

Angel Holistic Care Limited

# Angel Holistic Care Limited

## Inspection report

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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

Angel Holistic Care Limited is a domiciliary care service, providing personal care and support to older adults in their own homes. Some of this is live-in care, where a care worker is on hand in the person's home for 24 hours a day. Angel Holistic Care operates solely in and around Shaftesbury, Dorset.

Not everyone who used the service receives personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. During the inspection, the service was providing personal care to 11 people.

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

There was an exceptionally clear, strong person-centred culture, reflected in all aspects of the service, that encouraged and supported people to live as they wished to. People, relatives and staff were unanimously positive about the service's caring ethos. People and relatives had high praise for the empathy they experienced from especially caring staff, including the registered manager. Staff across the service had a sensitive and compassionate approach to their work. There was an emphasis on matching people with compatible staff, particularly for live-in care, and we heard much about how well staff got to know people and their families.

The service had strengths in end of life care. Staff and managers responded swiftly to people's changing needs, advocating for people to ensure they had the necessary support from health professionals. Staff were skilled in understanding and meeting the needs of people and their families at the end of the person's life. Managers supported staff working with dying people, with empathy and understanding.

People and relatives indicated they or their loved one felt safe with their care workers and were confident in their ability to provide safe, effective care. Appropriate infection prevention and control measures were in place. People had the support they needed with their medicines and received these as prescribed.

People had a small, regular team of staff. The registered manager only took on new care packages when they were assured there were enough staff for these. Staff were positive about the way the service supported them in their roles, through training, supervision and informal support. There were thorough recruitment checks before staff commenced work, to ensure they were suitable to work in care.

Relatives and people gave us extensive positive feedback about people's care. Assessments were thorough and care plans holistic, individualised and up to date. Where the service assisted people with preparing and eating meals, they and their relatives were happy with this aspect of their care. The service supported people to receive any healthcare they needed.

People received personalised care. Staff understood and met their individual needs, following directions in clearly written care plans. With the appropriate consent, relatives had access to their loved one's electronic

care records and were kept informed about their care. People and relatives felt able to raise any concerns about care with the management team, confident appropriate action would be taken.

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.

People, relatives and staff voiced confidence in the leadership. The registered manager and staff were clear about their roles and responsibilities. The registered manager maintained good oversight through audits, spot checks, review of incidents and supervision. Feedback from people, relatives and staff was used to enhance the quality of the service. The service worked in partnership with other organisations to help ensure the best outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

This service was registered with us on 29 January 2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on when the service was first registered with CQC.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Angel Holistic Care 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 Care Act 2014.

#### 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 homes.

The service had a manager registered with the Care Quality Commission. 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 August 2021 and ended on 26 August 2021. We visited the office location on 11 and 17 August 2021.

#### What we did before the inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with seven relatives of people who used the service, and received written feedback from eight people and relatives, about their experience of the care provided. In addition, we spoke with the registered manager, two deputy managers, the care coordinator and two care workers. We also obtained written feedback from ten staff.

We reviewed a range of records. These included two people's care and medication records, two staff files and a variety of records relating to the management of the service, such as training records, incident records, compliments and complaints and policies and procedures.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives indicated they or their loved one felt safe with their care workers. A relative told us, "They (staff) are all very professional and caring" and we received many similar comments.
- Staff had training in safeguarding adults from abuse. This included awareness of their responsibilities for safeguarding children.
- Staff understood their responsibilities for identifying and reporting concerns about possible abuse and neglect. Whilst they would generally report concerns to the office team, they also knew how to raise concerns with statutory agencies concerned with safeguarding people, such as the local authority. Each member of staff had a key fob with the relevant contact numbers.

Assessing risk, safety monitoring and management

- Relatives described how they felt reassured by the thorough, personalised risk assessments undertaken by the service. Comments included: "Right at the beginning, the owners came and did a full risk assessment of the home and went through the care they were able to provide" and "The risk assessment was very thorough, as was the care plan."
- Assessments of risks to people related to all aspects of their care, including vulnerability to pressure sores, moving and handling, eating and drinking, risks associated with medication such as blood thinners and environmental risks.
- There was a contingency plan for circumstances that affected the safe running of the service, such as adverse weather or staff sickness. There was also a COVID-19 contingency plan. The service was able to prioritise people's need for care according to their circumstances.

