

Care By Us Ltd

Care By Us Limited

Inspection report

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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

About the service

Care by Us Limited 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 the services provided in East and North Hertfordshire and West Essex.

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, extra care schemes and supported living for young adults with learning disabilities.

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 800 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 3000 people who received care and support from the service totalling approximately one million care hours.

The service also supported 65 people with learning disabilities. 27 people lived in 11 supported living establishments and 35 people in the community.

People were extremely positive about the service they received. Every person and relative we spoke with from the different services told us they received care which was safe and enabling. People told us they were not just enabled to live in their own homes which was their main goal, but felt in charge of their care, had become more independent and their health was promoted and did not require hospital admissions.

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

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 using the service told us how much they achieved and developed since using the service and how happy they were with the life they were living. Staff were trained and supported 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.

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 to the type of environment their client group 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 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 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 hour late arriving at people's homes.

The providers were 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 of 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

Rating at last inspection

The last rating for this service was Outstanding (published 09 September 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 Limited

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 29 April 2019 and ended on 11 July 2019. We visited the office location on 29 April 2019. On 29 April 2019 and 02 May 2019, the Experts by Experience called people and relatives for feedback about the service. On 14 May 2019 we visited a supported living service managed by the provider. Between the 14 May 2019 and 11 July 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 of this information to plan our inspection.

During the inspection

We spoke with 20 people who used the service and 16 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 six 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.

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

- People were confident in protecting their own rights because there was an emphasis on educating them about how to protect themselves from discrimination and exploitation. For example, a person who experienced discrimination in their workplace due to their disability and gender was helped to gain confidence and challenge these practices. They were supported to identify safe routes when out in the community and safe places where if they needed staff's help they could meet staff following a phone call. This person told us, "I am so happy with the support. I am independent, and I have a job. I can do what I like, and staff will help me stay safe."
- 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, "Staff will always remind me before I go out how to stay safe. I am now able to go out on my own and I have my mobile phone to call them if I need any help. I am so happy." Another person told us, "I am very safe. They are very good to me and I know I can count on them."
- Staff invested in educating people to stay safe and this contributed to people's health improving. For example, a person was refusing to follow health professional's advice in how to prevent their pressure ulcers from getting worse. Staff took photos with the person's permission of their sores. The person hadn't realised how bad the sores were as they couldn't feel them. Staff took training aids and explained what caused pressure, how to relieve pressure and the person accepted and agreed to a pressure relieving protocol. The person's 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, where people had a sudden change in their needs and were no longer safe living on their own in their home, permanent staffing was put in place until the person's needs were re-assessed, and the commissioning authority established the type support they needed.
- 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 on their voice 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.
- 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 have one of those return things that I use to help me get on and off the bed. The carers are there to support me and make sure I'm safe whilst I turn around. I always feel safe with them."
- 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

- 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.

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, "My carer comes into me four times a day because I mainly need one tablet each time they're here and I can't manage on my own. They will give me the tablet with a drink and then once I've taken it, it all gets written up in the notes."

Preventing and controlling infection

- People and relatives told us, staff were washing their hands and used gloves. One relative said, "The carers themselves are very hygienic and always have their disposable gloves to hand and I've never once had to remind them about changing gloves or washing their hands at all."
- 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.

Learning lessons when things go wrong

- With any complaint, accident, incident or safeguarding concern managers carried out a full investigation and, where required, a root cause analysis. We saw that following this, improvements were made to the training, governance systems, policies and procedures and support for staff and management accordingly.

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 was involved as much as I felt I needed to be. I told them what times I wanted the visit and also what days of the week I needed extra help on and also that I preferred just female carers."
- 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 put [person] in a different position throughout the day, they do a body map on a Friday and record any marks."
- 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 can live here because of them. I tell them what I need, and they do it nicely. I am very grateful."

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 amazing. We had five days intensive induction training although I worked in care for a long time. The training is very good and gives you a proper understanding of what you have to do."
- 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 is getting 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 their clients 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 the outside 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 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.

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.
- People told us staff encouraged them to eat and drink. One person said, "I know I probably don't drink as much as I should do because I just don't feel like it these days, but the carers do a good job trying to persuade me to drink, at least while they are here and they always make sure I have some water that I can reach before they leave." Another person said, "My carers make my breakfast for me and it's usually something simple like some cereal or toast but I do occasionally fancy something a bit more and they never mind doing me something like eggs on toast."

