. This was to ensure people's wishes would be respected. For example, one person, living with a condition that could be life limiting, had a very detailed care plan in place. This included the way they wanted to communicate, their anxieties and what belongings they would like to have around them. The care plan also listed people of importance to the person and the details of the music they wished to be played at their funeral.
- The registered manager told us the team planned to work closely with the local hospice to develop their expertise around end of life care delivery further. They were also in the process of organising and implementing bereavement training to ensure staff were confident and able to provide emotional support around end of life care.

Improving care quality in response to complaints or concerns:

- People knew how to make a complaint. People and their relatives told us any concerns were dealt with promptly. For example, one person said when they said about individual carer where they were "nice in themselves but didn't do things just the way the person wanted it done" and "the office staff immediately

stopped sending that staff member" to the person.

- There was a system to manage complaints and the provider's policy was available to people. The complaints log reflected any complaints received were dealt with as per the policy.
- The provider saw the complaints as a positive thing that allowed them to improve the service further. We saw they shared with the Clients Forum in December 2018 that they were going to look at 'grumble' (minor complaints) records. We saw this was implemented.

Is the service well-led?

Our findings

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

Outstanding: Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Managers and staff being clear about their roles; understanding quality performance, risks and regulatory requirements; continuous learning and improving care.

- The director of the company set up the organisation as they had a personal experience of a close family member receiving care previously. This had enabled them to have an invaluable insight of what quality of support they wanted to provide to people. They led the staff by an example and acted as an active role model for the caring industry. They successfully created an ethos that put people at the heart of the service.
- There was a well-established and experienced registered manager in post. They told us they had an excellent working relationship with the director and the team of staff. There was a robust structure and staff were well-aware of their roles and responsibilities. The registered manager told us, "They (staff) are the best bunch of staff I've seen".
- People were very complimentary about the service and the way it was run. One person told us how conscientious the team were, "If ever they are going to be a few minutes late, they always phone me and tell me". Other comments included, "They are wonderfully accommodating" and "It took us a few years to get such a good company. We had different companies before and they were not as organised shall I say".
- The provider had a number of effective quality assurance systems in place and were subject to a regular, quarterly self-audit that was monitored by the quality support staff from the provider's head office.
- The staff complimented the provider and there was a very strong sense of belonging and pride of working at the service, reflected through feedback we had. Comments from staff included, "Lovely bosses, always willing to help. I am very proud to work for Right at Home" and "Watching young people grow and (their) development is amazing".
- There was a strong emphasis on continuous improvement. The provider had adopted an innovative way to recruit the right staff. They used a psychometric profiling tool to better understand employee's attitudes, values and to establish a benchmark job-fit for each candidate. This helped the provider to employ and retain the right people. The provider had introduced a new, electronic system for care planning that allowed instant access. The staff were able to see the most up to date copy on their smart mobile phones and the management team were able to update any changes immediately.
- The registered provider continuously worked to ensure that resources were available to effectively support the delivery of high-quality care as well as staff in their roles. For example, when one staff member's life circumstances changed, the provider identified another suitable role for them and ensured their previous post was filled in by the right match. We spoke with both staff and both were equally full of praise and both commented how huge an impact this had, not only on their professional development, but also on their private lives.

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

- The provider operated a "No stranger guarantee" which meant people met the staff member that had been carefully matched with them to decide whether they wanted to receive support from them. People's opinions were sought, and people had a number of opportunities to provide their feedback. The provider had just commissioned an independent client and staff survey that was conducted by an external organisation. The report was being analysed but the initial feedback was very positive and showed a very high level of satisfaction with the service. The service received excellent ratings through an independent external website for people to provide feedback. As the result of excellent feedback, the service scored the highest score of 10 out of 10 points and had been recognised by winning "Top 20 Home Care Groups 2018" and "Top 20 Home Care Providers South East England 2018" awards.
- The staff told us there was good team work and they praised the team. The fact that all office staff has been trained and able to go and deliver care added extra contingency and provided a piece of mind in case of an emergency cover needed. There was an on-call system that ensured staff had a good support even outside the office hours.
- The provider praised and motivated staff, for example, there was a reward scheme in place. One staff member told us, "I won carer of the year -staff and clients voted it makes it feel really worth it!". The provider had a scheme when they offered Right at Home cups and mugs for the staff. This was not only to ensure the staff remained well-hydrated but also due to an agreement with the local coffee shops they could purchase a drink at a discounted price. Staff were also rewarded for long service with commemorative polo shirts, we saw staff wearing these during our site office visit.
- The emphasis on quality assurance was visible at all levels of the organisation. One of the staff members told us each staff member had individual goals set as a part of their contribution to the overall quality of the service. The staff member told us their goal was around staff retention. They made sure staff were contacted so they could work with them to identify training needs and follow up by making calls to see how inductees were.
- The new staff received a welcome letter that said, 'We look forward to you growing with us' and we found overwhelming evidence of this happening. We received an exemplary feedback from staff that not only reflected a high staff morale, a great sense of pride of working at the service but also that there was provider's emphasis on staff's well-being. Comments from staff included, "All good friends and get on well, very supportive. Never had it with a company before", "Manager ring and see how we are if off sick", "Right at Home are by far the best company I've worked for". The team also worked together to contribute the local community, they supported two local charities and the stroke club, they raised £1000's of pounds for charities on an annual basis.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- We had overwhelming evidence that the focus on person-centred and high-quality care was everyone's business and staff at all levels contributed to it. For example, the provider empowered staff to ensure they had a say in meeting people's needs in their absence. One member of staff told us, "I chose the staff member to cover me when (I was going) on holiday and know how she worked, and that client will like her". This meant staff were able to use their knowledge of the regular people they supported needs and the knowledge of their colleagues' personalities to ensure that a suitable cover was provided whilst they were on leave and ensure the delivery of a high-quality support. We referred to more examples of people receiving an exceptionally responsive support as a result of excellent leadership in the Responsive domain of this report.

- The registered provider and the registered manager fulfilled their responsibilities in relation to the Duty of Candour to improve the sharing of information and further development of the high-quality service.

Working in partnership with others:

- The director of the company led by example, getting involved in numerous initiatives to promote the caring industry. For example, he was a Dementia Champion and informed us he made over 300 dementia friends and offered awareness training in the local community.
- There was a significant emphasis on involvement with other partners. For example, the provider worked with a local consultancy firm that offered people support with form filling such as claiming Attendance Allowance. We received very positive feedback from them, "Right at Home Maidenhead have always had the clients' interests at heart, the team are motivated and well informed". Staff told us there was a "Hairdresser, chiropodists employed by the company. If we need something we get it". This meant they were able to offer additional services to people that might need it.
- The management were supportive of and involved with innovative community projects and services to help reduce risks to people living within the community. For example, they worked alongside the local authority and police led initiatives and used the same centrally recognised protocol for missing people.
- The team worked with a number of external parties, including local health and social professionals. One of the professionals told us, "I have always found the company to be very responsive and committed to delivering a quality service". The provider also worked with dementia specialists and created a 'Cognitive Support' guide designed to train and educate staff to provide specialised support to people living with a cognitive impairment.