

Kingsmith Care Ltd

Kingsmith Care

Inspection report

Bishop Creighton House
374-380 Lillie Road
London
SW6 7PH

Tel: 02078719450

Website: www.kingsmithcare.co.uk

Date of inspection visit:

08 February 2018

09 February 2018

Date of publication:

22 March 2018

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

Our last comprehensive inspection of this service took place on 7 December 2015. We rated the service 'Good'.

At this inspection we found consistently good care delivery and excellent leadership. We rated the service 'Outstanding'.

This inspection was announced and took place on 8 and 9 February 2018.

Kingsmith Care is a domiciliary care service providing personal care and support to adults. Whilst we have taken into account any wider social care and support provided to people in their homes and in the community, the Care Quality Commission (CQC) carried out this inspection only in relation to the regulated activity of 'personal care'.

At the time of our visit the service was supporting 24 people. Of these people, 13 were receiving support and assistance with personal care tasks. People who use the service live in Hammersmith and Fulham and the surrounding areas. People and their relatives consistently told us staff were very caring and always treated people with great respect and empathy.

There was a registered manager in post. 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.

The company ethos is that 'every action matters'. The registered manager told us their focus was on building trusting relationships and delivering care that brought about positive outcomes for people and their family members.

Without exception, we received excellent feedback from people who used the service, their relatives, health and social care representatives and community professionals. People were supported by a strong, stable staff team who knew them well and focused on ensuring they received the highest quality of care.

People told us they felt very safe and comfortable when staff were in their home and when they received care. People told us staff knew how to meet their needs, were kind, always respectful and very well trained.

Staff promoted people's dignity and protected their privacy. People and their relatives were unanimous in their praise for the sensitivity and kindness of staff in relation to this matter.

Care plans and risk assessments were developed from the initial assessment information. Care plans were comprehensive in scope, individualised and developed with each person. They described the support the

person needed to manage their day to day health needs.

Risks to people were identified in relation to falls, nutrition, skin care, and mobility. Risk assessments relating to each person's home environment were also being completed. Guidance and control measures were in place to enable staff to support people safely.

People's care and support was regularly reviewed and updated and appropriate referrals were made to external services to ensure people's needs continued to be met.

People's care records documented whether they had capacity to make specific decisions and also contained a written record stating whether people had appointed someone as their Lasting Power of Attorney (LPA). Staff told us they gained consent from people before carrying out personal care and respected people's choices.

Recruitment practices ensured the right staff were recruited to support people to stay safe. Staff told us they were happy in their jobs, were paid well and had access to further training. They said they felt well supported and had regular opportunities to discuss their work.

People were protected from avoidable harm and abuse because the provider had effective safeguarding systems in place. Staff knew how to recognise the signs of potential abuse and understood how to report any concerns in line with the provider's safeguarding policy.

People were always visited by the same staff or small groups of staff to maintain continuity and build positive relationships. People who used the service and their relatives told us that the continuity of care was excellent, along with time keeping. People were provided with a copy of the staff rota so they knew who was due to visit them.

People's communication needs were met. The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss.

People were supported safely with their medicines and told us they were happy with the support they received. Staff completed medicines administration records (MAR) after giving people their medicines. MAR sheets were audited to ensure people had received their medicines as prescribed.

The registered manager worked in partnership with healthcare and community professionals to ensure joined up; integrated care was delivered to people. They told us it was a pleasure to work with the provider.

Staff offered people a choice of their preferred foods and encouraged them to eat a healthy and balanced diet.

People were supported at the end of their life to have a comfortable, dignified and pain free death and the service worked closely with Royal Trinity Hospice and sought advice and guidance from palliative care nurses to ensure people remained comfortable and well supported.

The service sought regular feedback from people using the service and their relatives. People told us they were asked for feedback over the phone, via Skype, during visits and care plan reviews.

People and their relatives felt able to raise concerns or make a complaint. They were confident their

concerns would be taken seriously. People told us they didn't have any complaints.

The provider promoted openness and transparency within the service. Staff were encouraged to learn from past events through reflective practice, group discussions, supervision and appraisal systems.

