Inter-County Nursing and Care Services Limited

Inter-County Nursing & Care Services - Christchurch

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

The inspection took place on the 19 and 20 April 2016 and was announced. The service provides personal care to older people living in their own homes. At the time of our inspection there were 35 people receiving a service from the agency.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Some people had their medicines administered by care workers. One person required a daily injection. The care records indicated the staff supported the person to self-administer the injection. We found what was happening was that the care worker recorded the person's blood sugar levels first thing each morning and the district nurse visited later and administered the injection. We discussed this with the registered manager and the care records were changed immediately.

We checked medicine administration records (MAR) which staff used to record any medicine they had administered. We found that on one record there were missed signatures for five evenings for two creams a person had been prescribed to receive. All other medicines had been recorded correctly. Previous audits had highlighted missed signatures. In response the registered manager had put extra training and supervision in place which had led to improvements. They told us they would investigate the missed signatures and take any necessary actions.

Some medicines were prescribed for people as and when they were required (PRN). Additional records had been kept for these medicines. This meant these PRN's were being safely administered. Staff had received training and had their competency checked. Care workers had a good understanding of the risks associated with the medicine people were taking.

People, their families and other professionals told us they felt the service was safe. Staff had received safeguarding training. They were aware of the types of abuse that could happen to people, what signs to look out for and their responsibilities for reporting any concerns.

Risk assessments had been completed for people and their environments. Risk had been managed with the minimum restrictions on the person's freedom and choices. Staff demonstrated a good knowledge of the risks people lived with and any actions needed to minimise these risks.

A business continuity plan was in place and included managing risks associated with extreme weather, pandemics such as the flu virus, computer failure and financial problems.

Staffing levels met the needs of the people using the service. Staff had been recruited safely. Processes were in place to manage any unsafe practice.

New care staff completed the Care Certificate. The Care Certificate is a national induction for people working in health and social care who did not already have relevant training. New staff with care experience completed the care certificate standards self- assessment tool. This then formed the basis for the persons' individual induction training programme. Staff received on-going training which was relevant to the people they supported. Staff told us they felt supported in their role and received regular supervision and a yearly appraisal. Supervisions also took place with staff when they were supporting people. They included checking staffs dress code, their knowledge of the people they were supporting and any risks they lived with, health and safety and a check of record keeping.

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 found the service was working within the principles of the MCA. Staff had received training on the MCA. People had signed forms consenting to their care plans. Files contained copies of power of attorney legal arrangements for people and staff understood the scope of decisions they could make on a persons' behalf.

People were supported with their eating and drinking by staff who understood their likes and dislikes and any potential risks.

People had good access to healthcare services.

Care workers worked in partnership with people and provided the personal care and support they needed in a way that enabled a person to stay in control and maintain their dignity and independence. Care workers considered the support family carers may also need. People wherever possible had care workers who shared common interests and had gained the knowledge to understand people's individual health challenges. They also had a good knowledge of people's families and others important to them. Care files included a privacy statement which explained to people the information that the service collected about them and why they kept it and staff understood their role in protecting a persons' privacy.

People's wishes about the end of their life were understood and respected.

Assessments had been used to create care and support plans that addressed people's individual identified needs. Staff demonstrated a good understanding of the actions they needed to take to support people. Care and support plans had been reviewed regularly.

The service was pro-active in supporting people to feel part of their local community by promoting links with local businesses and events. People were supported to continue with activities they enjoyed.

A complaints process was in place. People and their families knew how to make a complaint and felt they would be listened to if they raised a concern. Complaints and there outcomes were shared with staff to reflect on practice and learn lessons when appropriate.

People, their families, staff and other professionals all told us they felt the service was well managed. They told us the registered manager and office staff were approachable, knowledgeable, that there was good communication and they were efficient. Staff were supported and encouraged to share ideas about how the service could be improved and had been pro-active in supporting changes. They spoke enthusiastically about the positive teamwork and support they received.

