CLS Care Services Limited

Belong at Home Domiciliary Care Agency - Wigan

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?	Outstanding ☆
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an announced inspection carried out on 25 February 2016. 48 hours' notice of the inspection was given so that the manager would be available at the office to facilitate our inspection.

The service was last inspected on 12 June 2013 and was meeting all the regulations assessed at that time.

Belong at home was based within the Belong care village, Wigan. Belong villages offer four key services; households offering 24 hour care, apartments which can be bought or rented privately where people continue to live independently, a village centre with a range of facilities open to the public and Belong at home domiciliary care, which goes out in to the wider community to support people in their own homes.

Belong at home domiciliary care Wigan provides domiciliary care services to people who live in their own home. At the time of our inspection there were 45 people receiving support. People receiving support had a range of different health care needs, including people living with a diagnosis of dementia.

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

The registered manager was passionate about making a difference to people and was committed to supporting people living with dementia and also their families. They had received a National award in recognition of their work. Their values and commitment to providing high quality care were shared by the staff team which was demonstrated through the feedback received from people and their relatives.

People were actively encouraged to be part of their community. People from the local community, and professionals were also welcomed in to the care village. The registered manager had been involved in the development of support services within the care village to provide a forum for sharing knowledge and increasing awareness of support to people living with dementia.

There was a positive, open, caring culture, which was promoted by the registered manager. Staff reported feeling supported by the registered manager, describing them as approachable, knowledgeable and understanding.

People and their relatives were consistently complimentary about the care and support received. People spoke highly about the registered manager and staff. People told us they thought of the staff as friends and family. It transpired throughout the inspection that people valued having staff that were consistent and with whom they had built relationships. People and their relatives spoke positively about the skills of the staff and felt staff were efficient, well trained and went the 'extra mile' to ensure people felt they mattered.

People had positive relationships and there was a strong emphasis on key principles of care such as; compassion, respect and dignity. People who used the service felt they were treated with kindness and said their privacy and dignity was always maintained and respected.

Support plans were person centred and staff had a comprehensive knowledge of people and their needs which demonstrated a commitment to people receiving person centred care. People were encouraged and supported to pursue their individual hobbies and interests. People made excellent use of the care village facilities and staff were innovative in recognising and supporting people's individual needs.

We found the service had an up to date policy and suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. We reviewed a sample of recruitment records, which demonstrated that staff had been safely and effectively recruited.

We considered the Mental Capacity Act (MCA), Deprivation of Liberty Safeguards (DoLS) and obtaining consent from people. There was nobody in the service subject to a court order. Staff demonstrated a good understanding of obtaining consent, best interest decisions and least restrictive practices.

Feedback was sought from people, relatives and staff through meetings, surveys and quality assurance systems.

Leadership was strong. Management had a clear vision of what was required to provide a quality service. All the staff we spoke with were respectful of management, felt involved and demonstrated a commitment to working towards the shared values.

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.

People told us they felt safe and there were a variety of risk assessments to mitigate risks.

People's medicines were managed safely and audited regularly.

Management and staff had a good understanding of what constituted abuse and were able to describe the action they would take if they witnessed or suspected abuse or neglectful practice.

There were enough staff to meet people's needs and recruitment practices protected people from being cared for by unsuitable staff.

Is the service effective?

Good

The service was effective.

New members of staff received a comprehensive induction. Staff had access to training and the opportunities for continuous professional development was good.

People were supported to ensure their nutritional and hydration needs were met.

Staff demonstrated a good understanding of Mental Capacity and obtaining consent from people.

Is the service caring?

Outstanding

The service was extremely caring.

Without exception, people and their relatives spoke positively about the care received, praised the staff and spoke of staff being friends or like family to them.

People and their relatives spoke of staff going; "above and beyond" and provided examples of situations in which staff had exceeded their expectations.

Each person we spoke with confirmed staff always treated them with dignity and respect.

We saw that the service worked closely with other professionals and agencies in order to meet people's support requirements

Is the service responsive?

Good

The service was responsive.

Before people started using the service, a comprehensive and detailed assessment was undertaken involving the person and their relatives.

