

HOA Care Services Limited

Right at Home Croydon

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?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

About the service

Right at Home Croydon is a domiciliary care agency providing personal care to people living in their own homes or flats. The domiciliary care agency is registered to provide a service to people over and under the age of 65 years old, some of whom are living with dementia. The agency also provides 24-hour live-in support.

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. At the time of the inspection, 36 people were using the service.

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

The service was exceptionally well managed. The provider and management team recognised the importance of a strong, united and inclusive workforce. Staff had access to an employee assist programme which enabled them to feel motivated and supported. Staff spoke extremely highly of the support they received from management. People received exceptional care due to motivated, dedicated and compassionate staff.

People were extremely complimentary about the care they received and told us they were supported by staff who were kind, caring, empathetic and compassionate. Staff spoke with compassion and genuine warmth when referring to the people they cared for.

People were involved and given choice about their day-to-day care and support. Staff treated people with dignity and respect. People received care that met their individual needs and preferences. People's care plans were reviewed and updated regularly to reflect their current needs.

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.

Staff understood how to protect people from poor care and abuse. Staff were appropriately trained on how to recognise and report abuse and they knew how to report safeguarding concerns. Relatives told us their loved ones were safe receiving care from Right at Home Croydon. Care records contained risk assessments with clear guidance for staff to follow. Medicines were managed safely. Staff were recruited safely.

The provider carried out audits, sought feedback, reviewed care plans and welcomed complaints. They used all this to drive continuous improvement.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it

is registered as a specialist service for this population group.

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

Rating at last inspection

The last rating for this service was Good (published 14 November 2017).

Why we inspected

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

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 caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Right at Home Croydon

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 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 8 December 2022 and ended on 4 January 2023. We visited the location's office on 9 December 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who used the service and 3 relatives about their experience of the support and care provided. We spoke with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with 7 staff members.

We reviewed a range of records. This included 10 people's care plans and multiple medicines records. We looked at recruitment checks for 3 staff members. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe with staff and with the support provided. One person told us, "One staff member I have nearly every day and I feel very safe and feel I can totally rely on them."
- Systems were in place to protect people from the risk of abuse including training staff to recognise abuse and take the right action. Staff understood their responsibilities in relation to safeguarding. One staff member told us, "I've had safeguarding training and I am aware of the potential signs of abuse. For example, unexplained bruising."
- Where safeguarding concerns had been raised, the provider and management team took steps to explore the concerns and work in partnership with the local authority. Where required, changes to practice took place as a result of the concern to help improve service delivery and people's experience of care.

Assessing risk, safety monitoring and management

- The provider identified and assessed risks to people, such as those relating to the environment and premises, nutrition, choking, behaviours of distress, skin integrity and falls.
- Guidance was in place for staff to follow to reduce the risks to people's health and welfare such as from moving and handling. People and relatives confirmed that staff were competent, kind and caring when supporting with moving and handling. One person told us, "I feel totally safe with all the care workers and how they use the aids and help me. Yes I think they must be very well trained as they are always confident in how to use the equipment and are able to talk me through it as well."
- Staff had a good understanding of how to manage and reduce risk to people.

Staffing and recruitment

- People received care from a consistent staff team who had the skills to deliver high quality care. The nominated individual told us, "Recruiting the right staff is very important and crucial to our ethos. We always ask and consider; would I be happy if this staff member provided care to my own relative. We try and recruit the right staff and ensure that any potential staff recruited will fit in with our client and staff base."
- All potential new staff completed a psychometric test before they were invited to interview. The nominated individual told us they found the test to be a good indicator of how caring candidates were and this was usually confirmed during interview
- The provider operated a model of care whereby most care calls were for an hour or longer. This ensured staff did not have to rush when providing care and had time to talk with people.
- People's care calls were safely managed. A system was in place to inform people of their care call times and the staff who would be supporting them. The provider operated an electronic care monitoring system. This enabled the provider and registered manager to monitor in real time that staff had arrived on time,

stayed the allocated time and completed all tasks recorded within the care plan. This meant prompt action could be taken if staff were running late or missed a call. People confirmed that they had not experienced any missed care calls.

