

Phoenix Care at Home Ltd

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Inspection report

2 Caen Field Shopping Centre
Braunton
EX33 1EE

Tel: 01271816577

Website: www.phoenixcareathome.co.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Phoenix Care At Home Limited is a domiciliary care service providing personal care to people living in their own homes. The service provides support to people with a range of health conditions. At the time of the inspection, the service supported 18 people.

People's experience of using this service and what we found

People received exceptionally compassionate care from committed and caring staff. People achieved better outcomes as a result of the care they received. The management team worked hard to instil a culture of care in which staff valued and promoted people's individuality, protected their rights and enabled them to flourish. People and relatives spoke highly of the service provided by Phoenix Care At Home Limited (hereafter referred to as Phoenix). They all told us how staff went 'above and beyond' telling us how their support had been life changing and describing the care staff as 'family'. The provider focussed on reducing the risk of social isolation and loneliness amongst the people they cared for. Comments included, "I was withdrawn and had stopped going out. The benefits to me are I have started going to a coffee morning. It allows me time in my garden. If I have a carer I can go into the garden. I go to a friend around the corner. I have such a good relationship, bless them" and, "They make my life worth living, they are very good."

Staff were motivated to provide the best care they could for people, in line with their preferences and wishes. They told us, "When I meet a new client, I ask them how they like things done. I say, "I'm sorry if I'm asking a lot of questions. I want to get it right." They were passionate about their role, and the people they supported. The management team gave us examples of small acts of kindness undertaken by staff, which made a real difference to people's well-being, for example putting up Christmas decorations and cooking Christmas dinner for people who lived alone; and arranging the funeral for a person who had no relatives, with carers contributing to the eulogy. Staff had taken their hand-held computer to a person's house so they could facetime their family in Australia.

The support provided was responsive and flexible, and staff responded to requests for additional support outside of people's commissioned care. One person told us, "I have called them out in the middle of the night...they are there. They always say if you need me call me." The service had fund raised to purchase and maintain a wheelchair accessible vehicle for the use of people and their relatives, and equipment to help people up following a fall so they would not have to wait a long time if the ambulance was delayed.

People were supported by a small, consistent team of staff who knew them very well and the support they needed. This meant they could recognise if something was wrong, or there was deterioration in physical or mental health, and needed additional or specialist support. There were no missed visits, and staff always stayed for the commissioned time or longer. They had the time to spend talking with people, going for a walk, or carrying out additional tasks.

People were valued as partners and experts in the running and development of the service. One person had

designed the satisfaction survey used to gather people's views, and another contributed to practical staff training in manual handling, taking part and devising questions to ask staff.

People told us they felt safe with their care workers. Staff understood the risks to people's safety and wellbeing, and what they should do to minimise them. They knew how to identify and raise concerns about safety and were confident action would be taken to protect people. People were supported with medicines safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were effective measures in place to protect people from the spread of infection, with government guidelines followed related to the use of personal protective equipment (PPE), staff testing and vaccination. During the pandemic the staff team minimised their own contacts with others to avoid bringing Covid 19 to the people they were supporting and took on work from private cleaners and hairdressers to reduce the number of professionals coming into people's houses and the risk of exposure.

Systems were in place to ensure the right staff were recruited. People were supported by staff who were inducted into the service with relevant training. This was refreshed regularly to ensure knowledge and skills remained up to date. The provider worked with other healthcare professionals for the benefit of people using the service. A health professional told us; "They use their initiative and go above and beyond in everything they do. They are very competent."

People, relatives, staff and health professionals spoke highly of the management of the service. The management team were 'hands on' delivering care alongside the staff team. This meant they knew people and staff well. Staff told us, "The leadership is amazing. I couldn't praise them more."

There were systems in place to monitor the safety and quality of the service. This included ensuring regular feedback from people using the service and their relatives, and making any changes or improvements required.

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

Rating at last inspection and update

The last rating for this service was outstanding (published 03 July 2019)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Phoenix Care At Home Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was exceptionally caring	Outstanding ☆
Is the service responsive? The service was responsive	Good ●
Is the service well-led? The service was well-led	Good ●

Phoenix Care At Home Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by an 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

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection.

We gave the service a short period notice of the inspection because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 29 June 2022 and ended on 12 July 2022, when we visited the location's office.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 18 May 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with six members of staff including both directors, one of whom was the registered manager, and four care staff. We spoke with three people receiving support and four relatives over the telephone. We also received feedback from two health professionals who worked closely with the service.

