

Inchwater Ltd

# Inchwater Home Care

## 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?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

This inspection was carried out on the 29 and 30 September 2016 and was announced.

Inchwater Home Care is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of this inspection the agency was providing a service to five people. Visits were a minimum of one hour and the frequency of visits varied depending on people's individual needs.

The service had a registered manager in post. A registered manager is a person who is 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.

People, their relatives and other stakeholders all told us that Inchwater Home Care provided an excellent service. The registered manager and the provider were committed to providing high quality, person-centred care. Staff working in the provider's office also provided hands on care and everyone shared this vision of a bespoke service with people at its heart.

Staff were always on time, and there were no missed calls to people. People told us staff always stayed over their allotted time if they needed to and they never felt rushed. Staff were exceptionally kind and caring and went above and beyond to ensure people received the care they needed. Staff treated people with respect and dignity at all times. Staff referred to people by their chosen names, and for one person, 'this meant everything.' People only received care from staff they had met before and were comfortable with. People and their relatives told us that having consistent staff was reassuring and ensured they were able to build strong relationships with them.

Staff used their knowledge of people to help them feel more confident when eating and drinking. People told us they were happier due to staff's positive interactions and this meant they ate and drank more. When people were losing weight staff used creative means to monitor what they were eating to ensure they received the nutrition they needed and people put on weight as a result.

People received the support they needed to stay as healthy as possible. Staff always stayed with people if they were unwell, and reacted quickly if people's health was deteriorating. One person told us that staff's reaction to them being ill was the reason they felt comfortable staying in their own home. Staff sought advice from other healthcare professionals when needed, and encouraged people to maintain or increase their mobility and independence as a result.

Staff researched different aids and adaptations to enable people to do things for themselves. Staff were proactive in managing the risks involved in people's care. One person needed more support with their mobility and wanted to continue to be able to have a bath. Staff supported them to develop a new morning routine, involving different aids and they were able to continue having a bath. They told us this had a

positive impact on their life.

The registered manager and the provider met with people before staff started working with them. People were actively involved in writing their care plans and these were reviewed regularly. People told us they were continually updating and changing their support as they felt confident discussing their care with staff. Records confirmed that this was the case.

Staff received the training they needed to do an outstanding job. The provider had a doctorate in education and told us they used the skills they had learnt whilst studying to make training as engaging and informative as impossible. External professionals told us that the dementia training staff received was 'exemplary'. The provider gave the same training to external groups in the local community to raise awareness of dementia. Staff told us they were extremely well supported by the registered manager and had regular one to one meetings with them to discuss their progress and any issues which may have arisen.

The provider and registered manager were committed to providing a high quality service to people and to its continuous development. The registered manager completed regular spot checks on staff to review the service being provided and checked people's daily notes and paperwork to ensure they were detailed and up to date. Feedback from people, their representatives and others were continually sought and used as an opportunity for improve the service people received. No complaints had been received in the past year.

Staff knew how to recognise and respond to abuse. There had been no safeguarding incidents in the past year, but the registered manager and provider knew what to do if they occurred. Risks to people and staff had thoroughly assessed and action taken to mitigate them when necessary. Necessary recruitment checks were carried out on staff before they were able to start working with people.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. Staff had up to date knowledge on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They supported people to make their own choices. People signed their care plans, giving consent to their care.

No one currently received support with their medicines. However, policies and procedures were in place for the safe administration of medicines and staff had been trained and assessed to administer medicines safely.

## 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 always received support from staff who were punctual and who knew them well. Staff were checked before they worked at the service.

Staff had received training and knew how to recognise and respond to different types of abuse.

Potential risks to people had been identified and recorded and there was clear guidance in place to help manage the risks.

No one currently received support to take medicines.

### Is the service effective?

Outstanding 

The service was exceptionally effective.

Staff received excellent training, support and supervision from the provider and registered manager. The provider gave dementia training to people in the local community to raise awareness of the condition.

Staff encouraged people to eat and drink safely. People had put on weight and were healthier as a result.

Staff supported people to be as healthy as possible. People told us staff's ability to handle their healthcare needs was a reason they were able to remain living in their own homes.

