Carefound Home Care (Wilmslow) Limited

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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

This inspection took place on 28 and 30 August 2018. The inspection was announced on 24 August 2018. This is the first time this service has been inspected since they registered with the Care Quality Commission in June 2017.

This service is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection there were a total of 21 people using the service with 4 receiving live-in care and 17 in receipt of care visits. The service mainly cares for older people living with dementia, physical disability and people living with neurological conditions such as a Stroke or Motor Neurone Disease.

The service had 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.

We found there were exceptionally well-trained staff who developed kind and caring relationships with the people they cared for. People told us the care met and exceeded their expectations. The service promoted people's independence and provided care in a skilled and sensitive way, including people who were approaching the end of their life.

People told us they were consistently in receipt of care that made them feel very safe. Care staff demonstrated a high level of understanding of types of abuse and how to report these. The policies in place for safeguarding were detailed and had been written in collaboration with the local safeguarding authority. Risks assessments were in place and regularly reviewed.

Recruitment processes were exceptionally comprehensive. The service actively recruited staff who had shared interests and would therefore be best able to meet the needs and preferences of the people using the service. There were sufficient staff to meet people's requirements and cover unexpected absences. Staff received detailed training and regular supervision.

Medicines were safely managed and the provider had sourced an independent expert to design and deliver the training, analyse and advise on potential medication errors and provide a telephone advice line for medication queries.

People received an outstanding level of effective care. The service sought out and worked in partnership with professional organisations that could offer valuable advice and support for people living with certain conditions. This ensured that care planning and delivery was always done to meet best practice guidelines. Information learned from professional organisations was included in training programmes and cascaded throughout the organisation. Case studies were completed in relation to specific medical conditions so that all staff were made aware of successful outcomes of excellent care.

People were supported to have maximum control over their lives and were supported in the least restrictive way possible. Policies and systems in place in the service supported staff to encourage people and their families to make choices and retain control over their lives.

The care people received was person-centred and regular reviews took place. When planning and delivering care, people's preferences, life histories, family involvement, personal emotional and physical needs were prioritised. The service recognised the risks of social isolation and encouraged people to engage in activities within the community that were appropriate to their personalities.

The provider had detailed policies and provided training and updates for staff on respecting people's equality, diversity and human rights (EDHR). EDHR and lifestyle needs and choices were discussed and staff were supported to respect people as individuals.

People were supported with nutritional requirements and staff promoted a healthy diet while adhering to medical recommendations and respecting people's choices. The service was proactive at making referrals to healthcare professionals and recognised symptoms early enough to gain medical advice and prevent potential hospital admissions.

The provider had instigated robust processes to analyse and record incidents and prevent re-occurrence. The processes were regularly reviewed, amended and improved.

Everyone we spoke to told us that the service was exceptionally well-led. Staff told us they felt happy and supported in their roles. Staff were proud of the visions and values of the service and were motivated to contribute to the continual improvement of care for the people they supported. Without exception staff spoke highly of the management team.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Outstanding ☆

The service is outstandingly safe.

A safe, innovative and comprehensive recruitment procedure was in place.

Medication was managed safely and expert advice and analysis was used.

Safeguarding policies were detailed and written in collaboration with the local safeguarding authority.

The provider used specialist software to ensure safe staffing levels.

Incidents were analysed and reviewed by staff and management, expert opinion was sought if necessary to prevent re-occurrence.

Is the service effective?

Outstanding ☆

The service was outstandingly effective.

Staff received a thorough induction. All staff completed the Care Certificate. Specialist training was sought and delivered in partnership with professional organisations.

People were treated as individuals in every aspect of care, including assessment, planning, delivery and review.

Staff received regular updates when people's needs changed.

The service worked in line with the Mental Capacity Act and all staff were knowledgeable in this.

Healthcare professionals told us they would be happy to work with this service again.

Is the service caring?

Outstanding ☆

The service was outstandingly caring.

