

In Home Care Limited

In Home Care Ltd

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

In Home Care Ltd is a domiciliary care agency providing personal care to people in their own homes. The service was supporting 80 people with personal care at the time of the inspection, including older people and those living with dementia, people with a physical disability, sensory impairment or a mental health condition.

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 and relatives told us the service continued to provide safe care. Safeguarding concerns were acted on and risks to people were assessed and managed safely. Staff worked proactively with other professionals and agencies to ensure people had the care and resources they needed to live safely. People were supported by enough staff with the competence and skills to meet their needs. Staff were recruited safely and employed because they shared the values of the service, to provide person centred care. People received their medicines from trained staff who were assessed as competent in their role. Staff used safe infection control processes to protect people from the risk of infection. The service analysed incidents and any trends to make improvements to the care people received.

People were supported to have maximum choice and control of their lives and staff supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People and relatives spoke highly of the staff who they found to be skilled, professional and competent. Staff completed an induction into their role and were supported in their on-going professional development. The service ensured people were supported by staff who had the training and skills to meet their specific needs. There was a holistic approach to the assessment of people's needs and to ensuring people had access to the support and resources they needed which had resulted in positive outcomes for people.

The service provided outstanding care from staff who delivered an exceptionally kind and compassionate service. Staff often exceeded expectations by going the extra mile to promote people's wellbeing and quality of life. Staff built positive relationships with people, their families and these relationships were valued by people and staff. The culture of the service supported staff to provide high-quality person-centred care. People and relatives told us they were fully involved in expressing their views so that care could be delivered in line with their preferences and decisions. People were asked about their protected characteristics under the Equalities Act (2010). This provided people with the opportunity to discuss their diverse needs, should they wished to do so and supported person-centred care.

People told us their needs were met and care plans described how they preferred these to be met. This

included people's communication and activity needs to help prevent social isolation. People and relatives told us the service was responsive to their needs and acted on any concerns or complaints promptly. No one was being supported with end of life care at the time of our inspection however, the service had the experience and guidance available for staff should the need arise.

Feedback from people, relatives and staff was consistently positively about the management of the service. The culture of the service was inclusive, and person centred and achieved good outcomes for people. People told us, and evidence confirmed they were regularly consulted about their experience of the service and their feedback was acted on. Systems were in place to monitor the quality and safety of the service and staff were supported to be accountable in their role through supervision, team meetings and observations. 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 outstanding (published 08 February 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

In Home Care Ltd

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 was carried out by one 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 23 December 2019 and ended on 10 January 2020. We visited the office location on 30 December 2019 and 03 January 2020.

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 and professionals who work with the service. 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 seven people who used the service and three relatives about their experience of the care provided. We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the registered manager, deputy manager, a care supervisor, two senior care workers, and one care worker.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two 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 reviewed.

After the inspection

We spoke to one care worker by phone and we received written feedback from 13 care workers. We received feedback from two local authority social service professionals. We continued to seek clarification from the provider to validate evidence found and received further information from the registered manager.

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.

Using medicines safely

- A policy and procedures were in place, based on current best practice guidance to support staff to manage people's medicines safely.
- Staff completed training in supporting people with their medicines annually or when concerns arose. Competency assessments, including knowledge checks were carried out every three months during a supervision to check staff remained competent.
- We found some inconsistencies in the management of topical medicines (creams applied to the skin). Not all records showed instructions were available to staff on where and when to apply these creams. In addition, medicines prescribed to be taken 'as required' (PRN) did not always have guidance in place so that it was clear to staff when to give a medicine, the maximum dose to be given and the amount of time between doses. The registered manager acted immediately to address this and introduced detailed PRN protocols for these medicines and further information on the application of creams.
- People's Medicine Administration Records (MAR) were regularly checked by senior staff to identify any errors and monitor people received their medicines as prescribed. Errors were acted on to ensure people were safe and staff training needs were reviewed if necessary.

Systems and processes to safeguard people from the risk of abuse

- The service continued to safeguard people from abuse and people and their relatives told us the service provided safe care. Their comments included "My relative is safe with the carers", "We have no concerns about safety or security" and "Absolutely safe."
- A system was in place whereby staff reported any concerns to the senior staff team. Records showed action was taken in response to concerns and to promote people's safety and wellbeing.
- Staff we spoke with and those who sent us written feedback, had completed training in safeguarding and understood their responsibilities to safeguard people. They knew how to report their concerns.
- When safeguarding concerns were received by the service they acted to investigate these and worked with the local authority safeguarding team to ensure people were protected from harm.