Staff had an understanding of the Mental Capacity Act (MCA). People were supported to make important decisions about their lives

### Is the service caring?

Outstanding 

The service was exceptionally caring.

Staff had excellent relationships with people and knew them extremely well.

People were encouraged to be as independent as possible.

Staff treated people with respect and dignity at all times. Staff referred to people by their chosen names, and for one person, 'this meant everything.'

### **Is the service responsive?**

The service was exceptionally responsive.

People were actively involved in writing their care plans and these were reviewed regularly.

People always received the care they needed. Staff stayed over their allotted time to ensure people were not rushed.

There had been no complaints in the past year.

**Outstanding** 

### **Is the service well-led?**

The service was exceptionally well-led.

There was a clear, person-centred vision for the service. All staff working at the provider's office also provided care and shared this vision.

The provider and registered manager were involved in a number of external projects to encourage joined up working between health and social care providers.

Checks on the quality of the service were completed continuously. People, their relatives and staff were encouraged to share their views and experiences of the service and these were acted on to continually improve the service.

**Outstanding** 

# Inchwater Home Care

## 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 29 and 30 September 2016 and was announced. The provider was given 48 hours notice because the location is a domiciliary care agency and we needed to be sure that someone would be at the office. The inspection was carried out by two inspectors on the first day and one inspector on the second day.

The 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. Before the inspection we reviewed all the information we held about the service, we looked at the PIR, the previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. We reviewed questionnaires that had been sent to people, their relatives and professionals involved in the service.

We spoke with the registered manager and the provider. We spoke with nine members of staff. We looked at five people's care plans and the associated risk assessments and guidance. We looked at a range of other records including five staff recruitment files, the staff induction records, training and supervision schedules, staff rotas and quality assurance surveys and audits.

We visited people in their homes and spoke to them about the care they received. We spoke with three people and two relatives. Two healthcare professionals gave their feedback on the service.

We last inspected Inchwater Home Care on 5 June 2013 when no concerns were identified.

## Is the service safe?

### Our findings

People and their relatives told us they felt safe when using the service. One person said, "I didn't think I'd like it but it's the best thing I've done, I feel totally safe." One relative told us, "I know [my relative] is safe. Sometimes I feel they know them better than me! They always call me if there's anything I should know, and that puts me at ease." Another relative said, "We knew we would have all of these emotional highs and lows but my relative's safety and happiness is our priority. It helps so much to know we have such a superb team around us."

People were always visited by the same members of staff, who they knew and felt safe with. One relative told us, "They've gone out of their way to ensure it is the same two carers. They don't swap and change all the time." Staff always arrived at the allotted time and there were no missed calls to people. People and their relatives told us this was reassuring and meant they never worried about the care being provided. One relative said, "For my part I know the visits will happen when they are scheduled, so I can plan my day around them. We are so glad that Inchwater were recommended to us." Another relative said, "The service provided by Inchwater could not have been better. They came as arranged each day and always the expected carer."

The registered manager scheduled in hour long calls so that staff were not rushing, and they always made sure there was enough time for staff to travel between people. One staff member told us, "It's unlike anywhere I have ever worked; I have the time to spend with people and am never concerned about running over as I have plenty of time to travel between people."

Recruitment procedures were thorough to make sure that staff were suitable to work with people. Six written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with the people. The registered manager said six references helped them to decide if a potential staff member shared their vision of outstanding care and held similar, person-centred values. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff knew how to recognise and report different types of abuse. They had received safeguarding training and information about abuse. One member of staff who was still on their induction training said, "Safeguarding has been covered thoroughly, I know it's my duty to ensure people are safe and I am aware of the different types of abuse and what to look out for." Staff told us they would report any concerns to the registered manager and were confident that the registered manager would act on any concerns that were raised. There had been no safeguarding issues in the last year, but the registered manager was aware of their safeguarding responsibilities and told us they would report issues that arose.

Staff had identified the risks associated with people's care, such as mobility, eating and drinking and declining health care needs. Each care plan explained how to manage these risks and ensure that people received the care they needed to minimise the risks from occurring. People told us that staff encouraged

them to be as independent as possible whilst managing any risks that arose. Relatives told us they trusted staff and felt their loved ones were always safe in their care. "My relative is very determined. Their carers respect their independence while ensuring they come to no harm."

