

Care By Us Ltd

# Care By Us - North London & West Hertfordshire

## Inspection report

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Date of inspection visit:

02 May 2019

03 May 2019

14 May 2019

11 June 2019

11 July 2019

13 September 2019

Date of publication:

06 November 2019

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

Care By Us Ltd is a large organisation which offers personal care and other bespoke services in East, West and North Hertfordshire, Essex and North London. The organisation is operated from two locations. This inspection covered Care By Us - North London & West Hertfordshire office.

The service provided a wide range of services which included, domiciliary care, 24-hour live-in care, enablement services, prevention of hospital admission, 'Front of House' service that turned around people at A&E to get them home and prevent hospital admission, delirium recovery pathway, early stroke discharge service and extra care schemes.

The diverse services meant that a large number of people were supported with the regulated activity of personal care. For example, at the time of the inspection, there were around 600 people who received personal care. The number of people receiving support varied significantly in numbers from day to day due to the short term support some people received. In one year, there were approximately 2000 people who received care and support from the service.

People's experience of using this service and what we found

People and their relatives gave us extremely positive feedback about the service they received. They told us the care and support they received was not just safe, but effective in enabling them to live in their own homes. People told us they were involved in their care, had become more independent and their health was promoted.

People were supported to learn how to take risks safely and protect themselves from the risk of abuse. This was in addition to staff being well trained and knowledgeable about safeguarding procedures and how to report their concerns.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us how grateful they were for staff supporting them to live in their homes. Staff were trained and supported to meet the diverse needs of people including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans and all staff we spoke with knew the needs of each person well.

The provider operated a bespoke training programme developed and adapted to provide staff with in-depth knowledge about legislation, approved best practice guidelines and health conditions people using the service lived with. The training programme focused on practical face to face training in an environment specially adapted by the provider to resemble the type of environment people they supported lived in.

The provider and staff were passionate in enabling people to live independently in their own homes for as long as possible and they used assistive technology to promote safety. The effective use of innovative technology had measurable impact on vulnerable people at risk of dehydration and those at risk of getting lost when leaving their home.

People received personalised care and support, and this was flexible to fully meet their needs. The provider yearly budgeted a large sum to enable them throughout the year to provide free of charge bespoke services, equipment and often, household goods to people who could not continue to live at home without this.

The provider developed services for people who were at risk of social isolation. They commenced pet therapy support and offered this service free of charge to people who missed having pets to stroke and talk to and these had many positive benefits for people. They also looked after people's pets when they were no longer able to so that people continued to enjoy the company of their animals.

People told us they were supported by a stable staff team who they developed good relationships with. They told us staff were extremely caring and often they went over and above their professional duties. This made people feel valued and safe living in their own homes.

The provider effectively planned and tested their ability to provide an uninterrupted service to people in case of extreme weather conditions or other unforeseen events. They purchased special vehicles they could drive staff around in case of floods or snow. They also worked closely with the local fire service to ensure people's homes were equipped with fire detection for early warning in case of a fire.

People had access to a 24/7 helpline which they could call for any emergencies they had. This gave reassurance to people who had no close relatives to deal with any household emergencies.

The provider developed a close working relationship with commissioners and local authorities from their catchment area to develop new services in response to the needs of people in the community. Commissioners and representatives from the local authority's social work team told us the support they received from the provider was invaluable. In their recent contract monitoring visit the provider achieved an 'Excellent' overall rating.

The provider's quality assurance systems were self-developed and tested all aspects of the service they provided. The systems were highly effective in identifying any issues or areas where improvement was needed to the quality of the service provided. The effectiveness of the monitoring systems were constantly tested and improved. This led to effective deployment and management of staffing resources across all their services with only 20 missed visits recorded in a year out of 1.2 million. The visits were marked as missed because staff were more than two hours late arriving at people's homes.

The provider was involved in developing and sharing best practise in their areas of expertise, often mentoring and supporting other providers of similar services. They were nominated and won several awards to recognise their contribution to improving people's life in the community. The provider ran several well-being programmes for their employees. The award schemes and development opportunities offered to their staff contributed to the development of a strong, dedicated and motivated staff team who adhered to the vision and the values promoted by the provider.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

Rating at last inspection

The last rating for this service was Outstanding (published 29 October 2016).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was exceptionally safe.

Details are in our safe findings below.

Outstanding 

### Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding 

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

# Care By Us - North London & West Hertfordshire

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors and two Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing. This service also provided care and support to people living in 11 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service also provided care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care [and support] service.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. One of the registered managers was also the provider.

### Notice of inspection

We gave a weeks' notice of the inspection because the service supports a large number of people and arrangements were needed for contacting and visiting people.