Assessing risk, safety monitoring and management

- People's risks were assessed and actions in place guided staff on how to minimise risks. A social care professional told us how the service worked closely with them to support the management of risks to people and had a robust and 'person centred' approach to risks.
- Risks relating to people's health conditions were fully assessed, which helped to ensure staff were aware of people's needs and signs and symptoms, which may indicate a deterioration in people's health. These included; dementia, cancer, pressure sores, risks of choking, risk of urinary tract infections, Parkinson's

disease and diabetes.

- Staff we spoke with and those who provided written feedback, understood how to minimise risks to people. They told us they were supported by senior staff and guidance from other professionals to provide safe care.
- People were consulted about managing fire safety in their homes. The registered manager told us people were asked whether they had a Personal Emergency Evacuation Plan (PEEP) in place. This provides information about the support people require should they need to evacuate their home. People who chose to do so, were referred to the fire brigade for an assessment. This helped people to stay safe for example, the registered manager told us about a person who had a vibrating alarm under their pillow because they were hearing impaired.
- One of the senior care staff also had a 'client welfare' role. This meant staff could refer any concerns to the senior, so they could visit and reassess people's needs. The senior told us "If a concern comes in regarding a client usually around their mobility, I go out and observe the calls. If I need to and action any concerns, support can be with mental health, mobility or oral hygiene, I look at them holistically." Evidence showed people experienced positive outcomes from this support, which had minimised risks to people and resulted in them receiving safer and more appropriate care.

Staffing and recruitment

- Pre-employment checks were carried out and included character and previous employment references and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.
- The recruitment system included checking applicants' values were consistent with providing good quality care, such as their approach to dignity and respect, choice and safeguarding.
- There were enough staff to meet people's needs and provide a reliable service. People and relatives' comments included, "They [staff] are very reliable. Occasionally they are a bit late but never without there being a good reason. If they [staff] are going to be really late they call and explain", "Reliable and never in a rush" and "Sometimes [staff are] a bit late but never by much. Usually because of traffic or previous person being unwell which can't be helped. I'd say they [staff] are reliable. They never rush me at all."
- Staff we spoke with and those who provided written feedback, told us there were enough staff. Although some staff commented weekends could be 'stretched,' which meant available staff covered more calls to ensure people's needs were met.
- The registered manager told us there were two staff on-call to provide out of hours support and 'back up' care staff each day, to cover for unplanned staff absence.

Preventing and controlling infection

- Staff completed training in infection control and were provided with protective equipment such as gloves and aprons. Supervisory staff checked all staff practised good infection control during spot checks.
- People and their relatives confirmed staff practised safe infection control and a person said, "They [staff] always have the right protective clothing and they use it to help with personal care."

Learning lessons when things go wrong

- The service monitored incidents and concerns individually and then reviewed trends quarterly, this enabled the registered manager to identify any recurring issues and act to address these. For example, improvements had been made in the management of medication errors to ensure staff received more frequent training and competency assessments, in addition to annual refresher training.

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.

