Belong Limited

Belong at Home Domiciliary Care Agency Atherton

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Belong at Home is a domiciliary care agency (DCA) located in Atherton, Greater Manchester. The service provides personal care to people living in their own homes. At the time of the inspection the service provided care and support to 29 people.

This inspection took place on 24 and 25 July 2018 and was announced. The service was last inspected on October 2015 and received an overall rating of good. The safe domain 'required improvement'. Medication was not always administered safely and risk assessments were not consistently completed and both areas required improvement. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw substantial improvements in both areas and each was now managed safely. Systems in place to manage and provide medicines had been reviewed to ensure that medicines were administered safely and new and comprehensive documentation for risk assessments identified and mitigated risks.

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

People were secure and felt safe using the service. They told us how they valued the support they received. Surveys conducted with people who used the service and their relatives demonstrated a high level of satisfaction with the service and a reoccurring theme of the service going the extra mile to provide high quality care.

There were enough staff to meet people's needs and the service prided itself in providing a reliable service and did not miss any visits. Recruitment was safe and methods of selecting new staff had a strong emphasis on staff values and choosing empathic people to work in the service.

A comprehensive induction and training package helped to ensure that all staff had the skills and knowledge to deliver effective care and support. This included access to good quality face to face training and a programme of ongoing learning and development. Safeguarding training was effective and staff understood their safeguarding responsibilities.

The service was proactive when addressing people's health and social care needs and worked flexibly to ensure people's individual preferences were met. People told us that the staff met their needs and were proactive in their approach. The service had developed impressive relationships with external health and social care organisation and this ensured that a holistic approach was taken towards people's care and support.

The service was working within the principles of the Mental Capacity Act (MCA) and kept the individual at the centre of the decision-making process. This was in keeping with the empowering ethos of the MCA.

The service was person centred and had a strong focus on supporting people to maximise their quality of life. The service promoted independent advocacy to help safeguard people's rights.

The service was proactive at promoting activities and access to the wider community. They were both creative and on the lookout for opportunities to enhance this aspect of people's lives.

Privacy and dignity were respected, and people were supported by very kind, caring and compassionate staff who routinely went above and beyond what was expected of them to provide people with excellent, high quality care.

Staff were extremely positive about the people they supported and the management and leadership inspired them to deliver a high-quality service. The staff felt supported in their roles and could seek guidance from senior staff when they needed it.

The service was innovative and had good quality assurance systems in place to monitor performance and to drive improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Improvements had been made to the management of risk assessments and the administration of medication.

Safeguarding procedures and practice helped to keep people safe.

Recruitment procedures helped to keep people safe.

Is the service effective?

Good

The service was effective.

A comprehensive induction and training package helped to ensure that all staff had the skills and knowledge to deliver effective care and support.

The service was proactive at addressing people's health needs.

The service was working within the principles of the MCA.

Is the service caring?

Good

The service was caring.

People were very satisfied with the service.

The service promoted independent advocacy to help safeguard people's rights.

Is the service responsive?

Good

The service was responsive.

The service was person centred and had a strong focus on supporting people to maximise their quality of life.

People told us that the staff met their needs and were proactive in their approach.

The service was proactive at promoting activities and access to the wider community.

Is the service well-led?

Good

The service was well led.

There was a positive, caring culture throughout the service.

The staff felt supported in their roles and could seek guidance from senior staff when they needed it.

The service had good quality assurance systems in place to monitor performance and to drive improvement.

Belong at Home Domiciliary Care Agency Atherton

Detailed findings

Background to this inspection

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

The inspection took place on 24 and 25 July 2018 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service to people who lived in the community. We needed to be sure that we could access the office premises.

The inspection was carried out by one adult social care inspector. The onsite visits gave us the opportunity to see the manager and office staff; and to review care records, policies and procedures.

Before our inspection the provider completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also reviewed the information we held about the service and we looked at the statutory notifications they had sent us. A statutory notification is information about important events, which the provider is required to send to us by law.

Before the inspection visit we contacted the local authority safeguarding and commissioning teams about the service to gather relevant information. We also contacted Wigan & Leigh Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We did not receive any negative information from these organisations.

During the inspection we spoke to the registered manager and nine staff members. We visited four people in

their own homes and spoke to three relatives.