People told us the service engaged consistently and meaningfully with families.

The service complaints policy provided clear instructions on what action people needed to take in the event of wishing to make a formal complaint.

Is the service well-led?

Good

The service was well led.

The registered manager was passionate about providing excellent quality of care to people who lived with dementia. This passion was shared by their staff who demonstrated a commitment to supporting people to lead fulfilled lives.

The registered manager promoted awareness through their engagement with voluntary partnerships and had received a National award for their work which was reflected in their commitment to developing support and the service.

The values of the service were consistently demonstrated by the staff in their interactions with people and with each other.

Belong at Home Domiciliary Care Agency - Wigan

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.

This inspection took place on 25 February 2016 and was announced. We gave the provider 48 hours' notice of our inspection. This was to ensure the manager would be available to facilitate the inspection. The inspection team consisted of one adult social care inspector from the Care Quality Commission (CQC).

During the inspection, we spent time at the office and looked at various documentation including three care files for people receiving support and five staff personnel files. We looked at policies and procedures, staff rotas, staff recruitment information, audits, supervision notes, the training matrix and compliments/complaints received.

We met two people receiving support at their home and spoke to a further two people by telephone. We met with one person's relative and spoke with a further four relatives by telephone. We spoke with two care staff, a senior and the registered manager.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes, which the provider had informed us about. A notification is information about important events, which the service is required to send us by law. We also looked at the Provider Information Return (PIR), which we had requested the registered manager complete prior to conducting the inspection. This is a form that asks the registered manager to provide some key information about the service, what the service does well and improvements they plan to make.

We also liaised with external professionals including the local authority and local commissioning teams. No issues of concern were raised by external professionals contacted. We reviewed previous inspection reports and other information we held about the service.

Good

Is the service safe?

Our findings

People consistently told us they felt safe as a result of the care and support received. One person told us; "You name it and I'll be saying yes. I feel very safe." A second person said; "Oh yes, I feel safe, most definitely." A third person told us; "I am very safe. The carer pulls me up if I put myself at risk." The person informed us that the care staff had observed the person walking with their zimmer frame and had identified concerns regarding their technique. The person told us; "The carer advised I take manageable steps, look where I'm going and take breaks rather than rush."

A relative told us; "We have peace of mind. We know [person] is safe and happy with the carers. They have their routine and it works." A second relative told us; "I've no concerns regarding [person's] safety. I can honestly say I couldn't have found a better service."A third relative told us; "We have ongoing concerns regarding person's safety due to their condition but not as a result of the care given. The care is always brilliant. The service has put things in place to maintain [person's] safety." A fourth relative said; "The care staff contact us immediately if they identify concerns for person's safety between visits. They rang straight away when [person] had burnt the pan."

We visited one person and saw that they had a key safe which staff used to enter the person's home. This person told us; "They use the key to come in, they always shout to let me know that it's them and they always make sure that my home is secure on leaving." The person's relative told us; "We know [person] is safe at night and their home is locked up securely when the carers leave."

We looked at three care files and found environmental risk assessments had been completed. The environmental risk assessments detailed; external and internal considerations. For example; whether the person could answer the door safely, the lighting in and outside the property, whether there were issues with furniture and walking space. The risk assessment also covered fire safety and risk of flooding; whether the person smoked, appliances in the home, smoke detectors, safety equipment and whether there were sensors fitted.

Risks to people's health and safety were appropriately assessed and control measures to mitigate the risks were identified. We saw 'my risk assessment' documentation had been completed which identified the activity or situation where risk was involved, the nature of the risk, actions taken to minimise or eliminate the risk and the outcome of the risk assessment. The risk assessment was a generic document that could be used to assess any identified risk or activity. For example; self-administration of medication, bathing alone, cooking, leaving the home and nutritional risks. Where risks were identified, the assessments provided guidance for care workers to follow to minimise the risks. For example, risk assessments regarding a person at risk of falls identified the risk as falling or having an accident. The assessment included information and advice given to minimise the risk, discussion with the person, relatives or health professionals and the outcome of the risk assessment. The support plan was developed following the outcome of the assessments and provided guidance to staff on management of the risk.

