

# Carefound Home Care (West Bridgford) Limited

## Carefound Home Care (West Bridgford)

### Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Carefound Home Care is a domiciliary service providing care for people within their own homes. At the time of our inspection there were 13 people using the service. Not everyone who used the service received 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.

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

People received care from staff who were exceptionally kind and caring. There was a strong, visible person-centred culture at this service. Staff cared for people in a way that exceeded expectations. People, relatives and health and social care professionals praised the approach of staff and commented on the positive impact staff had on their and/or other's lives.

Staff provided care in an individualised way that enabled people to feel respected, appreciated and that their views mattered. Staff used creative ways to ensure people could express their views so that staff and managers at all levels understood their views, preferences, wishes and choices. Respect for privacy and dignity was at the heart of the service's culture and values. It was embedded in everything that the service and its staff did. An equality, diversity and human rights approach to supporting people's privacy and dignity was well embedded in the service. People felt staff respected their cultural backgrounds and provided care in a respectful manner.

Staff used innovative and individual ways of involving people and their family and friends in their care and support plans. People felt consulted, empowered, listened to and valued. The provider continually assessed the impact decisions had on people. Changes were made to care records where needed to ensure people continued to receive person-centred care and support that met their current needs. Professionals told us the service was focused on providing person-centred care and support and achieved exceptional results. Our findings throughout this inspection supported this.

Staff have taken innovative steps to meet people's information and communication needs over and above complying with the Accessible Information Standard. People felt information was provided in a format they could understand. People felt assured that any concerns or complaints would be handled appropriately by staff and management. People's needs have been considered as part of their end of life care plan and this has taken account of language, communication, ability to understand and capacity when decisions were made.

The service was exceptionally well managed. People, relatives, staff and professionals all commented on the positive approach of the provider and registered manager. There was a clear focus on people achieving positive outcomes from the care provided. There were high levels of staff satisfaction. All staff felt listened to, encouraged to do their best and to aim high and develop their careers. High quality auditing processes were in place that enabled any potential issues with the quality of care and the experiences of people to be

addressed, before they had a negative impact. Staff worked in collaboration with other health and social care professionals to identify the early signs of health deterioration. This helped to improve people's lives and to reduce the impact on local health services.

People received care that kept them safe from harm. Risks to their health and safety were regularly assessed and updated as their care needs reduced or increased. There were enough staff in place to support people safely whilst still encouraging people to do as much for themselves as possible. Recruitment processes were thorough. People's medicines were managed safely. The provider had ensured people were protected from the risk of the spread of infection. Accidents and incidents were investigated, and actions taken to prevent the risk of recurrence.

People's care was provided in accordance with best practice guidelines and legislation. Staff were well-trained and received regular supervision of their competency to carry out their role. People were supported to maintain a healthy lifestyle through making wise food choices. Staff worked alongside other health and social care professionals to provide people with high quality, relevant and timely care.

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.

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 21 September 2020 and this is the first inspection.

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.

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 exceptionally responsive.

Details are in our responsive findings below

Outstanding 

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

# Carefound Home Care (West Bridgford)

## **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 (EXE). An EXE 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. This included 24 hour, live in care for some people.

#### 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 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 21 April 2022 and ended on 12 May 2022. We visited the office location on 28

and 29 April 2022.

#### 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 reviewed information we had received about the service since registration. We sought feedback from the local authority, other health and social care professionals and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

#### During the inspection

We spoke with three people and five relatives by telephone and visited a further two people and their relatives within their own home. We asked them about their experiences of the care provided. We spoke with nine members of the care staff, a senior care staff member, quality assurance officer, care manager, registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included eight people's care records, medication administration records and the daily notes recorded by care staff. We looked at staff files in relation to recruitment, supervision and training. We also viewed a variety of records relating to the management of the service, including policies and procedures and training records.

A number of health and social care professionals gave us their views on the quality of the care provided. This included; a GP practice manager and an occupational therapist.

# 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 of 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 were protected from the risk of abuse and neglect because staff understood how to identify and act on concerns to people's health and safety.
- People and relatives told us they felt safe with the staff who cared for them or their family member.
- People were provided with details of how to report concerns about their or other's safety. This was available in a variety of formats to ensure people's communication needs were considered.
- Allegations of abuse and/or unsafe practice by staff or others were investigated, and, where required, reported to the relevant agencies such as the Local Authority and the CQC.