Records were well organised and up-to date. Auditing systems were in place to monitor the quality of the service. The registered manager was keen to develop and improve the service. The whole staff team kept up-to-date with best practice by accessing professional websites.

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 remained good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Outstanding ☆

The service delivered outstanding care and support.

People's feedback was overwhelmingly positive. People and their relatives told us staff were very caring and that they were always treated with great respect, kindness and compassion.

The service had a strong and visible person-centred culture with staff regularly going the extra mile.

People benefited from staff who took time to listen to them and get to know them. Staff had formed meaningful and caring relationships with people.

People benefited from staff who promoted their independence. Staff encouraged people to stay active in their own homes and in the local community.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Outstanding ☆

The service continued to demonstrate outstanding leadership.

Kingsmith Care

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 checked 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.

We inspected this service as it was 24 months since it was rated 'Good'. During this period we had not received any notifications relating to safeguarding concerns, accidents or incidents from the provider or other organisations.

This comprehensive inspection took place on 8 and 9 February 2018. We gave the provider 48 hours' notice of the inspection because we needed to ensure the registered manager would be available to speak with us.

Before the inspection took place we looked at information we held about the service including registration information and statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law. On this occasion we did not ask the provider to send us a provider information return (PIR). This is information we ask providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information with us that they felt was relevant, during and following the inspection process.

One adult social care inspector visited the provider's office location on 8 and 9 February 2018. We spoke with the registered manager of the service, a care manager, a compliance manager, a senior care worker with responsibilities for training and development and three other members of care staff. We looked at five records relating to staff recruitment, staff training and supervision, auditing systems and service quality monitoring. We looked at six people's care records and risk assessments, policies and procedures relating to the service and other relevant information.

Following the site inspection, an expert by experience spoke with four people using the service, four relatives and a friend of someone who used the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We also contacted two

healthcare professionals and a community professional involved in people's care and support to gain their feedback about the service.

Is the service safe?

Our findings

People and their relatives told us they felt safe and trusted the staff who visited them in their homes. A person using the service told us, "I feel totally safe with them, they help with personal care and all the other things I can't do." Relatives commented, "We are very happy that [our family member] is totally safe with the staff", and "I feel [my family member] is totally safe with the carers. [He/she] likes them and is completely relaxed with them."

People were protected from avoidable harm and abuse because the provider had effective safeguarding systems in place. Staff had completed safeguarding training and were able to access up to date guidance and information via the provider's safeguarding policy and related procedures. Staff had a good awareness and understanding of how to identify any potential abuse and knew who to contact should they have any concerns. A staff member said, "We have come across abuse before, within a family and around medication. Safeguarding is about preserving people's basic human rights and protecting people." Staff were familiar with the provider's whistleblowing procedures. Whistleblowing is when a worker reports suspected wrongdoing at work. A worker can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger. Staff told us they felt confident the registered manager would respond and take appropriate action if they raised concerns.

We looked at six people's care plans and risk assessments. Risks had been assessed for each person and contained practical guidance for care workers about how to support people to manage risks in relation to falls, nutrition, skin care and mobility. Risk assessments relating to each person's home environment had also been completed. Records were accurate, stored securely and available to staff. The registered manager and the care manager were both trained to show staff how to use moving and positioning equipment and staff confirmed they had been shown how to use hoists correctly and were confident using them to ensure people were supported safely. A friend/carer told us, "We have two carers that come because they have to use a hoist. The whole thing was risk assessed and talked through at the start of [their] care. I've watched them with [him/her] and I am completely happy that [they] are 100% safe with [them]."

The registered manager told us that people were always visited by the same members of staff to maintain continuity, build trusting relationships and ensure good communication between staff members and people using the service. Staff were knowledgeable about people's health history, including whether they had been in hospital and the reason for this as well as any current conditions they had and how they could recognise any signs of deterioration. People's care records included the contact details of healthcare professionals in the event of any incidents or changes in people's health and well-being. Assessments had been reviewed within six months or sooner when people's needs fluctuated and/or deteriorated.