The registered manager had a good understanding of their responsibilities for sharing information with CQC and our records told us this was done in a timely manner. People and their families had been given information so that they knew what to expect from the service.

New legislation had been shared with staff and incorporated into policies and service delivery. The service used the expertise of other recognised professional organisations to support practice development and continually improve the quality of service people received.

Staff told us that they felt their achievements were recognised. Staff had a clear understanding of their roles and responsibilities. We observed staff confident in performing their jobs and when speaking with people, other staff and the registered manager.

Audits had been completed and were linked to CQC's regulatory standards of ensuring a service is safe, effective, caring, responsive and well-led. The audits effectively captured the level of detail sufficient to provide reliable data and lead to positive change. We saw that audits and there outcomes were shared with staff at team meetings and through individual supervisions.

An annual quality assurance survey had been completed in November 2015. This had gathered feedback from people using the service, their families and staff. We saw that people rated the skills, knowledge and competency of staff as good or excellent and that staff rated their training and support as excellent.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service is safe.

Medicines were ordered, stored and administered safely. Records did not always reflect practice.

Staff had received safeguarding training and were aware of actions they needed to take to keep people safe.

Risk assessments had been completed for people and their environments. Risk had been managed with the minimum restrictions on the person's freedom and choices. Staff demonstrated a good knowledge of the risks people lived with and any actions needed to minimise the persons identified risk.

A business continuity plan was in place and included managing risks associated with extreme weather, pandemics such as the flu virus, computer failure and financial problems.

Staffing levels met the needs of the people using the service. Staff had been recruited safely. Processes were in place to manage any unsafe practice.

Is the service effective?

Good

The service is effective.

Staff received an induction and on-going training that gave them the right skills and knowledge to carry out their roles.

Staff received support, supervision and an appraisal and were given the opportunities for personal development.

The service was working within the principles of the mental capacity act. Staff understood the legal requirements for obtaining peoples consent. They were aware of power of attorney legal arrangements for people and the scope of decisions they could make on a person's behalf.

People were supported with their eating and drinking by staff who understood their likes and dislikes and any potential risks.

People had good access to healthcare services.

Is the service caring?

Outstanding ☆

The service is caring.

People had the personal care and support they needed in a way that enabled a person to stay in control and maintain their dignity and independence.

People wherever possible had care workers who shared common interests and had gained the knowledge to understand people's individual health challenges. They also had a good knowledge of people's families and others important to them.

Care files included a privacy statement which explained to people the information that the service collected about them and why they kept it and staff understood their role in protecting a persons' privacy.

People's wishes about the end of their life were understood and respected.

Is the service responsive?

Good ●

The service is responsive.

A pre-assessment was completed with people, their families and other professionals and used to create care and support plans that addressed people's individual identified needs. Staff demonstrated a good understanding of the actions they needed to take to support people.

People had their care and support plans reviewed regularly.

The service was pro-active in supporting people to feel part of their local community by promoting links with local businesses and events. People were supported to continue with activities they enjoyed.

A complaints process was in place. Complaints and there outcomes were shared with staff to reflect on practice and learn lessons when appropriate.

Is the service well-led?

Outstanding ☆

The service is well led.

People, their families, other professionals and staff all told us the

service was well managed, approachable and efficient.

Staff were supported and encouraged to share ideas about how the service could be improved. They spoke enthusiastically about the positive teamwork and staff morale. They felt their achievements were recognised and felt valued.

The registered manager had a good understanding of their responsibilities for sharing information with CQC and this was done in a timely manner.

Audits had been completed and were linked to CQC's regulatory standards. They effectively captured the level of detail sufficient to provide reliable data and lead to positive change.

A quality assurance survey was carried out annually to gather feedback from people using the service, their families and staff and used to monitor service quality.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 19 and 20 April 2016 and was announced. The inspection was carried out by a single inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager was in and that staff and people using the service would be available to talk with us.

Before the inspection we looked at notifications we had received about the service and we spoke with social care and health commissioners to get information on their experience of the service. We did not request a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gathered this information from the provider during the inspection.