Relatives told us that staff made their lives easier. Care was centred around the person and their families. Staff went the extra mile to make people and their families happy.

Each staff member was personally introduced to the people who used the service.

People had a choice over who delivered their care and the time and length of calls.

Is the service responsive?

Outstanding ☆

The service was outstandingly responsive.

The service actively recruited staff who had shared interests with people who applied to use the service.

Staff received training in Equality, Diversity and Human Rights and people's lifestyle needs and choices were respected and promoted.

Meaningful activities that met people's lifestyle choices were researched and provided.

Is the service well-led?

Outstanding ☆

The service was outstandingly well-led.

There was a registered manager in post who provided excellent leadership and direction.

The service had clear values and visions.

People and their relatives spoke highly of the management team.

There were robust quality assurance and governance processes in place.

The registered provider regularly reviewed systems, processes and software and updated and improved them wherever possible.

Carefound Home Care (Wilmslow)

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 was announced on 24 August 2018. We gave the service notice of the inspection visit because it is small and the manager could have been out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection started on 28 August and completed on 30 August 2018. This service was registered by the CQC in June 2017, this was their first inspection.

The inspection team was made up of one Adult Social Care Inspector, one Inspection Manager and an Expert 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, in this case this was older people. They supported with this inspection by carrying out telephone interviews to seek the views and experience of people using the service.

Before our inspection we looked at information we held about the service. The provider had completed a Provider Information Return form (PIR). This is a form that asks the registered provider to give information about the service. We reviewed information stored on our database, such as notifications that the registered manager is required, by law, to submit to us as and when incidents may have occurred. We also spoke to the local authority to gain feedback about the service. The information gathered was used to plan the inspection.

We looked at three staff files and six care plans. We spoke to three healthcare professionals. We looked at

policies and procedures, staff training records, audits and monitoring documentation. We spoke to nine people their relatives. We spoke to seven staff including the registered manager, registered provider and home care co-ordinator.

Outstanding ☆

Is the service safe?

Our findings

The service was outstanding in their approach to keeping people safe. People and their relatives told us they felt safe. "I have never felt unsafe with them" and "I am very safe, I am safer than I was before, they make me feel better about everything".

The service was open and transparent in empowering people to raise a concern. They issued a client guide entitled "Life is for Living. Your Life Your Way". People were provided with all the information they would need to raise a concern including contact details for local safeguarding teams and CQC.

The service regularly looked at ways to improve their service. An example of this was when the registered provider requested the local safeguarding team review their safeguarding policy and updated this based on their recommendations. The policy was readily available to staff.

The comprehensive safeguarding policy ensured staff couldn't be left to deal with a safeguarding concern without support. Staff were empowered to raise concerns. Within the policy were normal and emergency contact numbers and telephone numbers and email addresses for every person or organisation staff could ever need. There was an on-call system where staff could seek advice from one of the management team any time of the day or night. We saw evidence of this in practice and having a positive outcome for the person.

Staff and managers were exceptionally well trained in safeguarding people and recognising if they were being discriminated against due to diverse needs and preferences. All staff we spoke to demonstrated an excellent understanding of the different types of abuse, how to recognise these and how to respond.

Two staff told us "I would speak to whichever manager was on-call and tell them my concerns, I wouldn't hesitate" and "I would immediately report any concerns to the office or I'd go above them if I needed to".

Medicines were managed in a unique and exceptionally safe way. The medication policy had been designed by an independent pharmacist advisor who was available on the telephone during office hours to answer any questions. This person reviewed monthly medication audits to ensure safe practice. An example of how this benefitted the people using the service was when the registered manager contacted the advisor as they felt the medication spot checklist they were using was too lengthy and had the potential to impact on the time people spent with staff. The advisor reviewed this and designed a more streamlined, more user-friendly template to reduce the risk of potential medication errors while still allowing the staff to spend quality time with the person they were caring for. We saw that all documentation relating to medication was up to date and care plans included an individual protocol for each medication (this included medication that was to be administered as and when required, PRN).

