

All Home Care Limited

Right at Home Basingstoke & District

Inspection report

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Good 

Summary of findings

Overall summary

About the service

Right at Home Basingstoke is a domiciliary care service providing personal care to 22 people in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People received support which was extremely responsive to their needs and reflected their preferences, choices and wishes in all aspects. Staff were highly skilled in supporting people to reduce their social isolation and engage them in their care and in activities which were of interest to them. The service provided outstanding end of life care.

Staff were exceptionally caring, compassionate and kind in their approach and reflected the values of the service, to treat people as they would one of their relatives. Staff respected people's individuality, their identity and their independence. People and their families were supported to specify the care they wanted, and support plans were fully reflective of their wishes.

The service was safe, staff were vigilant to types of abuse or neglect and had been proactive in identifying concerns and reporting these. Medicines were managed safely. People's risks were assessed, and their support plans guided staff to help minimise risks wherever possible.

Support was effective and reflected best practice guidance. Staff supported people effectively enabling them to have a good quality of life. People were supported to eat and drink enough. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was well-led with the senior management team driving high quality and continuous improvement in all aspects of care. There were robust arrangements in place to monitor the quality of the service and the performance of staff.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 24 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Right at Home Basingstoke & District

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 November and ended on 15 November 2019. We visited the office location on both days.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also reviewed the provider's website. We used all of this information to plan our inspection.

During the inspection

We visited three people in their own homes and spoke with relatives about their experience of the care provided. We spoke with seven members of staff including the nominated individual, registered manager, quality support manager, care co-ordinator, quality lead and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and other documents sent. We sought feedback from the local authority and from two professionals who regularly work with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff were well trained and were particularly vigilant to signs of abuse. Staff understood different signs of abuse, such as bruising or changes in behaviours. People's individual risks and vulnerabilities were considered when assessing their needs.
- The nominated individual told us of an example where staff had noticed a person had been making lots of phone calls and talking about payments. Staff had raised a concern and the nominated individual had gone to speak with the person, discovering they were being contacted by fraudsters and had made a payment to them. They supported the person to contact their bank to stop the payment and to report the crime.
- Any concerns were appropriately reported to relevant authorities and were investigated by the service. Staff felt confident to report any concerns they had and felt well supported to do so.

Assessing risk, safety monitoring and management

- People's risks were assessed, considering their personal history and individual needs. Support plans gave detailed guidance for staff on how to manage those risks while delivering different elements of care.
- Staff worked with people and their families to understand how best to manage their risks in the least restrictive way, to give them choice and control, and involved them in developing their risk management plans.
- People's relatives told us they felt confident their loved ones were safe. One relative, when asked if they felt their loved one was safe replied, "Definitely. They are very good." Another relative said, "I think she is quite safe with them."

Staffing and recruitment

- There were appropriate numbers of suitable staff to support people safely and meet their needs. There were no vacancies in the service and they continuously recruited to ensure there was contingency and flexibility in the workforce.
- Recruitment processes were robust and ensured staff were appropriate to work with people. Relevant pre-employment checks were made, and records were retained to show the provider met regulatory requirements.

Using medicines safely

- People's medicines were managed safely. People's preferences and abilities to safely manage their medicines were assessed and the service supported them, where appropriate, to have their medicines as prescribed.

Preventing and controlling infection

- People's individual risks and needs around infection control were considered in detail in their support plans. Support plans reflected good hygiene practices in guidance for staff on how to support people with their personal care as well as eating and drinking.
- Staff had training and understood infection control procedures. They had personal protective equipment, such as gloves and aprons, available to them for home visits.

Learning lessons when things go wrong

- The registered manager encouraged staff to report incidents and events that occurred, and these were considered learning opportunities. Staff told us they got feedback from incidents, one said, "We always hear what happens and if there is anything we need to do differently."
- Incidents were logged and reviewed for learning or actions required to prevent re-occurrence. Incident reports also highlighted things that went well as learning to share, such as staff managing a medical emergency well through good communication and co-ordination of resources. Staff told us they felt confident to report anything they were concerned about and there was an open culture within the team.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service assessed people's needs in line with national guidance and best practice. There were good systems in place within the service and with the wider company to share good practice and latest guidance to ensure this was reflected in the ways the service supported people.
- The service reflected guidance and advice from other professionals in support plans. This supported people to achieve good outcomes, such as working to increase their strength, mobility, nutrition or maintain healthy skin.