There were enough competent staff to carry out people's visits and keep them safe. The registered manager, care manager and the nominated individual were all able to provide additional cover and worked together to provide an on call and out of hours service. People received a rota each week so they knew who was visiting them and when the visit would take place. Staff told us they had enough time at each visit to ensure they delivered care safely. People who used the service and their relatives told us that continuity of care was

excellent, along with time keeping. A friend/carer told us, "They are exceptionally good with their timekeeping - I have to go out so I need that punctuality." A relative said, "We have a regular carer and [his/her] timekeeping is excellent. If for any reason they are held up [he/she] always phones to let us know." People using the service commented, "[Staff are] never late" and "We've always had the same person, none of this not knowing who's coming."

People were supported safely with their medicines. People told us they were happy with the support they received. People also had the opportunity to manage their own medicines if they wanted to and were safe to do so. Staff had completed medicines training and been assessed as competent to administer medicines. We sampled medicines administration records (MAR) and found these were completed in full with no evident errors or inaccuracies. Medicines records were returned to the office and audited every month or sooner to ensure people had received their medicines as prescribed.

Good infection control practices were followed. Staff were provided with infection control training to ensure they followed good infection control principles. Staff used disposable gloves, aprons, overshoes, hand gels and paper towels and told us these were freely available from the office. Care staff were required to wear a uniform tunic with the service name on it and a name badge. A member of staff told us, "If we're not wearing [name badges] we don't get paid."

Recruitment practices ensured the right staff were recruited to support people to stay safe. A relative commented, "I think they take great care in selecting the carers - they all seem to have the same idea of what constitutes good care and that can't all be down to training. Part of it must be personality. I would definitely recommend them to other people." Staff files included evidence that pre-employment checks had been made including written references, satisfactory criminal records checks (Disclosure and Barring Service or DBS), and confirmation of identity. This helped reduce the risk of the provider employing a person who may be unsuitable to work in care.

The provider promoted openness and transparency within the service. Staff were encouraged to learn from past events through reflective practice, group discussions, supervision and appraisal systems. The registered manager responded positively to complaints and compliments and told us all comments provided an opportunity for the service to improve care delivery. We saw evidence that the provider had a comprehensive development plan in place and was taking action to ensure the service was up to date, relevant and achieving positive outcomes for people using the service, their relatives and staff members.

Is the service effective?

Our findings

Care and support was planned and delivered effectively to ensure the best health outcomes were achieved for people using the service. One person told us, "I have four visits a day from them since I came out of the care home. Since I've come home and they've been helping me, I feel my health has improved no end." Other people told us, "I am in control of my care but [staff] are very supportive and sensitive to what I need", "[Staff] are responsive, flexible and they will do what I want" and "Everything is decided by what I feel up to." Relatives felt the support their family members received was very person-centred and effective.

People's care and support was regularly reviewed and updated. Appropriate referrals were made to external services to ensure people's needs continued to be met. We saw evidence in people's care records that podiatrists, occupational therapists, speech and language therapists and district nurses visited people in their homes. We noted from correspondence that people were supported to attend memory clinics and other specialist services when required. Staff told us if they had concerns about people's health they would ring the appropriate professional themselves or let the office know. They were confident action would be taken. We saw evidence of occasions when people were not well and staff had supported them to seek advice. A person using the service explained, "I came out of the nursing home I'd been in with a UTI. The carer noticed straight away and was straight on the phone to the emergency doctor and got it sorted." A relative told us, "If [my family member] isn't very well they ring me straight away and let me know. We talk it through and then decide between us if a doctor is needed."

Staff supported some people with their meals. One person told us, "They offer to cook if I'm not feeling well and they make me drinks." Relatives told us, "They prepare meals from scratch, it's not freezer food so I never have any worries about [him/her] not eating properly", and "When [member of staff] is shopping [they] will call me first and ask for suggestions as to what [my family member] would like to eat." Another relative said, "[My family member] is having difficulty eating at the moment but they coax [him/her] along and they've just suggested we get some high protein drinks from the doctor. Yes, it's very effective care." Staff told us they always offered people a choice of their preferred foods and encouraged them to eat a healthy and balanced diet. Staff knew to contact the office if people did not eat enough or they had any other concerns in relation to eating and drinking.