The service used innovative and creative ways to promote the safe use of medicines. The advisor had developed a four step, easy to remember algorithm for medication administration and recording that was taught to staff. This prompted staff to 'pop, dot, give, sign' when administering medication, this process was

designed to reduce potential errors in administration or recording. Staff utilised this system and no medication errors had been recorded. The registered manager and senior staff completed regular unannounced spot checks on staff which included observing medication administration to ensure safe practices were adhered to.

The provider operated a safe, creative and innovative recruitment procedure. This included an initial on-line screening, this involved applicants completing a survey, the results were analysed and identified people who had kind and caring personalities. Applicants were then invited to a telephone interview followed by two face to face interviews, one completed at the end of the induction period. The service only employed applicants that met their strict criteria. Each staff member had a full work history, professional and personal references which had been verified and a check with the Disclosure and Barring Service (DBS). The DBS carry out criminal records and barring checks on individuals who apply to work with vulnerable people.

The service used specialist workforce management software to ensure safe staffing levels. These were closely monitored daily. They were then analysed and discussed at monthly management meetings. Staff were given enough time in between calls to travel to the next appointment. People who used the service told us that the system worked and staff were always on time.

The service had a log in system. If a staff member had failed to log in 15 minutes after they were due to arrive, an alert was flagged up and the on-call manager had phoned to find out why. These incidents were rare, where they had happened they were documented and audited and analysed so the registered manager could prevent re-occurrence.

Each person was treated as an individual, they and their loved ones were actively involved in assessing, reviewing and responding to risk. We reviewed care plans for people who use the service and saw detailed personalised risk assessments that had been reviewed and updated regularly and further reviews took place if an incident had occurred. Healthcare professional advice had been sought in relation to on-going or new risks to people in their own home.

Where people had specific moving and handling requirements there were detailed guides informing the staff how to meet their needs safely. Management plans to respond to risk were not restrictive, people were encouraged to live an active life in a way they wanted.

The service empowered people to remain safe and encouraged people and their families to approach staff if they felt improvements could be made to their care. One person who had deteriorating mobility was reassessed and recommended a referral to occupational therapy. The service facilitated this and sourced extra equipment that was recommended to support this person to remain safe in their own home.

The registered manager had produced detailed updates and guides for staff to ensure safe delivery of care. An example of this was a guide for ensuring safety during extremes of weather. Staff were empowered to recognise potential danger signs and how to respond.

The service operated a comprehensive safety management system which recognised and reacted when risk factors changed. The service arranged for one person to have brightly coloured stickers placed on steps after an increase of near miss falls was identified. This led to a reduction in near miss falls and falls. Incidents were regularly analysed and audited, they were categorised to ensure specific areas could be addressed, for example, general, falls, near miss falls and infections.

Lessons learned were shared amongst the organisation. For example, a person had suffered some falls, this

prompted a new category of 'near miss falls' included in monthly analysis so that signs leading up to potential falls could be recognised with ease.

Outstanding ☆

Is the service effective?

Our findings

People who use the service, their relatives and health professionals gave overwhelmingly positive feedback about the staff and organisation. A person told us "smashing team, do more than they should in helping me to be independent" and "They know when I need a bit extra and when I just need a chat". Another person told us "I'm so much better with them, I'm better at walking because of their help". A relative said "I trust and feel confident in the carers".

A healthcare professional told us "staff are excellent, they are proactive with referrals and they supported [name] to follow the advice I gave". Another healthcare professional told us "carers were very good at prompting rather than taking over, they were keen to learn and asked intelligent questions. [name] would not have progressed so well without them".

The service operated a truly holistic approach to assessment of people's needs, preferences and care planning. Each person was treated as an individual with assessment processes that were tailored to their requirements. We saw evidence of prolonged or accelerated periods of assessment taking place to reassure both the person, their relatives and the service that they could meet and surpass the person's expectations.