Staff support: induction, training, skills and experience

- Staff were supported to access training and develop skills relevant to their role. Staff told us they felt well supported during their induction to the service, with face-to-face induction training and shadow shifts with more experienced staff.
- Staff told us they wouldn't go to support someone without meeting them first and had an opportunity to read their support plans to feel prepared. The registered manager confirmed that, wherever possible, staff would meet someone with another care worker before supporting them on their own.
- People and their relatives fed back positively about the skills of the care workers, that they were knowledgeable and capable. One person's relative told us, "Staff appear well trained. Staff shadow a few times before seeing [loved one]. They double up with someone who knows [loved one] well." Another relative said, "When they bring someone new round they always bring someone who knows her."

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

- People's individual needs related to eating and drinking were considered. Their support plans explored whether they had a good appetite, if they had any dietary restrictions or preferences and if they were at risk of malnutrition or weight loss.
- Staff were vigilant to people's appetite or appearance changing. We heard one care worker suggest putting in a food diary for someone who had specific needs and preferences around their food to support them and their family identify suitable foods which they enjoyed.
- On home visits, we saw staff gave people choices of food and prepared it as they wished. People had detailed likes, dislikes and preferences recorded. Staff ensured people had access to drinks they enjoyed and encouraged them to drink plenty to reduce their risk of dehydration.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked well with other agencies and organisations to ensure people had access to the

support they needed for their healthcare and wellbeing needs. The service made referrals and liaised with other healthcare professionals based when the need arose.

- Where possible, the service supported people to access healthcare appointments. One person's relative told us, "It's so lovely to have [a member of staff] who understands [relative's] condition and can go to appointments with them."
- Staff were encouraged to support people's transition into and out of the service where their needs changed. The service supported people should they move into another setting by working with staff taking over their care and continuing to visit until they were settled into their new home.

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

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

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

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

We checked whether the service was working within the principles of the MCA.

- Staff in all roles had a good understanding of mental capacity and how this impacted people, including how to promote choice and control wherever possible for people. People's capacity to consent to their care had been assessed, where appropriate.
- Where they lacked capacity to make decisions, people's loved ones and those important to them were involved in best interest decision discussions. Where people had others legally nominated to make decisions on their behalf, the service had obtained copies of relevant documentation.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- There was a strong, visible culture within the service of providing a person-centred service which often exceeded people's expectations. Staff were motivated and were passionate about providing high quality care that they were proud of, treating people with utmost kindness and respect. They regularly thought of people in their own time and would research topics of interest to them. We saw one example; a member of staff recognised a person was sad. They felt they could not make a gift for their expected great-great grandchild as they had for other relatives in the past. The member of staff knew they had a keen interest in knitting and supported them to knit squares and recruited other staff to help so that together, in their staff's own time, they made the baby blanket with the person.
- Staff across the service demonstrated empathy for people and were proud of the work they did. The service shared stories from staff under the national '#whycare' campaign to raise awareness for care work as a rewarding career choice. One member of staff said, "I care because I can make someone smile who is feeling the weight of the world on their shoulders." Another member of staff said, "I care because doing the smallest of things could make someone's day much brighter, to make them smile and feel loved."
- Staff at all levels were focussed and skilled in building and maintaining relationships with people and their families which were open, honest and trusting. People's personal histories were explored so staff knew what jobs people had, what music they liked, what television they were interested in, their families and friends and were able to comfortably converse with them on these topics. It was clear that families considered the staff of Right at Home as part of their support network and informed the team of news, such as the birth of a person's niece.
- Staff were particularly skilled at recognising times when people and families required additional, compassionate and sensitive support. Staff regularly discussed people's family support to understand their preferences and considered families part of the care team. We saw that staff respected and valued the role of family carers and were sensitive in approaching where their needs exceeded those able to be supported by their families. We saw one example, where a person's family were away for an anniversary. The staff organised for a gathering and helped them buy a cake and sent photographs for their relatives so that they knew their family members were having a nice day.
- We received consistently positive feedback from people and families about the service which reflected the high level of flexibility, kindness and compassion shown by staff. One person told us staff were "wonderful", blew kisses to the member of staff, their mood visibly lifted by the member of staff. Their relative told us, "They perform over and beyond their requirements, I can't fault them. They talk to her, give her options, make her feel comfortable." Another person's family member told us staff were a "godsend". They said, "We are very happy. They have just been fantastic. The [staff] go above and beyond. Like yesterday, they took