Some people who used the service were living with dementia. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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. The registered manager and staff had a good understanding of the MCA.

People's care records documented whether they had capacity to make specific decisions and also contained a written record stating whether people had appointed someone as their Lasting Power of Attorney (LPA). Care plans were signed by each person or an appropriate other and showed consent to care

and treatment had been obtained. Staff told us they gained consent from people before carrying out personal care and respected people's choices. A staff member commented, "The person has to consent, we can't go in and do things to them, we always ask even when it comes to tea and coffee, what people want for breakfast, how they like to dress. We can show them items or pictures. If someone doesn't like mushrooms I wouldn't go out and buy them a ham and mushroom pie. Consent is a huge thing for us." One person using the service told us, "If I'm tired and sleeping when they come they will get on with the jobs quietly and let me rest. They don't barge in and say time to get up or anything like that." Relatives told us, "They always speak to [my family member] first, even when I am there, they ask [them] what [they] want to do or want done. If it doesn't appear as if [they] have understood they make suggestions - with a smile" and "They are very receptive and adjust the way they do things according to [my family member's] mood and how [they] are."

People benefited from effective care because staff were trained and supported to meet their needs. People felt staff were well trained and above all had a good attitude towards them and their work. Staff told us they were happy with their training. The provider obtained information from manager networks, the local authority, Skills for Care, the National Institute for Health and Care Excellence (NICE) and other social care forums to ensure staff reflected current good practice in their work and were up to date with relevant legislation. In-house evidence-based training was provided to ensure staff had the knowledge and skills they needed to support people effectively. This consisted of classroom based training, e-learning, discussions, workshops, one to one learning and small group case study presentations.

New staff completed training before going out to visit people. The induction programme for new staff included safeguarding, infection prevention and control, moving and positioning, equality and diversity, medicines management and record keeping. New staff worked alongside more experienced staff to observe how people had their care delivered. Staff were observed and assessed during these visits by the registered manager and/or the care manager. This ensured they were competent to work on their own. People felt staff were well trained and above all had a good attitude towards them and their work. A relative told us, "Any new staff that are coming or going to be filling in for a while when someone is on holiday is always brought along and introduced before - even though [my family member] has dementia and may not remember." Staff were encouraged to develop their skills and knowledge by completing various diplomas in health and social care. One member of staff we spoke with was completing a Master's degree in a health related subject.

The provider worked inclusively with a local learning disability support project. The project referred potential candidates for employment within the service. In this instance, the registered manager offered bespoke training packages tailored to the individual's particular needs and learning style. The registered manager told us and records confirmed that all initial training was up to date and logged electronically with a reminder system to flag when training was due to be refreshed. Where people had specific medical needs such as epilepsy, complications from a stroke, Parkinson's and/or cancer, staff were required to complete additional training.

Staff told us they met regularly with the registered manager and care manager to talk about their job role and discuss any issues they may have. We saw records to indicate that staff supervision took place every three months. We saw records that confirmed staff appraisals were also conducted on an annual basis. Staff told us they felt well supported and they could come into the office at any time and speak with any of the managers.

Is the service caring?

Our findings

People and their relatives consistently told us that staff were very caring and that people were always treated with great respect and empathy. People using the service made the following comments, "They are very kind to me and treat me with absolute respect", "The girls are always kind to me" and "They are all very nice but I feel especially comfortable with my regular girl." A relative told us, "The thing that stands out most with all the carers that I have met from Kingsmith is that they are kind, considerate and compassionate at all times. Whatever they are doing the client always comes first and when they go they leave [my family member] feeling happy and cared for, [they] look forward to their visits." Another relative told us, "They show [my family member] total respect at all times."

