

By Your Side Limited

By Your Side Homecare

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?	Good 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service

By Your Side Homecare is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of this inspection, 30 people were 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 benefitted from a service which was extremely well led. People were at the centre of their support and the focus of everything the service did. People's views were valued, responded to, and used to shape the service being provided. The provider's ethos of providing a personalised, caring and compassionate service had been embraced by the whole staff team. Staff were highly motivated, felt valued in their work and were proud to work at the service. Without exception, people and their relatives praised the service they received and said they would recommend the agency to others.

The service had a strong culture of learning and improvement. There were robust quality assurance systems in place. This included a range of audits, seeking the views of people who used the service and monitoring the skills, training and competence of the staff team. Detailed records were kept throughout the service. Where things went wrong there were open discussions with people and their relatives, and lessons learnt.

People were supported by an exceptionally caring staff team and experienced continuity of care. The feedback received from people, and their relatives, demonstrated an inclusive and caring culture was embedded at all levels at the service. People were extremely complimentary about staff and the provider and gave many examples of how the service they received had had a positive impact on their life and improved their wellbeing. The provider matched people to staff who best understood their needs and had similarities in culture, experience and interests. People's privacy and dignity were promoted throughout their care.

People felt safe with the staff who supported them. Risks to people were assessed and procedures were in place to help keep people safe. The provider's systems protected people from the risk of abuse. All staff were aware of their responsibilities with regards to safeguarding people. Medicines were managed safely and people were protected from the risks associated with the spread of infection.

People were supported by staff who were well trained and competent in their role. There was a strong emphasis on staff development and empowerment. Staff complimented the provider with regards to the training and development opportunities afforded to them. Staff benefited from regular supervision, competency assessments and observation in their care visits by a senior member of staff.

People's needs, choices and preferences were explored during an initial assessment to ensure their needs could be met by the service and to make sure the package of care was tailored to their wishes and preferences. Staff recognised the importance of ensuring people's rights were understood and protected.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's health care and nutritional needs were known and understood by staff.

People and their relatives knew how to complain if they needed to and felt confident they would be listened to. The provider was responsive to feedback and this was echoed in the comments we received from people.

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 the service at the previous premises was Good, published on 01 November 2017.

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

By Your Side Homecare

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

This inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission, who was also the provider. This means that they 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 we needed to be sure that the registered manager or a senior member of staff would be available to support the inspection.

Inspection activity started on 10 May 2021 and ended on 28 May 2021. We visited the office location on 12 May 2021.

What we did before the inspection

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

this information to plan our inspection.

During the inspection

We spoke with five people who used the service and seven relatives about their experience of the care provided. We spoke with nine members of staff including care workers, a supervisor, an administrator and the registered manager.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us that they had no concerns and felt safe receiving care and support from staff. One person told us, "I think they are excellent. I'm happy with them. I never ever feel unsafe." A relative told us, "Yes, [family member] is very safe. The key safe is always locked."
- Staff were trained in safeguarding and had a clear understanding of what could constitute abuse and how to report any concerns. They were confident any concerns would be taken seriously and how to escalate them, external to the service, if necessary.
- The provider had policies in place to keep people safe, such as safeguarding and whistleblowing. Senior members of the staff team were aware of the requirement to report any safeguarding concerns to the local authority.

Assessing risk, safety monitoring and management

- Risks to people were assessed at the start of their care package with plans put into place to manage and mitigate risks. Risk assessments and care plans were regularly reviewed to ensure they remained effective. One relative told us, "They conduct regular risk assessments. For example, they checked access to the patio door for evacuation in case of fire. There is a handover between my [family member] and the carers. They've done some risk assessment with the GP."
- Risk management plans clearly identified the risks posed and provided guidance for staff. Staff supported the same people regularly and had a good understanding of people's needs and were able to identify any changes promptly. One member of staff told us, "Risk assessments are really thorough and tell us exactly what's in place and what we need to do to keep ourselves and people safe."
- Risks were assessed in a positive way to promote people's independence. We saw examples of where people had been supported to become more independent and as a result the support they required had reduced.