Inspection activity started on 02 May 2019 and ended on 13 September 2019. We visited the office location on 03 May 2019. On 02 May 2019 and 03 May 2019, the Experts by Experience called people and relatives for feedback about the service. Between 14 May 2019 and 13 September 2019, we contacted health and social care professionals working in partnership with the service and requested further evidence from the provider.

### What we did before inspection

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

### During the inspection

We spoke with 16 people who used the service and 18 relatives about their experience of the care provided. We spoke with 20 members of staff including the provider, registered managers, managers of the different service types operated by the provider, senior care workers and care workers.

We reviewed a range of records. This included six people's care records. We looked at seven staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service. We also spoke with representatives of the local authority to seek feedback about how the provider contributes to the development of specialist services in people's homes.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding.

This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Systems and processes to safeguard people from the risk of abuse

- Every person and relative we spoke with told us the care they received was safe. They told us staff helped them learn how to keep safe from abuse, not just in their own homes and in the community, but also when using social media on their computer devices. One person said, "I am so happy with them [staff]. They remind me how to stay safe and they give me confidence in staying in my home." A relative said, "[Person] knows them, trusts them and feels comfortable with them, they have been looking after [person] for a long time."
- Staff invested in educating people to stay safe and this contributed to people's health improving. For example, staff took training aids and explained what can cause pressure to a person who was refusing treatment for their pressure ulcers. Following the informative session, the person accepted treatment and their pressure wounds healed.
- People learned how to use social media safely from staff who spent time with them to raise their awareness. Because of this, people were enabled to keep in touch with their friends, access information and develop new friendships safely.
- Internal systems, processes and protocols were developed to enable staff to appropriately respond to any safeguarding concerns. Staff followed these and appropriately reported and recorded their concerns internally and externally. They were enabled to take appropriate action to safeguard people until the local safeguarding authorities stepped in. For example, a person who lived with dementia had been living in their own home with their relative. When staff visited them one day they found that their relative had to be taken to hospital. Staff communicated with their managers and felt that the person was not safe on their own in the home. The registered manager arranged full time support for the person until their relatives returned home. This meant that the person was not just safe having staff with them, but their anxiety was not increased by having to move to a different accommodation.
- Safeguarding referrals to local safeguarding authorities were made in an open and transparent way. This meant that staff were able to recognise and report concerns.

Assessing risk, safety monitoring and management

- People's health outcomes improved due to staff managing risks well. When risks were identified to people's health and well-being the provider made all the resources available for staff to mitigate risks. For example, staff identified people at risk of dehydration. They left drinks for people and monitored how much they were drinking. Where people lived with dementia and often forgot to drink, assistive technology was

used to prompt people to drink. Staff used 'talking cups' to encourage people to drink. These were cups which could be programmed to remind people to drink. People's loved ones could record their voice on the reminder so that people were not distressed by an unfamiliar voice. Data collected showed that people's fluid intake increased by as much as 40 percent following the use of this technology and this prevented dehydration and hospital admissions.

- The provider had a well-developed assessment tool for staff to use when they assessed people's needs before they started using the service. This included identifying what risks were involved and measures needed to ensure people's needs were met safely.
- People were safely discharged to their own homes following a stay in hospital. The provider developed and trained their own assessors and based them in the relevant acute hospitals to assess people ready to be discharged 365 days of the year. The provider told us, "We believe that it is crucial that patients are assessed prior to discharge in order to ensure the safety of our service and the safety of the discharge, we have insisted on conducting our own assessments in the acute settings." Although initially it was believed that this would delay discharges the data collected showed that this had a positive impact and whilst in 2017 there were 800 cases of delayed transfer of care in Hertfordshire, in 2018 there were just 200 cases across the whole county.
- Assessments were in place to identify risks from people's care, their home environment and healthcare conditions they were being supported with. Assessments included information on actions to take to minimise risks to people, including when using equipment. They gave detailed instructions on the numbers of staff needed to support people safely. One person told us, "I do feel safe. They use a hoist with me. I feel confident in them using the hoist with me."
- Staff were extremely competent to deal with emergencies and keep people safe. Over the last two years they had successfully evacuated one extra care scheme and twice worked with the fire brigade to keep people safe in the extra care facilities when there was a fire, two floods and a break in into the premises.
- When the lifeline alarm system went down in two extra care facilities overnight, the staff team called in colleagues and patrolled the building all night, checking on people as often as every 10 minutes through the night using a risk rating system from high to low risk people. The lifeline alarm system is used by people to summon help in case of an emergency. This action prevented having to evacuate over 70 very vulnerable people from one building overnight and another 17 from another scheme.