- People and their relatives confirmed that they received care from a consistent team of staff members and were informed if staff were running late. One person told us, "I receive care from the same people, and I know who is coming. It really makes me feel safe and secure."
- Staff recruitment was safe. Recruitment procedures ensured that staff members were suitable for the work they were undertaking. Disclosure and Barring Service (DBS) checks had been undertaken for all staff. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were managed safely. Care plans included information on people's medicines, side effects to monitor for, alongside details of how and when the medicine needed to be given. Medicines management assessments were also completed which included detailed information on how to safely support the person with collecting and storing their medicine alongside any risks associated with administration.
- People told us that staff supported them in a personalised and dignified manner when administering medicines. One person told us, "They are ever so supportive and help me take my medicines when I need them."
- Staff had received training on medicine administration and the management team checked that staff administered medicines safely to people through regular observations, auditing of medication administration records (MAR charts) and gathering feedback from people and their relatives.
- An electronic care planning system was in place which enabled the registered manager and management team to monitor in real time that staff supported people with their medicine administration. Any missed or refused medicines could be promptly followed up and appropriate action taken.

Preventing and controlling infection

- There were appropriate systems for preventing and controlling the spread of infection. These included training and information for staff, as well as audits and checks carried out by the provider to ensure that staff was following the correct guidance.
- The provider kept stocks of Personal Protective Equipment (PPE) and ensured staff had sufficient supply.
- People and their relatives told us that staff followed good infection control practice. One person told us, "Staff always wear masks. I've never had any cause for concern regarding infection control practice."
- Infection control risk assessments were in place. These considered risks associated with COVID-19 and how to provide safe infection control practice.

Learning lessons when things go wrong

- The provider had systems for learning when things went wrong. There were procedures for dealing with accidents, incidents and other adverse events.
- Systems were in place to review and monitor individual concerns, actions required and outcomes.

Is the service effective?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has remained 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

- The provider and management team met with people and their relatives prior to offering a service. This was to assess their care needs, understand their preferences and ensure the service would be able to meet their support requests.
- People and their relatives told us care was being provided in line with their needs. There were regular reviews of the care plans and risk assessments to ensure all changes of circumstances were reflected and to accommodate changes requested by people. One person told us, "I could ring them and ask for extra care if I need it or anything really so yes, I have no concerns and think they are very responsive and very caring."

Staff support: induction, training, skills and experience

- People and their relatives spoke highly of the staff competency, experience and training. One person told us, "They all seem to know what they are doing, and they all give me confidence and I can totally trust them."
- Staff received training to ensure they had the knowledge and skills to undertake their duties in line with best practice guidance. The provider had an in-house trainer who provided face to face practical training for staff. Training covered topics such as equality and diversity; fire safety, medication, oral health and moving and handling. One staff member told us, "The training is excellent."
- The management team carried out regular spot checks of staff practice to ensure staff were competent and had the skills and training necessary to support people.
- The provider and management team knew about the requirement to provide training for supporting people with learning disabilities or autistic people and this was in the process of being provided to staff.
- The provider was a dementia champion and all staff had received dementia training. Staff spoke highly of this training and the positive impact it had on people using the service. One staff member told us, "Dementia awareness has had a real positive impact. It supports us to understand how we can help people in a person-centred manner. For example, one person used to get really distressed when we tried to assist with personal care as they had forgotten how to get dressed. We used to play their favourite opera music as a tool to calm them down and help them feel empowered on focusing what they could do with personal care."
- Staff told us that they felt valued and supported within their role. Staff received regular supervision alongside the opportunity to attend staff meetings. One staff member told us, "As a team we are very well supported."

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

- People who received support with meals told us they were happy with this aspect of their care. They said staff supported them to choose the meals they wanted.