During our inspection we spoke with four people who used the service and six relatives. We spoke with the registered manager, five care staff and the care co-ordinator. We spoke with one health professionals who had experience of the service.

We reviewed four peoples care files and discussed with them and care workers their accuracy. We checked three staff files, health and safety records, medication records, management audits, staff meeting records and the results of quality assurance surveys.

We visited four people in their homes and observed staff practice.

Good

Is the service safe?

Our findings

Some people had their medicines administered by care workers. One person required a daily injection. The care records indicated the staff supported the person to self-administer the injection. We spoke with the care worker and the person who both told us this had changed after a hospital admission three months earlier. We found what was happening was that the care worker recorded the person's blood sugar levels first thing each morning and the district nurse visited later and administered the injection. The person had a good understanding of their medicines and the support they received. We spoke with the care worker who was also aware that this was the arrangement. We discussed this with the registered manager who told us they telephone each care worker weekly to check any changes. They told us they would raise with staff the importance of communicating any changes to the support people received. The care records were changed immediately.

We checked medicine administration records (MAR) which staff used to record any medicine they had administered. We found that on one record there were missed signatures for five evenings for two creams a person had been prescribed to receive. All other medicines had been recorded correctly. We discussed this with the care worker and were unable to establish whether they had been administered. We discussed this with the registered manager who told us they would investigate and take any necessary actions. Each person's medicines were audited monthly by senior staff. The MAR chart with the missing signatures would have been audited at the end of the month. Previous audits had highlighted missed signatures. In response the registered manager had put extra training and supervision in place which had led to improvements.

Some medicines were prescribed for people as and when they were required (PRN). Additional records had been kept for these medicines. Staff had recorded the date, time, dose, reason given and the result. This meant these PRN's were being safely administered.

Staff had received training and competency checks. When medicines arrived care workers checked that they were correct. We saw that on one occasion the delivery was not in line with a persons' prescription. Staff had identified this and taken the appropriate action ensuring the persons' safety. Medicine risk assessments had been completed and identified any medicine a person was taking that needed special monitoring. Information sheets on each medicine were kept on people's files. We spoke to care workers who had a good understanding of the risks associated with the medicine people were taking.

People told us they felt safe. One person said "They're so kind to me. My son feels I am in good hands". We spoke with a relative who told us "Feel definitely in safe hands".

Staff had received safeguarding training. They were aware of the types of abuse that could happen to people, what signs to look out for and their responsibilities for reporting any concerns. Staff had been concerned about one person who had been neglecting themselves and they felt this was impacting on their safety and welfare. They had raised this with the registered manager who had notified the local authority. Training was completed yearly and included a competency check which ensured staff had a good understanding of how to keep people safe. Staff had a good knowledge of whistleblowing and felt confident

they could speak to the manager about any poor practice they observed. One person told us about a carer who had been new in post and had used inappropriate language. Another member of the care staff had also observed this and reported it to the manager who had taken the appropriate action.

Risk assessments had been completed for people and their environments. They included risks to people's skin, falls, swallowing, medicines, moving and handling and any equipment used. Records showed us that one person needed to be rolled over on their bed when they were receiving some aspects of their care. To minimise the risk of falling out of bed at these times bed rails had been used in the upright position. This increased the person's anxiety. The risk was reviewed with the person and their bed and the rails were changed for a wider bed. This meant that the risk had been managed with the minimum restrictions on the person's freedom and choices.

Staff demonstrated a good knowledge of the risks people lived with and any actions needed to minimise the persons identified risk. One person had a medical device fitted to support their breathing. We spoke with a care worker who told us that if the device got blocked the person was at risk of choking. They were able to tell us how they had identified a problem that had increased risk and the actions they had taken to keep the person safe.