We reviewed a range of records. This included six peoples care records and multiple medication administration records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including training records and policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People and relatives told us staff had a good understanding of any risks, and how to keep them safe. One relative said, "They are the backbone of our care. I can ring day or night, and someone will come. My husband's case is quite complex... they look after us as a family."
- There were systems in place to ensure staff had the information they needed to understand and manage risks to people. Care plans contained detailed guidance for staff about how to monitor and support people safely.
- Any changes in people's risks and needs were communicated to staff promptly. One member of staff told us, "Our risk management keeps people safe. If anything changes the registered manager immediately texts to let us all know, so we are all aware."
- Health professionals told us the service was proactive in raising any concerns about people's welfare. They said, "If they have any concerns, they are straight on to us on the phone."
- There were informal contingency arrangements in place to ensure people would receive the support they needed in an emergency. For example, during a power cut staff had carried out extra visits and delivered flasks of hot food. The registered manager undertook to document the contingency arrangements in a formal business continuity plan, in response to feedback given during the inspection. This would ensure this information was available to staff if the management team were absent.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe being supported by the service.
- There were safeguarding and whistleblowing policies in place. Staff had received training in safeguarding and knew how to recognise and raise a concern. They said they would have no hesitation in reporting any concerns and were confident action would be taken to protect people.

Staffing and recruitment

- The provider ensured all new staff were thoroughly checked to make sure they were suitable to work at the service. This included Disclosure and Barring Service checks (DBS). (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us, and rotas showed, there were enough staff to support people. There were no missed visits. Staff arrived on time and stayed for the time agreed or longer. One person said, "I will tell you how safe I feel. All through COVID they didn't miss one visit."
- People were supported by a consistent staff team who knew them well and could recognise any deterioration in physical or mental health. A relative told us, "[Family member] gets frightened and it's a

nightmare. He has specific needs and needs to have someone he knows. We get the same three people all the time. It never changes."

Using medicines safely

- Staff received ongoing training in medicines administration, and people received their medicines safely and on time. This was confirmed by a health professional, who also said staff would contact the GP or community nurses with any queries.
- Staff provided support and reassurance to people administering their own medicines. One person said, "I see to my own medication, but they always check the meds. They check that I am alright."
- Medicine administration records (MAR) were kept recording details of people's medicines and when they were given. These records were audited regularly to ensure safe practice.
- Staff were encouraged to report any medication errors to the office. Prompt action was taken in the event of a medicines error to ensure people's safety and minimise the risk of recurrence.

Preventing and controlling infection

- There were effective measures in place to protect people from the spread of infection, with government guidelines followed related to the use of personal protective equipment (PPE), staff testing and vaccination.
- During the pandemic the staff team minimised their own contacts with others to avoid bringing Covid 19 to the people they were supporting. They took on work from private cleaners and hairdressers to reduce the number of professionals coming into people's houses and the risk of exposure.

Learning lessons when things go wrong

- There were clear processes in place for staff to follow in the event of an accident or incident.
- Accidents and incidents were documented within care records and analysed to identify any trends or further action needed to mitigate risks.
- The management team were responsive to feedback given, during the inspection and in a recent monitoring call. They took immediate action to further develop the service in relation to suggestions made. For example, seeking advice and guidance in relation to the MAR they were using, to ensure the safe administration of medicines.

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.

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they received support. This meant the registered manager could make sure staff were able to effectively meet people's care needs.
- Following the initial assessment, the registered manager visited with the care worker to introduce them to the person. Staff told us, "[Registered manager] will show you where things are, how they [the person] likes a cup of tea, how to get things right for them."
- People's choices and preferences were included in their assessments and associated care plans. These were regularly reviewed and updated in line with people's changing needs and wishes.

Staff support: induction, training, skills and experience

- Staff received the training and supervision required to ensure they delivered safe and effective care. People, relatives and health professionals spoke highly of their knowledge and skills. One health professional told us, "They use their initiative and go above and beyond in everything they do. They are very competent." One person said, "I am more than satisfied they are supporting me to stay independent, they are part of our family." A relative commented, "Dad is doing so well at the moment, which is a tribute to the care he is receiving now."
- Staff completed an induction at the start of their employment, which included the care certificate for staff new to care. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were supported in their roles through supervisions, observation and annual appraisals. The registered manager frequently worked alongside care staff and took the opportunity to observe their practice. Feedback was then given in supervision. One staff member said, "They are very supportive. You never feel like you are on your own. It's such a responsible job."

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

- People were supported to maintain a balanced diet. Staff prepared meals and drinks for people when required.
- Care plans provided detailed guidance for staff to support people with nutrition and hydration. This included information to ensure people had access to fluids, and regular meals when commissioned. It also ensured meals and drinks were prepared in line with their personal preferences. One person said, "There is always a jug of squash left within reach, every day."
- Risks associated with eating and drinking, such as choking, were fully assessed, with input from a speech and language therapist (SALT) where necessary, and safety measures were detailed in care plans.