Assessing risk, safety monitoring and management

- People were protected from the risks associated with their care.
- People and relatives told us staff provided care and support in a way that was safe but did not place unnecessary restrictions on their freedom. One person said, "I do feel safe with them. They help me move around in bed and always wash my back well and would notice if I have any redness of my skin."
- A relative of a person who received 24-hour live-in care said, "We have one member of staff who comes and stays for a fortnight, and I am very happy with what they do. The carer does what [family member] wants and will help with personal care if [family member] asks but [family member] is also very independent."
- The provider promoted a positive risk-taking approach from staff when care was provided. People were encouraged to do things for themselves and to make choices about their own care. Risks were explained to them and staff supported people where needed. Where a person was at specific risk of harm, such as due to a fire within their home; the person had been advised that the local fire and rescue team could be contacted to carry out safety checks and to reduce the risk of fire within their home. This helped to keep people safe.
- People's care records were thoroughly completed, addressed risks to people's safety and contained sufficient guidance for staff to support them in providing safe care.
- Plans to evacuate people safely in an emergency were in place. These were individualised and considered people's mental and physical health.

Staffing and recruitment

- Staff were recruited safely and there were enough staff in place to meet people's needs and to keep them safe.
- People and relatives told us staff were almost always on time and they received a consistent team of staff which made them feel reassured. One person said, "I usually have one member of staff but occasionally they send someone with them to train. I know them all now and tend to have some consistency during the daily visits, which is what I like." Many relatives commented on the positive impact on their wellbeing knowing

their family members received the same staff for the majority of the calls.

- Robust recruitment procedures were in place that ensured only the most appropriate and suitable staff were recruited to provide the expected high standards of care. The provider was proud of their recruitment process. Assessments of competency and checks on suitability were completed before staff worked alone. A thorough induction programme was in place which equipped staff with the skills needed to carry out their role.
- The provider had a clear and effective system in place to ensure all checks were carried out before staff could start work. Criminal record, identify and reference checks were completed before the staff were authorised to start their role. This reduced the risk of parts of the recruitment not being completed/missed and unsuitable staff working with people.

#### Using medicines safely

- People received support with their medicines in a safe way.
- Where people received support with their medicines, they told us they were happy with the support received from staff. One person said, "They bring my medication in from the kitchen and always have their gloves on." A relative said, "They are all very clear about medication, what it is for and how often to administer etc."
- The provider had developed a training programme with an external training provider to perform role plays with staff during their induction and also during on-going training refreshers. This training put staff in variety of different scenarios designed to replicate situations they could face when supporting people with their medicines. The registered manager told us this process helped to identify staff who may struggle with medicines processes before this impacted people. On-going training and support was provided for staff who needed it.
- People had electronic medicine administration records (MAR), care plans and risk assessments in place. These records were regularly reviewed to ensure errors were highlighted before they impacted people's health and safety. If a medicine was not administered the system would alert office-based staff, meaning action could be taken quickly to rectify the error, limiting any risk to people.

#### Preventing and controlling infection

- There were safe and effective measures in place to reduce the risk of the spread of infection and COVID-19.
- People told us staff wore gloves and aprons whilst carrying out personal care and continued to wear face masks. People told us they had felt safe and protected throughout the pandemic.
- The provider had the measures in place to prevent visitors to their office from catching and spreading infections.
- The provider told us they had supported staff and the people they cared for to access testing.
- The provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- The provider ensured processes were in place that lessons were learned when accidents and incidents occurred.
- Accidents and incidents were investigated appropriately. Changes to care plans, increased staff training and competency of practice reviews would be completed where required. This reduced the risk of recurrence.
- Reviews of all incidents were carried out by the management team. Where required, senior management also reviewed these incidents to offer guidance and support where needed.

# 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

- People's physical, mental health and social needs were assessed prior to them starting with the service and continually assessed on a regular basis.
- Best practice tools were used to assist staff in assessing people's health. This included assessment of people's nutrition and skin care.
- The service worked with other health professionals to help identify the early signs of deteriorating health. This has been reported on in more detail in the 'Well-led' section of this report.