During the office visit we looked at records relating to the management of the service. This included policies and procedures, incident and accident records, safeguarding records, complaint records, three staff recruitment, training and supervision records, three care files, team meeting minutes, satisfaction surveys and a range of auditing tools and systems and other documents related to the management of the service.

Good

Is the service safe?

Our findings

At our last inspection in October 2015 the safe domain 'required improvement'. Medication was not always administered safely and risk assessments were not consistently completed and both areas required improvement. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and we rerated the service as good.

There were policies and procedures to guide staff in the safe administration of medicines and the service had updated the policy since the last inspection to ensure that it reflected current best practice. The service had incorporated the latest guidance from the National Institute for Clinical Excellence (NICE): "Managing medicines for adults receiving social care in the community," into their policies and into their training. This guidance is considered to be best practice guidance for the administration of medicines. The service also had a service level agreement with a pharmacy who provided advice and e-learning for staff.

All staff who administered medicines were trained to do so and had their competency checked every 12 months by a senior staff member. Each staff member also had a medication competency work book in their training files that was completed in their induction period before they were allowed to administer medication. The training matrix also recorded medication related training accredited by a supplying chemist which included advanced modules in the administration of medicines and auditing medicines.

Since the last inspection the service had updated their PRN "when required" guidance and the three care files we examined had sufficient information to guide staff on how and when to give medication safely.

The service was in the process of introducing new systems for care files prior to the inspection visit. This included new recording systems for medication including Medication Administration Records (MARs). Staff reported that time had been prioritised to train them in the new systems and regular auditing was picking up on any issues that needed to be corrected to help with the transition.

MARs audits were carried out every month for each person that used the service. This included 14 items to check and an outcome section, signed and dated when completed by the registered manager. We looked at a sample of three audits dated between May and July 2018. They picked up on issues such as the need to sign MARs records and the need to date when creams were opened. The audit tool was used to address these issues with the staff members concerned.

The service had an open learning culture and all staff reported feeling comfortable to report poor practice. The medication policy was consistent with this ethos. It stated, "It is important that we maintain an open 'no blame' policy where staff are encouraged to report errors without delay." There had only been one reported medication error in the last year and the incident had been reported by the staff member responsible for the error. The incident had been investigated by the registered manager and the records demonstrated corrective actions that included an observation of the staff member administrating medication within three days of the incident to review and test out their competency in this area.

The previous CQC report in October 2015 stated that people's health & safety had not been appropriately assessed and there was an absence of control measures to reduce the risks. It also highlighted that risk information in the care files was incomplete. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at these issues during the inspection and found that practice had improved and was now safe. The service had revised the way it identified and mitigated risk. Using the guidance provided by the Health and Safety Executive (HSE), "Five steps to risk assessment", practice had greatly improved. Risk information was routinely collected and assessed and measures put in place to mitigate any risks. This was evident in all care files that we looked at.

A recent review of the care files included a new comprehensive section on risk assessments that included risk assessments for medication, a mobility risk assessment, a home needs risk assessment and an environmental risk assessment. It was agreed with the registered manager during the inspection that it was important that the relevant detail captured in the previous system was not lost in the new system. The detail was required to demonstrate clearly that risks had been mitigated.

All the people we spoke to reported feeling safe. One commented, "Yes 100% safe", and a second stated, "We are more than happy, staff know us well and take pride in what they do."

The service had sufficient numbers of staff to provide a safe and reliable service and never missed any visits to people's homes. People told us that staff were rarely late and they would receive a courtesy call if staff were delayed ensuring that they were kept informed. People appreciated this reliability and commented, "They always turn up and communication is good, if they are late, which is rare".

The service also used a system called "Staff Plan" where the staff used a tag to log in and out of visits. An alert was sent to the office within 15 minutes if the visit had not taken place followed by a second alert within 30 minutes prompting the manager to respond. This provided additional oversight to ensure visits were carried out.

Staff Plan logged and audited all visits to ensure that all planned care was delivered and records we saw confirmed this. Close monitoring of times spent on visits helped the service to continually assess staffing levels. When calculating staffing levels, the service also factored in staff time needed to undertake training, supervisions, travel time and breaks.

The registered manager showed us a system which they were beginning to roll out across the service using assistive technology. The on-call manager would receive an alert should any aspect of the customers care and support not be completed. This will ensure that people's needs are met during the visit. This system will also allow access to family for updates on how the customer is during each visit.