- People's nutrition and hydration needs were discussed at their initial assessments. Any needs identified in these areas were recorded in people's care plans and risk assessments. These considered if people were at risk of dehydration and if any specific tasks were required to manage the risk.

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

- The provider, management and staff team supported people to access healthcare services and assisted with raising any emerging healthcare concerns as these arose. Information about people's health and wellbeing was included in their care plans.
- People were registered with their own GPs and received support from other community health services when they needed this. Where required, staff supported people to attend healthcare appointments.
- If concerns arose about people's health, care staff were provided with guidance about what to do to ensure the appropriate action was taken.
- People's care needs were regularly reviewed to ensure staff fully understood people's current support needs.
- People and their relatives spoke positively about staff supporting them to achieve positive outcomes. One person told us, "I was having a few medical problems and if it wasn't for them, I would still be on a waiting list but they took hold of it for me and arranged everything and kept on at the Doctor and they just fixed it all up for me and now I'm getting the treatment."

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.

- The provider was working in line with the MCA and understood their role and responsibilities in supporting the legal rights of people using the service. They had ensured people had consented to their care and support. They respected people's right to make decisions and had checked if relatives held Lasting Power of Attorney (LPA). LPA gives a nominated person the legal right to make decisions on the person's behalf should they no longer have the capacity to do so.
- People's care needs assessments included information about their ability to make independent decisions. Staff members received training about the MCA and had clear guidelines to follow to ensure that they worked in adherence to the act.

Is the service caring?

Our findings

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

At our last inspection we rated this key question Good At this inspection the rating has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives praised the staff team stating that they were kind, caring and compassionate. One person told us, "They are ever so kind, caring and helpful." Another person told us, "They are all delightful."
- People received support from the same staff team. This enabled continuity of care and rapport to be built. The management team matched staff and people based on similar interests and hobbies. One person told us, "They have for the whole time really worked with me to get someone who is compatible. My current care worker is a great match." Another person told us, "They are so flexible and something this month which I am so happy about and amazed at really is that Right at Home Croydon have matched me up with a lovely staff member who paints and I paint and she has the same common interests as me which I love."
- The provider operated a 'no stranger policy.' This meant that people consistently received care from staff they knew and who had supported them previously. The provider told us, "We never send a staff member to someone who they haven't been to before. If a new staff member needs to be introduced, we will ensure that there is a handover and that the staff member meets the person before providing care." One person told us, "They do a very thorough handover with a full visit handover not just an hour or half an hour and the new person comes to see how I manage in the shower and saw how I manage in the car so then I felt confident in her coming back on her own." Another relative told us, "We like the fact that Mum will never meet anyone that Mum hasn't met before so they shadow and that's good."
- Staff understood people's individual needs and wishes and were aware of the importance of working within the principles of the Equality Act. This means supporting people to meet their needs in relation to age, race, disability, sexuality and religion.
- Staff had received training in equality and diversity. Where required, staff supported people to attend religious and spiritual events.
- Staff respected people's preferences regarding how they liked to be referred to, their preferred name, and preferred gender of staff member.

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

- People and their relatives were involved in decisions about their care. Staff liaised with people as part of the assessment process and throughout their care to ensure the support delivered was in line with their wishes.
- The management team made regular contact with people and their relatives to ensure they were happy with the care provided. These included regular quality review checks and reviews of packages of care. People confirmed that they felt involved with making decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff that promoted and supported their independence and treated them with dignity and respect. One person told us, "They never rush me or take over. I am treated with dignity."
- Staff took a key role with supporting people to be as independent as possible. One staff member told us, "We support people to be as independent as they can be. For example, encouraging them to do as much personal care for themselves as possible and really promoting what they can do."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Outstanding. At this inspection the rating has changed to 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: Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received personalised care. People told us their care and support provision were centred around their choices and preferences of how they wanted their care delivered.
- People had personalised care plans which included information on their life history and what was important to them. Information was also documented on what people wanted staff members to do at each care call.
- People's care and support requirements were regularly reviewed, and care records were updated to reflect any changes in need.
- People received care from a team of consistent staff members who knew them well and were matched to the person. Staff had clearly built rapport with people and had a robust understanding of what personalised care meant to people. One staff member told us, "What I enjoy about the role is really getting to know people and supporting them. One person recently told me. Having the care workers come in isn't like having someone come to support me, it's like having a friend visit."
- Staff understood the importance of providing companionship at each care call. The provider operated a model of care whereby most care calls were for an hour or longer. This enabled staff to spend time with people and reduce the risk of social isolation. One person told us, "I feel very confident as they totally look after me and they also are very happy to sit with me and talk as a companion."
- People were supported to follow their interests and partake in activities that were important and relevant to them. One person told us, "They give me a good quality of life as they enable me to go out in my chair and be involved in the community so I can feel valued and I keep up with friends. All the care workers are drivers so they can drive my wheelchair adapted car which means I am able to do what I want and live a quality of life I want."