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

- Staff supported people to maintain their health and access other health care professionals such as GPs, when required. One person said, "They are getting the occupational therapist to get a walker for me... They get the district nurse to call in."
- The service anticipated people's needs, planning ahead to ensure people received the medications and meal deliveries they needed. They told us this meant, "There is not a last-minute panic if something runs out or has been missed."
- The registered manager told us the service had a good relationship and strong communication links with local community health professionals. This meant any deterioration in people's physical or mental health needs could be flagged up and addressed promptly. They said, "They know us. They know I'm not going to be ringing for just anything. I can email, text or ring on their direct line." Health professionals confirmed this was the case, and that their guidance was always followed.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We checked whether the service was working within the principles of the MCA and found staff supported people in line with MCA and best practice guidance.
- People, and their families/legal representatives where appropriate, were fully involved in decisions about their care. For example, staff described how they assisted a person who lacked capacity to choose what they wanted for supper, by showing them three options.
- Staff received MCA training and sought consent from people prior to providing support. People, or their legal representatives where appropriate gave written consent to have their medication administered by staff, and information about them shared with other professionals.

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.

At our last inspection we rated this key question outstanding. At this inspection this key question has remained outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by exceptionally caring and compassionate staff. Staff worked hard to build open and honest relationships with people and their families. They took the time to get to know the people they supported, their background, history and interests. This enabled them to support people in a person-centred way.
- The management team worked hard to instil a culture of care in which staff valued and promoted people's individuality, protected their rights and enabled them to flourish. A visiting professional told us, "They are truly angels, who go the extra mile. It's 100% what care is about. All the clients can't wait for the carers to come. These guys are very special, and I recommend them to lots of people."
- All of the people and relatives, without exception, praised the approach of staff. People told us they had developed close bonds with the staff team, with many describing them as like 'family'. One person said, "We both really struggled during Covid as we could not see our daughter or friends. Our carers became more than carers they became friends who we could trust and know should there be any problems they would help us." Others commented, "They make my life worth living, they are very good" and, "I can't praise them enough. I am family as far as they are concerned. I ask them and they do anything. They are absolutely family."
- The care provided often exceeded people's and their relatives' expectations. The service gave us many examples showing how staff's kindness and knowledge of what mattered to them had positively impacted on their well-being. For example, staff supported a person to bury their much-loved elderly dog in their garden when it passed away. The person was comforted by visiting the grave, and the registered manager bought them a toy life sized dog of the same breed, which they sat and stroked. Staff had delivered a special afternoon tea to people to commemorate V.E. day; put up Christmas decorations and cooked Christmas dinner for people who lived alone; and arranged the funeral for a person who had no relatives, with carers contributing to the eulogy.
- Staff recognised the importance of providing emotional support to people's and their families. A relative told us, "The care team have managed to encourage my wife to get up when she really just wanted to stay in bed, wash her hair to make her feel better in herself which she couldn't be bothered with. When we were able to, we had a weekly outing with a carer which my wife looked forward to." The manager told us how staff-maintained contact with family members, after a bereavement or if their loved one had moved into a care home. They understood this could be a difficult time and would pop in and have a cup of tea to check they were ok; or send a supportive message. They recognised one relative was depressed and lonely and invited him to be a volunteer in the office once a week, which he enjoyed.
- People's equality, diversity and human rights were respected. The service's vision and values centred

around the people they supported. During their induction staff received the services 'statement on values' which documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that this philosophy was embedded in Phoenix Care at Home. The management team gave examples of how this approach had ensured positive action was taken so that the rights of people and staff with protected characteristics were protected and promoted. For example, the service supported people to continue religious practices which were important to them, like attending church; reminding them when televised services were on if they were housebound; and providing CD's with hymns for them to enjoy.

Supporting people to express their views and be involved in making decisions about their care

- People were valued as partners and experts in their own care and the running and development of the service. For example, the satisfaction survey used to gather people's views had been designed by a person using the service and was a 'work in progress'. People contributed to practical staff training in manual handling, taking part and devising questions to ask staff.
- People were fully involved in making decisions about their care, and were supported to express their views. For example, one person chose not to have the Covid 19 vaccine. The service ensured they had the capacity, and all the information they needed to understand the risks and make an informed decision. They completed a risk assessment to ensure any risks to the person were minimised and the person's wishes were respected.
- Staff told us how they checked people's day to day choices and how they wanted to be cared for. They told us, "When I meet a new client, I ask them how they like things done. I tell them, "I'm sorry if I'm asking a lot of questions. I want to get it right."
- Relatives told us communication from the service about their family member was excellent. They were fully informed and involved in any decision making, where appropriate. One relative said, "They meet my mum's needs and they meet my needs. They give me peace of mind. I know that I will get a call or a text if something needs sorting. I go through the care plan with them in person or over the phone. I am totally involved."