#### Staffing and recruitment

- The provider developed a bespoke recruitment strategy. This included an attractive employment package for candidate successful in their application. This meant that the provider had managed to employ enough staff to provide a quality and safe service to people. Employees from overseas had been supported to learn cooking skills to ensure they could meet people's needs. The provider had also a driving instructor who supported staff to gain confidence in driving in this country. Staff were only signed off as permanently employed when they were able to demonstrate good English language skills as well as that they were able to safely meet people's needs.
- In addition, safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed. The provider had a constant recruitment drive due to the vast number of people using their services. Candidates were interviewed, and all necessary pre-employment and identity checks were completed before staff were offered employment. There were enough suitably experienced, skilled and qualified staff available to meet people's individual needs.
- People told us they usually had a consistent team of staff who attended to their needs. They were happy with the support and told us staff supporting them were like their family. There were very few instances where a call was considered as missed by the provider. This was because there was a fast response team based at the provider's offices on standby for any emergencies where visits could not be continued or finished by others.

### Learning lessons when things go wrong

- The provider's systems and processes were set up to ensure that any concern, complain, accident or incident triggered a root cause analysis and lessons learnt process. For example, the provider identified an increase in the number of referrals to the Specialist Care at Home service where people required support with administering medications, particularly blood thinners that required up to 12 hours gap between doses. This service was commissioned as a non-time specific service and this increased the risk of people not receiving their medicines in time. The provider ensured that when people were referred to this service they reviewed medicines and people who had time specific medicines, requiring staff support were moved immediately on a time specific visit rota. They also worked with people and relatives to educate them to take their own medicines.
- The provider reviewed the medicine training they provided to staff to ensure this gave staff a better understanding of medicines required to be taken at regular intervals.
- We found that the lessons learnt process was always positive and looked at possibilities to overcome barriers or manage risk without negatively impacting on people. For example, staff found medicines on the floor when they visited a person. A safe had been put in place with the person's agreement. Medicines were locked in there and staff prompted the person when to take their medicines and also made sure they were taking the right ones. This meant that the person could still independently take their medicines, however the process was safe as staff were present if they needed help.

### Using medicines safely

- People told us staff supported them to take their medicines, and where people were able to take their own medicines, staff always reminded them. People's relatives told us they felt medicines were handled and managed safely by staff. One person told us, "They help me with my tablets and it's all been fine."

### Preventing and controlling infection

- People and relatives told us, staff were washing their hands and used gloves. One relative said, "They all have a good appearance- they wear a uniform and always wear gloves and aprons which they bring with them."
- The provider recently introduced a training aid for infection control. They purchased germ powder that they put on uniforms so that staff could see the difference between wearing personal protective equipment (PPE) and not. The germ powder is activated under ultra violet light and staff saw how easily infections and germs could be spread.

## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as outstanding. At this inspection this key question remained the same.

This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- People were supported to enjoy the best quality of life possible at home. People's care and support needs were assessed holistically, and staff worked with them to promote healthy lifestyle to prevent hospital admissions. They told us they were involved in their care. One person said, "I am involved. I told them in the beginning what I like, and they know. Every so often a manager will come to ask me if I am happy and to see if there is any change. I am happy."
- People and relatives told us staff were very attentive and followed the guidance in people's care plans to ensure people's needs were fully met. One relative said, "They cream [person's legs, give them a shower and make sure they are comfortable before they leave. They know what is in the care plan."
- Staff were not just following nationally recognised best practice guidelines when supporting people, but also contributed to develop best practice guidance and share this with other providers as well as raise awareness in the community. The provider contributed to the development of the local council's medication policy and they also jointly developed a safeguarding tool kit with the local council and an independent care provider association for all care providers in Hertfordshire who provide support for people in the community.
- People told us staff were helping them effectively and because of their support they could live in their own homes. One person said, "I am grateful for their support. They are the reason why I can live in my home."

Staff support: induction, training, skills and experience

- Staff received training and support from the provider's management and training department. They told us they went through a comprehensive induction training when they were newly employed even if they worked in care before. One staff member said, "The training is very good. I never had training like I had here. You really learn and remember everything because they use visual aids."
- People benefitted from a staff team who were trained to look at and constantly assess people's needs holistically and not just carrying out tasks when visiting people. The way the provider delivered training to staff was innovative and effective. For example, staff looked at people's medical history and educated them about diabetes, the effects of a sedentary life style, the effects of high blood pressure and cardiovascular diseases, the effects of smoking and others.
- People were helped to understand the benefits of a healthy lifestyle by staff who used visual aids. For example, to demonstrate how much a pound of fat tissue looked like and also how obesity affected their health. This motivated people to lose weight and live healthy.