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 provider and management team understood the importance of making information accessible to people. People's communication needs were described in their care plans so that staff knew how to best communicate with them.
- The provider told us information could be produced in different formats such as large print to meet

people's needs.

Improving care quality in response to complaints or concerns

- The provider had an honest and transparent approach to responding to concerns or complaints. Any concern or feedback was logged as a complaint with action taken to help drive improvement. For example, a recent concern had been raised that a key safe had not been closed properly. The provider and management team recognised that this was training issue and amended the induction training so that it now included how to open and close a key safe safely.
- A complaints policy was in place which was provided to people and their relatives as part of the service user guide.
- People and their relatives told us they knew where to raise any complaints and felt the registered manager would take immediate action to address any concerns. One person told us, "I'm all round satisfied and if I wasn't, I would say."

End of life care and support

- No one was receiving end of life care and support at the time of the inspection. However, staff had received training on end of life care and staff understood the importance of providing compassionate and empathic care to people at the end of their life. One staff member told us, "It is a privilege to be supporting someone at the end of their life. We will know the music that they like and how to calm them. As listening is the last sense to go it is important that we play their favourite music."

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to 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 and their relatives praised the leadership of the service. The vision and values of the service placed people at the heart of the service and ensured people received good outcomes. One person told us, "I can only describe the service as outstanding."
- Staff were empowered, supported and encouraged by the provider and management team to go the extra mile for people. To spend time with them and provide care which made a difference and achieved positive outcomes.
- Staff and management recognised where individuals were deteriorating and implemented actions to improve wellbeing and promote independence. For example, staff worked with one individual whose dementia was impacting on their ability to engage with tasks that were important to them. Staff and management worked in partnership with the person to devise a strategy whereby they could still continue with these daily tasks and minimise the risk of the person's wellbeing being impacted upon.
- People and their relatives praised the actions of staff and commented, 'A reliable and supportive service whose staff truly care for their clients. Your staff use their initiative where appropriate and create a relationship of trust with the client so that they feel cared for and can relax in the decisions they make as to the care they need to provide on any particular day. I have not come across a reason why I would regard the care given as anything less than excellent.'
- The provider's model of care meant people received consistent care from either one staff member or a very small team of staff. Staff were matched to people based on similar interests and hobbies which enabled rapport to be built and companionship to be formed.
- Staff recognised that for people to receive truly person-centred care, the care needed to be flexible and based on the needs of the individual. For example, due to the needs of one individual, staff recognised that flexibility was required and that a standard weekly routine of scheduled visits would not promote a positive outcome for this individual. Therefore, the provider matched one dedicated staff member to the individual who was exclusively available to them so flexibility could be provided as far as practical. In return, this meant the individual has been able to access the activities that they adore alongside having their care and support needs met in a truly inclusive and person-centred manner.
- The ethos of the service and the caring, empathic attitude and approach of staff meant people received care that was empowering, outstanding and encouraged people to live their best lives possible.