Staff support: induction, training, skills and experience

- People were provided with care and support from staff who were skilled, experienced and well-trained. This ensured people received effective care that met their needs.
- People told us staff understood their care needs and were happy with the way care was provided. One person said, "They respect my choices and understand my condition." A relative said, "They are all well skilled and if they are not sure about anything they will ask."
- Staff were provided with a thorough induction programme that equipped them with the skills needed to provide effective care. Staff performance and competency was regularly reviewed. Staff were only permitted to work alone once they had completed shadowing shifts with experienced staff and their ability to carry out the role had been assessed.
- A structured career pathway was in place for staff. Continued improvement and development of their role resulted in promotion through a five-level process. Staff were encouraged to work through the career pathway with opportunities for increased pay and more responsibilities being available.
- Many staff welcomed this and commented on the positive approach of the provider in increasing their knowledge and skills. This process further improved the quality of the care people received.
- Plans were in place to recruit a registered nurse to provide more specialised advice/guidance for staff. This will be particularly important as people's care needs change and more complex care was needed.

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

- People were supported to maintain a balanced diet and to make healthy food choices.
- People told us staff supported them well with their meals.
- Most of the people we met were able to make their own meals and drinks. Some people told us staff would make them a meal if they needed them to.
- If people had a health condition that could be affected by food and drink choices, such as diabetes; guidance was in place for staff to encourage people to make wise food choices, reducing the risks to their

health.

- The provider focused on ensuring people had good oral health. Care plans were in place to guide staff on providing individualised oral health care. This process had led to people having improved oral health and minor issues identified quickly reducing the risk of longer-term problems.

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

- A variety of health and social care professionals were consulted before personal care was provided.
- All professionals praised the approach of the care staff and management. They felt the care was well-organised, timely and effective in improving outcomes for people.
- When guidance was provided by professionals, care records and risk assessments were updated to ensure they received required and appropriate care.
- People were provided with information about how to access other healthcare agencies. Where needed, staff attended appointments with people. This helped to ensure that people were able to receive reviews of their health from other health professionals.
- Staff worked closely with other health professionals to help identify the early signs of health deterioration, reducing the potential impact on other health services. For example, people's oral health had been assessed, reviewed and monitored to help to reduce the need for dentist appointment and impact on local dentists.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager had a good understanding of the Mental Capacity Act 2005.
- People's consent was always sought when receiving personal care. Where people lacked the capacity to consent to aspects of their personal care, the provider ensured the MCA was followed. This ensured people received personal care in a lawful way.
- Where people had appointed others to manage decisions about their health and welfare, the appropriate documentation had been recorded within their care records. This ensured only legally appropriate people were able to make those decisions.
- The registered manager was aware of the processes to follow should an application be made to the Court of Protection to restrict people's liberty within their own home.

# 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

- There was a strong, visible person-centred culture. The provider ensured that staff in all roles were highly motivated and offered care and support that was exceptionally compassionate and kind.
- People, relatives and professionals felt staff cared for people in a way that exceeded expectations. One person said, "I never thought there were such kind people these days as the staff who come to me; they are a godsend." A relative said, "The staff do spoil us a bit. They always talk nicely to [family member who they lived with] which is very reassuring and lovely." A healthcare professional said, "If I had a relative that needed care I would use this provider. They go above and beyond in their support and care they provide."
- The values of this service; 'Personalised', 'Local', 'Accountable' 'Together' and 'Outstanding' (PLATO) were embedded throughout the service. The nominated individual told us the provider's focus was based on quality of care and ensuring people received the opportunity to enjoy their later life and flourish with the support of highly trained, compassionate and caring staff. People and their relatives told us this had resulted in people regaining their independence, improved mobility and positive experiences for people living with dementia.
- The service ensured that staff focused on building and maintaining open and honest relationships with people and their families, friends and other carers. A small team of staff were specifically matched with each person. Staff were trained to explore their interests, understand their individualised personalities and their ability to communicate. This led to improved outcomes for all. For example, a person had been matched with staff who were able to lip read and this had helped the person communicate their wishes, improving their experience at each call.
- There were creative ways of reflecting people's personal histories and cultural backgrounds. For example, a person had specific religious and cultural needs that they and their family members had requested be met. The staff who had been specifically recruited for this person worked with them and their family to ensure the religious requirements of their care were met. As they were able to communicate with this person in their first language they were able to discuss culturally sensitive aspects of their personal care. This further enabled the staff and the person to build a positive and trusting relationship.
- Receiving dignified, culturally sensitive personal care was particularly important to this person and their family. The person's relative said, 'The care [my family member] receives from the carers is excellent. One in particular is superb; however, all the carers treat [my family member] with dignity and care. I would highly recommend this care provider'.