- Staff were trained using various teaching methods like face to face, practical and on-line training. Practical training included looking at realistic scenarios in a flat decorated to resemble the environment people lived in. The provider told us, "We have a flat, we fund this ourselves just to make the training as real as possible." For the training to have the real impact the provider involved people who used the service and captured their views on video about the care they experienced so that staff could hear from them what and how they liked their support delivered.
- Staff were supported to develop and become champions in their areas of interest. They delivered bespoke one to one training to other staff members as well as people if they were interested. One staff member said, "I have completed a Health and Nutrition course (13 weeks) and am now a Champion. I have cascaded this information into all of the five supported living houses."
- The provider rolled out the Virtual Dementia Tour and the Virtual Autism Tour (Sensory Loss) experience for all their 750 employees across Hertfordshire and West Essex. They invited people's families, friends, main carers and other health and social care professionals to participate in this. This experience gave a real insight using equipment for example, special glasses to show participants how a person with dementia or sensory loss experienced their world.
- Staff demonstrated knowledge and understanding of people's needs, behaviours, feelings and health conditions and were able to tell us how their training helped them support people more effectively. For example, using coloured plates, talking cups and other methods to encourage people to eat and drink sufficient amounts.
- Staff told us they were very well supported to carry out their roles effectively and the support from the provider extended beyond their employer's duties. For example, staff had access to free yoga classes and other health and well-being programmes to keep healthy and fit. One staff member said, "I love working for Care By us. I love care and I find this job interesting. The managers and the provider are fantastic. They are very hands on and 100% supportive."

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

- Not every person using the service had an assessed need to be supported by staff to eat and drink. However, staff were very vigilant and ensured people had sufficient food and drinks.
- Staff received cookery lessons if they had to support people with their dietary needs.
- The provider often supplied people with small household items, if there was a need, free of charge such as kettles, toasters and microwaves to ensure people could heat their food easily. This helped people remain in their own homes safely. For example, a person had been discharged back to their own home from hospital. When staff visited they found that they had no food, cups, plates, cutlery, no pots and pans to cook or prepare a meal, the fridge was also empty. Staff contacted the social work team and the GP as the person was confused. They also spoke to the provider who delivered an emergency supply of all necessary items for the person to remain in their own home. Support had been provided by staff so that the person was safe.
- People told us staff encouraged them to eat and drink. One person said, "They always make a cup of tea before they help me wash and that's a good start. They give me one or two more while they are here and leave me with drinks where I can reach. They always tell me not to forget to drink enough. Another person said, "I tell them what I want for breakfast and they do it. It's all good. I do like my food and a good strong cup of tea. They know what I like."

Staff working with other agencies to provide consistent, effective, timely care

- The provider developed many excellent relationships with social care professionals, NHS staff in the hospitals, Doctors, District Nurses, the Fire Service, Police and the Voluntary sector. They had staff in all the local acute hospitals working with the social work teams to assess people prior to discharge and to turn them around from Accident and Emergency.
- Health and social care professionals told us the partnership working with Care By Us - North London &

West Hertfordshire meant that people could receive appropriate care and support in their own homes and not in acute hospital settings. This was because staff coordinated the support people needed and involved the right professionals in their care. One health care professional wrote a letter of commendation to express their gratitude for the positive working relationship benefitting people.

- The provider told us, "We are considered to be really innovative and a leading light in care in Hertfordshire and we happily share our latest campaigns and risk assessments and documentation with other providers as we are committed to improving everyone's lives who are in receipt of care and support or who are working in care."

Adapting service, design, decoration to meet people's needs

- The provider and their staff team were passionate and dedicated to overcoming the barriers in people being able to live in their own home safely. Staff assessed the environment people lived in and often they supplied missing items or made adaptations with people's permission to ensure people could live in their own homes. For example, staff cleared the gardens and pathways so that people could safely walk around.
- The provider also supplied free of charge household items like new mattresses and bedding and towels and in some cases fitted out a whole flat. They provided medication and key safes, emergency incontinence supplies, no rinse shampoo caps for people who struggled to wash their hair, security advice and CCTV cameras and door alarms for people concerned about security.
- We saw that people often contacted Care By Us - North London & West Hertfordshire when they were in crisis. For example, people called the out of hours contact line if they had issues with plumbing or electricity. Staff always helped people promptly so that they felt safe and could continue to live in their own homes.