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values. It was embedded in everything the service and its staff did.
- People and their relatives all praised the kind, caring and respectful approach of all staff. One person said, "They are on the ball. If in doubt they ask questions straight away. They come with me to the consultant so that I don't miss anything he says."
- Staff supported people in a respectful, dignified manner, and respected their wishes. For example, when personal care was being given, curtains and doors were closed to maintain privacy, and towels used to protect dignity. Relatives told us how staff had come back to support them when their family member had difficulties with continence, even though their call had finished half an hour earlier.
- Staff promoted people's independence. People told us, "I am more than satisfied they are supporting me to stay independent, they are part of our family" and, "They help keep me independent at 88 and they have great concern for me." Relatives expressed their thanks to the service for enabling their family member to remain at home. Comments included, "Without you all we would have had to move her sooner" and, "You really understood [person's name] and her wishes, and we are grateful that she was able to stay in her own home until she peacefully passed away."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. The rating for this key question has changed to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives were extremely positive about the difference Phoenix had made to their lives. Comments included; "They make my life worth living, they are very good" and, "I couldn't wish for better people to care for me. I wish I had them before it is such a great relief."
- The provider focussed on reducing the risk of social isolation and loneliness amongst the people they cared for, using a creative and individualised approach. Some people had family and friends to offer companionship, whilst some had little contact with others apart from staff or were recently bereaved and alone. A person told us, "I was withdrawn and had stopped going out. The benefits to me are I have started going to a coffee morning. It allows me time in my garden. If I have a carer I can go into the garden. I go to a friend's around the corner. I have such a good relationship with them, bless them." Another person said, "I always have someone to talk things through with, it makes such a difference." The management team described how after a long period of encouragement and support, a person who previously didn't want to get out of bed, was able to get washed, dressed and spend time with their family when they visited.
- The staff team were creative in their use of technology to support people's social interaction and engagement in activities. For example, they had taken their hand-held computer to a person's house so that they could facetime their family in Australia; and helped another person to communicate with friends by email when their spouse was in hospital and they were feeling lonely. A virtual assistant was used to play upbeat music which encouraged a person to exercise, thereby improving their mobility.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- The service went the extra mile to ensure the support provided was flexible, person centred and responsive to people's needs.
- The management team described how they, "always managed to take on more complex or complicated packages of care that other agencies could not manage." This was confirmed by a relative who advised his family members complex health needs could not be met by another agency. Phoenix had, following specialist training, worked with the family and external health professionals, and the persons health needs were now met.
- The service was responsive and proactive. The registered manager described how they gradually built up the care package of care for a person living with dementia, as they became more comfortable with their staff team. They recognised when people needed more support and ensured they received it, for example due to a deterioration in health or if their family carer was in hospital. Working with families where required, they ensured referrals were made promptly and appropriately to external health and social care professionals.
- Staff were able to adapt and respond quickly to requests for additional help and support, outside of

people's commissioned care. This helped to improve people's quality of care, quality of life and living standards. People told us, "I have called them out in the middle of the night...they are there. They always say if you need me call me" and, "Today they went over their time. They changed the bed and then got me some lunch. I can't add any more they are irreplaceable. They go above and beyond. It is one of the best decisions I have ever made."

- The service had fund raised for a wheelchair accessible vehicle for the use of people and their relatives. Relatives used this to take family members for appointments, or on outings. A relative told us how they had planned a day out with their family member but lost the keys to their van. The registered manager arranged for them to use the services' wheelchair accessible vehicle and delivered it to them. They said, "She didn't charge me at all, just did it as an act of kindness. She knew that this day had been planned for a very long time."
- The service recognised people sometimes had to wait a long time for the ambulance service to come if they had fallen, so bought equipment to help people up when this could be done safely.
- People were experiencing difficulties in obtaining their medicines from the local chemist due to staffing issues. The service had responded initially by driving to a nearby town to collect prescriptions to ensure people received their medicines as prescribed and their health needs were met. They had then successfully arranged an on line delivery service for people, which meant they could track the medication to see when it was coming, and people, relatives and staff would not have to travel and stand in long queues.
- The initial assessment visit was carried out with relatives present if appropriate. The registered manager told us they were committed to identifying and providing the care people wanted for themselves, not just as directed by the commissioners of the service. They told people, "This is what we've been asked to do, but it may well be different in a weeks' time." This approach ensured people felt consulted, empowered, listened to and valued.
- People's preferences were documented, reviewed and respected by staff. They were asked to complete a satisfaction questionnaire when their care package started to ensure they were happy with the support being provided and identify whether any changes were needed.
- Care plans were detailed, and person centred, documenting individual's physical, emotional and mental health needs and things that were important to them.
- Staff reviewed and maintained care plans with people and their relatives where appropriate, to ensure they were up to date and continued to reflect their individual needs and wishes. They were reviewed with people and their families every six months, or if their needs changed.
- Any day to day changes in people's needs were communicated immediately to staff. Staff told us, "If anything changes the manager immediately texts to let us all know, so we are all aware."