Staff were recruited safely. The service had recruitment procedures in place which helped to protect people against the risk of unsuitable staff. During the inspection we looked at three staff personnel files to check that the procedure had been followed. The required checks had been carried out before staff began working for the service. Each file we looked at contained application forms with full employment histories, photographs and proof of identification, evidence that at least two references had been sought from previous employers and Disclosure and Barring Service (DBS) checks had been completed. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This demonstrated that staff had been recruited safely and the policies and procedures had been followed.

The service used a values-based approach to recruitment to help ensure staff with the right skills and attitudes were selected. People who used the service were encouraged to participate in the recruitment process and sat on the recruitment panel. Involving people provided the opportunity to identify how potential job candidates interacted with people. This focus on values was evident in the positive feedback we received from people using the service and in feedback surveys that we looked at during the inspection. One person commented, "Very comfortable with Belong at Home Atherton they feel like a part of our family and nothing is too much for them to deal with."

Policies and procedures for safeguarding people from harm were in place and were available to guide staff. The induction and training also helped to ensure that staff were competent and confident to identify and respond to signs and allegations of abuse. This was evident when I spoke to staff about their safeguarding responsibilities. All nine told us what it was for and what action they would take if they suspected abuse was taking place. One staff member quoted the safeguarding policy, "See something, say something, report it." This reassured us that staff were not only vigilant to signs of potential abuse, but also understood their role and responsibility to report any concerns. Training records confirmed that all staff had received safeguarding training and all staff were aware of the whistle blowing policy and new how to report any concerns.

The office system used to track and manage safeguarding notifications was easy to use and was up to date. It recorded the person's name, the name of the staff member reporting the issue, and provided boxes to tick to say that the person's risk assessment had been updated, an incident form completed, the local safeguarding team informed, Care Quality Commission (CQC) notified and family informed where appropriate and the outcome.

Systems were in place to manage the risk of cross infection. There were infection control policies and procedures in place to guide staff on best practice. The service carried out comprehensive infection control audits bi-annually to assess practice as part of the supervision process. We saw evidence of these audits in all three staff training files that we looked at. All staff when asked could describe what their responsibilities were in relation to infection control and all people who used the service reported that personal protective equipment (PPE) was used when personal care was provided.

Good

Is the service effective?

Our findings

The service provided support to people who funded their own personal care and accepted referrals from the NHS, through Continuing Health Care (CHC) funding. People supported by the service had an assessment of their needs before the support was agreed. Following the assessment, the service, in consultation with the person had produced a support plan for staff to follow.

The service was proactive at keeping people informed of their rights and options. When completing an assessment the service gave everyone the CQC guide, "what to expect from home care". They also provided every person with information on welfare rights and Age UK's guide on paying for care and support at home.

The people who used the service were supported to live their lives in the way that they wanted to and staff worked in partnership to meet their needs and to maximise their quality of life. People reported that the service was proactive and helped them to manage their health needs. One stated, "They are very good at identifying potential problems. Staff noticed a problem with my leg and called the district nurse."

The Homecare website states, "Outcomes for people who use services are consistently better than expected when compared with other similar services. People's feedback about the effectiveness of the service describes it as exceptional and distinctive." People commented, "Very comfortable with Belong at Home Atherton they feel like a part of our family and nothing is too much for them to deal with.", "Any problems or emergencies have always been dealt with immediately.", "All staff from the management to the carers have been brilliant with prompt time keeping…and all have performed their duties to a very high standard in a very pleasing, friendly and competent manner."

The service worked closely with other agencies to ensure the care that they provided was effective in promoting and protecting the health and well-being of people who used the service.

The care records showed that people had access to external healthcare professionals and guidelines encouraged staff to liaise with healthcare professionals for advice on matters such as tissue viability and diabetes, for example.

We saw evidence during the inspection that the service had been effective at supporting someone to move to a different service. The service had worked with continuing healthcare team, social services, a Huntington's disease nurse, family and support workers, to ensure that the person was supported to move into the most appropriate place that met their needs. The person was fully involved in how this was planned and it was recorded that they were happy with the outcome. We also saw evidence, in a care file of a person we visited, of partnership working with social workers, community nurses, an Abbott nurse, CHC matron and Wigan and Leigh hospice. An Abbot nurse works with healthcare professionals and provide structured nutritional care and support to achieve best practice and researched and evidenced outcomes for patients with specific nutritional requirements. The service maintained consistent links with these agencies when caring for the person so that all health and social care needs were identified and met.