Supporting people to live healthier lives, access healthcare services and support

- The provider introduced a holistic health programme for people with the specific objective to improve their health and wellbeing, keep them at home and out of hospital and enabling them to live healthier and happier lives.
- The provider launched various campaigns including 'stop the pressure' to educate people about pressure areas and the danger of immobility, poor hydration, nutrition and incontinence. This campaign they championed was then picked up and rolled out by the NHS Trust and social services in Hertfordshire because of the success it had.
- Other campaigns included 'eyesight and glasses' checks, 'hearing loss and hearing aids' and 'wearing of appropriate footwear' campaign to reduce falls. They also promoted a 'stop pyjamas paralysis' to encourage people to get washed and dressed and not be a patient at home or in hospital.
- Health and social care professionals we spoke with praised the service for being innovative and having a positive impact on people's health and well-being. This was evidenced by the low numbers of hospital admissions. People were only admitted to hospital in case of an emergency. When their needs changed the service had the flexibility to change and meet those needs immediately. This prevented people being admitted to local hospitals or care homes.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA. We found these were met.

- People told us staff always asked for their consent before they carried out any aspects of their care. One person said, "They are so good. They know by now what I like but they always ask if it's okay to do this or that." Another person said, "I am listened to, and I tell them what to do. Everything is in the care plan, but I like to tell them, and they ask as well."
- People's care plans had a decision-making section where it was clearly documented how people needed to be supported to make decisions about their daily lives, and the care and support they received.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as outstanding. At this inspection this key question remained the same.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People and relatives told us staff were kind and always ready to go the extra mile for them. One person said, "Staff are very good, kind and friendly. They are like part of my family. I've no complaints, they are all doing a little more you know, taking the rubbish out, putting the washing on, washing dishes. They always check that I am happy for them to do things and it's a great help." The person told us that although these were small things to do, they could not do this, and this was not included in the contract with the service. They said this meant they could live comfortably in their own home and not having to move to a care home.
- Relatives told us how grateful they were for staff taking time and looking after their relatives. A relative said, "They are really interested in [person], they talk to them about what is happening in the town, they are reliable in that they don't miss a call, carers have gone the extra mile when [person] was ill, they called me and for an ambulance."
- There continued to be a strong emphasis on personalised and caring approach towards all the people using the service from staff and the provider. People's voice was heard and central to the care and support provided. Staff cared for people in a holistic way rather than viewing their care needs in isolation.
- Staff planned care and support around people's wishes and they made all necessary arrangements people needed to have their wishes accomplished. One person said, "My eyesight is not good, and I can't read my mail. The carers will read it for me and they all understand how difficult it is for me with my eyes. They make sure that I'm washed thoroughly whether I have a shower or a strip wash- they help me wash all over. I am in my own home because of them." Another person said, "They are absolutely brilliant, they are very jokey, they are very sociable, they educate me, I can't thank them enough."
- The provider's systems and processes were created to place people in the centre of their support and enabled staff to support people in a caring way. The ethos and the values of the provider were evidenced in staff's actions and the provider's willingness to support their staff to deliver personalised care and support to people. For example, the provider purchased several vehicles equipped and safe to use in extreme weather conditions. This enabled staff to reach people and deliver food supplies and attend to their personal care needs when other services were cancelled. Staff told us the provider also drove one of the vehicles and helped them get to people who live in an isolated rural area.
- People were valued and supported like individuals. Staff helped people understand consequences of their actions when exploring their sexuality and supported them to learn how to stay safe and think about their emotional involvement in relationships. People told us they were much happier in their private lives thanks to the staff who helped them achieve this.

- People told us staff helped them re-develop relationships with their family members. One person told us how happy they were seeing their family member after a period of time when their relationship had broken down and could not see each other.

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

- People told us they were involved in making decisions about their care. One person said, "I do have a care plan and in fact [team leader] came last week to go through it with me and did a new plan and put it in the book. She was very friendly and knows what's what. I do feel she listens to me." A relative said, "The agency has a folder which has to be kept up to date and signed and it is checked by the seniors. There is an information sheet in there with good instructions. They do care plan reviews- in fact they did one this morning based on a change of sling and they come to me with any queries."
- The provider recognised the need for people to be involved more and lead their care the way they wanted. They encouraged people to really speak out and say what they exactly wanted from staff at the time of their visit. This at times meant that staff had to take pictures of where people wanted their cups or ornaments placed around them in the house or how they liked staff to make their beds so that they could please people and make them feel listened to. This had an impact on reduction of complaints and more people being entirely satisfied with the care they received.