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

- The service was exceptional at helping people to express their views so that staff and managers at all levels

understood their views, preferences, wishes and choices.

- People and relatives told us they felt listened to and they played a full and active role in the decisions relating to their or their family members' care and support needs. A relative explained the thorough process staff went through to gain the information needed to understand their family member's needs and wishes. They said, "I am totally happy they know and understand [my family member]." A person said, "They always ask us what I want, they never tell me what to do." This person's relative said, "We have got so used to having the staff come in and help. They clearly care. They are the sort of people who will do anything for you."
- Staff were particularly skilled at highlighting ways to improve people's lives, ensuring people were always involved with decisions that were made. Technology was used to enabling people and relatives to have instant access to their care records and daily notes enabling them to identify gaps or concerns quickly; or, to offer reassurance that care had been provided as expected. This was particularly evident when supporting people living with dementia. A relative told us this had offered them significant peace of mind, giving them the confidence to go on holiday.
- The provider ensured staff had received extensive dementia care training. Training was aligned with the 'Contented Dementia Trust's approach to dementia care. This is a method based on identifying ways of understanding dementia from the point of view of the person. Staff spoken with had a thorough understanding of people's individual ability to communicate their wishes. Care plans provided extensive guidance for staff to follow that enabled them to communicate with and gain people's views on the care and support provided. Relatives told us this approach had led to improvements in their family member's ability to communicate their wishes.
- A relative praised the approach of staff in the care provided for their family member who was living with dementia. The approach of staff had enabled the person to regain some ability to contribute to decisions about their care. They said, "They [staff] have made a significant improvement in [family member's] ability to understand what is happening and to be able to say if it is something they like or dislike. Most importantly they listen and if [family member] is confused they never just correct them; they work with them to ensure they understand what is happening in a calm and caring way."

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 that the service and its staff did. The provider's most recent survey focusing on people's view of wide-ranging aspects of care showed 100% of people who responded felt their privacy, dignity and independence were respected.
- People and relatives all felt staff provided personal care in a respectful and dignified way that also promoted people's independence. A person referred to the 'special bond' they had formed with their care staff since they started to receive care and stated the staff had improved their quality of life. This person now felt, as a direct impact of the care received from staff, that they were more able to do tasks around their home something that had not been possible prior to them receiving care.
- We visited a relative and their family member in their home. The relative told us their family member who received care was a "very proud person" who was very reluctant to permit staff to provide support with personal care. They told us the patient and calm approach of staff had resulted in their family member now consenting to an agreed personal care routine. This routine encouraged the person to do what they could for themselves and staff supported with the parts of the care that was needed. The relative told us this had significantly improved this person's dignity and gave them a sense of maintaining their independence.
- Staff had a kind and thoughtful approach to all aspects of care. For example, a person had raised a concern with staff that they were unable to prepare for a visit from friends whom they had not seen for a long time. The person was cared for in bed and therefore was unable to do many tasks for themselves due to limited mobility. This had made the person anxious and upset. Staff offered reassurance to this person,

helped them to choose their outfit and prepared a buffet for their friends. This was completed in addition to the staff's 'normal' duties. This had a positive impact on the person's mental health.

- There had been significant improvements in people's ability to regain independence. Staff were at the heart of these improvements. Many people who had been unable to do things for themselves, were, with the support of staff, more independent. Staff worked in collaboration with other health and social care professionals such as an occupational therapist with the aim to improve independence. This has resulted in improved mobility and for some, being able to leave their house for the first time in years. Additionally, some people had seen a reduction in the number of personal care calls needed due to increased independence.

- An occupational therapist told us, 'The care providers communicate well with me, and notify me when carers have observed deterioration in functional ability so I can arrange to visit and review. They have always followed advice and recommendations given and advised me that care plans have been updated'.