Medicines were stored, administered, recorded and disposed of safely. Staff were trained in the safe

administration of medicines and kept relevant records that were accurate and up to date. Peoples support plans identified the level of support people received with their medication and provided clear guidance for staff to follow when supporting people. We saw MAR sheets were consistently returned to the office each month and audited. The registered manager undertook an internal investigation when there had been discrepancies on the MAR and the actions taken were clearly identified.

During our inspection, we checked to see how the service protected vulnerable people against abuse. We saw the safeguarding policy contained local procedures and was up to date. We found all care staff had completed training in safeguarding vulnerable adults and were given a pocket size booklet; 'If you see something, say something'. The booklet contained information about people's rights, what behaviours could constitute abuse, for example not giving people choices or refusing a request for assistance. The booklet contained guidance for care staff detailing what to do in those circumstances. We spoke to two staff and they demonstrated a thorough understanding of safeguarding and associated procedures. One staff member said; "Safeguarding is the protection of vulnerable adults. Safeguarding concerns could arise from financial discrepancies or could be physical, sexual, and psychological. I'd tell the registered manager or senior straight away. I'd contact the police if necessary." A second staff member said; "I'd be concerned if somebody became withdrawn, nervous, finances were worrying them or the person had marks on them. We see the same people so they are familiar, we would know if there behaviour changed. I'd report any concerns to the senior or the registered manager."

We checked to see if there were sufficient numbers of staff available to deliver the care hours required and to meet people's needs safely. The registered manager showed us the daily rota for the week prior to us conducting our inspection. The care visits were determined by areas and we saw travel time was calculated and factored in to the rota when determining people's visits. Staff were in teams and provided support to the same people to enable continuity of care. Visits were monitored electronically by tagtronics which linked to the services software package. Agreement was sought from the person receiving support for a small tag to be discreetly placed in their home. Care staff were supplied with a mobile phone and were required to scan the tag on arrival and when leaving the person's home. If the care staff were late arriving or leaving, the system required the care staff to input an explanation. The data collected was 'real time' and enabled the registered manager to monitor visits centrally. This meant the registered manager could contact and inform people if care staff were going to be late. The registered manager told us they would conduct the visit if the delay exceeded 30 minutes of the scheduled time.

We asked people receiving support and their relatives whether support was provided at the agreed time and in line with their needs. One person told us; "They are more or less always on time. If they are ever late it's only been by a few minutes and it's usually due to traffic. They always apologise and it's never had an impact on me." Another person told us; "They're always as near as possible to the time as can be. It's rare they've been late but when they have been, I've received a phone call from the senior or registered manager to inform me. I had a joke with them when it happened. I can have a laugh with them. They show me nothing but respect and keep me informed. It's a really good company." A relative told us; "The staff are always on time. There's never been an issue with visits. [Person] always receives their medication at the prescribed time. No concerns." Another relative told us; "They've never missed a visit. I always check the log and everything that's needed to be done is." Staff spoken with confirmed there were enough staff to complete the care packages.

We looked at five staff personnel files and found appropriate recruitment checks were undertaken before staff began work. This included a Disclosure and Barring (DBS) check, full employment history, interview notes and references. We also saw staff completed a six month probation to enable the registered manager to assess their suitability for the role. We saw staff did not automatically pass through the probationary

period unless they demonstrated they were punctual and reliable. The registered manager emphasised that staff needed to show they possessed the right values and behaviours to work with vulnerable people. We saw the registered manager had followed the disciplinary process when a new member of staff had not demonstrated the required standard and they had not completed the probationary period.

The registered manager kept a record of accidents and incidents. We saw accidents and incidents had been reviewed so any patterns could be identified and we saw actions taken to prevent re-occurrence.

Good

Is the service effective?

Our findings

A staff member told us; We definitely have enough training. Everything is covered. We are all well supported. Supervision is every eight weeks and one of these will be an appraisal." A second member of staff said; "We are supported in our role. The induction is thorough. We have one to one meetings and an appraisal. If I felt I needed a one to one, I could ask for one and I know I'd get one any time."