End of life care and support.

- At the time of our inspection no one required end of life care and support. However, the service was committed to providing sensitive and person-centred care to people at the end of their lives, in accordance with their wishes. For example, staff told us how they had changed their shifts around so they could visit with the registered manager to ensure both the person and their family members had the time and support they needed. The registered manager described how they had provided emotional support to family members, arranged overnight care to give them a break and requested a hospital bed so the person could be more comfortable.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in

relation to communication.

- Managers and staff understood the support people needed with communication and demonstrated an excellent understanding of people's communication needs. The provider information return (PIR) described how staff had worked alongside a person's family member to support a person to express themselves, when they were unable to communicate verbally.
- People had their communication needs assessed as part of their initial assessments and these were regularly reviewed. Information could be provided in different formats if required, such as large print, or different languages. Nobody required this at the time of the inspection.

Improving care quality in response to complaints or concerns

- People were supported to make complaints. The provider ensured they were responded to appropriately and in accordance with their complaint's procedure.
- Records showed the single complaint received in the last 12 months had been investigated and responded to appropriately. Action had been taken to prevent recurrence, and people had been informed of this.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team knew people and staff well and promoted a transparent and open culture. They were open and honest throughout the inspection and recognised where additional improvements were needed.
- People and relatives were happy with the service provided. Comments included, "Good communication is the key, good communication between the carers and the manager and the people and their families. It is because of good communication it all works so well" and, "They are excellent. I am very, very happy. They go above and beyond to help or assist."
- There was a small and close-knit staff team in place. They told us how much they enjoyed their role, how well supported they were and how well the service was managed. Comments included; "I love it. Meeting the clients, it's rewarding and worthwhile. I have time to spend with people and have a chat. It's something they enjoy" and, "The leadership is amazing. I couldn't praise them more."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- The management team were 'hands on' and worked alongside care staff. This provided an opportunity for them to observe the quality of the care being provided and give feedback.
- The management team operated an on-call system 24/7, which meant people and staff could access support at all times. Another member of the staff team provided additional cover if required. Staff told us, "They are always there if there is any problem."
- The quality assurance systems allowed the registered manager to effectively monitor the quality and safety of the care people received.
- There was a basic continuous improvement plan in place. The management team undertook to develop this further in response to feedback. This would allow them to keep track of required actions and timeframes for completion.
- The registered manager understood their legal responsibility to be open and honest when something goes wrong. They were aware of the requirement to notify CQC of any significant events, such as safeguarding concerns, but this had not been necessary since the last inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care;

- The service sought feedback from people and staff through formal and informal means such as the use of surveys, telephone calls and chats. A relative told us, "I am kept in the loop at all times. It is brilliant, they are perfect."
- Face to face staff meetings and supervisions were put on hold during the pandemic to minimise staff contact with others. The management team recognised the emotional impact the pandemic was having and ensured they remained accessible to the staff team whenever they needed support. Staff told us, "They are very supportive. You never feel like you are on your own."
- There was an 'over and above' box in the office, where staff could share examples of outstanding care they had observed or delivered. This was then shared with the staff team to boost morale and confidence.
- The management team told us they were a small service with no plans to grow further. Their focus was to continue with 'hands on' management, ensuring the provision of person-centred care which met people's needs.
- Staff were supported to maintain their knowledge and skills to meet people's individual needs.

Working in partnership with others

- Staff had established excellent working relationships with other professionals involved in people's care. This included district nurse teams, occupational therapists, social workers and local GP services. One professional commented; "They are brilliant. They communicate everything to us."
- The management team recognised the benefits of close partnership working to achieve positive outcomes for people. They told us how they provided feedback to social workers if people's needs changed and they needed increased care. They had also liaised with the community nurse team to obtain a hospital bed for a person with a pressure ulcer.