When people were being assessed to use the service, they received a welcome pack which contained a 'client guide'. This included the client charter of rights (including the right to receive care that does not discriminate based on race, religion, culture, language, gender, sexuality, disability and age), how to complain, how staff were recruited and emergency and useful contact numbers.

The service had gained membership to the National Activity Providers Association (NAPA). This is a charity that supports health and social care organisations to provide person-centred activities for older people. NAPA provided quarterly updates with ideas for recipes and games that were offered to people using the service. We saw that the registered manager communicated the ideas to care staff via email and newsletters.

We saw staff had an exceptionally comprehensive induction which included a personal introduction to every person using the service (including when they were not destined to be this person's regular carer). This set the service apart from other agencies. New staff shadowed experienced staff and only worked independently when they expressed confidence to do so.

Within the comprehensive induction there was training provided in understanding and managing people living with dementia and training in the SPECAL method (Specialised Early Care for Alzheimers). This is a unique evidence based dementia management method based on an innovative way of understanding Dementia from the point of view of the person living with the condition.

This method was used to enhance the quality of life of people living with dementia. We saw evidence that staff had used the techniques of the SPECAL method to calm and reassure a person who was distressed. The techniques used had enabled the person to feel understood, reduced frustration and empowered them to

make their own decision. We saw that after the techniques had been used the person remained calm for the rest of that day.

Staff received training in person-centred care to work in line with the values of the service. The managers delivered elements of the training themselves, so were available if staff required more support. Staff received time in the induction period to consolidate and discuss learning. A person who uses the service told us "it's obvious they are very well-trained, they just know what they are doing"

All staff completed the Care Certificate. This is a set of standards that people who work in health and social care should follow. Training provided by the service was developed in partnership with specialist advisors and agencies for example, the Motor Neurone Disease Association and the Stroke Association. This had created a situation where the service was known to organisations and had become a go to service for people living with these conditions. The management team sourced and attended extra training for themselves and cascaded this information throughout the organisation. They demonstrated a clear culture of sharing information and this extended to the community with the care co-ordinator running regular dementia awareness sessions.

We saw that there was a proactive support and appraisal system for staff. Regular supervisions, annual appraisals and regular unannounced spot checks. We looked at evidence of supervisions and spot checks and found them to be comprehensive. They addressed issues, offered training and gave positive feedback.

The service empowered people to make their own choices about their health. There were strong links and excellent relationships with healthcare professionals. We saw evidence of direct communication between a range of healthcare professionals. Staff encouraged people to follow the advice themselves. Healthcare professionals were updated with the progress, well-being and current mood of the person. We saw multiple examples of the service delivering a high standard of rehabilitation care for people who had returned from hospital or residential care. Some of whom had improved to the point that they no longer required care and were living completely independently.

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 make 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 so that they can receive care and treatment when this is in their best interest and legally authorised under the MCA.

We checked whether the service was working in line with the MCA. We found the provider had developed policies and procedures to protect the people they cared for. There were Mental Capacity Assessments in care plans and where people were deemed to lack mental capacity, there were decision and time specific assessments. For example, one person did not have the mental capacity to make decisions about their medication but did have the mental capacity to make decisions about what they wanted to do on a daily basis. Staff demonstrated a high level of understanding of the Mental Capacity Act and how this should be incorporated into their role.

Staff gained consent before completing any act of assistance. One person said "They always ask me, they make sure I'm happy" another person said "They always ask, they are so polite and respectful every time, they never do anything I'm not happy with".

Staff were aware of and respected people's ethical and cultural requirements around food. We saw detailed

information about people's dietary requirements and preferences. Allergies were clearly documented and illness's such as diabetes came with comprehensive instructions on their management.

Staff prepared meals not only for the people they cared for but also for their family. There was evidence of staff discussing shopping lists with people they cared for to ensure they had the appropriate ingredients to prepare the fresh food the person had requested. We asked people who used the service if they enjoyed the food the staff prepared and received comments such as "it's always nice, I choose it and they cook it".

Outstanding ☆

Is the service caring?