We looked at the training and professional development staff received to ensure they were fully supported and qualified to undertake their roles. The registered manager told us that new staff were given a Learning style questionnaire on commencement of employment. This enabled the induction to be tailored to staff's learning preference. We found all new members of staff underwent a comprehensive induction programme, which was designed to meet their needs and support them during their six month probationary period. The service followed nationally recognised 'Common Induction Standards' through the Skills for Care Framework. By following the common induction standards, new starters were provided with key information about their role. It includes topics for personal development, safeguarding and person-centred care planning.

Staff received ongoing support. We saw five supervision and appraisal records which confirmed regular supervision was being conducted consistently and all staff received an annual appraisal. We found the service promoted opportunities for continuous professional development and further training. Staff told us there was a rolling programme of training, which included mandatory training, such as dementia, safeguarding, medication, food safety and nutrition, moving and handling infection control, equality and diversity, continence promotion and fire. We reviewed training records, which were up to date and required refresher training courses were scheduled to allow staff to develop their skills and knowledge. People and their relatives told us the staff were confident and knowledgeable about their needs. One relative told us; "The staff are well trained. New staff are supported by more experienced staff before visiting on their own. [Person] has the same two staff in the morning and the same two staff in the afternoon. They know [person] well."

We saw health and wellbeing support plans were completed which identified the level of support people needed to access health appointments. People gave examples of how they had been supported with their health needs. One person told us; "They picked up [person's] urine was discoloured and got a sample to the doctors." Another person told us; "The carers arrange the review with the district nurse. My family are very confident that I'm well looked after and staff contact them immediately if they are concerned about my health." A relative told us; [Person] was poorly and they contacted me to say they were concerned. They had called the doctor and then an ambulance. [Person] was admitted to hospital and then had respite care but they were able to return back to their home." Another relative told us; Staff support [person] to all their health appointments."

Without exception, the management and staff spoken with emphasised the importance of maintaining communication with people and their families. Staff told us about the communication systems in place where they recorded information about people's health to alert family members or the next member of staff

to information that was important. This enabled staff to monitor people's health effectively. Staff we spoke with gave examples of how they supported people with their health needs. They told us how they reported concerns to people's relatives and contacted GP surgeries to alert healthcare professionals of changes to a person's health. Staff supported people to maintain their health and promoted health screening and attendance at opticians and podiatry.

We looked at how the service supported people to maintain a balanced diet. Support plans detailed guidance on the support each person required in respect of cooking and shopping. People were supported to obtain their own shopping and exercise choice regarding the foods they purchased. The service had developed food diaries that were completed daily to enable staff to provide a variety of healthy foods. The senior carer also explained that the diary provided an opportunity to monitor whether certain foods were being offered repetitively, whether a person was declining certain foods and when a person's appetite had reduced. A person told us; "They offer me a choice of foods every meal. In a morning I'll have cereal, porridge, toast or a full English breakfast if I want it." A relative told us; "The staff contacted me to inform me that [person's] appetite had declined as they were disposing food. Staff had monitored it and recorded [person] was losing weight. We were able to review it with [person] before they lost too much weight."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application needs to be made to the Court of Protection for people living in their own home. At the time of our visit there was nobody receiving support that was subject to a court order. There were people who had given family members lasting power of attorney (LPA). A lasting power of attorney is a way of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity in the future or no longer wish to make decisions for yourself. There are two types of LPA; for financial decisions and health decisions.

The registered manager had a good understanding of the Mental Capacity Act (2005) and was able to identify the people who had lasting power of attorney in place. Staff had received MCA training and demonstrated a good understanding of Mental capacity and its relevance for people receiving support. One staff member told us, "Mental capacity relates to a person's understanding of the decision. Sometimes people's capacity can be affected by medical conditions. We know people well, if there was a drastic change in somebody's decision making, I'd rule out water infections etc first. I'd support the person to make an appointment with the GP. Rule out anything sinister and arrange a review with the person's family or health professionals." Another staff member said; "MCA means somebody has been assessed and lacks the capacity to make certain decisions. We work with people's families. It doesn't mean people can't make other decision and we would always provide choices."