The registered manager completed a risk assessment to assess the risk of staff going into people's homes to ensure they were safe for staff to work in. Staff ensured that equipment that was kept in people's homes was checked regularly and safe to use.

There had been no accidents or incidents in the past year. The registered manager told us that staff knew people well and were often able to anticipate their needs; this prevented a lot of incidents from occurring. Staff told us they would complete an incident form if anything happened and the provider said they would always review incident forms to look for any trends.

The provider had a business continuity plan to make sure they could respond to emergency situations such as adverse weather conditions, staff unavailability and a fire or flood. People told us that there had never been a situation when they had needed staff and they had been unable to support them.

Staff did not currently support anyone to take any medicine, although had done so in the past. Staff had received training on how to support people with their medicines and the registered manager had observed them administer medicine before signing them off as competent to do so. There was a medicine policy in place detailing how staff should support people with medicines. Staff told us they would never leave medicine out for people to take at a later time, and they would always complete administration records fully.

## Is the service effective?

### Our findings

Staff were trained and supported to have the right skills, knowledge and qualifications to provide people with outstanding support. One person told us, "I've got the help I need and I know I can ask for more, and that is relaxing for me. I was very unhappy before, stressed, crying all the time, but now it's going well and I'm so much better."

Staff knew people well, and people and their relatives told us that this made a big difference when they were supporting people to eat and drink effectively. One person told us, "They've really got me going. I went into hospital, and when I came out I didn't eat much. I was a bit weak and miserable. They came in and started chatting to me and it felt like I had a friend. I couldn't ask for more. We natter away about all sorts of things and set the world to rights. I've definitely noticed I'm eating more now I'm happier."

One relative told us they had been worried about staff assisting their loved one, as they had been the only one to help them previously. Staff had identified there was a fig tree in the person's garden that they had planted many years before. They picked some figs from this tree and helped the person to eat them. Staff said that talking to the person about the tree and the fruit it was bearing had made the person visibly relaxed, and they enjoyed being able to share the moment with them. Staff now helped the person to eat regularly and their relative said this was a big help to them.

Staff used creative ways to ensure people received all of the food and nutrition they needed. One person had been losing weight and staff were unsure why, as they always ate well when staff were present. They developed an easy to use food diary where the person and their relatives could colour in how much of a plate the person had eaten which helped everyone to realise the person was not eating enough at other meals. Staff changed the kinds of food they offered the person when they were there to ensure they were eating more and the person put on weight as a result.

Staff went above and beyond to ensure people received the right support with their healthcare needs. Everybody told us that when they were unwell staff ensured they got the right support and stayed with them if they had to go for appointments or to the hospital. One person said, "I was ill once when [staff member] came and they called the paramedics. They stayed with me throughout the day, which is far more than I expected. They were wonderful."

Staff supported people to attend any healthcare appointments when needed. People told us that this was reassuring. Staff encouraged people to take the lead at their appointments and remain in control of any meetings but people told us they were happy that staff were there if they needed them. One person said, "I had to go to the pain clinic, and the person that went with me was amazing. They took notes all the way through, went back and typed it up and gave me a copy."

When people had been seriously unwell they told us they trusted the service to provide the care they needed so they were able to stay in their own homes. One person said, "I thought briefly about staying in a (care) home, but I wanted to come back to this view. I wanted to be in my flat, and that's what they've done for

me." A relative told us, "The alternative would have been to have made use of a residential care home which, whilst it may have been an excellent provider of care, [my relative] would have been miserable being away from his familiar surroundings and [my other relative] wouldn't have been able to relax and enjoy themselves knowing [my relative] was unhappy."

Staff made prompt referrals to health care professionals and always sought advice when necessary. This was always clearly documented in people's care plans. One person lived in a second floor flat and their mobility had declined. Staff had contacted the postural support team for advice on how to assist them. They had developed an exercise plan for the person which was completed daily. The person's mobility increased and the person was able to walk down the steps from their flat and was able to go out more.