The service had a strong and visible person-centred culture with staff regularly going the extra mile. People's comments included, "Nothing is too much trouble" and "They have a can do attitude and it's always, yes if that's what you want of course we can." A relative told us, "[My family member] is totally the focus of their attention and making [their] life the best it can be is their goal whenever they are with [him/her]." Another relative told us, "They spend time sitting talking to [my family member] reassuring [them], making [them] laugh it's lovely to see. Their care has improved the quality of life [they] have no end." A healthcare professional told us, "[Staff] provide a really good quality of care, [they] implement recommendations, they take the time, they're really patient and are never rushed. They go above what their job requires. I really, really enjoy working with them."

There was evidence the provider listened to people's preferences with regard to how they wanted staff to support them in respect of cultural or religious needs. Staff were carefully matched with people using the service. People and their relatives were often involved in the interview process and able to meet and select a suitable staff member to support them. People could choose whether they wanted a male or female carer. People whose first language wasn't English were matched where possible with staff who spoke their language. People of Muslim faith who had requested staff with the same beliefs and cultural background were matched appropriately.

A relative said, "[My family member] is treated as a whole individual." Staff confirmed they treated each person as an individual and ensured people were not discriminated against when making their care and support decisions. A member of staff told us, "We have clients with different sexualities, beliefs and no beliefs. We respect what our clients want. We don't differentiate." Staff were aware that racism and homophobia were forms of abuse and told us they would report any concerns they may have in this regard to their manager and to the police if they felt a crime had been committed.

The provider had a policy of never undertaking a care visit of less than 30 minutes. People confirmed this was the case and told us this allowed them time to get to know staff and feel comfortable with them. Relatives also commented on the benefits of this policy in terms of its impact on people's quality of care and life. Relatives told us, "I have complete confidence in them, they never rush [my family member's] care and they always do extra things" and "They put the time in to get to know [my family member] and what [he/she] likes or wants." People told us, "[Staff] are never late and often stay on over their time if they are helping me

with something. They don't clock watch" and "[Member of staff] never skimps on the work that needs doing. [He/she] puts in the time."

Staff had built trusting and meaningful relationships with people using the service and their families. One person told us, "I only have them come in to see me now and again, they don't help me with personal care, it's companionship more than anything. The staff are very much appreciated by me. They are good company, talking to me and making me laugh. I feel very lucky to have them." Another person told us, "[Staff member] is more like a friend than an employee." The registered manager told us they celebrated people's birthdays and anniversaries and always sent cards to people using the service, their families and staff. One member of staff told us, "We get flowers and birthday cards" and another staff member said, "I was given flowers on the anniversary of my Mum's death, we feel appreciated and we are noticed."

Staff were fully aware of the need to promote people's dignity and protect their privacy. We saw this attention to people's dignity through care planning documentation which was comprehensive. There was a dignity champion for the service who organised 'digni-tea' parties for staff members to reflect and discuss best practice. People and their relatives were unanimous in their praise for the sensitivity and kindness of staff. A relative commented, "The staff have never been anything other than kind, and patient. Sometimes [my family member] is a bit resistant to their help but they still treat [him/her] with enormous respect." Another relative told us, "They chat away together and [member of staff] shows [him/her] respect. [Member of staff] gives [him/her] space when [they're] having a shower. [Member of staff] is there but doesn't stand watching [him/her] while [they're] washing and [they're] always ready with the towel to wrap [him/her] up and help dry [him/her] when [they] get out. Yes, [member of staff] preserves [their] dignity." A staff member said, "We need to preserve people's dignity, they have values and preferences. We do simple things like closing doors, putting a towel over someone's knees, respecting their space."

During our visit to the office every member of staff we spoke with was polite, professional and respectful. When answering queries on the phone the management team were patient and knowledgeable about people's histories and current situations. Staff were aware of people's likes, dislikes and preferences and we saw this attention to detail was built into the practicalities of care provision. Care plans contained details about how to assist people to look their best. For example in one care plan we saw a request for staff to remove a person's facial hair and accompany them to the hairdressers. A member of staff told us that they always remembered to apply lipstick and use a favourite perfume when supporting a person who liked to maintain their usual routines and look their best.