Accidents and incidents had been recorded by staff and reviewed by the manager. This included reviewing risk assessments and updating care plans to minimise further risk. Other actions had been referrals to a GP, social worker and meeting with families. Feedback had been provided to staff to continually raise awareness of risks to people's safety and well- being. We read in staff meeting minutes that there had been an incident report discussed. A person had experienced challenging and aggressive behaviours directed towards staff. This had not been the persons' usual behaviour. The manager had discussed lessons that could be learnt from the incident which may have prevented the person from having an incident that increased their risk of harm. These had included staff being aware of any physical changes to health such as an infection or illness which could impact on behaviour and increase a persons' risk.

We met one person who needed care staff to buy shopping for them. We looked at records for managing the persons' money. Receipts had been provided for any money spent. The person signed the record to confirm the remaining balance whenever there was a financial transaction. The records were accurate and audited monthly. The process protected both the person and staff from any associated risk.

A business continuity plan was in place and included managing risks associated with extreme weather, pandemics such as the flu virus, computer failure and financial problems.

Staffing levels met the needs of the people using the service. A care worker said "There are enough staff to provide the cover needed. This weekend somebody went off sick and they do a lot of hours but we could cover it". Another told us "We're not rushing clients or tearing about. We can have a chat. We know people's families and can talk about that". One person told us "Usually get the same people. Slight variation when on holiday. It works. Arrive on time and enough time to do things for me". A relative told us "They always turn up, very good timekeeping. It's a good company". There was an out of hours on call arrangement in place which included a second person as back up if required. A member of staff told us "On-call cover is from home. We have a laptop which we update every Friday. It holds a complete copy of our records and is encrypted to protect people's data".

Staff had been recruited safely. We checked three staff files and they contained employment and personal references which had been verified when the referee was not known to the service, criminal record checks

and evidence that the person was eligible to work in the UK.

Processes were in place to manage any unsafe practice. We discussed with the registered manager an example of where a person had shared their experience of poor practice with us. The registered manager was aware of the issue and able to demonstrate how the process had provided a framework for managing staff practice.

Good

Is the service effective?

Our findings

New care staff completed the Care Certificate. The Care Certificate is a national induction for people working in health and social care who did not already have relevant training. New staff with care experience completed the care certificate standards self- assessment tool. This then formed the basis for the persons' individual induction training programme. One new member of the care team told us "I've been taking training every day. Each day we have end of day questions to check our understanding. The trainer is really good". The registered manager told us that induction was at the persons pace. They said "We had one care worker who had finished their induction and shadowing. They told us they would feel more confident if they had another day shadowing. We arranged that and said that they need to feel fully ready for their competencies to be checked".

Staff received on-going training which was relevant to the people they supported. Training had included safeguarding, moving and handling, dignity, food hygiene, fluids and nutrition, fire safety, health and safety and dementia awareness. A care worker said "We do refresher training every year. I have the training which is right to do my job". We spoke to two care workers who had begun their diploma in health and social care. Staff told us they felt supported by the organisation in their career development. The registered manager told us that in response to feedback from staff the organisation now offered stress management and well being training to staff who felt they needed this.

Staff said they felt supported in their role. One care worker said "Support wise it is brilliant". Another said "I'm supported by the office. If I have a problem they give advice or come out". Staff told us they received regular supervision and had a yearly appraisal. Supervisions also took place with staff when they were supporting people. They included checking staffs uniform, their knowledge of the people they were supporting and any risks they lived with, health and safety and a check of record keeping. We saw minutes of a group supervision which had also been used as a training opportunity to discuss pressure care.

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 found the service was working within the principles of the MCA. For example, a best interest decision had been made for a person who had been assessed as not having the capacity to manage their money safely. Arrangements had been put in place to reduce the risk of financial abuse. Staff were required each time they accessed the persons' money they explained why and got the persons' consent. Staff had received training on the MCA and the registered manager told us that the training had been amended to provide more in depth discussion, training and guidance on obtaining people's verbal consent and recording the response.