People, their relatives and healthcare professionals told us the training staff received was 'excellent'. Staff told us that the training they received ensured they were able to carry out their roles fully. Healthcare professionals told us they thought the dementia training staff received was 'exemplary'. One professional said, "The staff are well trained and experienced. They have particular skills with supporting clients with dementia, anxiety and depression. I would have no hesitation in recommending this care agency or employing them to care for a family member." People told us that staff provided excellent, compassionate support that always met their needs.

The provider had a doctorate in education and told us they used this knowledge to ensure their training courses were informative and engaging. They were a research fellow at a local university and training reflected up to date guidance and research. Staff told us they felt confident in supporting people in their own homes, and the knowledge they were given helped them to carry out their roles to the best of their ability. People told us that staff were competent and knowledgeable, and this meant they felt safe and relaxed in their care. One person said, "I'm not worried now there is someone coming in and everyone is so kind and caring."

Staff received training in essential subjects such as safeguarding, mental capacity and first aid and additional subjects, specific to people's needs, such as dementia awareness. The provider had written all of the training courses and materials for staff themselves as they said it was the best way to ensure the quality. All of the training was provided face to face as staff had fed back that they found this the best way to learn.

New staff received a three day, classroom based induction before they began shadowing more experienced staff and getting to know people. The provider had introduced the Care Certificate for new staff as part of their induction, which is an identified set of standards that social care workers work through based on their competency. Induction training was taking place on the day of our inspection. We spoke with people taking part and they said, "You can tell already it's all about the clients, so person-centred, I can't wait to start providing support."

The provider gave dementia training to local community and carers group. They said they used this to raise awareness of what it was like to be living with dementia. People benefitted from others in their local community being more aware of their needs, and one relative told us they had started to use the service as a result of these talks. They said, "I met the provider, and I trusted them, I knew they were the best person to be helping with [my loved one.]" Feedback from the Canterbury Coastal rethink carers group who had received the training was, "Thank you for your talk on good quality dementia care. It is obvious how enthusiastic and caring you are."

The provider was working with a local university on a research project to develop a career pathway for staff working in social care. They told us, "It's so important that carers are recognised for the great work that they

do, and feel that they're able to progress. As a good provider and good employers, we should be at the forefront of that." Staff working at the service had been told they would be included in a research pilot.

Staff had one to one supervision meetings with the registered manager and an annual appraisal. The registered manager structured these meetings individually and gave staff time to prepare so that they could direct the discussion. The registered manager provided coaching and support so that staff could evaluate their own behaviour and skills.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. When people live in their own homes applications to deprive someone of their liberty must be applied for via the Court of Protection. We checked whether the service was working within the principles of the MCA.

The registered manager had not made any applications to the Court of Protection, as people's liberty was not restricted. People signed their care plans and support agreements to show they were happy with the support they received.

Staff had received training and had a clear understanding about MCA. One member of staff told us, "You assume someone has capacity, unless there is evidence that they don't." Staff told us that they knew people's capacity could fluctuate, and they always asked people if they were happy for them to be in their homes and receive assistance.

## Is the service caring?

### Our findings

People, their relatives and external professionals consistently told us that staff were exceptionally kind and caring. One person said, "Words fail me, they are priceless these people. Fantastic, stupendous, excellent, beyond everything wonderful." Another person said, "They have provided a consistently high level of service. They do not just provide care, they take care." One relative said, "If you're looking for homecare for an elderly person then look no further. The integrity and care displayed...has been above and beyond expectation." Before the inspection, a healthcare professional told us, "The carers deliver above and beyond the care given by a standard care agency. The management ensure that their care staff are consistent i.e. same carer. This ensures continuity of care."

Staff encouraged people to be as independent as possible. Before the inspection one person told us, 'My carer is distinguished by the little things they do. For example, they hand me my glasses by holding the left arm, which means that I can use my right hand to put them on. Further, I have great difficulty speaking and they encourage me to do so. They also anticipate what I am trying to say quite successfully, which is a great help.'