Staff supported people to go out to local cafes and restaurants and further afield on planned outings and holidays. A member of staff told us how they had accompanied a person on a cruise around the Mediterranean. The registered manager told us about another person who was being supported to complete their 'bucket' list and had recently flown in a spitfire aircraft much to their enjoyment. We saw photographic evidence of people attending dog shows, tea parties and birthday celebrations.

We heard from one person how the service had helped to reduce their sense of isolation; "They come and visit me and take me out shopping or for a walk. If it's not good weather we stay in and chat or have some music on. They have made such a difference to my life. I was so lonely before, now I look forward to them coming." A relative told us, "If [my family member] was in a home [they] would just be stuck in a chair but this [member of staff] gets the photo albums out and goes through them, spends time finding out what music [they] like. It's absolutely the best care."

Staff encouraged people to maintain their independence. A relative told us, "We've been building up the care package as necessary and now [my family member] has a lot of help but [they] are always happy with

the staff. They seem to have got the right manner. They coax [my family member] and [they] don't even realise it. [My family member] is not able to go out now but they support [them] to be as independent as possible within [their] own home." Staff were aware of the benefits of assistive technology in promoting people's independence and appropriate referrals were made for call alarms, pendants and bracelets to increase people's confidence and allow them to summon help if needed. For some of the people using the service the registered manager was listed as an emergency contact with Careline. This meant that people felt safe and reassured particularly when they lived alone and without support from family members.

We saw sensitive personal information was stored securely in locked cabinets. Relatives and people who used the service confirmed their permission was sought before their confidential information was shared with other healthcare and community professionals and we saw this documented in people's care records. This meant people could be assured their sensitive information was treated confidentially, carefully and in line with the Data Protection Act.

Is the service responsive?

Our findings

People told us the service was personalised and responsive to their care needs. People's needs were assessed before they started to use the service. Initial information was taken over the phone. The registered manager or care manager then met with the person and their family, where appropriate, to ensure the service would be able to meet their needs. A comprehensive needs assessment was completed and included information about the person's life, medical history along with contact details for relevant health and social care professionals. Care plans were tailored to meet people's individual needs and included further information about people's preferred routines, what tasks they required support with and other information relating to care needs, likes, dislikes and preferences.

Staff recorded the care they provided at the end of each visit on daily monitoring sheets. A member of staff told us, "I log everything, I don't miss anything out, a leaking tap, phone not working, remote control missing, I send messages to other carers. There is good communication between ourselves." Staff told us they read people's care plans and checked daily notes at each visit for any changes. People and their relatives told us that their care plan was regularly reviewed and where necessary, reviewed more frequently to keep pace with a deteriorating or changing health condition. A relative told us, "I was involved when the care plan was set up and it was regularly reviewed. Right now [my family member] has gone through a period of rapid change and [their] care plan is evolving all the time. It seems every few weeks there is a new batch of forms to sign to agree changes. They are very on the ball - all of them."

People's communication needs were met. A person commented, "[Staff] are good communicators and the client always comes first." The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss. Each person's initial assessment identified their communication needs and contained details of how staff should communicate with them and whether people used hearing aids and/or glasses. Staff were provided with a communication toolkit during their induction. The toolkit outlined the importance of good communication and provided guidelines about how to talk with people with behaviours that challenge, colleagues, healthcare professionals and relatives.

Staff supported people to use mobile phones, face time applications and Skype to help them stay in touch with their relatives and other people involved in their care. Where people were unable to express their needs clearly or required support to do so, the registered manager welcomed the involvement of advocates. Advocates are trained professionals who support, enable and empower people to speak up. Staff made referrals to advocacy services where they felt this could be helpful to people using the service. People were given information when first joining the service in the form of a 'client guide' and this included details about how to make a complaint and other information about the service. The registered manager told us they could arrange for this to be provided in an easy read format on request.

Staff were aware that some people may be at risk of social isolation and understood how important connections with the local community were for people using the service. Staff supported people to create their own links within the local community and gave people information about events and social clubs

operating in the local area. People attended day centres, local churches, tea parties, knitting groups and other events that were meaningful to them. People told us staff would stay on and have a chat when they were able to. A relative commented, "[My family member] doesn't go out a lot now but they provide valuable companionship for [them] as well as some basic care." People told us the service was flexible and that visit times could be changed as needed. A relative told us, "I speak to the manager if I have any problems such as needing to change a visit and I have always found her very receptive and willing to help in whatever way we need." This flexibility meant people were able to attend events and appointments as they wished.