[loved one] to the shop and bought him a cake for his birthday. It's brilliant." One person said, "[Staff member] arrived like a breath of fresh air. She is the most caring, happy and deeply professional care worker who went over and above what was asked or expected of her. When the end of life came for [partner] [staff member] came over to sit with him in her own time and give him and I lots of support."

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

- The service was skilled at ensuring people had the information and time they needed to make decisions about their care and feel empowered. People and their support network were considered part of the team. Staff used a variety of methods of communication to enable people and those important to them to be involved in their care decisions, including one person's electronic communication device which enabled them to more fully express their views in care reviews.
- People's loved ones were involved in planning care in line with people's wishes and if they lacked capacity to make choices. One person's family member complimented the service, "Your team have been wonderful over the past three years. Kindness and consideration and a real commitment to helping my mother and us, as a family, in supporting her, was paramount."
- Staff ensure people's needs are met and were skilled at exploring and trying to resolve conflicts, giving families time and support to understand their options and offering an extremely flexible service to be able to adapt to their wishes. We saw one example where the service had sensitively approached a person's family support to introduce the possibility of increasing support and taking on some responsibilities previously carried out by a family member to better support someone. Over several weeks the service had discussed options and ideas to enable a family member to reduce the support they provided to the person to improve their quality of life and relationship with the person.
- Staff positively welcomed the involvement of other organisations to support people. Where a person was not able to access information about support from the voluntary sector, the service provided information and contact details which enabled the person to have more company and support, as well as tools for their dementia to promote self-advocacy.

Respecting and promoting people's privacy, dignity and independence

- People could choose who provided their care and when their care visits took place. Staff were matched to people based on their approach, experiences or shared interests wherever possible. One person's family member commented "You were so efficient putting visits in place quickly and with someone you knew [loved one] would get along with." We observed staff suggesting others who would work well with people based on their approach, and this was considered as part of recruitment.
- Staff were skilled in persuading people to engage, taking an encouraging approach. People's privacy and dignity was held in high regard, they were given space and privacy in their care. People were spoken with as equals in their care and staff respected their individuality, their history and personal wishes and goals. We saw examples where people had been supported with utmost patience and sensitivity to promote their dignity, such as sensitively offering or co-ordinating cleaning services where the person would previously have maintained a higher standard of cleanliness in their home than they were able to now.
- Support plans were written in a respectful way, promoting dignity, choice and independence throughout. We saw staff reflect this approach, encouraging people to do things for themselves, asking what they would like staff to do for them and offering choice in all aspects of care. One person's relative complimented the service, "[Person] was eager to show me his kitchen and said how [staff member] and him worked together. The lounge was lovely and tidy too and he even said he'd been hoovering! I couldn't believe the transformation and please thank [staff member] for working so well with him."
- Staff encouraged people to maintain their independence as long as possible, supporting them to maintain their physical strength and freedom of choice. One person had a hoist available, however they did not like to use it and preferred to use a standing aid. Staff worked with them to use the stand aid as often as possible to