Our findings

Without exception people who used the service told us the service is caring. One person told us "They really are good, they are here to help me with anything and they even call to check I'm OK". Another person said, "They make me happy, we laugh together a lot, they make everything good, they're wonderful".

One relative wrote to CQC to express how happy they were that the service provided outstanding care. Comments included "[staff member] has conveyed to us their genuine care about [relative's] health… they establish a rapport and friendly interaction. [name] is an outstanding member of the team and a great support to the whole family". The service proved throughout the inspection to operate a strong, visible person-centred culture.

A healthcare professional told us "They are very kind and caring, they listen and help, they were very positive and worked well". One relative told us that while the person was in hospital the staff would visit them and the familiarity provided a comfort.

The service had exceptional and distinctive methods to ensure people were cared for by staff they could connect well with. They actively recruited staff who had shared interests with people using the service. The service spent a lot of time planning the care for people and ensured they were matched with carers with whom they could develop a close bond. They used 'The Mum Test' when interviewing potential new staff, to ensure they would be happy for this person to look after their own relatives. This was evident when speaking to all staff as they were calm, polite and observed to instil confidence in the people they cared for in a way that was respectful and not imposing.

The service was flexible with people about the length of calls, some people had the minimum one hour, others had two-hour calls or longer. Staff explained that they were never rushed and how the management team encouraged them to stay longer at someone's house if this was needed to meet their needs safely and effectively. One staff member told us "We always have enough time, we never have to rush off to the next call".

People were cared for as individuals in a way that exceeded their expectations. One person told us staff would often phone them on their way to ask if they would like anything from the shop, this had not been requested by the person or their relatives it was an extra that staff offered to do to help. The same person went on to tell us "my daughter is away next week and they have already offered to do my shopping for me, this makes me and my daughter feel relaxed".

We saw evidence of staff going the extra mile to make people happy, for example a carer arranged a family party and set up games and activities in the garden for a person's grandchildren as the person had explained that seeing their grandchildren playing made them happy. The staff member involved the person in the planning for the party, discussed favourite foods and activities and prepared these for the whole family. The documentation for that day stated how much the person and their family had enjoyed a special day.

Another member of staff arranged to come into work on their weekend off to take a person to a restaurant they liked. We saw in the documentation that this person had previously wanted to go out but struggled to find the motivation. The staff member told us "I just do it to make them happy, seeing them enjoy themselves is wonderful for us".

The care was exceptional and empowering, not just to people but also to their families. One person told us "The carers are a welcome addition to our household and they feel like family to us". We witnessed kind and caring interactions between staff and people. We saw that the staff were respectful and polite to the people they cared for and knew them very well. Their preferences and needs were met. It was evident that positive relationships had been built between staff and the family unit. People, their relatives and staff were valued as individuals.

All staff we spoke to told us they were genuinely happy to work there and would like their family to use the service. One staff member told us "I've been a carer for a long time, Carefound are the most supportive to clients, relatives and staff that I have ever met, I'd love my family to be cared for by Carefound". Another staff member told us "I enjoy the one to one-person centred care, we've always got time for them, they have companionship and we get to know them personally".

Staff were exceptional at providing care in a way that maintained the privacy and dignity of the person using the service. Staff who provided the live-in service explained to us that they were mindful of respecting the person's time with their family and would regularly sit in another room to ensure they did not intrude. They discussed how they found a balance of remaining in ear shot to ensure they were ready to assist with any tasks.

We saw evidence of unique, creative and distinctive ways to maintain confidentiality for people who requested this. For example, one person who used the service and their family had expressed a desire to remain as private as possible. The service arranged for an enhanced level of confidentiality to be implemented, including anonymised documentation, not discussing this person in an open plan office and only one staff member and the registered manager delivering this person's care.

We saw that people who used the service received care from the same regular staff, live-in staff worked for a week or fortnight at a time. This ensured that they maintained a continuity of care. One relative we spoke to told us "It has been reassuring for us to have regular point of contact when new challenges arise". People had a choice over who would or would not deliver their care. One person told us "I have the same carers all the time, they know me so well and are my friends now, they chat to me and I'd be lonely without them".