The service also worked alongside other care agencies when additional support was needed. For example, when someone had specific needs that were best met by their current staff team they worked alongside hospital teams to continue to deliver this care in a hospital setting. We were informed of one person who had previously had multiple hospital admissions where hospital staff had not had the time or experience in caring for the person's personal care needs which had resulted in several pressure areas. The service arranged, with consent from the hospital, for their care staff to work in the hospital to ensure her personal care needs were met.

The service had additional resources that could be utilised when required. All Belong At Home's services sit together seamlessly to provide a customer journey that is centred around each person. This included access to experience days, apartments for independent living and residential and respite services.

The service had Investors in People Gold Standard. Before new staff began working with individuals they had a thorough induction to the service which ensured that they had the skills to meet the specific needs of people who used the service. This was supported by a dedicated Practice Development Facilitator (PDF). The PDF explained that they provided structured training and development for all new staff. Staff had workbooks that contained a learning styles questionnaire that assessed visual, auditory and kinaesthetic learning styles and this was recorded within each staff members file and formed part of their Personal Development Plan. Kinaesthetic learning allows learning by carrying out physical activities, rather than listening to a lecture or watching demonstrations.

The induction included enrolment on the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standard that should be covered as part of induction training of new care workers. Staff had a named mentor in addition to the PDF and a 12-week review to assess their progress. This comprehensive training packaged helped to ensure that all staff had the skills and knowledge to deliver effective care and support. The PDF stated, "I started here in December and this is the best DCA training I have come across in 14 years as an assessor." Staff that we spoke to spoke highly of the training. One commented, "We have enough training and more. We are well trained." A second said, "I have had so much training and I was given time to do it."

We looked at three staff personnel files. Each was well documented and provided evidence that induction and a twelve-week probation had been completed and listed all the training with dates and certificates for each. Topics covered included introduction to dementia; equality and diversity; moving and handling; infection control; safeguarding vulnerable adults and Mental Capacity Act training. The files also included induction and medication workbooks, records of staff practice being observed and audits for infection control and administration of medication.

Staff were encouraged to develop specialist skills and knowledge. We observed during one home visit that staff had been provided with additional training through a partnership with Abbot nurses to provide PEG training to ensure that the person using the service received high quality care.

The service employed two Admiral nurses in partnership with Dementia UK. An Admiral nurse provides specialist dementia support to people, their families and staff. In addition to this all staff undertook a mandatory two-day dementia awareness course provided by an accredited dementia trainer and they also used the best practice in dementia care training course via Stirling University for their staff. The registered manager was a dementia champion and the service also provided a drop in where families who are struggling to cope can access support.

Throughout our inspection we saw that staff communicated well with each other. There were regular team

meetings and staff reported an open culture where they could raise any concerns or ideas to improve practice. Staff reported that the communication systems were effective. The records contained daily communication between staff about updates and changes to people's needs that the registered manager acknowledged these before updating care plans. A person we visited in their home explained how she was short of milk one morning and a staff member brought milk for her in the afternoon without the need to ask.

There was a strong emphasis on supporting people to eat and drink well. This was supported by good training in food safety and nutrition. We observed during our visits to people in their homes who required support with food preparation that they chose the food that they wanted to eat and that staff were attentive to their needs. One person commented, "Lunch is well presented. They go the extra mile."

Support with food and drink was identified in the initial assessment and was transferred into the support plan. The support plans we looked at contained details of any special dietary needs, including detailed advice provided by health professionals. This included risk assessments where required to manage an identified risk such as dysphagia or to alert staff to any emerging risks. In addition to this staff had completed dysphagia training which supported staff to understand how to present different textures of food attractively to encourage people to eat well. Staff also had a training session called 'marvellous mealtimes' for people who were struggling to maintain a balanced diet.