Staff were proactive in sourcing additional aids and equipment for people to ensure they were able to do the things they wanted to do, such as make a cup of tea with less help or get into the bath with less staff support. One person said, "It means that I feel more independent than I otherwise would. I set the norm and they work around it." Relatives told us that staff's approach to encouraging independence was exceptional and meant their loved ones could remain in their own homes safely, for longer. One relative had given feedback that said, 'You've helped to maintain [my relative's] independence and quality of life at home for far longer than might have been whilst at the same time helping us all to come to terms with the challenges of this disease.'

People only received care from staff they had met before and everyone said that staff knew them extremely well. People told us they felt special and valued. One person said, "It's more than just someone coming in to help care for me, I feel as though I have a new friend."

The registered manager ensured that people and staff were matched so they had similar interests and hobbies. One person had been a crochet teacher so had been matched with a staff member who enjoyed crocheting. The person had lost interest in crocheting but staff encouraged the person to begin to crochet again. The person had made a bag using their crochet skills. A member of staff told us, "The registered manager takes time to pair the client with the carer and it has worked brilliantly. I couldn't be happier in this line of work and most importantly my clients are happy too. Long may it continue."

People told us staff went the extra mile to assist them. One person said, "I'm developing a new routine for my morning session. It was proving more difficult than I expected and [staff member] was on holiday. They did research online for me, for a new bath chair. I think anyone who does work for me on their day off deserves praise." The same person told us that the provider was going to drive them to the airport in the

early hours of the morning so they were able to go on holiday. The registered manager told us that it was important for staff to be able to use their initiative and assist people in any way they needed. They said, "We don't just help people do the washing up and leave it to drain, we'll help people do the washing up, then help them dry up and then put it away. It's not about doing the 'easy job' it's about doing the best job possible."

People were relaxed in staff's company and enjoyed their visits. We visited one person at home when staff were also there. We sat downstairs and spoke with the person's relative whilst the person received assistance. We heard lots of chatter and laughter. The person's relative told us, "This is what it is like all the time. They chat and I know [my relative] listens. It's wonderful to see, wonderful for me to hear, they come in and treat [my relative] like a friend. They treat [my relative] like I treat them and that is lovely." Another relative had commented in a recent survey, '[My loved one] looks forward to their visits, and peals of laughter are a sure sign that everything is well.'

Staff always used people's preferred means of communication. Staff contacted one person via email or text message as the person found this easier than speaking on the phone. The person told us they could consider their responses and retain control of their care by responding themselves, rather than relying on someone else to speak on the phone. The provider had trialled an electronic call handling package for people to manage their call times themselves. People had fed back that they preferred communicating with the office directly so the trial had been stopped. The provider told us, "It's great that we tried the electronic call handling, we wanted to give people more control, but actually if they want to pick up the phone and call us or email us I'd rather that. It's all about our clients at the end of the day."

People told us that staff always treated them with respect and dignity. One person said, "They treat me with respect, no loves or darlings, they call me the name I want to be called, and that for me, is everything." Other people said that they had been worried about receiving assistance in the bath or shower, but staff had been so discreet that they were immediately put at ease.

## Is the service responsive?

### Our findings

People and their relatives told us that staff were extremely responsive to their needs. One person told us, "It gives me peace of mind. My family is miles away and I know that someone is always there. That means a lot to me." Another person said, "I couldn't wish for a team better than I have got. If I needed more care I know I could ring [the registered manager] and they would find someone to step in." A relative told us, "The carers are simply the best. Their care has been outstanding and way beyond the call of duty at all times."

The registered manager helped people to devise their own care plans. Everyone's care plan was written with input from people and their relatives. The registered manager visited people before they started using the service. One person told us, "[The registered manager] came and saw me at home. They got every bit of information it was possible to get and wrote it all in my plan." People's individual needs and preferences formed an integral part of the care they received, and were explicitly written within their care plan. One person's care plan stated that staff should use their favourite flannel when assisting them, and this was 'large, white and flowery.'

People told us that because the same staff came to see them each day, they were continuously consulted about their care. People had strong relationships with staff, and they trusted them. They told us that this empowered them to remain in control of their care, and make changes as necessary. Care plans were formally reviewed every three months, when the registered manager met with the person and their relatives. However, people's care plans were amended whenever their needs changed, as staff spoke with people each day and staff responded quickly when people's needs changed. One person said, "My needs were quite different before and I was able to do more for myself with them in the background. They help me work out different routines, so I can stay in control. They're always ahead of the game."