Respecting and promoting people's privacy, dignity and independence

- The provider had systems and processes in place to ensure they promoted people's dignity and privacy. Where people were not able to look after their property or garden and had no family members who could do this for them the provider free of charge ensured that this had been done. This made people feel dignified and comfortable in their properties. For example, the provider cleared a person's garden so that this looked well kempt the same as other properties had on the street. They provided curtains, blinds, key safes just to make sure the person was not just safe but nobody passing on the street would be able to recognise that a vulnerable person may live in that property.
- People told us staff were attentive and protected their privacy, dignity and respected their preferences. One person said, "They are respectful, and cover me after the shower and I wash and dry my own private parts. They always tidy up after themselves and for example bring my dirty [clothing] down to be washed." Another person said, "I have a shower cubicle and every so often they help me with the shower and wash my hair. They always keep me covered- it can get cold in here, but they will keep me warm and put the heating up or the fire on and wrap me in towels."
- People told us the service was flexible and staff were allocated to them based on their preference. One person said, "All the carers are kind and helpful and they are all girls. They are gentle with me."
- People's independence was promoted. Staff told us how they helped people to do as much for themselves as possible, as the little things meant that people could live in their own homes. One person said, "They are very good in letting me get on with what I can do. They don't rush me. They always encourage me to do things even if it takes longer." A relative told us, "They are all good with the little things. Very caring company this is. They treat [person] very well and they encourage them to walk."
- Health and social care professionals told us that staff helped people re-gain their independence within the agreed time frames after them being discharged from hospital. Staff helped people exercise and get mobile again, so they were safely discharged from needing support and could live independently in their own homes.
- The provider was passionate about enabling people to live independently the way they wanted in their own homes. They recognised that this was often not possible because of the environment or financial circumstances people had. As a response they budgeted yearly a sum to enable them to free of charge supply people with items they needed just to ensure they could continue to be independent in their homes. Often, they extended this support to others in their local community. For example, they supplied people

over Christmas with food parcels, supplied 100 pairs of slippers, boots and gloves to those in need through the local mayor, provided no rinse shampoo caps for people who struggled to wash their hair and have supplied blow up wash basins at no cost. They also provided heaters, electric over blankets for warmth and made lots of referrals for winter fuel support.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question remained the same

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service provided to people was flexible and responsive to their individual needs and preferences. Staff enabled people to live life as fully as possible. For example, a person's needs changed, and they needed two staff's support as a matter of emergency. This led to their morning visit to be moved to a later a later time slot. Staff was made aware by the person's relative how much the person enjoyed going to the day centre once a week, however due to their needs changing and needing a later visit this was no longer possible. The provider arranged the rota in a way to ensure that once a week the person had an earlier visit, so they could attend the day centre. This has a positive impact on the person's well-being as they could continue seeing their friends and socialise.
- We found numerous other examples where the provider demonstrated how flexible their service was by adapting the support to people's needs. This included changing staff members for people to better match their personalities, moving times of visits to ensure time specific tasks could be completed as well as moving people through their diverse service types in partnership with them and funding authorities to ensure people's needs could be fully met.
- Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans and all staff we spoke with knew the needs of each person well.
- There was a drive from the provider to provide a service responsive to the needs of older people's needs in their local community. They run in conjunction with an independent care provider association, a falls prevention program and arm chair exercise program for people using the service, as well as the wider local community.
- Staff helped people to follow a programme for improving mobility based on enablement goals. Many of these goals were to improve mobility and support the person to access the community again. Staff supported people to get confident going into the community, walking to local shops, to their clubs and going shopping. People were enabled to become independent again and live the life they wanted.
- People and relatives told us they could rely on staff and they were looking forward to their visits. One person told us, "Once I was in a [situation outside agreed visiting hours] and within half an hour they came. They are friendly and happy, I am always pleased to see them." One relative said, "[Person] has dementia and Parkinson's and can't converse but does recognise the carers who she likes. [Person] can't say it but I can see it in their eyes. All the carers chat with them and they will say 'Cheerio- we'll see you tonight'. They clean [person's] teeth and all the other business. When putting them to bed in the evening they make sure

they are comfortable in bed. Lovely service."