Some of the people supported by Belong At Home Atherton had complex needs. Where this was the case staff were provided with specific training and encouraged to develop specialist skills and knowledge. For example, a number of the people who used the service had suffered strokes and had swallowing difficulties. Where this was the case specialist training around dysphagia was commissioned by the service. Dysphagia is the medical term for swallowing difficulties. We observed during one home visit that staff had been provided with additional training through a partnership with Abbot nurses to provide PEG training to ensure that the person using the service received high quality care. A PEG is a percutaneous endoscopic gastrostomy where a tube is passed into a person's stomach to provide a means of feeding when oral intake is not adequate.

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.

The service was working within the principles of the MCA. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The MCA policy and procedure was clear. All staff had MCA training in their induction and this was up to date on the training matrix. The registered manager has been trained with the local authority as a MCA/DOLS trainer. This enabled them to provide high quality support to staff. Additional support and training was provided by the dedicated dementia trainer and the two Admiral Nurses. These Nurses championed the MCA and worked closely with staff to ensure that they had access to information and a thorough understanding of the principles of the MCA.

All staff we spoke to were able to give examples demonstrating that they understood issues around capacity and consent and said that they would seek guidance if they were unsure.

Six monthly reviews ensured that the monitoring of consent and the need to use decision making tools remained up-to-date and relevant to each person. We saw in the care files that people signed to agree to their care and support. The people we spoke with told us that before receiving any care, staff always asked

them for their consent. One care file that we looked at used an MCA tool that had been developed with admiral nurses and helped to ensure that the person who had been assessed as lacking capacity to consent to medication was kept at the centre of the decision-making process. This person-centred approach is central to the empowering ethos of the MCA.

Good

Is the service caring?

Our findings

We asked people and their relatives if the service was caring. Without exception they commended the exceptional quality of the care they received and told us the staff were extremely caring, supportive, attentive and dedicated in their approach. One relative stated, "They have an excellent manager, who is very responsive and goes the extra mile because they really do care." Going the 'extra mile' was a constant theme that we encountered during the inspection when we spoke to people and their relatives and staff who understood it to be integral to their role. Another person commented, "The care that has been provided over the last few months has been exceptional. The staff are extremely friendly polite and caring."

During the inspection we were provided with examples to substantiate how staff demonstrated that they went the extra mile. We were informed by one family member that their relative had experienced poor care in hospital. The registered manager quickly came to visit them in response to this, to see if there was anything the service could do to help. It was evident from the feedback in all three homes we visited during the inspection that people felt the service went the extra mile. During one visit we were told that milk would be brought by the afternoon carer, as the morning carer would ask them to, after seeing that they were running low. No one asked them to do this. During another home visit we were told that the evening visits were made later to accommodate theatre visits in Manchester.

Each person had a "This is Me" document that sat alongside the support plan and focused on providing detailed information about peoples past lives and what was important to them. This tool enabled staff to forge open and honest relationships with people and their families. In all the homes that we visited the staff and people who used the service were comfortable together and enjoyed the visits.

Care was extremely person centred. Age, illness and disability were not seen as barriers when supporting people to meet their needs and wishes. For example, one couple supported by Belong at Home had a sports car which they had not driven since the 1980s due to their lack of mobility, but by providing the support, encouragement and specialist equipment the service enabled them to drive safely in their sports car for the first time for nearly forty years. The registered manager said, "Belong at Home is all about enabling our customers to achieve their aspirations and doing whatever we can to have a positive impact as well as providing bespoke home care solutions. This activity was reported in the service's quarterly magazine, 'Belong Life'. The relative is quoted as saying, "We had a blast around with the top down. I'm very grateful to Belong at Home for making it happen."

The service met the Accessible Information Standard. They routinely asked what people's communication needs and preferences were and these were clearly recorded in the people's files that we looked at. The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and social care services. Section 250 of the Health and Social Care Act 2012 states that all organisations that provide NHS care or adult social care must follow the standard.

Equality & Diversity information in the care files ensured that people were given the opportunity to share

relevant information if they chose to in line with the Equality Act 2010. The legislation identifies nine protected characteristics such as religion and sexuality that people should be given the option to share and discuss. This is important as it can help to inform care planning and to remove barriers to good care.

Access to independent advocacy was promoted and information about how to contact these services were in all three files that we looked at in people's homes. Independent advocacy services can support people to participate in meetings about their care and support and can help people to secure their rights. There was also additional information in the files about specific health needs that the person might have and information about welfare rights.

We saw all records were held securely and staff were trained in confidentiality and data protection. This helped keep people's care and support private where required.