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

- People and their relatives were at the heart of the service and played a significant part in the running of the service. They told us the provider and management team consistently sought and encouraged rigorous feedback and constructive ideas to develop the service and improve positive outcomes. One person told us, "I am amazed with the service. They regularly listen to me and work with me to improve my life."
- The ethos of providing exceptional person-centred care meant people and their relatives were regularly asked for their feedback on what changes could be made to improve their experience and quality of care. During one assessment, a relative expressed concern at being at breaking point. Based on this high-level feedback, the management team worked with the relative and person to implement a small team of staff who slowly built and developed a rapport with the person. Through taking a caring approach staff and management were able to build a trusting and effective relationship which significantly impacted on both the person and their relative. The risk of breakdown was also mitigated as through listening to the concerns raised by the relative, the provider and staff were able to provide exceptional person-centred care which enabled the person to remain living at home and promote the relationship between the person and their loved one.
- The provider saw staff appreciation and commitment to staff well-being as a long-term investment to better outcomes for people. The provider told us, "We can't be a caring company, if we don't care for our staff."
- There was a strong culture and ethos on staff support and development. The provider provided staff with access to an employee assistance and benefits programme which offered free dentistry, opticians alongside access to physiotherapy. One staff member told us, "The employee assist support is great. I couldn't do without out."
- The provider operated an inclusive culture at the workplace. A number of staff had been supported through the menopause. The management team adapted staff's working patterns and recognised how the changes could impact on their work. Menopause training is also in the process of being rolled out.
- The management team and provider recognised that the role of a care worker in the community could be emotionally challenging. The provider and management team supported staff to access counselling to promote their wellbeing, especially when providing end of life care. One staff member told us, "Being able to access counselling has been a great support. I really struggled with one client's death and the management team provided counselling and grief support. Their help was amazing."
- The provider had been acknowledged and accredited as a good employer and member of the good employee network by Croydon Local Authority. This was reflective of staff retention and positive feedback received from staff.

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

- The provider proactively engaged people and staff in championing quality, person-centred support. People, relatives and staff were regularly asked for their views, opinions and feedback on the running of the service. The recent 2022 satisfaction survey found that 92% of people felt that staff made a difference to their lives.
- This service was led by an exceptional management team who had clearly defined roles and together they developed and embedded robust governance procedures. All of the people and relatives we spoke with told us they would recommend this service to others.
- The provider ensured staff of all levels had a clear understanding of their role and how they contributed to the success of the service. The provider and management team recognised when staff had gone the extra mile and had given outstanding care to people. The achievement of staff and the service were celebrated. This encouraged continual high-quality performance from staff and improved outcomes for people.
- The provider operated a digital platform whereby care plans and care monitoring was also completed

electronically. This enabled real-time oversight by the management team as well as to be more environmentally friendly. This meant the quality of people's support and experience of care was monitored more effectively.

Continuous learning and improving care: Working in partnership with others

- The provider and service took a key role in the local community and was committed to helping people integrate into their local community. The director founded and chaired the Croydon Dementia Action Alliance. They had delivered free workshops for relatives, members of the public and local businesses on dementia to help increase understanding of the experience of people living with dementia. The provider held workshops for people and families using the service on the importance of dementia care and how dementia can impact the family unit. People and their relatives praised this support and the positive impact it had on promoting their understanding of dementia care.
- The service was integrated into the local community. The provider, staff and management team had raised money for local charities. These included a walk for the local hospice and undertaking fundraising for the local hospital.
- There was a particularly strong emphasis on continuous improvement. The provider and management team held regular support meetings and focus groups with staff. The purpose of these meetings was focusing on how improvements could be made and how best staff could be supported.
- When supporting people with end of life care, the provider and management team held support meetings. These meetings focused on the delivery of care, how staff found delivering the care, any learning and how staff could best be supported. For example, one support meeting identified that staff felt quite isolated when delivering end of life care. The provider therefore utilised the support meeting as a forum for staff to share their experience of providing end of life alongside their experience of caring for the individual. In return this enabled staff to share their experience and ascertain what might be helpful for other staff in similar situations.