People had signed forms consenting to their care plans. We observed staff asking for peoples consent

before providing any support. This included helping somebody with their mobility, a meal or their medicines. People told us they remained in control of the care they received. One person said "They're so lovely. They never order me about. They listen to what I say re (care). They ask me what I want done". We looked at daily notes completed by care workers. They included records of when a persons' consent had been obtained. Files contained copies of power of attorney legal arrangements for people and staff understood the scope of decisions they could make on a persons' behalf.

People were supported with their eating and drinking by staff who understood their likes and dislikes and any potential risks. One person needed full support when eating and an occupational therapist assessment had been requested to see if there was anything they could provide to assist the person be more independent. One persons' care plan identified a risk of malnutrition. The plan included the person being offered fortified drinks and care staff to encourage with small meals. This person experienced joint pain that interfered which their appetite. The care worker told us "I always put pain relief cream on their wrist before the day starts as it helps with eating". We observed the person receiving support in line with their care plan. One person had swallowing problems and there were foods they had to avoid. Staff had a list of the foods on file and worked with the person in planning meals that only included foods they were safe to swallow.

People received healthcare support when they needed health advice or referral for treatments. This included GP's, district nurses, occupational therapists opticians and chiropodists.

Outstanding ☆

Is the service caring?

Our findings

People's feedback was that staff exceeded their expectations and described the service as exceptional. One person said, "They go over and above with their kindness every day". Another person told us "They always go the extra mile". We saw a compliment that read 'The carer was cooking a meal and overheard my relative on the phone organising a taxi to take a specimen sample and they told them not to worry and took it themselves'. Another read "Thank you for keeping in touch with the hospital and anticipating (relatives) return".

We spoke with a care worker who told us about how they were able to make a difference to a persons' comfort. They explained how the person had a spinal problem and needed a collar to support their chin. They found the collar rigid and uncomfortable to wear. The person previously had a less rigid collar they had much preferred. The care worker helped find the old invoice, they searched for an on line supplier and shared the information with the family who were able to purchase one. They told us "The lady is delighted. It's so perfect they're ordering another couple".

Staff were motivated to provide compassionate and dignified care and used imaginative ways to include people in a recent dignity action day to promote dignity in care. Care workers had visited their homes and presented them with a bunch of white flowers with a note saying 'We are passionate about dignity in care and hope your experiences are good ones'. We saw photographs on the office noticeboard of people receiving their flowers. Care workers were all dignity champions. A Dignity Champion is someone who believes that being treated with dignity is a basic human right, not an optional extra. They believe that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this.

The service was pro-active in supporting people to feel part of their local community by promoting links with local businesses and events. The registered manager told us "We had a coffee morning for a national charity. We went around the local businesses and they contributed raffle prizes, they donated all sorts. We then sold some of the tickets to clients. A lot of our clients can't access the office but we wanted to involve them. We took them pictures of the raffle prizes and then on the day of the coffee morning we took cakes to people's homes and what was left went to the homeless charity". We saw photographs on the office wall of people joining in the day. A care worker told us "One person won a hair appointment and the hairdresser visited them at home and did their hair. They were over the moon". We spoke to a person who said "I can't go to functions any more but the girls keep me informed of things". Another person told us "They take me in my wheelchair down the road sometimes so that I can have a look at the sea".

We observed care workers considering the support family carers might need. One lady required support from care workers with her personal care, mobility, medicines and meals. Her husband was her main carer. He told us "The staff show us both such kindness. They look after me as well. They bring me a cup of tea as well every morning". We observed staff supporting him with some extra help as he was experiencing pain from a fall. His wife told us "I appreciate it as if I could I would have helped him; it makes me feel better". The service had created a list of contacts that people and their family carers could be signposted too if they

needed support, guidance or advice.

People felt confident they could ask for extra support at any time. One person who told us "I've been quite poorly. The office phoned me yesterday and when I told them they said if you need anything extra tonight just ring and I know I could, they really mean it". One person had telephoned the office as they were having mobility equipment delivered and had no family who could help. The manager told us they would go themselves and help with the delivery.