People told us the service always responded well to any complaints or concerns they had. People were given information about who to contact if they wanted to complain and what sort of response they should expect from the service. Comments from people using the service included, "I've never had any reason to complain about the help they give me. The staff are so willing to help and adapt to my condition and how I am", and "I've never ever had cause to complain, I imagine there are details about how to go about it in the book but I would just talk to the manager." A relative told us, "If we have any little niggles you can tell [the management team] and it will be corrected straight away. They are so concerned to get things right I feel confident [the registered manager] would sort it out no problem." We saw that the provider managed and resolved complaints to people's satisfaction.

People were supported at the end of their life to have a comfortable, dignified and pain free death. The registered manager told us she had attended courses to develop her skills and knowledge in this area. She told us the local clinical commissioning group (CCG) often referred people with end of life needs to the service because they were trusted to organise a bespoke package of care quickly and efficiently. The registered manager told us they supported people and their family members during what was often a difficult time for all involved and where appropriate, provided information about support projects and carer's groups operating in the area. The service worked closely with Royal Trinity Hospice and sought advice and guidance from palliative care nurses to ensure people remained comfortable and supported at the end of their lives.

Staff had completed e-learning modules in end of life care and awareness. The registered manager told us she was planning to develop further training in this area and had already contacted relevant healthcare professionals to discuss options. Staff told us they always met together following the death of a person they had been caring for to remember them and express their feelings. We saw a folder that contained cards, photographs and mementos of people staff had cared for at the end of their lives. We also saw that staff had been invited to attend people's funerals and that the registered manager had been asked to speak at a person's remembrance and celebration of life service.

Is the service well-led?

Our findings

The provider focussed on ensuring people's experience of the service was positive in every way. Feedback we received about the leadership of the service was consistently positive. People told us, "They make you feel special. They do things properly and I have already recommended them to other people" and "It's a brilliant company and very well run. I know the manager and they are very helpful. They are approachable, flexible and well organised." A relative told us, "We know the manager, she is a lovely woman, very approachable and willing to help in any way she can. I think the company is very well run and we are very lucky to have found them. They do everything well and really care for the clients." Another relative commented, "It is a very well-run company. The communication between the staff and between the staff and clients and their families is very good. It has an intimate feel. You are made to feel that you are valued as a client not just a job on a sheet." Staff were complimentary about the registered manager, saying, "She's friendly", "understanding" and "genuine."

Strong and stable leadership within the service was evident. The registered manager was supported in her role by her husband who was the nominated individual for the service and a qualified psychoanalyst; a competent compliance officer and an experienced care manager who had previously worked as a psychiatric nurse. The registered manager promoted a positive, open culture, where staff at all levels held the same values and worked towards a common cause. The company ethos was that 'every action matters.' We saw this was explained in the initial literature provided to new clients and staff we spoke with demonstrated a thorough understanding and a willingness to embrace this ethos. Staff confirmed that the provider's vision for the organisation was covered in their induction when they started working for the service and was also something that was reinforced during supervision and staff meetings.

The provision of care and support was effectively managed over a small geographical area. The management team had an excellent overview of the service and knew all of the people using the service very well. The provider's offices were located within a local community centre and we met and spoke briefly with a member of the safer homes team who explained how their service worked collaboratively with the care agency to ensure people were protected from the risks of living in an unsafe home. Many staff members lived locally and possessed an excellent knowledge of the area and of other statutory and voluntary organisations operating in the vicinity. This meant that staff were able to signpost people and their relatives to other services when needed. Charing Cross hospital was a short distance away from the office and the management team had built strong connections with the hospital when visiting and liaising with healthcare professionals from various different wards and departments.