maintain their strength and dignity and agreed they would only use the hoist if they were too tired to use the stand aid. The service ensured two staff were present at the first and last call to support them without the equipment to get into and out of bed if they were able.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People received care which was highly personalised and flexible to meet their needs. Staff put people's choices and preferences at the centre of care and adapted all aspects of their approach to reflect them. For example, one person highly valued their independence and preferred not to use a hoist. The service had a hoist and a stand aid in place to give options, dependent on the person's needs on the day. Staff got the person to nickname the devices and had care plans for each, which referred to their nicknames, and gave the person a choice as to which aid to use each time. This supported them to feel more comfortable and in control.
- The service supported people to settle into a residential service when their needs changed so that they could no longer be supported safely in their own home. In one example, a person had developed complex rituals as part of their dementia, which had become more detailed and important to them as their dementia progressed. The staff worked with the new home to ensure the environment reflected these rituals. They supported writing their new care plan, with staff continuing to work into the home until they were settled, and new staff knew them well.
- Staff had outstanding skills in working with people to understand and meet their needs, even in challenging circumstances, and to support them to have a good quality of life. Staff were imaginative and creative in their approach and tried new things, shared what worked well and what didn't. In one example, a person was extremely anxious about personal care and grooming and had not allowed others to support them to maintain this. Staff worked over time to build trust and get them to cut their own nails, making it a "spa day" with a hand soak and nail polish.
- Staff were supported and encouraged to go the extra mile for people, to spend time with them and provide care which made a difference and achieved positive outcomes. For example, one person had become anxious and agitated and had been neglecting themselves. The service had put in a set team of care workers supporting them and worked with their family. Over time, staff supported them to start to maintain their personal hygiene as well as then attend health appointments. This helped ensure they had a diagnosis and clear treatment plan for living with dementia, improving their quality of life. The family member complimented the team "who go above and beyond to ensure she has the care she needs".
- In another example, one person, who had moved into extra care housing, had developed a low mood and had not been eating or drinking enough. The person's relative contacted the service and asked if they could visit, as a familiar face. A staff member, who knew them well, visited and persuaded them to go into the communal lounge and to have something to eat and drink, which they had been declining.
- Staff took time to get to know people, spending time with them and their families. People and their loved ones were empowered to lead in writing their support plans to ensure these were highly detailed in

reflecting all aspects of someone's life, culture, needs, preferences and choices. Staff suggested others who would work well with people based on their approach or their shared interests or experience and staff were matched with people wherever possible to create relationships based on trust and shared values.

- A professional who worked with the service reflected this in their feedback, they told us, "They take a holistic view of their clients as a whole person, making suggestions and supporting people to try new things. They encourage people to remain active in their own homes, supporting them to exercise, go out, eat well and keep well, preventing hospital admissions. They are quick to raise concerns with residents so advice from myself, their doctor or family. I am impressed."
- Staff knew people very well and so were able to notice very subtle changes. Staff escalated any concerns and discussed these with the staff team and registered manager, ensuring they were extremely responsive to people's changing needs. One member of staff told us, "The care team here are so good. They will call the on-call phone and say, 'Can I come into the office and talk, I have a concern about a client.'" We observed this in practice on our inspection. We heard two members of staff discussing one person who was "not quite themselves". One member of staff, who had a close relationship with them, said, "I'll give her a ring, maybe she just needs to talk to someone or 'download'."

Supporting people to develop and maintain relationships to avoid social isolation