We observed positive friendly relationships between people and care workers. Conversations were relaxed but professional. We saw compliments that had been sent to the provider. One read 'The agency is responsive and helpful and everyone who comes is efficient, polite and not patronising or ingratiating. New carers are always introduced'.

Staff were aware of people's sensory needs and provided equality of opportunities when providing information to people. One person had poor sight and information such as the weekly staff rota had been provided in large print. We observed care staff supporting people at the persons pace and explaining what they were doing.

Care workers worked in partnership with people and provided the personal care and support they needed in a way that enabled a person to stay in control and maintain their dignity and independence. One person said "Anything I ask the girls just do. I'm involved in how they help me. Very much so. If not happy about something could talk to the girls and they would put it right". Another person told us "I'm very happy with Inter-county. I have regular girls. They get to know me and that helps me and it probably helps them". We spoke with a care worker who explained what they did to enable a person to be involved in their care. They said "When I go in and make lunch I take the person in to the kitchen in their wheelchair so that they feel part of the environment. Sometimes they say no they're too tired but other times when they do we talk about cooking".

People wherever possible had care workers who shared common interests. We saw a compliment that read 'We have appreciated the effort given to matching the carers' interests to mum's interests and to providing the same carers when possible'. We observed that one person shared an interest in gardening with their care worker. We observed them chatting about the garden and they had shared their garden magazines.

People were supported by care workers that were interested in understanding people's individual health challenges. We spoke with the care co-ordinator who told us "I've got to know care workers strengths. One care worker works really well with people with dementia. Another care worker works really well with one person who has a rare health condition. We provided information in the care plan but the care worker before she started supporting the person did her own research as well". We spoke with a relative who told us "My father has one main carer and they understand his dementia. He understands him to the extent that they are like chums when they talk and that helps a lot".

Care workers had a good knowledge of people's families and others important to them. We observed care workers chatting with people about family events that were meaningful. A care worker had written in the records 'Lovely chat about relatives and looked at photos'. One person told us "We do have a good laugh and probably chat far too much".

Staff were able to tell us how they supported a person with their right to privacy and we read records that included descriptions of how staff had achieved this. Care files included a privacy statement which explained to people the information that the service collected about them and why they kept it.

People's wishes about the end of their life were understood and respected. We saw records of one person who had failing health. Discussions had been held with the persons' family and staff had been contacted to remind them that the persons' wishes prior to becoming unwell were not to go into hospital or for resuscitation to be attempted.

Good

Is the service responsive?

Our findings

People, their families and other professionals had been involved in a pre-assessment before the service provided any support. Some assessments had included input from families and health and social care professionals. The assessment had been used to create care and support plans that addressed people's individual identified needs. Assessments included information gathered about people's personal history, their working life, social interests and activities.

Staff explained and demonstrated a good understanding of the actions they needed to take to support people. We spoke with a relative who said "The care plans are followed to the letter". Care workers completed a daily record of their visits. The daily notes were comprehensive and reflected the care and support plans.

After our inspection we spoke with a district nurse who told us the agency were very good at communicating and always followed up issues. They said "Staff are good at noticing changes in people. They keep things in perspective, they're very professional".

People had their care and support plans reviewed regularly. Each week care workers were involved in a two way discussion with senior staff that included whether the time allocated to support a person was adequate, any equipment requirements, any professional input, and their feelings about the persons' mental and physical well-being. We spoke with a care worker who said "I felt one person would benefit from going to a day centre and this was included in their review". Another told us "One person's morning call was an hour but it took us longer as it took time for their medicines and they liked to talk. I spoke to the registered manager who discussed with family and increased by 15 minutes. It seems much better". We spoke with a family who told us "The office staff pop in and check on things. They arrange a meeting and we get together and look at care plans. It's good communication I don't think we could do better". Another person told us "They asked me a lot of questions and write things down. They provide the right support to me. No complaints at all". Actions and outcomes from the discussions were logged and any changes to care plans were messaged to the staff involved in supporting the person. Staff told us that they felt this process worked very well.