One person told us about a social group they had lost contact with, they explained that the staff encouraged them to retain social links and provided transport to and from social events. This has enabled this person to be socially active and regain some independence.

All staff were exceptionally well trained to respect cultural and diverse needs and preferences and how to identify if someone had been discriminated against because of these.

At the time of inspection, the service didn't have any people who used an advocacy service. However, we saw evidence of when an Independent Mental Health advocate had been used. The service had sought advice from an advocate about the use of door sensors on a person's property. The service had an advocacy policy and this detailed how the company will make advocacy available to people when required.

Outstanding ☆

Is the service responsive?

Our findings

People who use the service and their relatives told us that staff have outstanding skills and an excellent understanding of how they wish to be supported. For example, we received comments such as "Excellent skills and knowledge" and "They are obviously very well trained". Other people said, "They have the correct knowledge, they really know what they are doing". A healthcare professional told us "They supported [name] to retain independence, I couldn't fault them".

A person we spoke to told us "I am independent because of them". The service went over and above what was required of them to help people remain independent in their own homes and had taken innovative steps when using technology to enhance people's lives. For example, one person required the use of assistive technology for their speech. A staff member developed extra training for other staff. This was done with involvement of the person and their family.

Another person was assisted to keep in touch with relatives by looking at and sharing their own photos saved on to storage software which was shared with their family. Staff assisted the person to access this, upload their own and view family photographs. A family member said, "I post photos, let the staff know and they help Mum to view them. It's great to use technology to keep in touch" A person was also assisted to read with staff downloading books that they had a strong emotional connection with, this provided an activity that was calming and reassuring.

There were people using the service who had previously struggled to cope in a care home environment. The unique nature of the live-in service prioritised their wellbeing in their own home. They had been empowered to maintain their independence and do the things that had always made them happy. One person told us "I was in a home and I was miserable, they made it possible for me to be in my own home and I want them to look after me for the rest of my life".

Innovative and creative methods to engage with people were researched and sought. The registered provider developed links with a specialist illustrator who designs activity aids such as age appropriate jigsaws, flash cards, memory cards and colouring books. The service had purchased these and people who used the service had benefitted from them. One example was where a staff member used memory cards relating to sport, the person responded actively and instigated a conversation around their favourite sport. The staff member then continued to tailor activities around this subject as the person had become so engaged with this theme.

The service sourced and purchased a range of other items recommended for people living with dementia. An example was 'throw and tell' balls to stimulate conversation with people who struggled to but wanted to engage. An example of this was seen in documentation when using the ball, a person had mentioned the area where they grew up, a meaningful conversation followed and this enabled staff to look further into this area and the person enjoyed many more conversations based on this subject.

People benefited from staff having more time than would be expected to deliver their care. For example, live

in staff were given an hour-long session to handover to the next staff member. The session enabled staff to have an in-depth discussion. They discussed and documented every aspect of the past week or fortnight of the person's care and well-being including their family and friends.

Care plans were personalised, including detailed descriptions of the person, the things that were important to them, things they had done throughout their lives and the people they cared about. There were comprehensive instructions about how they wished to be cared for. There were sections covering emotional support as well as physical and practical support. Topics covered included: what makes me smile? What makes me sad? This showed that care plans were comprehensive and centred around the person. We observed care that demonstrated that staff read, understood and followed what was written in the care plans.

Staff explored where people liked to go to enjoy meaningful activities. There was a wide range of activities available that met people's needs and preferences. The registered manager sent a weekly communication to staff with suggestions of activities available in the local community. We saw that a person was encouraged and assisted to re-connect with a social club they had previously attended. One person who was at risk of social isolation was encouraged to visit a local animal farm that had interested them in previous years. The documentation showed that this person had enjoyed the interaction and requested to go back.