Staffing and recruitment

- People had a regular team of care staff. Relatives told us, "There are a regular group of carers and they rotate the duties, but we always get a note of any changes to the timetable" and "There are regular carers on regular days, but they have been able to help me with ad hoc care and some timing changes due to commitments. Any staff changes are always agreed beforehand though." Other feedback included: "They provide a team of carers that visit on a regular, reliable rota, and changes to the team are few and rare."
- Staff attended people's care visits at the time they were expected. Care visits were long enough to provide the care and support a person needed. Staff had realistic travel time built into their rota.
- The registered manager monitored the capacity the service had for any new packages of care. They only took on new packages when they were certain there were enough staff for these.
- People and relatives had confidence in the abilities of their care staff. A relative told us, "I soon felt

confident enough to leave them (staff) in charge and go out myself."

- Staff confirmed they received the training they needed to be able to work safely and effectively. Comments included: "My training... is really good", "The next day I arrived (as a live-in care worker) they sent me some training, which I found great... and all the training was appropriate for the client I was working with" and "The support I received in training was professional and very hands on and at no time did I feel that I was unable to cope with the role as live-in carer."
- There were thorough recruitment checks before staff commenced work, to ensure they were suitable to work in care. A member of staff who had joined within the past year commented, "The application process was good, they followed a robust and thorough process before completing my employment with them."

#### Using medicines safely

- People had the support they needed with their medicines and received these as prescribed. A relative told us, "There have never been any issues with medication, and they report if anything is running low." Another relative said, "The carer does everything for [person], including their medication which is recorded on a (medication administration recording) sheet, but there have never been any problems and she watches medication (supply) levels."
- Care plans set out what support people needed with obtaining and administering prescribed medicines and who was responsible for this.
- Staff had training in the safe handling of medicines. They had observed competency checks at least annually, to ensure they worked safely with medicines.
- The office team checked the electronic record keeping system during each day to ensure medicines had been administered. There were also monthly medicines audits that checked staff had correctly followed the service's policy and procedures for handling medicines.

#### Preventing and controlling infection

- People and relatives felt reassured by the infection prevention and control measures taken by staff. Relatives commented, "They rigidly observe all the protocols for COVID and dispose of their PPE (personal protective equipment) thoughtfully" and "They have always worn their gloves and aprons, but [person] gets scared by the masks and they (staff) have had their jabs, so we agreed to do without them."
- Staff had training in infection prevention and control, including how to use PPE.
- PPE was readily available for staff.
- Staff took part in regular COVID-19 testing.

#### Learning lessons when things go wrong

- Staff reported accidents, incidents and concerns by ringing the office, also completing an incident form.
- The registered manager or deputy manager reviewed each accident or incident report, to ensure all necessary action had been taken to help keep people safe and well.
- Because the service was small, the registered manager had oversight of all accidents and incidents that occurred and any trends that might be developing. They acknowledged that were the service to grow, a more formal system of trend analysis would be required.
- The registered manager shared any learning with staff, through electronic messaging, staff meetings or supervision, as appropriate.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- We received extensive feedback from relatives about people's care, all of which was positive. For example, a relative told us, "It is a very proactive service and they are always looking ahead at what [person] might need as their dementia progresses, which I feel reflects their training."
- People's needs were comprehensively and holistically assessed before they began to receive care and were kept under review after this. A relative said, "They were very thorough and showed great empathy about the family situation and took down detailed information." Other comments included: "Comprehensive risk assessment and care plan" and "They did a full [needs assessment] and really took time to understand the situation."
- Assessments took account of people's protected characteristics, such as age, sex, race, disability and sexual orientation.
- These assessments of need formed the basis of holistic, individualised care plans. Care plans were regularly reviewed and updated. The registered manager and other senior staff involved in assessments and care planning were up to date with current good practice in social care.
- Staff used a computerised care planning and recording system, which staff accessed through a secure app. Staff confirmed they had access to the information they needed and that this was kept up to date. The registered manager and senior staff monitored the system during the day to ensure people had received the care and support they needed.