Staffing and recruitment

- The service had enough staff to meet people's needs and to manage changes to the services required. One relative told us, "Whenever I need to change [visits]. [Staff member] is always available. [Provider] is amazing."
- People had continuity of care. Staff we spoke with told us that they thought there were enough team members to provide the care required and they visited the same people on a regular basis. One member of staff told us, "I've been working on a single package for [length of time]. We have a team of four staff for the one person to ensure consistency." Another member of staff told us, "It's never a problem if a client needs extra or requests an extra visit. I find [Provider], and the other office staff, so responsive and accommodating to the needs of the clients."

- There were effective recruitment and selection procedures in place. The provider had a robust procedure in place to complete all the relevant pre-employment checks including obtaining references from previous employers, checking the applicants' previous experience, and Disclosure and Barring Service (DBS) reports for all staff.

Using medicines safely

- The support people required with their medicines was assessed and documented.
- People were supported with their medicines by staff who were trained and competent. A review of the medicine administration records (MAR), showed that staff were recording when medicines had been given or prompted.
- MAR's were completed in real time using an electronic record system and monitored by the office staff. The system would raise an alert if a medicine record had not been completed. This enabled the office staff to make immediate contact with the member of staff responsible to ensure that the administration had not been missed. This meant there was added security and an extra layer of assurance that people had their medicines as needed.

Preventing and controlling infection

- People were protected from the risks associated with the spread of infection. One person told us, "During Covid they have looked like spacemen. They have masks, aprons and gloves. They also carry alcohol gel and they are continuously washing their hands."
- Staff received training in infection control and had access to sufficient supplies of personal protective equipment (PPE). One member of staff told us, "We have all the PPE we need, and we're kept up to date on government guidance and how it applies to us."
- Senior members of staff monitored members of care staff compliance with infection control policies and procedures as part of their spot checks.

Learning lessons when things go wrong

- The service had a proactive culture of learning. Detailed records of any incident, accidents or concerns were kept, and these were reviewed by the provider. Where things went wrong, the management team were keen to explore the reasons and to take steps to reduce the risk of it happening again.
- The provider regularly visited people and monitored staff, to identify any required improvements, and took prompt action when required. One person told us, "Whenever there's a mistake, they learn, and it never happens again. [Provider] is very, very hands on."
- Learning from any accidents, incidents or concerns was routinely shared with staff.

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

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

- People's care needs, and preferences were assessed before they started to receive support. This was to ensure people's needs could be met and were incorporated into their care plans. People and their relatives, where appropriate, were involved in the assessment process. One person told us, "Everything is all recorded and documented. They are extremely customer focused."
- Care plans included people's preferred routine and important details such as physical, emotional, and health needs as well as their preferences of carer. One member of staff told us, "We are given so much opportunity to learn and know people's backgrounds and their needs by speaking with them and working with them." Another member of staff told us, "There is a constant drive to have open conversations with people. We encourage people to have open communication with us, let them know we're here for them and always ensure that their care is tailored to their preferences."
- Needs and preferences associated with people's protected characteristics were also assessed and recorded within care plans with sensitivity and using dignified language.
- Staff were delivering care in line with current guidance and best practice.

Staff support: induction, training, skills and experience

- People and their relatives were confident staff had the skills and knowledge to meet their needs. One person told us, "(Staff) have lots of training. Very conscientious. They definitely know what they're doing."
- Before staff started work, they completed a comprehensive induction programme. This included attendance of a variety of training sessions and shadowing opportunities.
- Following induction, training was provided to meet people's specific health needs and updated as and when necessary. Competency assessments were completed for all staff at regular intervals.
- Staff told us that the provider had a positive attitude towards training and encouraged them to develop in their roles. Training was provided in areas where staff expressed an interest or wished to develop their knowledge further. One member of staff told us, "Training is fantastic. I'm 100% happy and confident that I've been provided with all the training that I need." Another member of staff told us, "The amount of training and support available is unheard of. [Provider] takes a real interest in [their] staff and provides us all with opportunities for personal development and involvement in other areas of the service."
- Staff were experienced, confident and told us they felt supported in their role. They had regular supervision and observation in their care visits by a senior member of staff.

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

- People's dietary needs were assessed and, where people required support to eat and drink, information about their needs and preferences were recorded in their care plan. One relative told us that food

preparation for their family member took account of their dietary requirements and preferences. They told us, "[Relative] can only have [specialised] diet, with [modified] liquid's but it's all freshly cooked and (staff) [modify] it. They tempt [them] with what [they] like."

