

Aylsham Homecare Ltd

Aylsham 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?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service: Aylsham Homecare is a domiciliary care service that provides personal care and support to older people, some of whom may be living with dementia. It was providing support to 17 people at the time of the inspection.

People's experience of using this service:

- People and relatives told us the registered manager and care staff were exceptionally caring. This was evident in the whole ethos of the organisation.
- People received highly personalised care from staff who knew them extremely well.
- Staff developed open and highly trusting relationships with people and their relatives and this maximised the benefit of the care provided.
- People were encouraged to have a voice. Equality and diversity was promoted and staff made every effort to ensure people's needs were met.
- People and relatives spoke of the service going above and beyond their expectations.
- People were encouraged to live their lives as independently as possible and they were supported to integrate into the community and socialise where possible. The service actively helped people avoid social isolation.
- Staff respected people's right to privacy and ensured people's dignity was upheld.
- Staff responded exceptionally well to any changes in people's needs and ensured there was an open and collaborative approach to developing people's care packages.
- People were actively encouraged to voice any concerns. People and relatives had confidence that any issues would be effectively resolved as soon as possible.
- The registered manager demonstrated exceptional leadership which positively impacted on people's lives and the whole organisation.
- The registered manager had developed strong community links which benefitted people.
- Staff were very well supported and their views and opinions were listened to, when discussing service improvements.
- Staff were provided with equal and inclusive opportunities to progress their careers within the service.
- Staff ensured people were always provided with care that kept them safe.
- Staff recruitment and training was very good.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- People were encouraged to live healthy lives and to ensure their diet and intake of fluids supported their wellbeing.
- The service met the characteristics of outstanding in caring, responsive and well-led.

Rating at last inspection:

- Good (report was published 12 September 2016)

Why we inspected:

- This was a planned inspection to check that this service remained Good.

Follow up:

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

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

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 ☆

Aylsham 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Inspection team:

- The inspection team consisted of one inspector.

Service and service type:

- Aylsham Homecare is a domiciliary care agency. It provides personal care to people living in their homes.
- The service had a manager registered with the Care Quality Commission. The manager 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 24 hours' notice of the inspection visit because it is small and the manager may be out of the office supporting staff or providing care. We needed to be sure that they would be in.
- Our inspection process commenced on 25 March and ended on 28 March. We visited the office location on 25 March to see the manager and care staff.

What we did:

- Our inspection was informed by evidence we already held about the service, including any statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We spoke with three people who used the service and three relatives.

- We spoke with the registered manager, the assistant manager, a senior carer and two care assistants.
- We received feedback from a GP and local authority safeguarding social workers.
- We reviewed three people's care records and documentation relating to the management and governance of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe in the care of staff. One person told us, "Yes, I do feel safe, they are very, very good." One relative said, "I absolutely feel my [relative] is safe. They would soon say if they didn't feel that way."
- Staff received training in safeguarding and could describe signs of potential abuse. They said they would report any concerns immediately to the manager. Staff told us that safeguarding and whistleblowing policies were easily accessible in the manager's office.
- There had been no reason for the service to make any safeguarding referrals and no concerns were raised by the local authority safeguarding team.

Assessing risk, safety monitoring and management

- There were reliable systems in place to identify, assess and reduce the risk of people coming to harm.
- Staff knew people very well and could explain without hesitation how they catered for individuals needs to ensure they remained safe. One member of care staff told us, "[Person] tends to forget to walk with their frame, so I remind them to do so, so they can support themselves. I make sure they are clear about how to use the stair lift and that it is in the right position for them. "
- We saw, and care staff told us, that risk assessments were very clear and regularly reviewed. Assessments covered many areas of potential risk including a person's ability to mobilise safely, their approach to personal hygiene, their dietary needs, their ability to communicate, their behaviour and environmental risks in the home. Where risks were identified, it was clearly stated in a person's support plan what care staff should do or be aware of to reduce the chances of them coming to harm.