Staff support: induction, training, skills and experience

- People and their relatives described the service as 'excellent and professional.' In addition, people told us they recommended the service to others and were 'happy and satisfied' with the service they received. A relative said "I can't fault them. Excellent care. They are brilliant. I have recommended people to them as clients and as care workers."
- People and their relatives told us staff were competent and well trained. Comments we received included; "They [staff] are superbly trained and it's an ongoing process, so staff are up to date with the latest information", "They all seem well trained and knowledgeable. Many times, the carers have shown me how to cope with small problems and have advised me who to contact (District Nurse/GP) when necessary" and "They [staff] are well trained, and they have to be as my relative has complicated needs."
- The provider had a training centre that delivered in-house face to face training for staff as well as e-learning training, in subjects considered mandatory by the provider. Records showed staff completed this training as required. Some senior staff were qualified to deliver training themselves and this enabled them to provide group training and support staff individually. All the staff we spoke to and those who provided written feedback, told us they received training which supported them to provide effective care.
- Staff feedback from training showed the individual learning styles and needs of staff were met. This ensured staff training was effective.
- New staff completed an induction and a staff member said, "Brilliant! Medication, moving and handling, how to do things properly and I did three days of shadowing. I got an insight on what you had to do, and I know the door is always open if I don't feel confident. There is always more training available. I felt 100% competent when I went out on my own in everything!"
- In addition, training was developed to support staff to meet people's individual needs, for example epilepsy training was planned for staff supporting a person with this condition. A staff member told us "I have had dementia training and PEG feeding training. Which has been essential for supporting clients with dementia who have a PEG in place. The PEG feeding training was done by a specialist nurse from [hospital]. They used the same machine that was being used on the client, so it was very client specific." A Percutaneous Endoscopic Gastrostomy (PEG) is a feeding tube placed directly into the stomach for people who are unable to eat by mouth. Training was also being arranged at a local hospital for a person and the care staff, to learn how to help the person manage pain without medication.
- Staff, including senior and management staff, had access to professional development training such as qualifications in health and social care and leadership courses.
- Records showed, and staff confirmed they received regular supervision. A staff member told us "Yes I receive supervision and appraisals. They help you think about what you are doing and if you could improve. Also, it helps with keeping information fresh and you feel supported."

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

- The service carried out comprehensive and holistic initial needs assessments with people, including people's physical, mental and social needs. Once the person had agreed their assessment of needs, a person-centred care plan was developed for their ongoing care. A person told us "Before they [staff] started, they [management team] came and talked to me and found out exactly how they could help."
- People were asked about their preferences for the staff who would provide support them and the service aimed to meet these. This included the recruitment of staff with particular experience, skills, characteristics and competence to meet people's needs.
- The service had policies and procedures in place to support staff to provide care in line with standards, guidance and the law. Those we viewed were based on best practice. Staff were reminded of policies through regular team meetings, spot checks and emails, including policies to refresh their knowledge.
- Staff had access to an app on their phones which enabled them to review their rota and information about people, prior to delivering calls. In addition, the app could be used to send messages and information to staff.

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

- People and their relatives told us they were satisfied with the support they received from care staff and a relative said, "Carers prepare meals and drinks for my relative, which they do very nicely."
- People's care plans contained information including any likes, dislikes and risks, and the support they required with eating and drinking.
- Detailed information was provided about the needs of people who were supported with their nutrition via a PEG. Guidance was in place to ensure staff knew how to support people at risk of choking with the right consistency of food and fluids.
- Where people were at risk of malnutrition and dehydration, their food and fluid intake were recorded and monitored to check for any actions required.

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

- A social care professional said, "[The service] feedback to us frequently to allow us to make changes to packages of care and ensure that they are proportionate to the need." They went on to tell us how the service worked with people to find solutions when risks were identified.
- People and relatives told us staff acted to support them when they needed healthcare treatment. This included contacting GP's and accompanying them to appointments.
- We saw information was available in people's care plans to be used in the event of a hospital admission. This detailed the important information healthcare professionals may need to provide appropriate and consistent care.
- The service worked with a range of healthcare and other professionals to achieve positive outcomes for people. This included; speech and language therapists (SALT), occupational therapists, mental health services, community nurses, social workers and GP's.
- An occupational therapist had written to praise a staff member saying they had gone, 'above and beyond the remit of their role, to represent the client needs.' This had resulted in the person receiving more effective care.
- People's oral health needs were assessed, and care plans described the support people needed with their oral health. Training for staff in oral health was being developed.

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

- No one receiving a service was subject to a deprivation of their liberty authorised by the Court of Protection.
- People told us they were asked for their consent prior to staff delivering care. People's comments included; "They ask me before they do things" and "They always ask if I'm ready and talk to me throughout explaining what to do."
- We found some people records required review to ensure information about people's consent was clearly documented. We spoke to the registered manager about this and they have acted to address this concern.
- We noted the provider assessed people's capacity for aspects of people's personal care such as continence care, washing dressing and undressing. When a person lacked capacity, the decisions in the care plan had been made following a best interests process.
- Staff we spoke with and who provided written feedback, understood the principles of the MCA and how to apply these in their role.
- Staff gave us examples of how they supported people to make decisions and choices and their comments included; "If [person] has dementia I will give them choices, but I will narrow it down to 2 or 3 things, so they can choose. For [person] I will bring out 3 meals and ask her what she would like and clothes wise." and "[MCA means] working with someone best interests, listen and speak the way that person can understand, promote independence, respect their own decisions and feelings."