Outstanding ☆

Is the service caring?

Our findings

Without exception, people described staff that were kind, caring and compassionate. People and their relatives consistently told us they valued the continuity of being supported by the same staff and good relationships had formed. We were told staff were considered friends. One person told us; "The carers are very nice people. I have the same staff and I've got to know them very well. They could be my daughters. I'd have them move in, I trust them so much." A second person said; "The staff are brilliant. They are caring, understanding and I wouldn't have a wrong word said about them." A third person said; "I love them, they are wonderful." The person was overcome with emotion when speaking to us. The person said; "I can't tell you how wonderful they are to me and how highly I think of them." It was evident from the emotions observed that the person was overwhelmed with intense positive emotions when speaking about the staff and the support received.

A relative told us; "The important thing is [person] is happy. [Person] doesn't see the staff as carers, they are [person's] friends. [Person] would be the first to say if they were not treated properly. [Person] tells us all the time that the staff are wonderful people." A second relative told us; "All [person's] family are happy with the staff. [Person] is treated very well and the staff are such nice people. [Person] has been receiving support for three years and we as a family have got to know everybody well." A third relative told us; "They are genuinely caring people. When [person] was taken to hospital, a staff member rang me to see that I was okay. I was upset and they offered to come to the hospital to give me support."

We were repeatedly told by relatives; "Staff go the extra mile for [person]." We asked relatives if they could provide examples to substantiate how staff demonstrated this. A relative told us; "[Person] had run out of porridge and [person] asked them to message me so I'd pick it up for [person] when I did the shopping. They contacted me but I was unable to get it for a couple of days. [Person] told the staff that it didn't matter and they would have toast or something. But the staff wouldn't see [person] 'just make do'. The staff member went to the supermarket that evening in their own time and got the porridge [person] likes. The staff took it to [person] the next morning. That's going the extra mile." The person told us; "They'll do anything for you. I really matter."

A second relative said; "[Person] had locked themselves in the house and couldn't open the front door. The staff were at the door and could see [person] was distressed. The staff member asked [person] if they could open the back door. [Person] returned to the door and informed the staff member that they had unlocked the back door. Person lives in the centre of a row of houses so the staff member could not readily access the back door. [Person] told me they had been really upset by the situation. The staff member went to the back of the houses and climbed over the fences to get to [person]. [Person] was upset when telling me so I know they would have been very upset when it happened. [Person] was so relieved when the staff member got in and found the front door keys for them. That's going above and beyond."

Another relative informed us that they had once cancelled the visits for the weekend because they were going to stay with [person] and intended to provide the care and support. They told us they had intended to travel to [person] on the Friday but had been unwell and delayed making the journey to [person] until

Saturday morning. They explained it was a few hours' drive and as they had set off, [person] had rung them to say they didn't feel well and were frightened. The relative explained that they had attempted to reassure [person] over the phone but it had done little to reduce their distress. [Person] had rung again crying and their relative was still two hours away. The relative told us they rang the service to ascertain if they could reinstate the visit and make the call as a matter of urgency. We were told by the relative that the registered manager had contacted them within ten minutes of making the call to inform them that they would make the visit. We were told by the relative that the registered manager had remained with [person] until their arrival. The relative told us that they had found out later that the registered manager had come in on their day off upon receiving the call. The relative said; "It's a vocation to them. Whenever we have needed anything. If we have a worry or a concern, they just go round. It's a great comfort to us because we live so far away."

Whilst visiting a person and their relative to ascertain their views about the service, we observed the person to be anxious and upset. Their relative explained that [person] was upset because they had said some 'hurtful things' to their relative. Their relative told us; "It's part of the illness but they feel tremendous guilt when it happens." Whilst we were talking to the person's relative, we observed the registered manager with their arm around the person, gently stroking the person's shoulder. It was an appropriate, familiar gesture of comfort. The registered manager was explaining to the [person] why the outbursts occur and providing reassurance to them. The [person's] distress observably diminished and they were smiling and engaged in conversation. The person's relative turned to us and said; "Do you see what just happened? I can't explain that to you. I can't put that in to words. They just understand."