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

- The provider recognised that people living in their own homes with limited mobility were at risk of social isolation. They appointed a director to develop relationships with voluntary organisations and provided people with a pack of information about local community activities and support networks and organisations to help overcome social isolation.
- The provider often supplied people with computer devices, so they could connect to the internet and face time with distant relatives. They also provided people with hearing amplifiers to help people with a hearing impairment to socialise. A number of people who had limited or no family support have been given mobile phones, so they could always get hold of staff. This gave people peace of mind and confidence and they were often called staff for little chats when they felt lonely.
- People were helped do what they liked. For example, a person liked to just take the train or bus and travel around. At times they were unsure how to get home and caused concerns to staff who spent hours searching for them. Staff gave them a phone making sure this was charged daily and when they could not find the person they called them and helped them get home safely.
- Staff carried out lots of wellbeing visits at the provider's cost for people where isolation was an issue that could not easily be resolved due to lack of family, friends and people's inability or reluctance to get involved within the community. They also set up a pet therapy team with five certified pet dogs who visited people who wished to spend time in their company. This service was free of charge. The provider often supported people who could no longer take care of their pets or were nearing the end of their life to re-house these pets. This gave people peace of mind.
- The provider organised numerous events where they brought people together like afternoon teas and themed parties like the Forties, Alice in Wonderland, Easter Egg hunts, Halloween and Christmas parties.
- Staff had an 'anything is possible' attitude and they always prepared and planned activities in advance. They provided support to people to go on holiday, to weddings and funerals and to special events including black tie dinners in London, where in previous services this had not been achieved.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People told us staff gave them the information they needed to make decisions in a format they understood. One person told us they liked to look at pictures as this helped them understand information better.
- The provider and staff explored various communication methods for people who found it hard to communicate their feelings through words. For example, staff provided a 'dolls house' to a person who used the dolls to communicate their feelings towards their family or other people. Staff encouraged the person to channel their anxiety and anger through the dolls and this had significantly improved the person's behaviour towards other people.
- Staff told us the provider was very receptive in providing any aids to help communication with people. This included hearing aid amplifiers, computer devices, mobile phones, alarms, signage, easy read material and others.

Improving care quality in response to complaints or concerns

- People told us they were confident to raise concerns and if they had done in the past, issues were sorted. One person said, "There is a number I can ring if I have any concerns and they are easy to contact but I've not really had any reason to do this. I've had phone calls from them asking me if I'm happy with everything. I've always been happy with them." A relative said, "There have been more senior people who have been out to see how we are getting on and they seem to take things on board. When I had a problem with the pump on the bed they took it over and sorted it out for me and we have a new bed. I think they would listen if I had a complaint- I don't like complaining- it's such a hard job they do, and I like to be positive. I have done some feedback on a questionnaire and I did put that things were generally ok. They do spot checks on the carers quite often, even on the carers who have been around for a long time."
- The provider had a dedicated customer care team operating throughout the year and the team was overseen by the Operations Directors and the Registered Managers. Any concern/complaint/accident/incident/safeguarding alert was recorded and allocated to a member of the team for action and owned by that team member until conclusion. Complaints were acknowledged, a meeting with the complainant arranged and concerns were thoroughly investigated. At the conclusion of a concern or complaint, a letter was issued to the complainant and then a follow up call or visit made by a team member to check if everything has settled. One social care professional told us, "They have robust processes in place so where a concern is identified this is managed swiftly and remedial steps put in place."

#### End of life care and support

- Care By Us - North London & West Hertfordshire have sent a number of staff on external courses run by local hospices to learn more about Advanced Decision Making and End of Life care. They worked in close partnership with the local hospices, voluntary organisations, palliative health teams and people's families.
- The provider had set up a converted barn that can sleep up to six people to allow people nearing the end of their life and their families to spend quality time together in a peaceful countryside setting with lots of animals and fun for children as well. The barn could be accessed by anyone in need and the provider started to link with local charities and hospices to start referring people there.
- This initiative was fully funded by the provider and was a purely charitable initiative because they were passionate about being able to offer holistic support for people nearing the end of their life and not just to the person, but for all their family.
- Care By Us - North London & West Hertfordshire were praised by relatives for the support they received in making it possible for people to die in their own homes as they wished. One relative wrote, "I am so very grateful for your help in making it possible to get [person] home and the kindness and understanding you showed us in what was a very stressful time."

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as outstanding. At this inspection this key question remained the same.

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

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

- The leadership of the service was exceptional. We found the registered manager and providers shared a clear vision and very strong values. They led by example and were passionately committed to providing exceptional, individualised care and support to people. The provider's entire staff team worked together to define, formalise and communicate the organisations values and to ensure staff collectively adhered to these. One staff member said, "We all know the values we need to demonstrate through our work. People are most important and then staff. It's really nice to be appreciated."
- People, relatives, staff and professionals gave us very positive feedback about the organisation and how staff were able to deliver personalised care and support to people. One social care professional said, "They are a good provider and provide good quality, consistent support to people where other agencies have struggled previously."
- The service supported people to overcome significant barriers and achieved positive outcomes in their lives. Staff and the management team assisted people to liaise with local authorities, commissioners and other service providers, which many times had a positive outcome for the person and their family in terms of getting the support they needed.
- The provider was passionate to ensure that not just people who used their own services received safe and good quality care. They shared their latest campaigns, risk assessments and documentation with other providers, as well as often deploying their own staff to work alongside other providers to improve the lives of people receiving support in their own homes.