Staff support: induction, training, skills and experience

- Staff were positive about the way the service supported them in their roles. Comments included: "[Registered manager] is very supportive for us to grow", "They really look after their staff and are always at the end of the phone should you need them" and "I want to progress and [registered manager and management team] are very supportive in me doing this."
- New staff went through an induction, which included training in key topics such as infection control, medicines, safeguarding and moving and handling. Staff told us much of this training was practical. Staff who were new to care worked towards the Care Certificate, which represents a nationally accepted set of standards for health and social care workers.
- Following induction, staff had refresher training in these key topics at least annually. The registered manager provided this, as they had achieved and kept up Train the Trainer qualifications in these areas. The service maintained a training matrix that enabled the registered manager and care coordinator to ensure everyone's training was up to date.
- Staff had supervision with a member of the management team at least every six months, and more frequently during induction.

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

- Where the service assisted people with preparing and eating meals, they and their relatives were happy with this aspect of their care. Relatives told us, "They do light meals for [person] and will always do something else if [person] doesn't fancy what I have organised" and "They know [person] enjoys their food so really take the time to make that right for them."
- Care plans set out what support people needed with preparing and consuming food and drink. This included information about dietary requirements and preferences, as well as any preferences people had regarding how their meal should be organised.
- Care plans addressed any risk of malnutrition or choking. Safe swallow plans devised by people's speech and language therapists were referenced in care plans and were available for staff to refer to.

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

- Staff alerted the management team to any concerns they had about people's health. The management team supported people to receive the appropriate professional care. They contacted health professionals promptly, where necessary advocating with health organisations on people's behalf.
- Care records summarised people's known health conditions and contact details for their health and social care professionals. Care plans contained information for staff about each condition and what they needed to know to be able to support people to manage their health.
- The service communicated well with any other domiciliary care services involved with people. A relative told us, "We use another agency for some of the care calls and they work well with them. They leave notes, text or email them if they need to communicate. In fact, they just deal with what needs to be done, although they do contact me if it is warranted."

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 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.

- The registered manager and staff had training about the MCA. They understood people's legal right to make care decisions themselves unless they lacked the mental capacity to do so.
- Care records recorded consent to the various aspects of people's care. This was from people themselves, or from a representative who held the necessary legal authority to make health and welfare decisions.
- Care records contained details of representatives with the authority to make health and welfare decisions, including a copy of the relevant documentation. The service assured itself that such authority had been registered with the Court of Protection.
- Where there were concerns about a person's ability to consent to their care and they had no legally authorised representative, the service assessed their mental capacity to consent to care. Where the person was found to lack capacity, the service recorded a best interests decision about how to provide the

necessary care in the least restrictive way possible. They consulted with people's families and professionals in this process.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 and relatives gave ample, unanimously positive feedback about the exceptionally caring approach of staff, particularly their empathy. Comments included: "Show incredible empathy for what clients and family are going through. They really do go the extra mile", "The care they provide is very person-centred, they are professional, caring" and "Amazingly empathic, they knew what needed to be done and their manner was lovely."
- A relative described how the empathy they experienced from the service had reassured them when they were anxious about their family member: "The first carer they sent was lovely and got on really well with [person] but I started to worry what would happen if they were off sick or on holiday. Almost at the same time I was thinking this, the office rang and said they wanted to introduce a second carer for continuity should the main carer be off! They are lovely too."
- The exceptionally clear, strong person-centred culture was reflected in every aspect of the service. There was a clear focus on ensuring people had the best possible experience of care. This was evident throughout our observations and the feedback from people, relatives and staff. Staff made a point of telling us how they were supported to work in a person-centred way: "[Registered manager] has nurtured such a person-centred approach within the team, supporting all of us to support each other and the clients we care for in such a holistic way" and "Angel Holistic Care are 100% client focused and really promote working as a team to ensure that the clients' needs always come first."
- Staff were especially sensitive to times when people and relatives particularly needed compassionate care and support and went above and beyond what was expected of them in order to provide this. Relatives told us how staff had exceeded their expectations in the support they provided at such times: "If necessary, the [registered manager] and [deputy manager] will go in to support a situation until it is all sorted. They really do go above and beyond." Examples of exceptional support through challenging situations and life events, included: "While [person] was in hospital after a fall, it was their birthday, so the carer arranged a cake and took them out for a coffee so they felt good on their special day. It was touching and just the kind of thing I would have done if I didn't live so far away" and "The carer even offered to go to my [parent's] funeral to support my [other parent], but they ended up doing more than that as it allowed me to grieve rather than worrying about [parent] the whole time. They had only been with us a short time too."
- Staff were carefully and attentively matched with people's interests and personalities. This was particularly valued by relatives of people receiving live-in care, who told us how well-matched staff helped them and the person have peace of mind: "There were huge emotional needs as well which they took time to understand so that they could match the live-in carer", "Respite carers (covering breaks) have been well chosen" and "We have enjoyed very good staff matches." A relative explained how good care was more likely

from well-matched staff: "The good matching of clients to staff means a good level of caring." Managers understood the importance of people spending their days with compatible staff and acted swiftly if staff had not worked out. A relative explained, "There have only been a couple of instances where [person] didn't quite gel with the carer, but they (office) seemed to know before I did."