We looked to see how the service promoted equality, recognised diversity, and protected people's human rights. We found equality and human rights embedded through developed and established, person-centred planning. The life plan incorporated a spirituality assessment and enabled staff to capture information. This enabled the service to support people from different groups to practice their faith and religious beliefs. Involvement of people who used the service was clearly demonstrated in everyday practice. The views and opinions of people were actively sought and information was always presented in a way that enabled people who used the service to fully participate and make informed choices. People and their relatives told us they were consulted and felt involved in making decisions about the care and support received. They told us they had been involved in determining the care they needed and were involved in reviews. Staff we spoke with knew the meaning of providing 'person-centred care'. Staff demonstrated they knew people well and were equally as fond of the people they supported as the people were of the staff. The staff verbalised a commitment to providing high quality care and support.

People told us staff offered them choice in relation to their care, with staff encouraging them to retain as much independence as possible. One person told us; "The staff keep my motivation up. We do everything together. The staff have helped me to get some independence back." A relative told us; "[Person] is quite determined and the staff encourage that. [Person] is encouraged to do all that they can but within parameters to prevent them from being frustrated by the things that they can't." A second relative said; "The staff are better at promoting [person's] independence than we are. The staff are keen to keep [person] as independent as possible. Staff encourage [person] to get their own shopping. It takes so long, we would just think that it's quicker to do it ourselves. To support [person], staff go through [person's] cupboard with them and compile a list before they go to make sure they get all that they need." A third relative said; "The support [person] receives is so good it has kept them in their own home."

We asked people if they were treated with dignity and respect. One person told us; "There are things that I can do for myself and personal things that I can't. The staff treat me with the upmost dignity and respect. I don't feel uncomfortable with the things that they need to do for me. They are sensitive, kind, lovely people."

A second person said; "I have only very good things to say about them. I'm covered up, we banter and have a laugh." People told us they were always offered choices. One person told us, "They get hangers of clothes out to show me and jewellery to match. I pick everything. What I'm wearing, eating, doing." A second person said; "I'm registered blind but they describe everything to me. I choose. It's the same when it comes to eating. They tell me everything that's in the cupboards or freezer and I pick."

Staff were aware of the need to maintain confidentiality. They described the importance of not sharing information with anyone else without permission. Care workers told us their induction included customer care and maintaining confidentiality of information. We saw that people's care records were kept securely in a cupboard in the registered manager's office.

Good

Is the service responsive?

Our findings

A person told us; "I was involved in an initial assessment before support was provided. The manager and a senior carer visited me at home to find out my support needs and preferences." A second person said; "I was in a Nursing home and my relative spoke to the registered manager initially to ascertain whether Belong at home would be able to support me. My relative provided a lot of information about my support needs and biographical information. They visited me as soon as I arrived home to conduct the assessment with me and support started straight away."

Relatives told us; "We were involved in the initial assessment and asked to provide information about what [person] likes and conversations they would enjoy." A second relative said; "The manager visited to conduct the initial assessment. We explained to her that we had been staying with [person] for three weeks and been unable to get [person] to do anything for themselves so we were doubtful that they would engage in the assessment. The manager went up to [person's] bedroom and sat with them for over an hour. When the manager came back down, she got some information from us and asked us to contact her if we would like support to commence. Upon the manager leaving, [person] got up and showered and spoke positively about the manager. We got in contact straight away to start the support as we knew then that it was the company for us."

We looked at three care files and we saw that each person had received a full assessment prior to support commencing. The initial assessment captured a range of information including; service involvement, relationships, people's mental capacity, health needs, mobility, communication, mobility and support needs. From the initial assessment, detailed assessments were undertaken and support plans developed. The support plans included personal histories and background information, which was captured on 'this is me'. The document captured people's histories; schooling, employment, significant relationships, places and social activities and interests. This provided people and families an opportunity to communicate their needs to inform personalised care planning.