- Staff monitored people's food and fluid intake as required and followed guidance, where provided, from health professionals such as speech and language therapists (SALT).

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

- Staff worked well with other organisations to ensure people's health care needs were met. This meant the service could make prompt referrals and seek advice where concerns were identified.
- Care plans and records showed effective liaison with healthcare professionals and guidance received from them was included in people's care plans.
- Staff supported people to maintain their health and well-being and to access relevant services, where required.
- Care plans highlighted people's health history, conditions or past illnesses they had experienced which could affect their well-being.

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.

- People's capacity to make decisions relevant to their care and support were assessed and documented.
- Staff had received training about the MCA and understood the importance of ensuring people's rights were protected. They gave us examples of how they sought consent from people and enabled people to make decisions about their day to day care.
- The provider was knowledgeable about the process of assessing people's mental capacity for specific decisions and the best interests 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.

At the last inspection this key question was rated as good. At this inspection this key question has improved to 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 benefitted from a provider and staff team who were committed to ensuring they received a service which was exceptionally caring and considered their holistic needs, personal circumstances and what was important to each person. Throughout our inspection we observed the team demonstrate an extremely inclusive and caring approach. One relative told us that staff would prepare special meals for a person who had a love of food at the times the person wanted to eat, even if that was during the night. Comments from people included, "Absolutely. Just such nice people, just like friends" and "The best I've come across, I haven't found better." One relative told us, "They're very compassionate. We think more of them as friends. I value that." Another relative told us, "They're extremely good. My [relative] is extremely comfortable. They have a very caring manner."
- People and their relatives were extremely positive about the caring nature of the team and we heard of several occasions where staff had demonstrated great effort to ensure people received an exceptional service. One person told us, "These guys go the extra mile. [Provider] has her finger on the pulse. They always finish and never walk away without finishing." One relative told us, "Boy, do they care for [them]! If [relative] wants it, [relative] gets it. They are excellent. As far as I can see they have got it down to a tee."
- People's diverse needs, including religion, culture and language, were fully considered and included in their care plan to ensure staff were able to provide support in a way that respected people's needs and preferences.. The service matched people to staff who best understood those needs and had similarities in culture, experience and interests.
- Staff were passionate about providing excellent care and spoke of the people they supported with warmth and kindness. It was clear that a caring culture was embedded at every level of the service. Feedback from staff confirmed this. One member of staff told us, "I love working with everyone, it feels like a family. I love it." Another staff member said, "It's never just about covering a call, it's about providing care and a quality service. It's so nice to work in such an inclusive environment where everyone's views, opinions and choices are valued. It's a joy to be part of the team." A third member of staff told us, "By Your Side is a welcoming, family feeling company to work for which I hope to work for, for many years to come."
- Staff shared with us how the provider's caring approach was also directed towards the team. Staff gave us numerous examples where the provider showed care and acted with flexibility to support them with any issue around their personal circumstances.

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 felt comfortable expressing their views and felt autonomous in decisions about their day to day

care and support. One relative told us, "(Staff) know [relatives] likes and dislikes, foibles, (staff) are tip top. Their interaction is very good, and they talk to [relative] all the time, there's a focus on excellence. You couldn't improve absolutely first class."