Staffing and recruitment

- People and relatives told us that they were very happy with the staff and that they had never had any problems with missed visits or timekeeping. One person told us, "They have set times and they have always come when they said they would come." Another person said that staff routinely stayed for the correct amount of time.
- We saw from recruitment files that the registered manager had followed appropriate recruitment procedures and carried out the necessary background checks. This ensured suitable staff were in place to meet people's needs safely. A member of staff told us, "I do think that [Registered manager] picks their carers well, they don't advertise, they only select through recommendations, and they are scrupulous in their choice."
- The registered manager only employed staff who lived within walking distance of service users. This helped reduce the risk of care staff running late. The service had created a policy and procedure for adverse weather conditions to provide further guarantee of uninterrupted service provision.
- The registered manager told us they never used agency staff. The assistant manager and registered

manager were available to cover shifts, if care staff were unable to cover annual leave or sickness absences between them.

Using medicines safely

- Staff prompted people to take medicines themselves and this was documented in peoples' support plans. There were also suitable risk assessments in place.
- People and relatives were happy with the support they received from staff regarding their medicine. One person told us "[Care assistant] checks my medication for me. I take my own medicines - only one pill a day, [Care assistant] re-orders when I need them, so that's really nice."
- Staff did not administer medicines however they were all trained to do so.

Preventing and controlling infection

- All staff were trained in infection control and followed safe procedures to minimise the risk of the spread of infection. Staff said they always wore gloves and aprons when providing personal care.

Learning lessons when things go wrong

- Staff understood the importance of reporting any safety incidents, concerns and near misses. There were clear processes in place for this which staff were familiar with.
- If people experienced falls, these were logged and monitored monthly on a specific falls chart.
- There had been no other incidents or accidents in the past 12 months, however there was a clear process for logging and monitoring them should they occur.
- Due to a person experiencing repeated falls as their health deteriorated, the registered manager introduced a 'Falls Management Policy and Procedure'. This formalised the service's approach to ensuring close oversight and careful management of people who experience falls. It demonstrated that the registered manager learnt lessons and made improvements in response to an identified problem. Team meeting minutes confirmed that this learning was shared and discussed fully 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

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

- Records showed that people were thoroughly assessed before they started receiving the service. The registered manager told us this was very important to be certain that staff could provide the care and support needed. Care staff told us that they discussed in depth a new clients care needs with management before being introduced to them.
- The needs assessment process gathered information relating to healthcare, personal care, medicines, diet, communication. People's preferences and wishes in respect of their care were identified. People's background, interests, cultural and religious beliefs and likes and dislikes were also explored and documented.

Staff support: induction, training, skills and experience

- People and relatives told us that staff were knowledgeable about their individual needs and looked after them very well. A relative said, "Whatever the training is, it is preparing them well because I'm satisfied and my [family member] is more than happy." Another relative told us, "When [family member] needed to start using a hoist, staff spent time with us and showed us how to use it."
- Staff confirmed they had regular training, which they felt equipped them well to do their role. Records showed that all members of staff were up to date with their training.
- New members of staff received a planned induction, involving 11 mandatory training courses and introductions to people and their care packages. One member of staff told us, "I did courses for whole days, first aid, lifting and handling and the other mandatory training, I shadowed other staff and I was observed in practice." The assistant manager told us, "I always make sure I go out on induction and see how they work."
- Six monthly competence checks, which were sometimes unannounced were undertaken by managers or the senior care worker. Care staff told us they were provided with feedback on their performance and that they had regular supervisions and appraisals, which they found useful.

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

- Where people required support with their nutrition and hydration, this was provided to the satisfaction of people and their relatives.
- Staff knew people's individual needs well and described how to offer personalised support. For example, one care assistant told us, "We put [person]'s food on their trolley for them and they feel where it is. Sometimes we assist them to get the last bit on the fork and spoon or to take the yoghurt pot lid off. We also make them hot drinks as they don't feel so safe doing that."
- Care files contained information relating to people's dietary needs, the risks associated with them and the support they needed. One person had difficulty swallowing and their care plan clearly stated that they needed a diet of high calorie, mashed and liquidised food and thickened fluids. Information relating to the

amount of thickener required and the types of food that could be pureed was included. It was clear that the person should be encouraged to alternate between fluids and foods, and that monitoring for coughing and chest infections was recommended.