Records showed us that reviews included people's goals and aspirations. We saw a written compliment that read 'Thank you for taking (my relative) to snooker. The weekly session has perked him up'.

The service had a complaints process. People and their families knew how to make a complaint and felt they would be listened to if they raised a concern. We saw that four complaints had been received since the last inspection. Actions had been taken and the outcomes had been shared with the complainant and staff and used to learn and reflect on practice. One person had complained that they were not regularly getting the same care worker. They told us that the office came and saw them and asked them their preferences. They told us that since the meeting this had really improved. We spoke with the registered manager who told us this had been due to a staff vacancy. A new care worker was currently undertaking their induction

and had met the person. They had both got on well and would be becoming the persons' main carer.

People and their families had been given information about how to share their views on the NHS Choices website. We saw copies of comments that had been received which had been positive and shared with staff.

Outstanding ☆

Is the service well-led?

Our findings

The registered manager had sustained a positive culture which supported staff to provide outstanding care and was a role model for their team. Staff received guidance and accessible support from their registered manager. We spoke with a care worker who said "The registered manager is amazing, supportive, always at the end of the phone even over weekends. Support wise she is brilliant. Any concerns about the organisation or staff I would telephone the registered manager and she would fix it. Fully believe she would immediately". Another told us "Good teamwork, the girls are helpful and lovely. Pleasure to work for the business. I would recommend to a family member". Another told us "I feel supported by staff at the office. If I have a problem they give advice or will come out". We spoke with another staff member who said "Great team ethics which is led from the top. The management team have helped and encouraged a team environment". We spoke with a care worker new in post who told us "The organisation so far has been very good. The registered manager is excellent. You can ask her anything. When you go in she asks you how you are getting along and asks you if you feel supported. So far everybody has been lovely, kind and helpful". Staff told us that they felt their achievements were recognised. We spoke with a care worker who said "The registered manager makes a huge effort to show appreciation of staff. We have buzzy team meetings with great attendance. A big effort at Christmas. As an employee you feel very appreciated by the company. There's great morale". Photographs were on the office wall of staff receiving awards in recognition of their achievements. One care worker had received the dementia champion award; another had received an award for teamwork; they had mentored new staff and received very positive feedback. The registered manager showed us thank you cards that were sent out to staff to show they had been valued and told us that staff birthdays are always acknowledged.

The registered manager was committed to realising their vision to build strong links with the community and ensuring people felt part of the communities they lived in. A key element had been imaginative ways of taking community events into people's homes. Staff spoke enthusiastically about the success of the registered managers' community initiatives. Staff and people had told us how much they had enjoyed them and how much fun they had been. One example had been an arranged coffee morning to raise money for a national charity. The registered manager had contacted local businesses who had donated raffle prizes and their time. The events had provided an opportunity for staff, people and the community to enjoy shared social experiences.

The registered manager had joined and attended a new 'Dementia Action Group' in the area and become a dementia friend. Staff shared the registered managers' vision for signing up to be 'dementia friends' to promote awareness of dementia within local communities. To further promote awareness and support a national charity staff had taken part in the West Sussex memory walk and photos had been shared with people. Information about resources in the local community that were available to people living with a dementia had been sourced by the registered manager and used to signpost people when appropriate. This had included links with a dementia charity and a 'Singing for the Brain' group.

The registered manager had begun the process of applying to the Chamber of Commerce for funding which would be used to offer free workshops to people's families and local people. Topics that would be included were safeguarding and dementia awareness.