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 Limited 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 for 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 Limited 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.

- People told us staff always asked for their consent before they carried out any aspects of their care. One person said, "They always ask if I'm feeling alright and whether I'm ready to get on and have my wash and get dressed in the morning. Nobody has ever forced me to do anything I didn't wish to." Another person said, "I make decisions, I make them a lot when they come and review the care plan."
- People's care plan 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.
- Staff were passionate in supporting people to exercise their human rights and be heard. For example, a person wanted to take a decision which involved medical treatment. Professionals involved in their care assessed the person as lacking capacity to take this decision. Staff supported the person to challenge this assessment and this was overturned. The person told us, "My life changed since [staff] supports me. I am happy now."

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, "As far as I'm concerned, they are all lovely. I struggle on my own to be able to do bits of housework and they never mind putting my washing in the machine for me and then sorting it out to go in the dryer when they come back later in the day. It's just little bits like that that make all the difference to me." A relative said, "My [relative's] regular carer will usually bring us in the newspaper each morning when they come because they know I struggle to be able to get out during the day to get us one otherwise. It's just nice to be able to see what's going on in the world other than through the television. [Staff member] doesn't have to do this for us, but they like to, and we are very grateful."
- There continued to be a strong emphasis on personalised and caring approach towards all the people using the service from staff from 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, "To be honest, if I didn't have the carers coming in four times a day then I wouldn't be able to live here independently on my own and I would have to be in a care home somewhere which I'm just not ready for at present." 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's themselves drove 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 was certainly asked what time I would like the calls to happen and also whether I prefer male or female carers and what days of the week I wanted to have my shower on." Another person said, "My care plan is kept in my folder where the carers fill in the records each time they are here. Funnily enough [senior staff member] was only here probably about three weeks ago doing a review of my care plan and looking at the records."

Respecting and promoting people's privacy, dignity and independence

- People told us staff were attentive and protected their privacy, dignity and respected their preferences. One person said, "People probably think I'm a bit set in my ways, but I do like things to be done the way I've always done them. My regular carers are very good and never make any bother as they just get on with the job while we're having a nice old chat." Another person said, "Even though a lot of the carers are very young, I have always found them to be very respectful of the fact that I am much older than them and they are always very patient with me particularly when I don't understand modern technology and how it works. It's a whole different world out there now which I'm just too old for unfortunately."
- People praised staff for protecting their dignity and privacy. One person said, "They always keep my bedroom door shut whilst we're getting me dressed in the morning. Once everything is done, then the door gets opened and the curtains are pulled back to let the daylight in."
- 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, "Staff encourage me to do as much as I can on my own." A relative told us, "They take care of all of [person's] needs which enables them to stay in our home and not in an institution."
- 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.

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 individual needs and preferences. Staff enabled people to live life as fully as possible. 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 the 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, "I like the fact that most of the carers are local, 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. I like the relationship the regular carers have with the family; the regular carers seem to really care. [Person's] regular carers have gone the extra mile when they were ill, they called me and for an ambulance."

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 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 take decisions in a format they understood. One person told us they liked to look at pictures as this helped them understand better.
- The provider and staff explored various communication avenues 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 have done in the past issues were sorted. One person said, "My freezer door was left open overnight. I felt they went above and beyond with the freezer incident offering to pay for the spoilt food." Another person said, "On one or two occasions a carer was doing it to get the job done and not with their heart, everything was sorted."
- The provider had a dedicated customer care team operating 365 days of 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/ 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 Limited 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 providers have 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 providers and was purely a 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 team Limited 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 providers 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 work towards the values. We know people are most important, then staff and we always try to improve."
- 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, "The customer care manager is great, I can phone up about anything and get such a quick response."
- 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, "I hope you [inspector] can see how well we are supported here. All the managers are just wonderful."

- 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've been sent questionnaires and also I'm usually asked my opinion about the service when we have our annual review meeting." Another person told us, "I think we filled in a questionnaire a couple of months ago. Certainly, when we meet with [senior staff] to do the review, they always ask us how we find the service and if we have any problems at present."
- 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 providers were committed to provide 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 cannot say how much [provider] helped me. I was not pushed aside when my circumstances changed and could no longer do the job and the hours I used to. I was given other responsibilities, so I can still work and earn a living."
- 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 providers were passionate to influence 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 assisting 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."