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

- People, relatives and a GP spoke highly of staff's ability to identify health needs and support people to access healthcare services. One relative told us, "They have been fantastic with emerging health problems. My [family member] had a mini-stroke and they have been there to help more than once." Another relative told us, "Health-wise, very often it is the carers who will notice changes even if I don't and I see [family member] every day."
- A person told us, "My carer advised me to have the doctor when I had a very bad cold, as they thought I needed antibiotics. They were right and I was prescribed them as the doctor said they were necessary."
- A GP from a local surgery spoke about another person and said, "[Registered manager] identified promptly when there was a need for GP input. They were helpful in providing background information on [person]'s health and how it had changed."
- We heard examples of staff acting to prevent problems from developing in the first place. A care assistant researched and arranged for people to benefit from a dentist who provided domiciliary treatment. This level of care was also picked up on by the GP who told us, "[Registered manager] was proactive in trying to maintain [person]'s health." The registered manager told us, "We're all keeping an eye on everyone."
- The service worked collaboratively with a range of professionals to ensure effective healthcare. This included arranging appointments or referrals where appropriate and discussing care provision with professionals such as social workers, GPs, district and continence nurses, occupational therapists and specialist teams such as the Speech and Language Teams and Falls Clinic.
- People's care files contained a summary information sheet, detailing key information about their health and care needs. This could accompany them should there be a need for urgent hospitalisation and help ensure their health and care needs were consistently met.

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.
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised.
- Staff worked within the principles of the MCA. A GP told us, "I have no concerns at all about their ability to understand and treat a person with limited capacity or dementia."
- Staff had all received recent training on the MCA.
- Staff understood the importance of asking for people's consent before offering care and offering people choices.
- Staff were also aware that some people needed support to make their own decisions. A care support worker explained that whilst a person could make decisions about current activity they were unable to decide on something which would happen in the future.

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

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

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

- People and relatives couldn't speak highly enough about the consistently kind and compassionate care provided. One person told us, "They really are lovely girls and I am thrilled to have them. They are very good and very kind." Another person said, "The care is fantastic. The girls are so good and so kind. I couldn't wish for anyone better to come in and do the care for me." A relative of another person said, "They are truly kind people. [Family member] is pretty much housebound, so having that personal contact with another human being who is cheerful, proactive and caring, life wouldn't be worth living without it." A second relative told us, "On my visits to my [family member] I have come to know the individual carers. Each of them has impressed me with their dedication and willingness to carry out all the caring tasks, some of which are demanding and difficult. They have all been friendly, cheerful and positive throughout."
- People were treated with exceptional care and we heard numerous examples of staff going above and beyond to enrich people's lives. A relative told us, "[Assistant manager] would take [family member] in the car for an ice-cream and a chat, which other relatives didn't feel comfortable to do. They have been instrumental in giving my [family member] extra life to what they could have with the family." The registered manager told us, "I know all my staff go out of their way, beyond their working day to make people feel better."
- We heard how staff continuously undertook extra, thoughtful acts in their own time. A relative told us, "[Family member] was really excited by the fact that they had sat down with them beyond the allocated time. They all do that. Some of them have helped with hanging out the washing, little extra things if [family member] asks." A person told us, "Once or twice I ran out of bread and another time I needed some shopping and the girls said they would do it. They go outside their duties and they really are very kind." A member of staff told us, "Families don't always have the time, or live a long way away. That's what we're there for. We give them extra time." Another staff member told us, "We go the extra mile - we nip to the shops, we buy people a Cromer crab."
- We were told how staff helped a person to wear their medals and attend a poppy remembrance display. The person's relative said they also arranged birthday parties, gave a Christmas stocking and visited the person in hospital. The relative spoke about their family member benefitting from this 'warm and valued relationship'. Care staff also ensured that people received cards, birthday cakes and Christmas presents. One staff member regularly made a birthday cake for a person who was 110 years old this year. Due to that person's sight difficulties, staff bought them a very large, personalised birthday card.
- Staff considered the small things that mattered to people. One person was accompanied by a member of staff to the hairdressers to have their hair cut and their watch strap mended. Another person was helped to buy some new clothes. A GP recognised the efforts made to offer comfort to another person. They told us, "The care staff ensured someone stayed with [person] after I had seen them until the ambulance arrived -

this could have been for up to four hours. They provided an extra level of service. "A relative told us, "The staff have paid attention to various needs including even overseeing repair and replacement of white goods, when needed."