Valuing people and staff retention had been a topic at the Manager's quarterly meeting held in February 2016. In response to staff feedback contracts were being introduced with guaranteed hours in addition to other positive contractual changes. We were shown plans for the development of a career pathway at the time of our inspection. It provided staff with information for career development and included the level of qualification required for each role. We spoke with a care worker who told us "The plan is to introduce a senior health care assistant role in order to have some encouragement for furthering our careers". The registered manager had used Skills for Care to become a care ambassador. They told us "The aim of the ambassador is to promote jobs in social care by attending colleges, schools and community events and improving the image". We spoke with staff who were positive and enthusiastic about the work they did. Promotional events organised included a stand at a local community event.
Staff had a clear understanding of their roles and responsibilities. We spoke with a care worker who told us "When you start you get a lot of literature, how to behave, how not to be inappropriate, know your professional boundaries. Know how not to behave". We observed staff confident in performing their jobs and when speaking with people, other staff and the registered manager.
The service used the expertise of other recognised professional organisations to support practice development and continually improve the quality of service people received. One example had been utilising guidelines from the national institute of clinical excellence when reviewing practice for planning and delivering care. Another had been working with Skills for Care, an organisation that promotes best practice in social care. They had launched a dignity in care campaign and staff had completed the training and all become dignity champions. The registered manager told us "It's really important to get expert advice. I go to events to expand my knowledge and use this to reflect on our practices". The registered manager was a member of the National Skills Academy and Registered Managers Network and also had attended 'Partners in Care' learning days.

Checks were maintained to ensure people's safety. An initial health and safety assessment had been carried out at people's homes prior to people beginning to receive care. The registered manager told us "We also carry out quarterly health and safety checks to assess any risk to either the client or staff". We saw records that showed us that fire alarms in peoples' homes were being checked monthly. The registered manager told us that they had requested that the organisations' managers get additional health and safety training. They said "I felt we needed a broader knowledge and understanding of the registered managers responsibilities in order to minimise risk and keep people safe".

Medical device alerts were received from the 'Medicines and Healthcare products Regulatory Agency'. These alerts warn staff of faults or specific risks found with products used in health and social care. These had been checked and messages sent to staff if the alert was relevant to people using the service.
The service used innovative ways of sharing information with staff. New legislation had been shared with staff and incorporated into policies and service delivery. One example had been a roadshow that had been organised and staff attended to learn about the new Care Act. We saw that managers had met and discussed changes in regulation and that policies had been reviewed to reflect any new legal requirements. Training had been reviewed and changed to reflect new regulations.

We spoke with the registered manager who told us "The owner of the business, we speak on the telephone every day and visits regularly and very supportive. We have manager meetings quarterly".

We spoke with a relative who told us "The office responds well if we call. We have a good relationship". We saw written feedback from a relative that read "The agency is headed up by a person who knows their stuff". Another relative told us "They're (the office staff) organised and messages get passed on".

After our inspection we spoke with staff from a district nurse team who told us the agency were very good at

communicating and always followed up issues.

We spoke with the registered manager who told us that at supervision and team meetings staff were asked how we can make improvements. We spoke with a member of staff who told us "I think the service is really good. I like that we use the text messaging service it really helps to get the message out. It was suggested last year in a team meeting by a carer and been a really good thing". The service had introduced text messaging to convey information quickly to staff and provided a record.

People and their families knew what to expect from the service. Included in information shared with people and their families was the CQC booklet which explained what people should expect when being supported with care.

The registered manager had a good understanding of their responsibilities for sharing information with CQC and our records told us this was done in a timely manner. The service had made statutory notifications to us as required. A notification is the action that providers are required to tell us about including any changes to their regulated services or incidents that have taken place in them.

Audits had been completed and were linked to CQC's regulatory standards of ensuring a service is safe, effective, caring, responsive and well-led. They had included checking records, talking with staff and people using the service. The audits effectively captured the level of detail sufficient to provide reliable data and lead to positive change. Audits clearly captured any actions identified, who was responsible for completing the action and the time frame. We saw positive learning actions and outcomes in relation to professional conduct, timings for visits to people, and medicine administration. We saw that audits and the outcomes were shared with staff at team meetings and through individual supervisions.

An annual quality assurance survey had been completed in November 2015. This had gathered feedback from people using the service, their families and staff. We saw that people rated the skills, knowledge and competency of staff as good or excellent and that staff rated their training and support as excellent. The registered manager told us that a quality assurance manager and an internal auditor had been appointed to further develop the quality assurance process and align them with the CQC standards.