People told us that staff met their individual needs and had developed a good rapport with them to enable personalised care to be delivered. We found staff had a good understanding of, and were knowledgeable about, people's individual needs. They were able to tell us about people and what their care and support needs were. They were also able to tell us what was important to individual people.

We saw people's care had been reviewed in conjunction with them and their families. Relatives also told us; "We could request a review at any time. We've been involved in discussing the support, how it was progressing and we tweaked the visits to meet [person's] needs."

Staff told us they routinely supported people to access the community and to pursue hobbies or interests. One person told us they were supported to shopping centres and another person told us they were supported to the hair salon that they had always attended despite it being a distance away from where they lived. Staff also told us that people were supported to attend the care village for experience days in which they could access all the activities and clubs. This helped minimise the risk of social isolation for people.

The service had actively built links with the local community to enhance people's sense of wellbeing and quality of life. A staff member had recognised an academic person who had previously enjoyed reading books but who was finding it increasingly difficult to retain information and concentration when reading. This was causing the person frustration which had resulted in them ceasing to read and was negatively impacting on their mood.

A referral was made to a local reading group and the member of staff supported the person to attend but noted that the person was uncomfortable in the group. The staff member told us that the resources were limited and the environment was not conducive to support reading. The member of staff approached the general manager at Belong and asked if the group could be held at the care village. The member of staff identified that a reading group would be beneficial to other people receiving support from Belong at home and people living at the Belong care village.

Agreement was provided and a room was designated to support the group which had been running for eighteen months. We ascertained that the person's concentration had improved as a result of attending the group and they had resumed reading again outside the group which had positively impacted on their mood. Despite the person's mobility having declined, they were still able to attend the group and experience the positive benefits of their attendance.

A staff member also supported a person to attend all home rugby matches regardless of the time or day, which they would be unable to achieve independently. They also supported the person to attend activities of cultural interest.

People were given 'your guide to Belong at home' when they commenced with the service. This included information detailing; the service values, support, funding, feedback, quality assurance and the complaints process.

We saw the complaints policy and procedure were current. The registered manager had received one complaint and we were able to track the complaint, actions and response. The complaint had been followed up appropriately; actions were shared with the staff team as part of the action planning process and to share learning. Feedback was given in line with the policy. This demonstrated the registered manager was proactive in responding to complaints about the service.

The staff we spoke with demonstrated a good understanding of the complaints process and were able to talk us through the procedure. People we spoke with told us they knew how to make a complaint but had not needed too. One person said; "I've never had to make a complaint but I'd be confident too if needed. I speak to the registered manager all the time so I would tell them."

We saw the service had received compliments which were dated. One person had written expressing their gratitude to the Belong team for supporting there transition home and indicated that they would have been unable to return home without the support and kind attention of the staff attending to their needs. Another compliment had been received from a relative thanking staff for being; "highly motivated, kind and compassionate people who were driven by love and not money."

Good

Is the service well-led?

Our findings

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. At the time of our visit, the registered manager was on duty and facilitated the inspection.

Without exception people, relatives and staff spoke positively about the registered manager. A person told us; "You can ring the manager anytime. She's brilliant. Absolutely smashing. We have a laugh together. We have a mother/daughter type of relationship. She's wonderful." A second person told us; "I don't know what I'd do without the manager. I really don't. She's never off. She does some work. I really look forward to her visiting me."

A relative told us; "The management are very nice. They'll do anything for you and [person]." A second relative said; "We know both the registered manager and the senior. They are lovely. Very flexible and they respond." A third relative said; "The senior and registered manager have always got time for you. Nothing is too much trouble." A fourth relative said; "The senior and manager are just incredible. If they are not there when you ring, they always ring you straight back. They are excellent at communicating. If we ever have cause for concern, the registered manager will do the visit herself and let us know. She stays involved and keeps an overview."

The registered manager was a dementia friend's champion. Dementia friends are trained volunteers who encourage others to learn about dementia. Champions run information sessions in their community and inspire others to help people living with dementia, to live well. The registered manager had been a dementia champion for over two years and had created dementia friends within the community. The registered manager told us; "Going forward the initiative will create more dementia friendly communities and make more people aware. There is still a long way to go but, each day if we can make just one person a dementia friend or just learn something new about dementia and living well with dementia then it makes it all worthwhile."