- Staff really got to know people well and people benefitted greatly from this. A relative told us, "Carers picked up on [family member]'s humour, like bringing biscuits when they shouldn't really have one, a little joke - [family member] really liked those personal touches. You'd see the old twinkle in their eyes. The care staff really have helped [family member's] quality of life." Another person told us, "It's difficult to describe, you feel part of the community and part of things. It puts you in touch with people otherwise I probably wouldn't see anyone, it really helps a great deal. They always make me happy and we have quite a laugh." A care worker told us, ""I spend time talking with them all. They are all lovely. It's very important to do that it makes their day, some of them don't see people day in day out."

- It was clear that staff and people genuinely enjoyed each other's company. A person told us, "I chat with my carers that's part of having them and having a nice time." A relative said, "[Family member] loves company and feels comfortable with the carers." A care worker told us, "[Person] loves chatting. Their capacity is great. They are really interested in my dating! They gave me a birthday card with 'you are special to me' on the front of it."

- We repeatedly heard that staff developed open and trusting relationships with people and their relatives. They were knowledgeable about the things people found difficult and how to overcome these. A relative told us, "[Family member] was a very intellectual person, who at times didn't like chatting for the sake of it, the care staff were brilliant - they got the measure of that quickly. They are very aware of what [family member] would like to have on the tv and that [family member] doesn't like too much chatter between other people because they feel excluded as they can't join in. They are really perfect." The relative told us, "They were pushed in a wheelchair by the carer and were calmer as a result – they would have been agitated and upset if it had been a family relative."

- We heard other examples of staff showing empathy and sensitivity to people's needs. For example, the registered manager arranged for photographs of a person's family to be put on their wall as they were becoming forgetful. We heard how care staff arranged for staff from the local library to visit people with poor eyesight, so they could benefit from talking books. A relative told us how the staff had been very sensitive to their relative's wish for her personal space and privacy to be respected. The relative said they managed this well and their family member was very happy, "They welcome them now for the quality of the care."

- Staff responded to people's cultural, religious and personal preferences with sensitivity and discretion. For example, a member of staff told me, "When family members are around, we have to be sensitive about birthdays and celebrations" when describing one person's religion.

- One of the ways staff developed such a close understanding of people was by ensuring people were usually cared for by the same carers. The registered manager told us, "The rotas do not change to ensure people usually see the same group of care staff. This enabled people and carers to get to know each other very well. People regularly see the same team of care assistants which they like." A relative told us, "The carers have been lovely, they soon became familiar and trusted faces. I give them a hug and kiss like I do my parents."

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

- People and relatives told us that they were all supported to be involved in their care decisions. A person told us, "Yes, you are involved in decisions about care." Another person said "Yes, you feel listened to and carers act on my wishes."

- Staff went to great efforts to provide people with information and help them to feel comfortable to express their views.

- The registered manager showed people photographs of the people who might be involved in their care, when they first started the service. They told us, "When I do assessments, they quite like this because they

may recognise people and local people who are involved. Once a person had a good reason to choose not to have a particular carer and they were able to tell us this because of the photographs."

- The registered manager also spent enough time with new people using the service before they matched them with a care worker. A member of staff told us the registered manager was good at matching people up. They said, "[Person] is a new client and is quite feisty and it suits my personality. Other people like a quieter person such as [care worker]".
- A newly introduced keyworker system also supported people to communicate. The registered manager told us, "Anything personal or difficult they might find it easier to speak about with their Keyworker, who goes in a lot more so they feel closer to them. "The choice of keyworker was determined by people's preference and compatibility.
- People's care was not rushed. This enabled staff to spend quality time with people and further supported their involvement in discussions about their care. People could express their views in their own time and at their own pace.
- People, and where appropriate, their relatives, were involved in care planning and the service ensured that people were at the heart of the process. A care worker told us, "We go to the home and introduce ourselves, we speak about their needs and ask how would they like us to do things, what they need done. Sometimes the family members show us too." We heard that staff spent a lot of time explaining and guiding people during assessments and reviews.
- Staff knew people's individual communication abilities. Staff told us how they helped a person with limited vision to read by providing them with a very large magnifying glass. They also helped people with difficulty verbalising by offering a pen and paper, using agreed signs, and being patient with them.
- The registered manager confirmed they would discuss and encourage the use of an advocate to people who may benefit from one.