- Meetings were held with people and their relatives when their wishes or needs changed. One relative told us, "My [relative] works closely with By Your Side to ensure everything is in place and working well."
- The provider ensured people experienced continuity of staff, this meant staff were able to get to know people well. People were asked for their feedback and were able to say whether they wanted to be supported by the 'matched' members of staff. One person told us, "(Staff) are superb. I really click with them. They understand my sense of humour. I think they enjoy coming to see me." One member of staff told us, "Carers are always matched to people and it works really well. If there are ever any issues, changes are made and it's never a problem. If a relationship doesn't happen with a person it's never looked upon as a failure, it's just changed." Another member of staff told us, "Each person will have a certain carer or team who support them. It's not about covering a call. It's about matching the person to the carer."
- Staff knew what mattered and what was important to people. For example, one person had pets that were of great importance to them. They had previously not engaged with care services The person's care plan stated how the staff should support the person's personal circumstances and lifestyle including care of their beloved pets. This had a positive impact on the person's quality of life as they now engaged with the care staff and their wider community.
- People's care plans promoted their independence. Staff spoke in detail about how they supported people, including those living with limited mobility, to remain independent. Comments from staff included, "Carers are encouraged to be proactive and look for solutions to any issues that may arise. We are empowered, in turn, this empowers people to be independent and we work together, rather than the person being 'cared' for" and "We're always supported by [Provider] to focus on attention to detail about what's important for people. For many people, it's about their independence and remaining in control of their lives. We are there to help but not take over and do."
- Staff engagement with people and following their wishes increased people's well-being and independence. One person had previously not engaged with care services and was at high risk of self-neglect, social isolation and loneliness. Staff worked closely with this person to create a dedicated staff team and to establish trusting relationships. Staff identified barriers to this person receiving support from health services and put plans in place to address this. Various steps were taken to support this person to develop their independence and reduce their social isolation. As a result, this person told us they have regained their "self-pride and confidence."
- People told us their dignity and privacy was maintained at all times. One person told us, "(Staff) are very good. When I'm [receiving personal care] they offer to put a towel over my lap. I don't care but I think they like to do it. I'm very happy with them."
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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 needs, choices and preferences were explored at the initial assessment to make sure the package of care was tailored to their wishes and needs. One person told us their initial assessment was "absolutely brilliant", they went on to say "(staff) are very good at looking after me. I have [multiple] conditions." One relative told us, "I've been very happy. (Staff) do [assessed needs and preferences]. I'm so happy with the service, I increased it."
- Care plans were personalised. Plans included a background history of the person, communication needs, mobility needs, nutritional support and health conditions. People were involved in compiling their care plans and reviewing them. One relative told us, "I think it's very good. Hands on from [Provider]. I think they are amongst the best. The (staff) are very compassionate, that's important. Then we see the same faces, [plan of care] is what's happening. [Provider] is very responsive."
- Staff had a good knowledge of the needs and preferences of the people they visited. They were committed to ensuring people received a high standard of personalised care and support. Staff were 'matched' to people which had resulted in people building relationships with them. Feedback we saw from a relative stated, "They get the balance perfect between the actual hands on caring and helping [family member] but also take the time to emotionally support [spouse] too which is very much needed. They are so warm and caring. I hope they realise the real difference they make every visit."
- Visits to people at the time of our inspection were a minimum of one hour which meant staff had time to ensure people did not feel rushed and that they had time to build trusting relationships.

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.

- People's communication needs were assessed in line with the AIS and recorded in their care plans.
- Staff told us about the different ways they communicated with people, including those people with limited communication or hearing impairments.
- Documentation could be produced in accessible formats for people who required this.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain if they needed to and felt confident they would be listened to. One relative told us, "The leadership is absolutely first class. I rang this morning about a [health

matter]. I can ring at any time." Another relative told us, "They are successful, quality is holding up, very positive and chirpy. I can't actually find anything of concern but know I can speak to any staff."

- A complaints policy and procedure was in place. We saw that any complaints that had been made were recorded, investigated and responded to promptly. Appropriate action had been taken in response and feedback given to the complainant.
- The provider was responsive to all forms of feedback and this was echoed in the comments we received from people.

End of life care and support

- At the time of the inspection, the service was supporting a person at the end of their life.
- Staff had been trained in end of life care and liaised closely with healthcare professionals to ensure people remained comfortable and had a dignified death, when this care was needed.
- People's end of life wishes and preferences were recorded, where known, with records of discussions held with people about their wishes regarding whether they wished to receive medical intervention in the event of an emergency.