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 outstanding. At this inspection this key question has remained the same. 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

- The service continued to receive feedback from people and relatives who told us they received an exceptionally kind and compassionate service. Their comments included; "Nothing is too much trouble, if we ask then they [staff] do it straight away, they are really helpful and kind", "They [staff] give the best possible care. They are patient and kind and support all aspects of [person] life superbly" and "I've used several agencies over the years and they are the best I've had, really professional."
- A social care professional said, "I believe 'In Home Care' stands out because of how caring they are, for example, they recently put on a Christmas party for their customers, I visited a few 'In Home Care' customers around Christmas time for whom this was set to be a highlight. Whenever I have dealt with 'In Home Care', their care and compassion has been clear."
- A staff member said "I would 100% recommend [the service] for family or loved one – I know the care that's given is amazing, I know the carers work hard and people in the office work hard. I know from the companies I have worked for before there is no comparison. I would love to have them care for my nan."
- Staff often provided care for people that exceeded expectations. An example of this was when the service supported a person who was socially isolated and living with a degenerative health condition and mental health issues. The service provided a holistic and compassionate response to the needs of this person, contacting and engaging other agencies to meet their diverse needs, whilst continuing to provide a consistently caring approach to improve the person's quality of life. As a result, the person had experienced positive outcomes that included rehousing, much needed aids and resources and their first ever dental treatment.
- Other examples of staff demonstrating exceptionally kind and caring support included; staff going to celebrate a person's a 100-year birthday with them , as they did not have family and were in hospital, taking a person to their daughter's wedding, which they would not have been able to attend otherwise and taking people out to do things they enjoyed such as; going out for fish and chips and ice creams. In addition, staff also donated items to provide Christmas boxes of 'goodies' for people.
- People were asked about their needs in relation to their protected characteristics. The Equality Act 2010 outlines people's rights in relation to their protected characteristics including; age, disability, gender reassignment, sex, marital status, pregnancy, race, religion or belief and sexual orientation. This is important to ensure care and support is delivered in line with legislation, people's choices and preferences and helps prevent discriminatory practice. The registered manager and staff told us how people's choice for the gender of their care staff were respected and how staff had supported people with their diverse needs including; spiritual, sexual orientation, culture and beliefs.
- The service had appointed a 'beautiful minds' and equality and diversity champion. The 'beautiful minds'

champion was an idea put forward by a person in recognition of the widespread issues affecting people's mental health. This staff member was able to provide support in confidence to staff about their mental health as well as to advise staff on how to recognise and support people with mental health concerns. We discussed an example of how a person with mental health issues had been supported to access a creative community activity and how their and mental health and well-being had improved as a result.

- The equality and diversity champion role was created to highlight extra support for staff with issues of diversity, equality and inclusion. The registered manager told us their role would be to give advice and support to care staff so, "All of our clients and carers of any characteristic feel supported when required."
- The culture of the service supported and motivated staff to deliver high quality, kind and compassionate care. Staff were observed in people's homes by supervisory staff during regular spot checks. Records showed these checks were thorough and focused on the delivery of person-centred care. Staff were assessed and rewarded with vouchers if they passed consecutive spot checks. In addition, staff were supported to improve care by receiving detailed written feedback following checks. A supervisor told us "I check for person centred care – that clients are being offered choices and being treated with dignity and respect that the carer is working safely, and they are following our policies and procedures. Our carers then work their way up through the badges."
- People and staff were able to nominate care staff for a 'carer of the month' award and the winner received a certificate and voucher. The registered manager said, "It can be something special for that client or they supported their colleague – we ask for a current reason." We saw the last staff member who had achieved this recognition, had been chosen for going above and beyond in their role and the positive feedback received from a person about their personality.
- Staff we spoke with and those who provided written feedback, demonstrated they understood the importance of building relationships with people, their families, friends and other carers. Feedback from people included comments about the value of these relationships to people and relatives. These included; "Our regular carers are now friends too. They are kind and thoughtful" and "When I go out the carers spend time talking to my relative which [person] enjoys...they have become real friends to both of us." These relationships were also important to staff and a staff member had reported, "We laughed lots together [carer and person] the chance to walk away feeling we had both raised each other's spirit as we raised a cup of tea to welcome in the new year and start of a new decade...precious."
- People told us they mostly received care and support from the same familiar staff. This was particularly valued by people. One relative had written to the service to express their gratitude and said "[Continuity of staff] was deeply appreciated because it gave both my wife and me confidence she was being extremely well looked after by people who knew her needs intimately."
- The service recruited and deployed staff to meet people's needs and preferences. The registered manager told us about recruiting a staff member to meet the preferences and personality of a person who required companionship. In addition, a small team of carers with specific skills provided care to meet a person needs.
- People told us they were introduced to new staff joining the company via a monthly newsletter. Carer 'meet and greet' days were also held to enable people to pop into the training centre for cake and tea and meet staff.
- The service also hosted talks, coffee mornings and charity fundraising events open to people and their relatives. Talks included topics such as mental health and stroke awareness. The aim of these events was to help people feel connected and to provide information and support.