Respecting and promoting people's privacy, dignity and independence

- Without exception, staff encouraged people to make their own choices and to be as independent as possible. A GP told us, "The staff were very proactive in trying to maintain [person]'s health and independence." A person told us, "They are very good and very kind and they don't treat you like a child." One care assistant told us, "I absolutely love working here and making sure clients are as independent as possible. If they can do it, I always let them do it." Another care assistant said, "I try to promote independence, you want to try and get people to do things for themselves, not do it all for them."
- We heard about respectful care which upheld people's dignity and helped ensure people were comfortable. This was often achieved by knowing people well and ensuring person-centred care delivery. For example, A care assistant told us, "I know [person]'s pad will need changing but if you asked them directly they'll say it'll be okay, so I do it discreetly and without letting them know what I'm asking about." A person told us, "When they've had to give me a shower, they appreciate your dignity and they are really very kind."
- Staff had a clear understanding of personal boundaries. A care worker told us, "I would always leave the room if relatives came and they wanted to talk. I would always maintain their privacy".

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The service was extremely responsive to people's needs and everyone spoke very positively about the impact of the care received. One relative told us, "Without the level of help and support [family member] could not manage in her own home." Another relative told us, "They've given my [family member] a life."
- People were always central to the care planning process. Staff took time to get to know people so they knew how they would like to be supported. Care, treatment and support plans were personalised, thorough and reflected people's needs and choices. They included information about personal circumstances and how people wished to be supported.
- We heard about many examples of staff meeting people's care needs and in some cases, the input of the service significantly improved people's quality of life. For example, a relative told us, "I think the care staff have slowed the deterioration in [family member], their appetite remains very healthy." Another relative told us their family member benefitted not just physically from the support of the carers, but emotionally too. We also heard how two people, who were at risk due to poor personal hygiene, were initially very reluctant to let care staff provide personal care. However, with the support of care staff they now have regular showers. A relative of one of these people told us, "In a very supportive way, staff got [family member] to accept having a shower and that's a weekly occurrence now. They have a weekly shower and shampoo which is excellent news. [Family member] now speaks very positively about having a shower."
- Relatives praised the staff for their readiness to respond to changes or any difficulties people encountered. One relative told us, "When [family member] had a fall, [registered manager] and their team sprang into action. They were there to help move a bed downstairs whilst [family member] was in hospital and to provide advice and comfort to the rest of us." Another relative told us, "It is very comforting for us to have a team of carers who are trustworthy and who have demonstrated their willingness to "go the extra mile" and provide whatever care is needed based on the situation they are faced with." A third relative said, "If something is going wrong with [family member], [care assistant] will spot it."
- People's changing needs were promptly assessed and information was sought from the person, relatives and other health care professions involved in their care. We heard about the intervention of the service in the care of one person. The registered manager told us, "We liaised with their family with suggestions to reduce the risk of falls and decided what was best. We then went to social services, with the family's consent. We involved the GP and then liaised with an occupational therapist. [Person] had a hospital bed and a recliner chair. We looked into purchasing one privately as well as they needed a tall back. We looked at all the things. Ultimately, we put in night shifts to keep our client at home and safe. We did this for six months."
- There were further examples of the service acting flexibly in response to changing needs. One relative told us, "We realised that [family member] needed additional help so we asked Aylsham Homecare to up the care and there was no problem in doing that." Another relative said, "My [family member] had been a little poorly and I couldn't visit so I asked [registered manager] to put in an extra visit and there's that flexibility in

the care plan which was happily implemented."