When calculating staffing levels, the service also factored in staff time needed to undertake training, supervisions, travel and breaks. The registered manager explained that they were also careful about the care packages they accepted and that they only took on new packages if they had the staff to meet the demand. The service plans to over recruit in future so that they can take on more care packages responsibly. This approach helped to ensure that staff had the time to provide care in personalised way.

People told us they were treated with dignity and respect by staff that genuinely cared. They were not rushed by staff and were supported to maintain their independence. They said they received encouragement from staff and prompting where needed. Staff were able to explain how it was second nature and integral to the role to support people to maintain their independence by encouraging them do as much as they could before they intervened.

Good

Is the service responsive?

Our findings

All the staff we spoke to had a thorough understanding of people's needs. Care plans were well written, person centred and gave a good summary of needs and wishes, including how people liked their care to be provided and what they were able to do for themselves. The service had a strong focus on supporting people to maximise their quality of life and this was promoted by working in partnership with people and routinely asking people about their preferences. This included the option of completing a document called, "This is me". This was a detailed document and asked people about a wide range of information about their past including their parent's occupation, their childhood, their working life, their significant relationships, activities and interests, significant life events and any spiritual needs. This provided staff with essential information about the people they supported.

Care plans were kept in people's homes and a copy held in the office. The care plans we looked at clearly identified each person's individual needs and provided information about the support people needed and the tasks staff were to complete at each visit. Clear notes about the support provided were made by staff after each visit. Care plans were reviewed within six weeks of the service starting and then six monthly thereafter, unless there was a change reported that required a review.

People told us that the staff met their needs in a person-centred and empathetic manner. Staff recognised that people's needs and mood could vary from day to day and responded positively to any changes. Daily records reflected any changes and recorded how interventions and tasks were carried out. Before finishing visits, they would check that the person was comfortable. One person told us, "They always ask if there is anything else they can do before they go." We saw during our home visits that staff had a good understanding of people's needs and interacted with them in a professional and caring manner. Staff reported being committed to the service and enjoyed the role. One stated, "Yes, it is a fantastic company. We work together and go above and beyond."

People told us that the service was flexible and tailored to meet their individual circumstances. They felt involved and listened to by the service and reported that the service was quick to respond to their needs. One person told us that they had chosen a rolling rota where they got to see three to four different staff in preference to one person as they preferred variety. One family member commented, "Staff know them well and take pride in what they do and they are not rigid, they are flexible and person centred." Another person stated, "They will do anything for you. They go the extra mile including birthday cakes."

The service user guide contained useful information about what the service provided and had clear information about how to complain and highlighted the focus on providing a bespoke service to meet individual needs. The Chief Executive welcomed people to the service in an opening statement, in the guide, stating it was a privilege to carry out the role and that they recruited empathic individuals to ensure a high standard of care. This focus on empathic care was mirrored in the approach to recruitment and was evident when we spoke to people who used the service and to staff.

The service was proactive at promoting activities and access to the wider community. The service user guide

made a commitment to help people maintain and access community links, personal interests and social activities. People could also use the services available through the wider organisation, at the Belong at Home village in Atherton, which included the bistro, the salon, therapy rooms, a gym, a venue for social events and an internet café. People we spoke to reported feeling involved. The Christmas party in particular was popular with people who used the service and with staff. The service regularly promoted activities in the community and were hosting a jumble sale next week that people can attend. One person's support plan was adjusted to facilitate regular theatre attendance with family. The service provided the option of attending the Wigan Warriors rugby team memory sessions fortnightly and the dementia drop in at a local supermarket.

Information about how to make a complaint was included in the service user guide and a new complaints matrix was viewed during the inspection that enabled the service to collate information to check for any themes and trends. People told us they had not felt the need to complain and felt that the registered manger was very accessible and that they would contact her if they needed to. The service had received one complaint in the last 12 months and we were able to see that the registered manager had been proactive in dealing with the complaint and that the complaint policy had been followed appropriately.

The service received excellent feedback from people who used the service and their relatives. This was apparent in the visits that we made to see people during the inspection. The service was also registered with Homecare, which is a web site providing people with the opportunity to give feedback online. Belong at Home Atherton had received sixteen reviews with an average score of 9.4 out of 10. In 2018 a relative stated, "Any problems or emergencies have always been dealt with immediately." Another person stated, "I am pleased with the care I receive and as it is personal care I am glad that I have the same lady every time. She is very kind and never rushes me." Belong at Home Atherton had been recognised as a top 20 recommended home care providers in north west England by Homecare.co.uk in 2017 and this was maintained in 2018.