- People and relatives praised the efforts staff made to get to know the person. A relative described the sense of reassurance they and their loved one had from having a good relationship with staff: "The family have built up a good relationship with each of the carers and when [person] says, 'They're a good 'un' we know things are okay."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People and relatives fed back that they felt involved in and well informed about decisions regarding care. This demonstrated how deeply the person-centred culture was embedded in the service. Comments included: "The carers do consult me if there are any important decisions to be made" and "They have all given me their mobile numbers so that we can keep in touch about [person]."

- Respect for people's privacy and dignity was central to the way staff described their work and was reflected in the feedback people and relatives gave about their care. For example, a relative described how staff taking a person-centred approach, tailoring their support as they got to know the person, meant they were able to support them in a sensitive, dignified way to reduce their agitation. The relative said, "The carers have really got to grips with [person] and their episodes and have quickly learned to let them lead. No force has been used, just genuine care for them. They really have won [person] over, so now they happily co-exist."

- The person-centred culture of the organisation was reflected in care planning that valued and promoted people's independence. For example, a "living safely" care plan explained how the person prized their independence despite their memory difficulties and guided staff how to provide the support needed without detracting from this.

- The person-centred ethos of the service was also reflected in the way staff were rostered. Care plans made clear people's preferences about care, including care from staff of a particular gender, and this was respected. People had regular teams of staff. A relative described how having a team of regular staff "allows each of them to build a real relationship with [person], to learn their likes and dislikes and how to best engage with them". A care worker said, "(I have)10 clients and everyone I see I know really well."

- Staff were sensitive and responsive to people's emotional needs. A relative told us, "If [person] has had a low day grieving for [relative], sometimes all they need is a reassuring arm around them – and that's what they get. Other days, they want to talk about [relative], so that is what they do."

- Confidential information was kept secure. Confidential paper records in the office were locked away. Access to the computerised record system was password-protected, each member of staff having their own log in and password via a secure app on their mobile phone.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's care needs were understood and met. Relatives told us, "We feel [person] is well cared for", "To be honest, they constantly adjust the care plan based on what is happening and what is best for [person]. They have their finger on the pulse" and "The carers are happy to do whatever needs to be done on a day to day basis."
- Care plans gave clear direction to staff about how to meet people's individual needs. They were reviewed regularly and as changes arose.
- With the appropriate consent, relatives were kept informed about their loved one's care. Comments included: "We get informed all the time via texts, written notes and phone calls, so we are kept in the picture", "They (office) have told me about how to access the notes on [person's] care, but I haven't organised a password yet, but I don't have any concerns as I am on site, so they just speak to me", and "All the carers have my number, so it's a mixture of calls, texts, emails or WhatsApp. It works for us."
- People and relatives, with the person's consent, could access their computerised care records. A relative told us, "They use [brand] software and I have access. Everything goes on there – food, moods, and photos of when they are out and about... It gives me a real insight and not to mention peace of mind."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood and supported people with their communication needs. A relative told us, "I feel they are well trained with respect to [person's] challenges with their hearing and their sight."
- People's communication needs were assessed and set out clearly in their care plans. This included any sensory or speech impairments, or difficulty communicating due to impaired memory. This information was provided when people went into hospital or to stay in a care home.

Improving care quality in response to complaints or concerns

- Relatives told us they felt able to approach the management team if they had any concerns and trusted them to act on these. Comments included: "I feel that if I have concerns, I just need to speak to them, so I don't feel it would ever come to having to complain", "The family are very pleased and we would say if we were unhappy with any aspect of it" and "I would know if things were not up to standard and I would say. [Person] would also be quick to speak up."
- The registered manager took concerns and complaints seriously, investigating each one promptly,

thoroughly and fairly. They were open about any shortcomings on the part of the service.

- Complaints and concerns were viewed as an opportunity for learning and improvement.

#### End of life care and support

- A family had complimented the service on the end of life care the service provided for their loved one.