- People were supported to be socially active and access the community. The registered manager demonstrated their commitment to this important aspect of care. They told us, "I've tried to engage with the community and to be involved in it. I think that's helped me to help my clients. For example, [person] had problems with isolation and felt that their days were being wasted by not getting out and about. I've joined the Older People Association in Aylsham which takes elderly people and [person] has started going to it. I went with them on the minibus to start with as they felt quite nervous. They now go every week on a Friday on the minibus with the other people and they love it "
- People were encouraged and supported to maintain relationships with people that matter to them and avoid social isolation. The registered manager told us, "[Assistant manager] took [person] to see [person] – they used to know each other when they were very small and they found out from other people that we looked after both. They hadn't seen each other for years - they had such a lovely time together."
- The service was extremely inclusive and always consulted and involved family members in care decisions, as appropriate. One relative told us, "We are absolutely involved in decisions about care. [Care assistant] would get straight on to me regarding general issues and updates, [registered manager] comes and asks too. Even things like taking [family member] to the dentist and arranging a hairdresser. Nobody ever does anything off their own bat without checking. They always check first." Another relative told us "[Registered manager] has always taken care to keep us informed and consulted when decisions have had to be made." A further relative told us, "If the team have come up with an idea, they contact me and ask me how I feel about it."
- There was excellent handover between staff. This ensured that important information was shared and acted upon where necessary. We saw detailed daily notes and heard from staff that they always updated colleagues immediately about people's wellbeing. Staff were entirely committed to ensuring peoples' needs were constantly met. The registered manager told us one of the reasons for introducing the keyworker was to ensure that weekly tasks such as changing a person's bed linen, or a certain shopping errand, were carried out with the regularity required.
- People could make choices about their care and be as independent as possible. A GP told us, "Staff had a good understanding of the patient and their requirements, and they respected [person's wish to remain as independent as possible and with their support, they helped [person] to achieve this." We heard many examples of how care staff gave people choice and promoted their independence. A care worker told us, "I make people meals - normally the day before they will say what they would like out of their freezer and we make it the next day. If they didn't fancy it though we ask for an alternative. The other day a person said they fancied a scrambled egg on toast, so I said that's fine and made it for them." Another care assistant told us, "They come with me and pick what they would like to wear. I would show them options. [person] comes back in the bedroom with me and makes their decision."

Improving care quality in response to complaints or concerns

- People were very well supported to raise a complaint if they wished to. The registered manager ensured that photos of every member of care staff was included in people's care files in their home. This would help them if they had a concern but could not remember the name of the carer. They told us, "This empowers people to tell us by pointing to a face if they have any concerns."
- The registered manager also made sure they were always available and visible to people in case they wanted to speak to them.
- The registered manager told us that any complaints and concerns were taken seriously and used as an opportunity to improve the service. People and relatives told us they had every confidence that the registered manager would resolve concerns promptly. A person told us, "I feel confident that [registered manager] would deal any problems."
- No complaints had been raised by people using the service or their relatives.

End of life care and support

- The service did not provide end of life care however, where people had made advanced decisions, these were recorded on file.
- Staff were aware of and acted appropriately when a person was likely to be approaching the end of their life. A GP told us, "The staff recognised that [person] might be needing end of care treatment or hospital treatment."

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff were committed to delivering outstanding personalised care and a culture of inclusivity, respect and compassion was embedded within the service. Managers and staff fully understood their roles and their shared responsibilities for ensuring people experienced the best possible quality of life. When asked to describe how they felt about the care they received, one person told us, "I am very, very satisfied". A relative said, "I think the service is exemplary. Really, I don't know where we would be without them. I can't speak highly enough of them." Other comments from relatives included, "[Registered manager] and the girls were absolutely amazing", "Getting to know the people at Aylsham Homecare has been one of the few silver linings to the cloud of [family member]'s deteriorating health." and "I can relax as I know my [family member] is being looked after well,"
- The service was driven by a desire at all levels to meet the needs of the those being cared for. The registered manager and assistant manager led by example. They provided excellent leadership, showing compassion and a real desire to maximise people's wellbeing. The registered manager told us, "I give a lot of time and effort and my work means everything to me. I always check, have I done enough for everyone, have we implemented enough innovative strategies. Work is a big part of your life and my principles are to try and keep everyone as independent as possible in their home, with a good quality of life and keep them safe." A relative told us, "My parents and I were impressed by [registered manager]'s professionalism from the first meeting. They have been professional, courteous and kind." We heard from several relatives how grateful they were for the care the service gave their family members. One relative told us, "They've been a life saver, they have put our minds at rest."

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

- The managers fostered an open and supportive working culture. By encouraging and rewarding high performance, they created a team of enthusiastic and dedicated staff. A member of staff told us, "I love it here, it's rewarding, I do really enjoy it." Another member of staff said, "I've been with [Registered manager] for a year now, I absolutely love it here. All the carers are lovely, there's a good team spirit."
- Staff told us the managers were always approachable and that they felt very well supported. Staff were encouraged to develop professionally and there were systems to reward and encourage positive practice. A care worker told us, "[Registered manager] is very supportive and positive about our future development." Another care worker said, "Yes I have another training course because I've been promoted. I felt honoured." The registered manager confirmed that they supported staff to complete nationally recognised qualifications when they were ready to. When speaking about one member of staff, they told us, "[Member

of staff] was offered a promotion as they are very good and very kind. I wouldn't want to lose her."