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

- People and relatives told us the service excelled at listening to and respecting people's decisions. Their comments included; "They [staff] involved me in every decision about my care and really listened to me"; "My life, my care, my decisions and they support me with that" , "I feel I am properly in control of my relatives

care as everything is talked through" and "My relative arranges everything but they [service] ask me too."

- The service was proactive in helping people to get the support they needed. A client welfare manager responded to concerns raised by people and staff by carrying out an assessment of need and working with them to resolve this. The registered manager described the client welfare manager as being highly dedicated and determined to support people to address their concerns and needs. The staff member in this role had received positive feedback from people and other professionals about their proactive approach to getting the right resources and care in place for people. We discussed how the client welfare manager had met resistance when trying to advocate for a person's needs. They were able to resolve this conflict and get the much-needed support in place. Although the outcome meant the person's needs were met by a different service, the client welfare manager said, "It was a good outcome for everyone, financially not for the company but that's what makes us great!"
- People told us staff supported them to get the care and treatment they needed and a relative said, "They support my [relative] to attend medical appointments and act as advocate to ensure the best possible care."
- Staff told us they provided information to people to support them with their care and support options. The service signposted people to relevant agencies and where required, supported people to access these.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect by the staff who cared for them. Their comments included, "At all times, they [staff] are really considerate and thoughtful and respect our home and our privacy" and "I find all of them [staff] very respectful and considerate."
- Staff we spoke with and those who sent us written feedback, knew how to provide respectful care. Staff told us how they respected people's homes, their decisions and their lifestyle. Staff were aware of the need to carry out personal care in private and acted to ensure this was respected.
- A staff member said, "Treating everyone with respect, equality, inclusion, demonstrating empathy, kindness and warmth, while supporting individual needs. For example, if they require special dietary needs due to their beliefs and aspects of food preparation, you have prior training and respect these requirements. Special arrangements may need to be made to accommodate the individual's needs."
- The procedures for recruitment, induction, on-going training, and supervision supported and promoted the values of respectful, dignified and compassionate care.
- People told us the service provided encouragement and support to enable them to live as independently as possible.

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 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 and relatives told us the service met people's needs in the way they preferred. Their comments included; "They [staff] really understand how I like things done"; "They [staff] have got to know us well, so they know how we like things to be done. I would say they are very responsive to our needs" and "They [staff] listen to me and my relative and are responsive to what we say." A social care professional told us, "'In Home' are very responsive, if there is an issue, I know I can often get it solved as soon as I speak with them, and they go above and beyond to support in difficult situations. 'In Home' attend all review appointments where I have asked for their attendance."
- Care plans were person-centred and included information about people's choices and preferences. We saw detailed examples of care plans which explained how people preferred to be supported with their individual needs.
- People, their relatives and health and social care professionals had been involved in the development of these plans and they reflected people's holistic needs. People's care was reviewed monthly, or when their needs changed, and we saw care plans were updated to reflect changes.
- People told us staff communicated well so their current needs were known and understood. This included checking with the person and their daily records, to ensure they delivered appropriate day to day care. People's comments included; "They [staff] are a good team and communicate well with each other, so they know what's going on. There is also the book which has the details of my care, if they don't know how to help", "Some days I need more help and they [staff] understand this as they know me well" and "They [staff] always ask me 'Is there anything else you need doing' and that's thoughtful of them as I know they are busy."
- Information was available to be shared with health professionals, should the person need a hospital admission, which included what was important to the person, their communication needs and medical information.
- Staff we spoke with and those who provided written feedback, told us they had enough information available to them to provide person centred care. This was documented on care plans and available on an app, which enabled staff to review people's needs prior to each call.