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

- People benefited from receiving a service that was exceptionally well organised and managed effectively. One person said, "We have used the out of hours number and the response was very good. I am very pleased with this agency."
- Staff had a good understanding of their roles within the service and knew what was expected of them. We received overwhelmingly positive feedback from all staff we spoke to about working for the service. Staff informed us there was an open culture within the service and the registered manager listened to them. Staff told us they felt part of a team. A staff member told us, "The support we get is outstanding here. You only need to mention if you have a problem and everyone including the [provider] will try and help."

- Governance systems were bespoke and created by the provider to ensure they were effective in supporting the organisation to continually improve. There were systems of daily, weekly, monthly and annual quality assurance checks and audits in place. We saw evidence that where issues were found, action was taken promptly to ensure improvements were made.
- The management team were fully aware of their legal responsibilities, including appropriately notifying CQC of any important events.

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

- People told us they were regularly asked to provide feedback about the service they received. One person said, "I have been asked for feedback and I can say I am very happy with everything." Several people told us they were very happy and would recommend the service to anyone. One person said, "I am very happy and would definitely recommend it. It's just about the way I am looked after."
- People received visits, telephone calls or a postal request for feedback on the service they received. These were analysed, and the action points taken and tracked to ensure the necessary changes were made.
- A number of people were part of the provider's advisory panel. They worked with the provider to review the quality of the service. They were sitting on the selection board for the 'Stars at Care By Us', an employee award programme to select the winning staff members. They were also testing some of the provider's new documentation and care innovations like hearing amplifiers and speaking cups to encourage hydration.
- The provider was committed to providing a healthy working environment and improve the quality of working lives of their employees. To achieve this, they had numerous initiatives to motivate staff to stay healthy. In their well-being mission statement, they wrote, "Through the integration of wellbeing in all work activities and practices, a positive environment can be created that is compatible with promoting staff engagement, performance and achievement. With the vision of making our team better able to support our service users by encouraging their physical and mental health and well-being."
- Staff benefitted from free yoga classes, professional healthy lifestyle advice, support to give up smoking, mental health support and others. Staff told us the support they received was invaluable. One staff member said, "I just cannot say how much support I have from the [provider]. They not just helpful with work, you can go to them for anything and it's a weight lifted off your shoulders."
- Staff's contribution was recognised, and this made staff feel valued. This also contributed to a high retention rate.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- There continued to be a strong emphasis on continually striving to improve the services provided to people. Innovative systems were continuously trialled and implemented in order to provide a high-quality service. The provider was in the process of implementing their own leadership course which was based on nationally recognised management types. They also worked with accredited training providers to ensure staff received the best possible training.
- The management team kept an overview of complaints, accidents and incidents. We saw these were reviewed to ensure correct action had been taken and to identify any lessons that could be learned.
- The service greatly improved through 'lessons learnt' process. This looked at complaints, accidents and incidents happening internally but also externally and what staff had to do to prevent re-occurrence. For example, the registered manager became aware of a fatal fire that occurred in a care setting in the county. It was found that the fire was caused by a faulty oxygen canister.
- The providers reviewed their own policies and assessment procedures in place for oxygen management to see if they could identify improvements. As a result, a new assessment was developed which considered where the oxygen was stored, who was responsible for maintaining the supply and equipment and provided

staff with a robust strategy for assessing and managing associated risks. Contact was made with the local Fire Brigade for home safety checks and to provide advice and support for individuals with an oxygen supply. This approach had a positive impact identifying a possible risk in a person's home where the oxygen was not stored appropriately.

#### Working in partnership with others

- The service further developed their partnership working with the local authorities and commissioning groups in their catchment area. They involved voluntary organisations, fire service and other local charities in people's care. Their meticulous planning and well-developed organisational management structure meant that they could offer a multitude of services shaped to the need of the community to thousands of people.
- We received feedback from the Local Authorities Commissioning team. They were extremely positive, describing the service as an 'invaluable resource'.
- The provider was passionate about influencing the care and support people received in their own homes and they linked with other providers, local authorities from their catchment areas and were part of an independent care provider association developing training, strategies to improve the quality of care people received in the whole community.
- They were also part of the Local Authority Assistive Technology Steering Group where innovative assistive technologies were discussed and piloted with the aim of supporting people's independence, sustain people's ability to remain in their own home and keep people safe.
- A representative from this group gave us feedback about the service. They said, "I have always found them [Care By Us Limited] to be forward thinking and a committed agency in working with the best interest of their service users in mind. We are still in the early days of Assistive Technology pilot rollout and Care By Us have been our 'go-to' care provider in the first couple of pilot cohorts."