- All staff were encouraged to "go the extra mile" in every day-to-day interaction with people to avoid social isolation, and this was an area of particular strength. One member of staff said, "Some [people] don't see anybody but us, we are their lifeline, to have a bit of fun with, to cheer them up." Staff would support people to write correspondence or cards to loved ones. Staff took time to learn about people's loved ones so that they could ask after them, or speak to them directly, with people's permission, to keep them up to date should their loved one be less able to communicate.
- Staff showed dedication and flexibility to meet people's needs which was role-modelled at all levels of the organisation. For example, one person would become distressed when alone. When the person's partner went to hospital, in an emergency, staff co-ordinated overnight support for both them and their partner in hospital to ensure they weren't distressed or alone. In another example, one person told staff that they wished to visit their loved one who was unwell but were unable to afford transport due to the long distance. The director volunteered to drive them, doing two 400-mile round trips, to deliver and pick them up after staying with their relatives and see their loved one before they passed away.
- Staff took time to find out people's individual personal histories and find activities or conversation topics to reflect their interests. Staff took time to reminisce with people, such as looking through old photo albums. One member of staff said, "I love to help [people] up and dance like they used to when they were younger, to look through old pictures. Their faces light up."
- The service had organised a 1940s singalong at a retirement apartment building, offering to support people living in the building to attend and inviting others who lived locally, some of whom attended and fed back that they really enjoyed it. Following this the service worked to book the room monthly and was setting up an isolation café which could be utilised by the local community, named in honour of one person they supported.
- The service took a key role in the local community, understanding the local communities they worked with. They built relationships with local organisations to support people to avoid social isolation, accounting for people's individual needs, such as any sensory loss or disability, their gender or age. One person liked to go out for lunch, but as their dementia had progressed they could become confused. Staff worked with a local pub to develop relationships to help them have a more positive experience of lunch. Staff at the pub got to know them and their specific needs and the service ensured they booked the same table each time to help orientate them.

End of life care and support

- The service provided outstanding support to people at the end of their life, working with other agencies to support people to have a dignified death in the place they wish. Staff had strong skills and a particular passion for providing end of life care, including the registered manager who gave strong leadership in this area. One member of staff said, "The last morning I saw [person] was one of the proudest moments of my life so far. It gave me the chance to give her family and to [her] all I could to make a hard day just that little bit easier."

- Staff were extremely caring and compassionate. One member of staff told us about a person who they had supported for some time, who had moved into a residential home and so was no longer receiving support from the service. The registered manager let the staff member know they had been told they were approaching the end of their life. The member of staff said they "just had a feeling" and went to see them that evening and stayed until they passed away, providing comfort to their family when they arrived.

- The service had developed a story of one person they had supported through the end of their life at home, this was to support staff who cared for them to process their feelings as well as to demonstrate to new and existing staff the value and impact of providing outstanding end of life care. The service had worked with the person's loved one to create a book in their memory, telling their story through life and at the end, which demonstrated staff's dedication.

- People's loved ones were considered part of the team providing care at this time and staff demonstrated a high level of respect for them and their role. One family member told staff at the time, "You have just got mum ready for her final journey, thank you." After their loved one's death, they fed back, "Right at Home gave amazing care to my mum. They enabled my mum to stay at home, which was her wish. Thank you for helping mum and me."

- Another relative fed back about their experience of end of life care for their loved one. They said, "[Staff] arrived like a breath of fresh air, [staff member] is the most caring, happy and deeply professional care worker, who went over and above what was asked or expected of her. When the end of life came for [person] [staff member] came over to sit with him in her own time and give [relative] and I lots of support. She is truly an angel in disguise."

- Staff had training in line with best practice guidance, using the 'six steps' nationally recognised course. The service received positive feedback from other professionals involved in end of life care, including praise for maintaining someone's skin health to a high standard. Staff were supported to attend people's funerals or memorials after they passed away. On the birthday of one person who had passed away, the service held a party for staff to remember them and share memories.

- Staff supported people and families in exploring people's wishes around their end of life care. People had their wishes around end of life care, advanced care plans and funeral arrangements documented if they wished to explore this. Records held detailed information in support plans reflective of their wishes, including RESPECT forms, identifying someone's preferences for future choices in the event of an emergency, and do not resuscitate forms, if appropriate.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place which was appropriate and reflected regulatory requirements. People had information about how to raise a complaint or concern and told us any issues were always responded to appropriately.