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 and information needs were assessed and met by the service.
- The registered manager told us when people required information to be presented in alternative formats,

they would produce this. For example, a person required their invoices to be sent in a large print format which had been done. The nominated individual told us this had enabled the person to deal with their own finances and not rely on a next of kin. A person said, "If there is something I don't understand then they [staff] will take time to explain properly."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service considered people's relationship, interest and activity needs. The managers and staff were aware of the risks to people from social isolation and sought ways to engage and involve people. Comments from people and their relatives included; "They often suggest things that my relative may enjoy and support [person] to join in or attend" and "I get help to go out to events and to go to the shops if I want to."
- We discussed examples of how people had been supported to attend community activities or outings which had resulted in positive outcomes for people's mental and emotional health.
- When the service had recently hosted a Christmas party, they assisted people to attend when they were unable to be accompanied. The nominated individual said, "It was lovely to see a couple of clients who hadn't met before, sat together and you could not split them up!"

Improving care quality in response to complaints or concerns

- The service had policies and procedures in place which explained the providers approach to managing complaints and this was given to people.
- People and relatives told us the service acted on their concerns and complaints and they knew how and who to complain to, should the need arise. Their comments included; "We did complain a while ago and they [management team] listened and sorted out the problem straight away"; "I'm not sure if complaint is the right word but if I have a problem I let them [staff] know and they change things for me. I'm happy with the way they deal with any problems I have" and "We have never needed to complain but we know how to and there is information in the care book too."
- The service monitored complaints for trends and acted to improve care because of their analysis. For example, the registered manager and nominated individual told us when rota concerns had been raised, they initiated a system where the service ensured people were promptly informed of any changes to the rota because they said, "It was really important people knew [about changes]."

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.
- The service had an end of life policy and procedures in place to guide staff should this care be required. ● People were given the option of discussing their preferences and choices in respect of their end of life care needs including their cultural and spiritual needs.

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 outstanding. At this inspection this key question has now been rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives consistently told us the service was well-led. Their comments included; "They [staff] are really good, and it comes from the top managers right through to the carers"; "I think they [staff] do a great job. Really professional" and "I think it's managed well." People's feedback was consistently positive about their experience of the service and they told us they were 'happy' or very happy' with the service they received.
- The service had a positive person centred and inclusive culture. People and relatives told us staff were cheerful and happy in their work and spoke positively about the company. People confirmed they were visited or had contact with, supervisory or managerial staff during spot checks, or when they contacted the office. A person said, "I've spoken to the manager, deputy manager and several of the other admin people and they are all really helpful. They come out quite often to do spot checks on carers and ask me how things are going. They always call first to check it's ok to visit me."
- We found the office staff to be friendly and welcoming, in all the interactions we observed managers and staff showed a consistently caring, professional and positive attitude with each other and in telephone conversations with people.
- Staff told us they felt valued, supported and motivated by senior staff and managers. Staff spoke highly of the training on offer, the professional and personal support they had received and the 'open door' policy of the managers and senior staff. Staff told us they received the support they required to promote and deliver good outcomes for people and evidence confirmed this.
- Several staff commented on the support they had received from the registered manager and nominated individual. One staff member said, "[Registered manager and nominated individual] have been amazing, they are fantastic. When I first started, it was very new to me and I have learnt so much and been given the opportunity to grow and expand my career. They always give you so many opportunities." Another staff member said, "She [registered manager] is a good leader absolutely, she is very kind, considerate and professional, she is always friendly and makes you feel at ease."
- The nominated individual told us the provider regularly attended the service and generated a, "Can do" culture within the team. They said, "[The provider] always asks for what else do you need – he is never down beat with the staff and it engenders that positive feeling."
- Staff told us any concerns they raised about people were listened to and acted on. A staff member said, "They [senior staff] always put the client and their family's needs first and are very on the ball with concerns regarding the clients, so that we can keep them safe and well."
- The service valued staff by rewarding them for being assessed as competent in their role and through

nominations for carer of the month awards.