They stated, "What an amazing service from a great team; they couldn't have made things any easier if they tried. They are caring and knowledgeable in all aspects of care."

- Staff were skilled in understanding and meeting the needs of people and their families at the end of the person's life. The registered manager is a registered nurse with a background in palliative care. They were passionate about end of life care and imparted this passion to staff through training, supervision and general day-to-day contact.
- The service responded swiftly to people's changing care needs, advocating with healthcare professionals for any support that was needed. This included ensuring medicines the person might need to remain comfortable at the end of the life were available and that district nurses or palliative care nurses knew these might be needed.
- The service supported staff with empathy and understanding as people they were working with approached their death, recognising the impact this could have on live-in care staff especially. During the inspection, a deputy manager went out at short notice to support a live-in care worker who had reported changes in the person's condition that could have indicated the end of life was close.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives praised the service highly. Comments included: "They came highly recommended and they are local and it has been a lovely experience all the way through", "Angel Care came recommended by a professional and it was a positive experience right from the start", "From the very first phone call, Angel Holistic Care Limited were thorough, compassionate and caring. I didn't bother to call anyone else and I made the right decision" and "I would recommend them 100% and I think they deserve all the accolades they can get."
- Relatives voiced confidence in the service leadership. Comments included: "Full credit to the owners, they have set up a business where they are always available", "The teamwork of the whole organisation is excellent", "I think the happy staff reflect that they feel well-supported in their role" and "They display a lot of professionalism – so all of us know where we stand, including the staff. They really seem to enjoy their job."
- Staff also expressed confidence in the leadership team. Comments included: "I have not met a more dedicated team... The way the care workers and management team support each other truly shows this comes from the registered manager", "[of registered manager] Very open to suggestions" and "I think the reason that the company is so successful is because they not only care about their clients but they genuinely care about their employees. They care about each and every one of us, which makes one feel valued." A care worker made a point of saying the registered manager promoted an open and honest culture.
- The registered manager knew everyone who used the service, relatives and staff, and welcomed contact from them. People, relatives and staff valued how they found it easy to contact the service. A relative said, "I really do feel that I can just call them if I am concerned about anything and they will just do what they can to support me." A care worker commented, "The support from the registered manager down to the carers and support staff has been amazing. Nothing is too small or too big for them to give help and support."
- People's and relatives' feedback was obtained during spot checks, through a popular feedback website, and through satisfaction surveys, as well as through ad hoc conversations and emails. The results of the last relatives' survey in April 2021 were very positive. Responses had been reviewed and acted upon individually; the registered manager recognised that an overall analysis of themes would be beneficial.

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 registered manager recognised their responsibility to be open and honest with people and their relatives if things went wrong.

- There had been no circumstances in which the service had needed to act on the duty of candour.

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

- The registered manager and staff were clear about their roles and responsibilities, which were discussed and reinforced during staff supervision. The registered manager notified CQC of significant events, as required by law.
- The registered manager and staff were conscious of and acted on their responsibility for keeping confidential personal information secure.
- The registered manager subscribed to local and national organisations for registered managers and care providers, for the purpose of staying abreast of current best practice.
- The registered manager had clear oversight of the service and of the quality of care provided. They achieved this through regular contact with people, relatives and staff, and through audits and unannounced spot checks to ensure staff followed the provider's policies and procedures. Audits covered all aspects of the service, including medicines, care records, care call times, PPE usage and COVID-19 test distribution and staff files. Any shortfalls found were promptly addressed.

Working in partnership with others

- The service worked in partnership with other organisations to help ensure the optimal outcomes for people. We observed such partnership working in action as the registered manager and deputies discussed concerns about a person's condition with health professionals and confirmed the necessary healthcare would be provided.
- The registered manager is a registered nurse and had previously worked with local health professionals, social care providers and voluntary agencies that supported older people. This had assisted the service to develop effective, trusting working relationships with local professionals.
- Where a person was also receiving care from another domiciliary care service, the registered manager and office staff kept in close contact with the other service, sharing and receiving information as needed.
- The service promoted fire safety checks, ensuring the local fire and rescue service provided a free 'safe and well' check for everyone who used the service. The fire service had been scheduled to provide some staff training on topics such as the safe use of emollient creams, some of which are flammable.
- The registered manager had arranged with a local hot meal company for the provision of meals to people in an emergency. This formed part of the service's contingency plan.