The registered manager had also been involved with implementing; 'Talk Dementia', which involved sessions being convened to provide support to anyone who was living or caring for someone living with dementia. The sessions were held at the care village but were accessible to everybody in the community. The sessions had been running for over a year and had been developed to reach out to the public and make support accessible. The registered manager told us; "From personal experience, we felt we needed to make a difference, no matter how small it appears. Small things make a big difference."

The registered manager was acknowledged for her continued commitment to adult social care when she won the home care co-ordinator category at the National Care Awards in November 2013.The National Care Awards, supported by the Department of Health aim to promote best practice in the sector and recognise individuals who go the 'extra mile'. The registered manager was described by the judges as; "a true

inspiration to the care industry." It was recognised that the registered manager had been instrumental in developing the Belong at Home services in Wigan and Leigh and was described as; "showing exceptional empathy for the needs of customers and tireless dedication to providing the best level of care."
All the staff spoke highly of the management team, told us they felt supported and were positively encouraged to feedback issues and concerns. We were told, the registered manager and senior encouraged an 'open door' policy and staff told us they felt supported to raise concerns or discuss people's care at any time. This was observed during the inspection when people and staff were constantly in and out of the office to ask questions, seek support or have a chat. The registered manager spoke highly of the team and attributed the service success to the dedication of the staff. The staff told us they had a stable team with few changes, which promoted continuity of care for people who received support.

Staff confirmed they were listened to and included in service developments. A member of staff said; "The registered manager is spot on; she has a very good knowledge of people, she listens, is approachable and is extremely supportive". The registered manager and senior demonstrated the service values throughout the inspection; exceeding expectations, nurturing relationships, offering support, encouraging people to lead an active life. It was evident from talking with staff that everyone was working towards the same goal. The staff team were all focused on making a difference and improving the lives of the people they supported. All the staff we spoke with felt extremely well trained, well supported and knew what their primary aim was; to support people to live a happy and fulfilled life.

Staff received feedback and guidance on their work performance through regular supervision. This ensured that management would be aware of any shortfalls in staff performance and could offer advice where necessary. We saw staff meetings had been conducted quarterly. Staff told us that meetings were conducted regularly and memo's detailing the contents of the meeting were sent to staff when they had been unable to attend to ensure they were kept informed.

People and staff were seen as an integral part of developing and shaping the service. The registered manager explained how she sought ideas for improvements from people, family and staff. Their feedback was captured in a variety of ways including surveys, visits to people, staff meetings and quality monitoring.

We saw policies were current and updated in line with local procedures. Staff had available access to policies and were able to access policies inside and outside of the work environment. If staff were concerned about anything they saw or heard that might impact on a person they told us that they would be comfortable and confident to whistleblow. Whistleblowing is a way in which staff can report any concerns they may have anonymously. Staff were all given a 'see something, say something card' on commencing with the service. A whistleblowing policy was in place, which detailed available contacts.

The registered manager audited many of the processes and records relating to the care and support of people. This included looking at; person centred care, dignity and respect, consent and choice, safe care and treatment, safeguarding, nutrition, environment and equipment, complaints, staffing and supervision. Action plans had been developed from the audits and these results had been used to drive improvements. For example; an audit had identified missing signatures on the MAR. We saw the registered manager had tracked this by looking at the blister packs and communication records. This had identified which staff had omitted to sign the MAR and was discussed in individual supervision to address training needs. There was also a generic reminder on the team meeting to raise awareness of the issue without identifying individual staff.

The provider also had overarching quality assurance processes in place. The provider had also conducted visits to people's homes and feedback to the registered manager to disseminate their findings to the staff

team. The quality assurance processes had been followed and we saw action plans had consistently been devised and followed when discrepancies had been identified.
We saw the tag system had been introduced to monitor the times care staff arrived and left peoples' home. This system enabled the registered manager to monitor whether people were
receiving the support they were contracted to receive.