Staff were enthusiastic, motivated, friendly and demonstrated a real interest in the health and welfare of the people they cared for and supported. One member of staff told us, "I'm really happy, I love my job. I'd probably do it for nothing!" Another member of staff told us, "I love this company; it's more of a family, very supportive." There were opportunities for career progression, training and development within the service, and this contributed to the positive morale of the staff team. For example, train the trainer and champion roles were open to those who demonstrated a genuine interest and aptitude for the roles. Staff were able to give examples of further courses they had attended to develop their knowledge, skills and experience and all

staff had completed vocational courses at various levels. Senior staff sent additional resources and online links to care workers to aid their learning. This included a "Film of the week" which were short videos on different topics. We watched a preview of the most recent video sent to staff on end of life care which was informative and easy to follow.

Staff were recognised and rewarded for their hard work and achievements. Staff were paid the London living wage and excellent practice was commended by a monetary bonus and a certificate. We saw these certificates in the staff files we viewed. A staff member told us, "We win little prizes every month." The registered manager encouraged staff to participate in the provider's bike scheme where at no extra cost to staff, new tyres, lights, high visibility jackets and an annual service formed part of the package. The registered manager believed strongly that cycling was good for people's health and well-being and meant that staff always arrived on time for work. One staff member told us, "I have no trouble getting to visits. Without my bike, I'd be lost; I like to be on time, it's important to me." People and their relatives confirmed that staff always arrived on time for visits and no one we spoke with had experienced a single missed visit or delay without receiving prior notice.

The senior staff team maintained regular contact with people using the service and their relatives; listened to their views and made adjustments to care delivery where needed. The registered manager told us and records confirmed that people using the service were contacted over the telephone every week and visited in person at least every two months. We were told that if people raised any issues, these would be dealt with immediately. People told us, "They often ring to check if I'm ok", [the registered manager] does spot checks, though we've never had anything remotely resembling a problem" and "They review my care every three months, I think they should have a gold star." We saw further evidence that feedback was obtained from people using the service, and their relatives. Feedback was sought in the form of annual questionnaires which were collated and analysed to inform improvements to the service. We saw all suggestions from this feedback were actioned which demonstrated that people and their relatives were listened to and were able to influence changes within the service.

There was a strong emphasis on making improvements to the service through reflective practice. On request, the nominated individual provided further information about the purpose, aims and expected outcomes of reflective practice. He wrote, 'The idea was to get staff together to encourage them to think about their work and about the impact on them of dealing with the challenges of their work. It is a long term attempt to prevent the kind of disconnection and burn out that seems to arise as staff in health and social care 'defend' themselves from the impact of the work. We pay staff for their attendance at the groups partly as a way to show them that we value them. The basic principle being that valuing our staff and the work they do means that they value our clients.'

The organisation had consistently effective systems in place to monitor the quality of the service. Care records and written daily notes were reviewed every four weeks or before if necessary. The registered manager was aware of what incidents needed to be reported to the CQC or the local authority and had regular contact with social workers and other teams when any advice was needed. The service had a clear process for dealing with accidents and incidents. Forms were available which included a space to fill in what had occurred, and what could be done to prevent a reoccurrence. The registered manager told us accidents and incidents were discussed at team meetings. Any safeguarding concerns were discussed in a similar way and if the service received any complaints they were logged and reviewed and were also discussed individually with staff.

The provider was part of the Registered Manager's network which enabled staff to find out what was happening in the care profession, share good practice and keep up-to-date with new legislation and

guidelines. The registered manager was keen to develop and improve the service. Staff were encouraged to make suggestions about how the service operated and told us they were confident they would be listened to, taken seriously and any good ideas implemented. The registered manager told us they planned to make further improvements to end of life training, develop and imbed the roles of champions in medicines, moving and positioning and end of life to ensure good health outcomes for the people they supported.

A community professional told us, "It's one of the best agencies. I've referred people to them. The feedback I get is excellent. The clients are so fortunate." The registered manager explained, "Our service wraps around the client, we know our clients, we know what they want, we are about relationships and trust." People using the service and their relatives were extremely happy with the care provided. People, relatives and staff members told us, without exception that they felt valued and included. One person commented, "I can only say there is nothing I think they can improve on."