The provider would often meet with people before they used the service, separately to the registered manager. People and their relatives told us they appreciated this personal touch as it made them feel valued and meant they knew who to go to if there were any issues. One relative said, "This was the first time my relative had needed a carer and was very reticent and wary. However, we were soon put at ease and a plan to care for them was put into action."

People told us they were always in control of their own support. Staff respected people's wishes to be as independent as possible and found creative ways to enable them to do so. One person told us, "I've got a degenerative disease so I cannot do things for myself that I did before and they have always respected my wish to do things which other people have considered to be ambitious." This person had been worried they would be unable to have a bath, as they needed more support with their mobility. They had told staff that lying in the bath with a cup of tea was important to them and helped them to relax. Staff had worked with the person to find assistive equipment and the safest way possible for them to transfer into the bath. Staff had checked with other health care professionals that this transfer was safe. The person told us they were now able to have a bath with confidence.

People told us that they received the care they needed, even if staff had to stay longer than their allotted

time. One person said, "I've run over my slot and they've always stayed, it's not been a problem. They do not rush me." A relative told us, "My relative can be slow in responding. He needs extra time some times and it's no problem for them to stay over to make sure he gets what he needs. That always impresses me."

The service took a lead role in the local community. The provider acted as a voluntary Independent Critical Advisor to Kent Police. This involved helping the police have a greater understanding of dementia, and to help identify better ways of supporting people with dementia if they were lost or uncertain when out in the local community. The provider said this was an important way of building links with other services, and people benefitted from an improved understanding of others in their community.

People were supported to be active members of their local community. Staff assisted people to go out shopping, eat in local cafes and restaurants and attend any events or activities that they wished. One person told us, "If I need them, they are there, and I know I can ask them to help me go anywhere I wish."

Professionals were all complimentary about the service and the care people received. Before the inspection one professional told us, "They liaise where appropriate with our services, Mental Health Teams, Social Services, GPs and District Nurses. They promote independence when possible." Another professional said, "Inchwater have provided excellent, bespoke care for the clients we work with. Their commitment to person-centred care is clearly evident."

People and their relatives were actively encouraged to give their views and raise any concerns or complaints. Although there had been no complaints since the last inspection in 2013 everyone we spoke to knew how to raise a complaint and was confident that it would be dealt with immediately. One person said, "I have every confidence in [the registered manager]. I wouldn't hesitate to tell them if something was wrong and they would definitely do something about it. I have no worries about that." Staff gave examples of how they would support someone to complain, by talking to the person to try and resolve any issues and then report this to the office.

The service had received an extremely large number of compliments from a number of sources including cards, letters and emails and in their recent surveys. We reviewed the summary of these compliments and themes included providing a proactive person centred service, improving the quality of life for people using the service and providing reassurance to the loved ones of people using the service.

Comments from a recent survey to people and their relatives included, "My relative's [carers] are simply the best. Their care for my relative has been outstanding and way beyond the call of duty at all times."

## Is the service well-led?

### Our findings

People, their relatives and external professionals told us the service was exceptionally well-led. One professional said, "The care provision from this provider is of an exceptionally high standard. The managers and care staff provide a person centred approach to every aspect of the care they deliver." A person told us, "The staff say they are wonderful bosses, wonderful employers. You'll think it's all too good to be true, but it's not, I promise."

There was a positive, open and inclusive culture within the service. Staff, the registered manager and the provider told us that people were at the heart of everything they did. People confirmed that they felt listened to and valued, and were all extremely positive about the service. The provider said, "It's simple, we are evangelical about good care." The registered manager said, "We aim to provide a bespoke, personalised service. Anything less than excellent is not good enough." One staff member told us, "For me, the vision is compassion. I love that ethos. We have to get to know the client, sit down, and talk to them. It's never about just going in, and going out again, it's so much more."

All of the staff who were office based also worked with people in their homes, delivering high quality care. The registered manager told us this was an essential part of their business model. They said it ensured that all of their staff understood the importance of the service's values and how they worked in practice. The office manager told us, "It helps me see things from both sides. When I phone someone and speak to them, I know what they're going through, whether that is the client or a care giver. It helps you to empathise." A member of staff told us, "We're all equal. We're all doing the same job, and that makes such a difference. It means we're a solid team."