# 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 outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

### 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.

- The service had taken innovative steps to meet people's information and communication needs over and above complying with the Accessible Information Standard.
- For example, a person was registered blind and could only identify certain colours and shadows. This person enjoyed 'Sudoku' puzzles and staff identified that not doing these puzzles was having a negative impact on their mental health. Carers produced large copies of these puzzles and spent time sitting with the person and doing the puzzles together. This had a positive impact on the person's wellbeing.
- A person had been diagnosed with dementia but had difficulty reading information that was not in their preferred language. Staff sourced materials such as a 'What is dementia' leaflet from the Alzheimer's Society in their first language. With staff who could communicate in their language, they helped the person to understand what dementia was and how to make plans for their future.
- The provider's compliments/feedback log contained praise from a relative about the approach of staff in encouraging their family member to talk more and to improve communication. They stated, 'For the first time in years I have had a proper conversation with [family member]'. They also described this as: 'They were their [family member] again'. The relative stated the care provided by this care provider was an improvement on the previous company and they were 'amazed with the care and support being provided'. They said their family member's mental health had 'improved 100%'.
- Care plans, risk assessments and company literature, policies and procedures were all available in adaptable formats. Printed care plans were available for people and relatives who chose not to use the provider's electronic care recording system. To date, 12 out of the 13 people who used the service either had access to the electronic system or had given consent for their named relative(s) to do so. Many relatives commented on the reassurance of having information provided to them in an easily accessible format, which could be accessed any time of the day. One relative told us this was particularly useful when they went on holiday, knowing they could review their family member's care, giving them peace of mind.

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

- The service had gone the extra mile to find out what people had done in the past and tried to ensure people could continue to enjoy their hobbies and social activities. There was a particularly strong focus on

improving outcomes for people living with dementia and for those living alone.

- The provider focused on reducing the risk of loneliness amongst the people they cared for. Some people had family and friends to offer companionship, whilst some had little contact with others other than staff.
- The provider had organised several events where people and their relatives were invited to the provider's office, for example to celebrate 'Global Tea Party Day'. This was a fun but informative event that encouraged people to meet others and leave their home, but also focused on providing information about maintaining good nutrition and hydration. Many people attended this activity.
- For people who were less able or willing to leave their home to take part in activities, staff were specifically skilled at highlighting activities that could be done in their home.
- For example, people were encouraged to take part in celebrating 'World Alzheimer's Day'. Staff arranged events for people within their own homes which focused on their own interests as well providing information about living with dementia. Baking, sewing, cooking and arts and crafts activities were arranged with people and many people took up the opportunity to engage with staff and to invite families along too. This helped to reduce the risk of loneliness.
- The service played a key role in the local community and was actively involved in building further links. Contact with other community resources and support networks was encouraged and sustained. Recently the provider attended the 'Nottinghamshire Ageing Well' event. They had a stand aimed at informing people within the local community what resources were available to them if they or a family member developed dementia. This was advertised through social media and the registered manager told us they held many informative conversations with people within the local community. This helped to raise awareness of dementia within the local community.

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

- Staff used innovative and individual ways of involving people and their family, friends and other carers in their care and support plans. People felt consulted, empowered, listened to and valued.
- People and relatives could access the care plans and records online. This was done securely using either a computer or mobile phone application.
- The online care plan monitoring system was 'live' and enabled people and their relatives (when authorised to do so) to gain access to all elements of the care plan and the daily notes. It also enabled people and relatives to leave comments about the care and reminders for staff or changes they wanted to make to care at short notice. Staff had immediate access to this system so people could be assured that all messages were read and acted on. The comments made by people and/or relatives were regularly monitored by management enabling them to act quickly before an issue could affect people's care.
- A relative described the care planning and monitoring process. They said, "The care plan and everything is online. I have access to it via an app on my phone so I can see every time they have been to see [my family member]. I see what they record, things like they have secured the property and what they have seen and exactly how [my family member] has been. I have found it incredibly useful as I can't always get to see [family member] and at least I have up to date information."
- Another relative told us they had spent a considerable amount of time with staff discussing their family member's care needs and the type of staff member they wanted to provide care for them. They told us that they were listened to, felt reassured and the staff who had been matched to their family member "had fitted in really well." There were numerous other examples of people and their relatives commenting on their ability to make choices and control the personal care provided.
- Staff had outstanding skills and had an excellent understanding of people's social and cultural diversity, values and beliefs that influenced their decisions on how they wanted to receive care, treatment and support. Personalised care and support plans were in place for people from diverse backgrounds. Care records contained detailed guidance for staff to ensure people's choices were respected. For example, there

were specific instructions in place for staff to adhere to, ensuring a person's religious beliefs and expectations of others were respected. Records viewed and feedback from relatives confirmed staff adhered to these instructions. This had a positive impact on the person and their family.