- It was evident that there was a very positive working environment. The registered manager told us, "I try and think of them - they are important, not just a worker to me, I try to adapt their working practices to suit their working life's. I listen to them, I have covered child care issues when necessary. I'm kind and fair to my staff. I pay them a good wage, which motivates." They went on to say, "We have a Christmas meal together, staff received a Christmas bonus and birthday cards. If you appreciate your staff you retain them."
- We picked up on the atmosphere of good will and trust amongst staff and this supported excellent care provision. The assistant manager told us, "If you know your staff well enough and trust them, you know they are committed. We know we can 100% rely on our staff." A member of staff told us, "We all go above and beyond, because we want to."
- We saw excellent governance in practice. Internal audits demonstrated that the service benefitted from a robust and effective quality assurance mechanism, which ensured continual service improvement. Listening, learning and improving was central to the way the service functioned. Information was readily available, easy to follow and actions required to address any issues arising were promptly addressed. The service was compliant with regulatory and legislative requirements.

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

- There was a strong organisational commitment to ensuring inclusion in the workforce. The service showed sensitivity in managing potential difficulties and staff were treated equally and with respect. The registered manager described how they responded to a situation with a member of staff. They told us, "I did this because [member of staff] is outstanding at their work and we wouldn't discriminate."
- Staff told us they could easily speak with managers who were open to and interested by new suggestions and ideas. Staff were actively encouraged to contribute ideas to shape the service through regular staff meetings and open communication with the management team. Staff were empowered to care in a way that they would care for their own family and told us they felt listened to and valued.
- Staff also had opportunities to reflect on their practices and share information through regular supervisions and appraisals. The registered manager carried out observations of practice which helped staff to develop and learn in a positive, no-blame culture.
- People and relatives were involved in service improvements. A relative told us, "Absolutely if there are any issues at all I know I can speak to [registered manager] and that [registered manager] can speak to me. We can quite easily have frank sensible exchanges of an open dialogue." People told us that they knew and liked the manager. They were happy to give their views in person and via the annual survey which was conducted by the service. Feedback was extremely positive and had improved in the surveys conducted over the past three years.

Continuous learning and improving care

- The registered manager had worked creatively since the last inspection to enhance the experience of people using the service. This showed they were forward-looking, motivated and continuously looking for ways to improve.
- They had introduced the idea of showing people photographs of care staff upon introduction to the service. Photographs of care staff were also included in people's care files to assist them if they forgot who someone was.
- The keyworker system had been implemented to support people to voice their opinions about their care to a nominated care worker who they often saw and felt very comfortable with. The introduction of a keyworker also reduced the risk of less frequent care tasks from being overlooked.
- The registered manager had also actively sought to create stronger links with the community for the benefit of people using their service.
- Staff had benefitted from changes made too. The registered manager had identified a new training

provider, which delivered training to smaller groups, than the previous trainer, and was located closer to Aylsham. This made it easier for staff to attend courses and benefit from more discussion time with the trainer. Team meeting minutes revealed that the manager had also arranged for staff to undertake e-learning as well as classroom training. This was in response to staff indicating that at times attending all the training in person was difficult to achieve. Due to a fire in a local residential home, the service also arranged all staff to undertake Fire Safety Training.

- The registered manager spoke of further ideas to enhance people's care experience. They told us, "I considered doing a newsletter for clients but I didn't think there was enough info to be shared. But that was in my thoughts. I thought it also might be nice to have a DVD so when we welcome new clients, we'd have our faces to introduce the whole team - a bit about what we do and our service - but staff weren't so sure, so we haven't done that ...yet!"
- They told us, "I had a meeting the other day with all staff and asked if there was anything in the future years we'd like to develop and implement. We will go for the Norfolk Care Awards."

Working in partnership with others

- The service had strong links with local support groups for people living with Parkinson's and dementia. The registered manager was also a member of the Older People Association in Aylsham.
- The service worked very well with two local GP surgeries and a wide range of health care professionals.
- The registered manager attended Norfolk and Suffolk Care Support meetings to keep up to date with legislation and guidance. They also said they networked with registered managers of other agencies that delivered high quality care and discussed policies, guidance and shared good practice.