The service was actively involved in the local community. The provider was helping to organise a 'Care Fair' in the local area, bringing key stakeholders such as the clinical commissioning group, police, volunteers and carers support groups together to promote joined up working between care providers. The provider was also a member of the Dover District Dementia Action Alliance. This was an organisation which aimed to promote understanding of dementia and make local areas more dementia friendly. At a recent event, over 25 people had signed up as 'Dementia Friends' to help promote a greater understanding and awareness of dementia.

The service and its staff had been nominated and won several care awards due to the high quality care being provided. The registered manager had been a finalist in the Great British Care Awards (South East Region) in the Registered Manager category. The service had also been awarded the homecare.co.uk Top 10 Quality Award. They were rated first in Kent for quality.

Staff told us the provider and registered manager worked well together and kept them fully informed about any changes to the service. Staff felt supported in their role by the provider and the registered manager who were visible and available. They said they received regular support and guidance via supervisions, team meetings and over the phone.

Team meetings were held monthly, with a rolling three month agenda. The registered manager scheduled these meetings at different times and on different days of the week to ensure that staff who were working different hours were able to attend. The minutes of each meeting were emailed to all staff for them to read so they were up to date on the information discussed. Staff had their own area on the service's website where information was posted and shared. There was a link to a website with reviews of the service so all staff could see the positive comments which were left. Information about training and key topics such as mental capacity and safeguarding were included on the website so staff could refer to them wherever they were.

People's relatives, staff and external stakeholders were asked for their feedback about the service on a regular basis. People and their relatives were surveyed using the Key Lines of Enquiry (KLOEs) used in CQC inspections. KLOEs are used by CQC to check if the service provided is safe, effective, caring, responsive and well-led. Feedback was consistently positive and most people rated the service as outstanding in all areas. One relative said, "[My loved one's] care plan has been delivered with the utmost thoughtfulness, courtesy and kindness. I have been impressed with the patience of the staff and the way they have worked to keep [my relative] as independent as possible. I have no hesitation in recommending them to anyone."

People told us that they were able to feedback constantly to staff, as they had strong, positive relationships with them. Any small changes to people's care were made instantly and care plans and records reflected this. Some people needed assistance to communicate verbally and staff ensured they used their preferred means of communication, such as text and email to give them an opportunity to feedback on the service. One relative told us, "It's the little things, [my relative] is so alert at times, and doing so much better now, and it is all down to us [the service working with the relative.] Staff were aware that even if people had difficulty communicating verbally small changes or improvements to their wellbeing were important to note, and did so regularly.

Feedback had been read and considered and the registered manager acted to address any issues that were raised. One person had requested trialling a carer of a different sex. This had been arranged and the person had decided they preferred having a carer of the same sex. This was immediately put in place. The registered manager said it was important that the person had been given a choice, as they now knew what they preferred.

A summary of the results and key quotes were published on the service's website and displayed at their offices. An in depth breakdown of the staff survey was published on the internal website for all staff to read. Staff had requested training to be arranged at different times so it was easier to attend. The provider arranged for training to be held in the evenings and at weekends so staff had more flexibility about when they could come. There was evening training going on, on the first day of our inspection. One staff member told us, "I really appreciate [the registered manager] and [the provider] being so flexible, they are a dream to work for."

The provider and registered manager were continually trying to improve the service. They regularly reviewed incidents and feedback to look for any areas of improvement. The registered manager told us that they had recognised that some of their clients enjoyed playing bridge, they were looking to recruit people who knew how to play, or teach some existing staff to meet this need. The registered manager carried out regular spot checks on staff when they were working in people's homes. These included observations of staff, their performance and the quality of the service being provided to people. Staff were given feedback about how to improve.

The registered manager completed monthly audits of people's visit record logs. These audits enabled the

registered manager to monitor staff's support and practice, and to keep updated with people's support needs.

The registered manager had notified the Care Quality Commission (CQC) of important events as required. Documents and records were up to date, readily available and were stored securely.