#### Improving care quality in response to complaints or concerns

- People and their relatives praised the communication with office-based staff and management and felt their concerns were listened to and acted on quickly, before there was an impact on their or their family member's care.
- A person said, "I would let them know in the office if I wasn't happy. There has been a time when I did raise an issue and it was sorted straight away." A relative said, "The office is very responsive and helpful."
- People were provided with the information they needed to make a complaint including external agencies they could report complaints to. Records showed there had been no formal, written complaints received since the service began providing care, which indicated a high level of satisfaction. However, any minor issues raised, no matter how small, were logged, reviewed and a response provided to the person in accordance with the provider's complaints policy. This response was provided either in a written format, or, for minor issues via a phone call.
- There was a process that ensured investigations into complaints were comprehensive and the service used innovative ways of looking into concerns. This included having independent people from within the provider's group of services investigate the complaint, to ensure an impartial and objective approach. Due to no formal complaints having yet been received, this process had not yet been needed.

#### End of life care and support

- People's needs and wishes had been considered as part of the end of life care plan and this had taken account of language, communication, ability to understand and capacity when decisions were made.
- End of life care was discussed with people where they wished to do so. Where people did not wish to discuss this care, the provider ensured this was recorded within their care records.
- Staff received training to support people at the end of their life. Specific staff members were assigned to ensure continuity of care and to ensure people passed away with dignity and in accordance with their wishes.
- The provider focused on providing outstanding end of life care. They ensured that all end of life care plans were individualised and focused on people's specific needs. There was a rapid response to people's changing care needs and advice on care and support for people and carers at the times they need.
- For example, the provider was currently working closely with healthcare professionals regarding one person's end of life care. We saw discussion had been held with a local GP and agreements were in place on how best to provide an unorthodox and specific request from a person regarding their end of life care. This process ensured the person's remaining time was comfortable, dignified and pain-free.

# 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 outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- People felt that the way the service was led was exceptional and distinctive. Its vision and values were imaginative; people were at the heart of the service. People, relatives, staff and professionals all praised the quality of the leadership; leadership which led to positive outcomes for all.
- People and relatives commented that this was a home care provider which had improved the lives of all of the people they cared for. One person said, "I would have no hesitation on recommending them. I have found them very efficient." A relative said, "I can't think of anything they could do better. I have no criticisms and would certainly recommend them to others needing this type of support."
- The provider's PLATO values were embedded throughout the service; this encouraged and expected all staff to contribute to achieving positive outcomes for all people. As described throughout this report people had experienced improved outcomes in their communication, understanding dementia, activities and social life and improved independence.
- The management team empowered people to take control of their own lives and to reduce the risks to their own safety. Various information and guidance was provided for people to support them. For example, all people were provided with a leaflet called 'Get up and go – a guide to staying steady'. This gave people information about how they could reduce the risk of them falling within their home. Staff worked with people at risk of falls to understand the leaflet and to work through individualised techniques to reduce the risk of them falling. The number of falls had reduced as a result.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The senior management team had ensured staff of all levels had a clear understanding of their role and how they contributed to the success of the service, continually improving the quality of care..
- Many staff described this provider as the best they had ever worked for. One staff member said, "I am blown away with this company, I have no regrets coming here. The management are fantastic. I have fantastic job satisfaction."
- The management team had provided a working environment where staff were motivated by and proud of the service. All felt they could build a meaningful career with this provider. Staff were supported and encouraged to work through the structured promotion scheme. Staff benefitted from increased in-work benefits and pay when they progressed. Many staff had followed this process and reported significantly high levels of job satisfaction. This led to low staff turnover, consistent care for people and high levels of satisfaction with the care provided for people.

- The registered manager had a thorough understanding of the regulatory requirements of their role. They ensured relevant agencies were notified immediately of any incidents that could affect people's safety and well-being. Changes to recommended best practice guidance and standards were implemented quickly and staff were informed. As a result, there were very low numbers of concerns, accidents or incident. This reduced the risk of people experiencing harm and/or abuse.
- Governance procedures were well-embedded into the running of the service. There was a strong framework of accountability to monitor performance and risk. Leaders and managers saw this as a key responsibility. Staff welcomed reviews of their performance. Staff told us this enabled them to focus on continued improved performance and care for people.