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 the last inspection this key question was rated as good. At this inspection this key question has improved 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives consistently told us the service was exceptional and gave examples of how the service put people at the heart of everything they did. Feedback we received described the service as 'tip top', 'absolutely brilliant', 'excellent' and 'first class.' Everyone we spoke with as part of the inspection gave overwhelmingly positive feedback about their experiences of the service.
- The provider was passionate and committed to ensuring all people received an outstanding and bespoke service and we saw this ethos had been fully embraced by the staff team.
- People and their relatives commented on how the care and support had made a significant difference to their lives and had had a positive effect on their wellbeing. One relative told us, "We haven't looked back since. (The service is) absolutely fantastic. They have brought [family member] back to life. It gives [them] a quality of life. I'm quite happy to sing their praises." Another relative gave feedback which stated, "Superb. The (staff) will do anything we ask them. Often, they suggest ways they can help more. I honestly would not cope without their support." One person was experiencing barriers to remain in their own home whilst continuing to receive a care service. The provider and staff took various steps, with the involvement of health professionals and the person's family, to set up and provide a bespoke package of care. The relative told us that the support from By Your Side Homecare was "allowing him to live...just as he wanted."
- Staff morale was exceptionally high, and staff were proud to work at the service. A member of staff said, "Everyone is open and approachable. There is a strong family feeling in the team. I feel proud to work at By Your Side." Another member of staff told us, "It is a really positive environment to work in. There is a strong ethos of community amongst all team members. A real 'team' spirit." The staff turnover at the service was extremely low.
- There were regular meetings for staff where their views were encouraged. Staff told us they felt valued and their views were respected. One member of staff told us, "Everyone is encouraged to be involved in the service. Staff, people, relatives, everyone. I have always felt able to speak up. Everyone is approachable and [Provider] is very open to my suggestions and opinions."
- The provider had introduced a clear career pathway to support staff to progress into more senior or leadership roles by gaining additional qualifications, taking on additional duties and gaining experience. One member of staff told us, "The support is really good. I'm so impressed with By Your Side and the promotion of progress for staff. The opportunity for me from the management programme is really exceptional and I would highly recommend them as an employer." Another member of staff told us, "We're given the chance to swap and shadow other roles so that we can understand what happens 'backstage' at

the office."

- The views of people and their relatives were central in the providers evaluation of the service and driving improvements where needed. The results of a recent independent survey showed a very high level of satisfaction amongst people, with 100% of respondents stating they would recommend By Your Side Homecare to other people in need of a care service.
- Regular newsletters were compiled for people which provided information about staff changes, local events and information on how to stay safe. People and relatives told us they felt informed and involved in developments within the service.

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 understood their duty of candour. We could see from the detailed records being kept that feedback had been dealt with in a candid and honest way.
- The management team were aware of their responsibilities and relatives complimented the ease of communication. One relative said, "Staff ring up from time to time. They are well on top of things always. I'm very fortunate. I find them all very helpful and approachable and can ring at any time."
- The provider understood their responsibilities around notifying the CQC and had submitted all the required notifications.

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

- All staff were clear about their roles. People told us that staff carried out their tasks in a caring and responsible way.
- The service had a strong culture of learning and improvement. There were robust quality assurance systems in place. This included a range of audits, seeking the views of people who used the service and monitoring the skills, training and competence of the staff team. Detailed records were kept throughout the service.
- There were regular staff meetings. These included discussions of good practice and ways the service could improve. All staff attending were provided with opportunities to provide feedback.
- The provider and staff at all levels demonstrated a true passion and dedication to provide a service which exceeded expectations. This was reflected in numerous positive comments we received from people, their relatives and staff throughout the inspection.
- Staff received regular supervisions where they had the opportunity to discuss their role and performance. Staff training, skills and competence also regularly monitored through observations of their practice and refresher training. People all described the staff as being knowledgeable and competent.
- The provider was committed to continuous learning and improving the service people received. Where things went wrong there were open discussions with people and their relatives, and lessons learnt.
- The provider subscribed to updates from numerous organisations to ensure they were kept up to date with current best practice and changes in legislation. This was discussed at staff meetings to ensure all staff understood.

Working in partnership with others

- The service involved and worked closely with other professionals and services to promote positive outcomes for people. We saw examples of this in people's care plans and records. Staff we spoke with gave examples of working in partnership with a range of health and social care professionals. The service had involved external professionals to support one person, who now with the support of staff, has been able to access areas of their home that had previously been inaccessible to them due to limitations in their mobility. This person had also been supported by staff to leave their home and go outside following an extended

period of time being limited to their bedroom.

- People praised how well the staff at the service liaised with health professionals and as a result received the support they needed.
- As well as working with other health professionals we saw numerous examples of the provider supporting people to be part of their community and build community support networks involving people's families, neighbours, local shops and taxi firms as appropriate for each individual.