The service had an end of life policy that provided guidance to staff and included a form called, 'Comfort Assessment for End of Life'. The service worked with district nurses and referred to the local hospice for palliative end of life care where required. Staff also received training from the palliative team at Wigan and Leigh Hospice along with additional training via internal e-learning.

End of life care plans were developed as people neared the end of their life and would include a discussion about their wishes and any cultural or religious needs that they may have. One staff member commented that the best thing about the service was their approach to end of life care. They stated, "I am passionate about end of life care and the service supports this with good involvement of the person and their family."

Good

Is the service well-led?

Our findings

The name of the service, 'Belong At Home' reflected the culture and aims of the service. Staff understood that people wanted to lead a full and fulfilling life, maintain their independence and remain in their own homes for as long as they could.

Without exception, all the people we spoke with were positive about the support and care they received from Belong At Home. There was a positive, caring culture throughout the service. This was seamless and was encouraged and supported by good procedures in recruitment, induction, training, team meetings and supervisions and appraisals. The registered manager led by example and was held in high regard by all the people we spoke to. One relative commented that they had never had to chase the service for anything and another relative reported that the registered manager came to visit them in person in response to their wife falling ill.

The registered manager reported that people were recommended to the service by other people who have had a positive experience of using the service. They stated, "We make sure that we can meet people's needs. We are honest and we say if we can't meet the need. I am proud of the team and the culture where we go the extra mile. We are different. We are only interested in providing quality care. We get more and more referrals from word of mouth – this makes me proud".

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

The registered manager was a good resource for staff. They kept up to date with best practice and changes to legislation through attendance at the dementia conference and signing up to updates from the Care Quality Commission, Social Care Institute for Excellence, National Institute for Clinical Excellence and accessed best practice guidance through Skills for Care.

The service had been awarded a gold standard by Investors in People. All staff had a yearly appraisal which gave them the opportunity to reflect on their work and set targets for the following year. Staff supervision was provided four times a year. Supervision provided managers with the opportunity to evaluate the performance of staff. We looked at a sample of three staff supervision records where we could see that training requirements, safeguarding issues and areas for improvement had been discussed. All staff we spoke to reported that they received good support. One commented, "Yes they are responsive to any issues and are always at the other end of the phone."

We examined three staff supervision files and could see that staff received regular supervision. This included positive encouragement combined with constructive feedback around any areas that needed to improve. The service had internal quality assurance systems in place to monitor performance and to drive improvement. This included staff being observed in practice, spot checks and records of audits for

administering medication and manual handling.

All the staff felt supported in their roles and could seek guidance from senior staff when they needed it. One staff member stated, "Yes they are very accessible and responsive. I love it here, I am valued, there is a good team culture." Another stated, "The manager supports us to go above and beyond, they encourage us to think outside the box and to go the extra mile."

Policies and procedures were available and up to date and in line with current best practice. There were good communication systems in place. These included up to date care files, regular email communication between the team, regular team meetings and an on-call system that was responsive and valued by staff. All staff stated that they felt able to raise concerns and all of them were well trained and were clear about their roles and could describe in detail the support they provided.

The annual staff survey also gave staff the opportunity to feed back on their experience of working for the service. The feedback was overwhelmingly positive and mirrored the feedback we received during the inspection. One staff member commented, "It's an absolutely fantastic company and I have never worked for a company like it. I am treated with respect." The service also used an annual service user survey and an incident tracker to check for themes where they could learn and improve.

The service was innovative and involved people that used the service. The senior managers had been working together to develop new tools to make the care plans more effective and had trialled new documents with people who had used the service before final versions were agreed and implemented.

The service had a responsible approach to taking on new care packages. The registered manager explained that they were very careful about the care packages they accepted and that they only took on new packages if they had the staff to meet the demand. The service plans to over recruit in future so that they can take on more care packages in a planned way.

Providers are required by law to notify CQC of certain events in the service such as serious injuries and deaths. The records demonstrated the service had clear systems in place to monitor and record such incidents and that the CQC had received all the required notifications as required.