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

- Services that provide health and social care to people are required to inform CQC of important events that occur in the form of a notification. We use this information to monitor the service and to check how events have been handled. We found three incidents which had not been notified to CQC. We saw actions had been taken to investigate the incidents and promote the safety of the person, the local authority safeguarding team had confirmed no further action was needed by the provider. However, the system for identifying when notifications were required to be sent to CQC required review. The registered manager acted on this immediately and submitted the notifications. They have amended the process to ensure all notifications will now be submitted as required.
- Systems were in place to monitor the quality and safety of the service people received. Audits were carried out on people's records, including daily logs and medicines records, to ensure they were completed and up to date. Incidents and complaints were reviewed and analysed for trends. Where necessary the service took remedial action to address errors and prevent a reoccurrence.
- The service was organised so that smaller groups of care staff were supported by a senior carer. This enabled staff to have consistent and accessible support and guidance when needed. A staff member said, "I always feel supported when needed, especially by my senior [name] who has always been on hand." In addition, specific senior staff roles such as; client welfare, mental health, equality and diversity champion, compliance and training, meant staff had access to a range of expertise and support should this be required.
- Staff received constructive feedback about their performance during spot checks, supervision and appraisal. Regular team meetings were held, and minutes showed staff were reminded of their responsibilities, as well as updated about developments and asked for their suggestions.

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 nominated individual and registered manager understood their responsibilities under the duty of candour. The nominated individual said, "We have always had the same approach, whether that be to client carer or professional. We will give them a transparent response and what they ask for. The key thing is [nominated individual, registered manager or provider] will respond immediately and we will say sorry."

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

- The service involved people in a meaningful way to ensure they received the care they needed in the way they preferred. People told us they were regularly consulted about their needs and experience and their feedback was acted on. Their comments included; "They [staff] are always asking how things are to make sure all is going well and if something comes up that could be better, they do it"; "We are regularly asked how everything is going" and "We had a questionnaire a few weeks ago, which I didn't fill in as they are always asking us how things are so they know what we think."
- People received regular reviews of their care and care plans were updated promptly when their needs changed. In addition, client feedback forms were sent out every three months and annual management welfare checks were carried out. The service used this information to develop the service. For example; feedback from a person had led to the development of the 'beautiful minds' champion for mental health awareness and support.
- The service invited people, their families and carers to attend talks on topics relevant to people's needs. The service was developing these talks to include members of the public and planned on hosting a dementia café, with information and advice for people living with or interested in learning more about

dementia.

- A monthly newsletter and social media were used to inform people about information such as; sepsis awareness and other conditions. Social media was also used to advertise job vacancies and publicise feedback from staff and people, events, celebrations and developments. The registered manager said they used the service's social media page to, "Promote the culture [of service]" by showing staff awards and charity events."
- Staff told us they were asked for their feedback and their views were listened to in supervision and team meetings. Some staff told us about suggestions they had made which had been acted on, such as end of life care training and support and improved communication about people's needs.

Continuous learning and improving care

- The management team including the provider, met together to discuss improvement plans. Minutes showed the team considered several initiatives to benefit the people they supported such as; Christmas gift boxes for people without family, support with the replacement of broken items in people's homes and promoting issues such as winter fuel payments and discounts available.
- Staff told us they were confident their suggestions and concerns about people's care were acted on to make improvements. For example, a staff member told us when they raised a concern about a person's mobility, the service responded by assessing and organising equipment and changes to the person's personal care, to ensure they had the support they required.
- The management team used information and resources to keep themselves informed of good practice and improvement initiatives. For example, they had developed a policy on the Accessible Information Standard to ensure people's information needs were known and met. Plans were in place to strengthen awareness and practice on; oral health care, consent and PRN medicines.

Working in partnership with others

- The service promoted fundraising events for charities such as; the rainbow fund, a grant based-giving fund for local LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer, Plus) and HIV/AIDS organisations in East Sussex and The Alzheimer's society.
- The service worked with a range of health and social care professionals and community agencies to promote and achieve positive outcomes for people including; occupational therapists, the fire service, district, specialist and hospital nurses, GP's.