The service adopted a holistic approach to meet people's needs and preferences. Some people who used the service preferred one to one company and had not enjoyed social interaction throughout their life. For these people the staff ensured that people were aware that they could be assisted to undertake any activity they wished. People were encouraged and assisted to enjoy the solitary activities they had always enjoyed like reading, going for walks, shopping and meals out.

The registered manager and provider explained to us that promoting the well-being and happiness of the people they cared for was paramount. Staff explained that they felt better equipped to support people because they felt supported themselves. For example, one staff member told us "they make sure we are happy so we can make the clients happy".

Another member of staff we spoke to said "With the rapport we have we know them so well, we know if they are happy or feeling down or if they are worried. We know when to be involved and when to step back". One person had expressed a dislike of company or being with multiple people. The staff successfully sourced activities that interested them through a comprehensive understanding of their life history. They provided these activities on a one to one basis even though they would normally have been group activities.

The service had detailed policies and training around lifestyle needs and preferences. These included equality and diversity, promoting independence, provision of non-discriminatory practice, religion and beliefs and sexuality. Protected characteristics were explored and people who expressed a desire to practice a religion were assisted to do so. An example of this was people being taken to church services.

The service had a detailed policy and staff were trained to assist with care for people at the end of their lives. A healthcare professional who had commissioned care for someone approaching the end of their life told us "They have been very very good. They feedback changes in care needs quickly and thoroughly, we hope to use them again. They provide a quick response which assists greatly with care needs". We saw that this person had received an accelerated yet thorough pre-assessment to ensure the service could meet their needs and preferences.

At the time of inspection, the service had four people in receipt of a Do Not Resuscitate Order. These had been discussed with the person, their loved ones and the relevant health care professionals. The person's wishes for the end of their life were discussed at assessment stage, if the person wished to. There was evidence of one person expressing a desire to consider a Do Not Resuscitate Order and the service assisting the person to arrange this via their GP.

The service had a robust complaints policy which highlighted how and to whom to complain and what to expect from the service if a mistake was made. This was available to all people who used the service and their relatives. It was within the welcome pack, the care plan and available on the website. At the time of inspection, the service had not received any complaints. The service had received several compliments and the registered manager had shared these with staff.

The service was meeting the Accessible Information Standard (AIS). This is a set of standards which services are legally required to follow. The service had a policy which recognised that effective information is fundamental to the provision of information. The service operated a paper free environment where possible. They used a specialist technology application which converted text to speech or allowed the user to enlarge all text on the screen to assist people with sensory impairment to read.

Outstanding ☆

Is the service well-led?

Our findings

We asked people if they felt the service was well-led. All gave positive feedback about the registered manager and registered provider, such as "[name] is so nice to me, they do anything I ask", another said "The managers are particularly diligent, I would recommend them" and "I can't fault them, I am so lucky to have them".

The management team demonstrated that they were committed to providing the highest standard of care. The registered manager told us "We make sure the person is at the heart of the service and that they have a voice". They continually looked at ways to promote people's independence and maintain or improve their quality of life. This was evidenced by regular reviews and updates.

Staff we spoke to were overwhelmingly positive about the management team. All staff told us that they felt supported by a fair and approachable managers. For example, we received comments such as "Managers are very approachable, there is no pressure and they support us, we get positive feedback, it's very impressive" another told us "Management are very approachable, I can call them any time of the day or night" and "Such a caring organisation, they have the best interest of staff at heart and they will make themselves available if we need them".

The registered manager had a supportive and understanding style of management. This was evidenced when one staff member called the management team during a time of personal family upset. The manager then arrived at the home of the person using the service which enabled the staff member to leave work.

There was clear evidence of improvement in people's well-being and safety due to the robust quality assurance and governance processes. These are systems that can help to assess the safety and quality of a service, ensuring they provide the necessary service and meet appropriate quality standards and legal obligations. The registered manager and registered provider completed detailed monthly and annual audits for each person.