- Any complaint or concern was treated as a learning opportunity. Staff supported people to express their views. The registered manager followed the complaints procedure for any concern or issues and ensured they reviewed events to establish if anything could be improved. The service was open with people and families when things went wrong and gave an apology and response with any actions they would take.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were skilled at using communication aids that people required to express their views and communicating information in ways they could understand, such as assistive technology or communication boards. The service understood how to access translation services or obtain information in alternative formats as needed.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service had a strong, person-centred culture which was reflected in the approach of all staff. The service recruited staff who reflected their values, which meant staff were particularly compassionate and caring. They treated people as one of their own family. One member of staff said, "I treat them like I would my mum." Another said about their interview, "I went for a few interviews. Here they said they want carers who provide care as if to their mum, and I thought, 'That's it, that's what I want.'"
- The registered manager had a scheme called "magic moments", where staff could nominate themselves or others each month based on something special they had done or achieved. This celebrated staff, made them feel valued and shared good news or ideas.
- Staff told us they were well supported, encouraged and empowered to try different things and to continuously learn. One staff member said, "I love it [my job]! The co-ordinator and the registered manager are amazing. So Supportive. The director is just so lovely, they all are."

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

- The provider had robust arrangements in place for reviewing the quality and safety of the service. Learning and improvements were driven from feedback from people and their families, from incidents and from regular reviews of records and care provided.
- There were regular audits and reviews of care records by the registered manager and other senior staff. There was a clear structure of regular reviews to support staff performance, including annual appraisals, regular supervision and spot-checks of care.
- The registered manager and nominated individual understood their roles and responsibilities and met the regulatory requirements.
- The service had an effective emergency plan in place for any major incident or adverse weather. The service had worked very effectively during adverse weather to continue to provide support to people, assessing their risks and ensuring the most vulnerable were kept safe. The emergency plan was robust, and staff were praised for their support and efforts.

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

- Staff were engaged and involved in developing support plans and ideas for the service. Staff shared ideas which worked in supporting someone and these were reflected in support plans. For example, one person was reluctant to eat and often left most of their meal. A member of staff tried taking their meal to the person's home, laying the dining table and eating with them. This improved the amount they ate. This was shared with other staff and their support plan was updated to reflect this.
- The senior staff undertook six-monthly reviews of people's care with them and, if appropriate, their loved ones to gain their views of the care and make any required changes. People and relatives were sent a questionnaire every year to get feedback on their experience and the service responded to any feedback.
- The registered manager, care co-ordinator and nominated individual were 'hands on' in their approach and would speak to people as well as undertake companionship calls or other care calls so knew people and their families well and maintained positive relationships.
- People's relatives told us they felt very involved in care decisions and that the service had good communication. One relative said, "I am on the phone every day to the office, if not twice a way. They are wonderful." Another relative told us they kept in regular contact with the registered manager, usually every week.

Continuous learning and improving care

- The provider had a quality support person who worked with the service and others across the region to share learning. The regional Quality Lead told us, "Credit where it is due to [registered manager], I only have to suggest something, and she will implement it." The provider had recently created a local quality lead post within the service to support maintaining and driving continuous improvement.
- The registered manager strove to provide high quality care through having highly skilled staff. They created a weekly memo with bite-sized learning messages about key elements of care, such as pressure ulcers, mental health and other updates, resources or learning. They made the memo fun for staff, with a hidden word to spot.
- There was a clear plan of continuous improvement and innovation and staff were supported to implement changes. The service was due to move to electronic care records in the coming months and was preparing staff, acquiring equipment and ensuring care plans were as up to date as possible before these would be transferred onto the new system.
- The service planned to offer training courses for staff in evidence-based exercises for people which supported their physical fitness but also aided those living with dementia to stimulate memory.

Working in partnership with others

- The staff actively engaged in raising money for charities on a regular basis and involved people and their relatives and the local community wherever possible. For example, on the second day of our inspection staff were dressed in pyjamas with a 'teddy' for Children in Need. Staff talked about how their outfits made people laugh and took pictures with people holding their teddies.
- The provider was working with the government office responsible for reducing loneliness in sharing learning and case studies, such as the isolation cafes being set up across the franchises. This demonstrated the service was following and contributing to current best practice guidance.

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

- The registered manager and provider understood and followed their responsibility to apologise and inform people or their relatives when things went wrong. People's relatives told us the service was open about any error and clear on any actions they would take to make improvements.