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

- The service enabled people to be empowered and voice their opinions. People and staff were actively encouraged to discuss any concerns. The provider took all concerns or complaints seriously, no matter how small, and used them as an opportunity to improve people's experience of personal care and quality of life.
- The outstanding management of this service has resulted in people from varying backgrounds, and physical and mental health, were encouraged and supported to be involved with decisions about their care and live their life to the full. This had resulted in numerous positive outcomes for people such as increased independence, reduction in falls, understanding of their health conditions and consenting to personal care.
- Alongside formal surveys, people and their relatives were encouraged to take part in regular telephone or in-person reviews. All of these reviews had been adapted to people's individual ability to communicate. This focused on specific areas such as staff punctuality and feedback from recent changes to care. Information provided formed part of the continuous assessment of people's care, reducing the risk of issues escalating and impacting in people's health and safety. People and relatives told us these opportunities to provide feedback were useful in raising any issues and they had confidence they would always be acted on
- The most recent people, relative and staff surveys showed high levels of satisfaction in the care provided and fulfilment and enjoyment with their jobs. There was an average mark of 4.6/5 for people and relatives and 4.8/5 for staff. The service was particularly strong in promoting choice and control over care with 100% of people responding positively. Staff responded equally well; 100% of staff said they felt supported, well trained, found management approachable and were motivated to go above and beyond for the people they cared for.
- Outstanding staff performance was rewarded by the provider's internal 'PLATO Awards' where numerous staff were nominated by the care management team for going 'above and beyond' in representing the provider's values. Exceptional performance was also recognised by the 'East Midlands Great British Care Awards' with two members of staff being rewarded as a finalist in the 'Care Newcomer' category and the winner in 'Home Care Worker'. The winner then went on to the national finals of 'Great British Care Awards'. These awards were the result of exceptional care being provided to people.

Continuous learning and improving care

- Managers developed, discussed, promoted and implemented innovative ways of involving people in developing high quality, outstanding practice that was sustained over time.
- People, relatives, staff and professionals all commented on being consulted about increased risk to health and safety and any trends that could have a negative impact if not addressed. All felt this process had a positive impact. A compliment received by a relative said, 'I found their professionalism and genuine care and alertness to [family member's] needs to be exemplary. Recommendations they made led to a GP visit to enhance their eating and this is a measure of how good Carefound are'. Another relative said, "The improvement in [my family member's] health and mental awareness has been significant, this is solely down to the exceptional care provided by the staff."

- The was a particularly strong emphasis on continuous improvement. Monthly analysis of trends and themes was conducted and reviewed by management to assess potential impact on people.
- There was ample evidence that learning from concerns and incidents was a key contributor to continuous improvement. For example, incident numbers were low, but where they had occurred, no matter how minimal the impact on people's health and safety, investigations were conducted, actions agreed and reviews of the effectiveness of those actions was completed. This process ensured that any concerns about people's health were identified quickly and resulted in improved care and quality of life for all people
- The provider has a proven track-record of providing exceptional care. The other two services within the provider's group of services are rated Outstanding. Registered managers and senior management regularly meet to share best practice and to discuss learning points. This has helped to deliver exceptional care to numerous people across the provider's three registered services.

#### Working in partnership with others

- The service has a track record of being an excellent role model for other services. It works in partnership with others to build a high-quality experience of personal care at home for people based on good practice and people's informed preferences.
- Monthly health reviews were completed by the management team which focused on factors that could affect people's health including; medicines, falls, UTI's, safeguarding concerns, chest infections and more. When themes were identified the provider worked in collaboration with health and social care professionals to help address these issues. The aim of the provider was to reduce the risk of hospital admissions and to identify and act quickly on signs of deterioration of health. This has led to increases in referrals to GPs, occupational therapists and dieticians. People and relatives praised this approach and commented on improvements to their or their family member's health.
- Staff were fully involved with this process. Extensive training had been provided for all staff to help them to identify signs of deterioration in health. The external training provider told us; 'I will say that they (provider] are forward thinking and are obviously keen to provide the best service they possibly can. This type of investment in staff is hugely beneficial and should help with staff recruitment and retention'.

#### 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 provider had the processes in place that ensured if mistakes occurred, they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted on.