The service operated a transparent and open culture of continuous improvement. Incidents were audited by a specialist software system which generated a monthly report that highlighted themes and frequency of incidents for each person. The service had introduced a falls reduction plan based on the evidence gathered from this system. One person was highlighted to be increasingly confused at night and becoming at greater risk of falls, this prompted the registered manager to contact a memory clinic for advice. Picture prompts were placed on doors in the person's home and a subsequent reduction in confusion and associated risk. Information learned from the monthly analysis was shared throughout the organisation by emails, staff meetings and discussions with people and their families.

The service did not rely solely on information analysed by the specialist software, the small and personalised nature of the service allowed staff and management the time to recognise people's changing needs. At the start of every management meeting, each person using the service was discussed in general, their well-being, observations by staff and any changes that did not fit into the audited categories.

We saw how the data was analysed in a way that clear patterns could be identified in relation to falls, near-miss fall, behaviour that challenges, hospital admission and re-admission and onset of infections. This enabled the team to adopt a pro-active approach and identify early signs of onset of these. We saw evidence of this approach enabling the team to recognise early signs of an infection and involve the GP therefore avoiding a potential hospital admission.

The management team had clear values and visions for the service. The service was small at the time of inspection and even though they planned to expand they had set a limit on how many people they could accommodate and still maintain the unique personalised service. Both the registered manager and registered provider explained to us that delivering the highest possible quality of care to a smaller number of people was paramount and they would not sacrifice quality for quantity.

There was a clear and transparent approach to gaining and sharing feedback. The registered manager sent out satisfaction surveys to people, their families and to staff, the results were published on their website. The registered manager described their value of "providing care in a consistent manner". The client satisfaction survey showed that 100% of clients felt they had been well matched to their carer. When talking to people who used the service they told us they agreed with these statements, for example, one person said, "I have the same carers every time, they know me so well they are my friends now".

The provider had received a national home care award which placed them in the top 20 home care groups in the country. The award was based on feedback received from people who used the service, everyone who commented had noted that they were extremely likely to recommend the service.

At the time this report was written the home care co-ordinator had been named as one of five finalists for the National Dementia Care Awards as part of the 13th UK Dementia Care Awards.

We saw evidence of the management team working closely with a number of outside health organisations to research the best possible care for people with certain health conditions. The information gained was cascaded throughout the organisation and included in training packages. This led to staff having an exceptional understanding of the medical conditions that the people they cared for suffered from.

The management team were a visible presence in the lives of people who use the service. All the people we spoke to talked to us about the registered manager and registered provider on first name terms.

The registered manager presented awards to staff for outstanding contributions which documented positive feedback received by families and healthcare professionals. These were shared amongst the organisation.

Staff were sent monthly e-Newsletters with updates about the organisation and weekly email updates which included a brief synopsis of each client and any changes in their needs that staff might need to be aware of. This also included which manager was on call that week, any local events that might be of interest to the people using the service and a motivational quote.

The management team went over and above what would be expected to ensure staff had a thorough understanding of medical conditions. They kept case studies of care they had provided for people with medical conditions such as dementia, a stroke, motor neurone disease and Parkinson's disease. These were used as study tools for staff. This is evidence of the management team ensuring continuous learning was shared amongst the staff.

The registered manager and their team had developed links with the local community and we saw evidence

of fundraising events for local charities and links to local churches. We saw that the service was involved in a scheme to combat loneliness in older people that delivered gifts, cards and treats to people in the locality at different times of the year.

The care co-ordinator was a dementia friends champion and delivered regular sessions on understanding dementia and tackling the stigma attached to it to the local community. The management team had put on cake sales outside their office in aid of The Alzheimer's Society and arranged fundraising events at a local supermarket.

Minutes from regular staff meetings were available, they showed that any changing needs of people who used the service were highlighted. Staff were welcomed to raise concerns or make suggestions. Staff were consulted on changes and their views were taken into account. We were shown evidence of changes made due to a staff suggestion. Staff had access to an on-line portal where they could submit suggestions to the management