

OHC Services Limited

# Right at Home Eastbourne

## Inspection report

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Date of inspection visit:  
17 May 2018  
22 May 2018  
25 May 2018

Date of publication:  
25 June 2018

## Ratings

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

# Summary of findings

## Overall summary

Right at Home Eastbourne is a domiciliary care agency (DCA) and it provides personal care to people living in their own homes. It provides a service to support people who require a range of personal and care support related to personal hygiene, mobility, nutrition and continence. Some people were living with early stages of a dementia type illness or other long-term health related condition. Most people lived reasonably independent lives but required support to maintain this independence. Right at Home Eastbourne also provides 'live-in' support for people who want care staff available throughout the day and night. At the time of this inspection the service provided personal care to 15 people. This is the first inspection of the service.

Feedback that we received from people and their representatives about staff and the service was very positive. People who used the service felt they were treated with kindness and said their privacy and dignity was respected. Staff had a good understanding of legislation designed to protect people's rights and were clear that people had the right to make their own choices. Comments included, "I am very happy with everything, the staff are wonderful," and "The staff could not be more accommodating, they laugh and chat and are very friendly and kind." People and their relatives told us they would recommend the service to friends and relatives.

Staff were fully involved and committed to achieving the service's values and vision. The service had systems to monitor and review the quality of the care provided. People told us they had continuity of carers. They said staff always arrived on time and stayed for their allocated time. They told us staff always completed the tasks required of them along with any additional requests. People were supported by staff who demonstrated kindness, compassion and courtesy.

Staff knew people well and were well matched to the people they supported in terms of personalities and interests. They understood people's physical, social and emotional needs. Staff had a good understanding of the procedures to follow to safeguard people from the risk of abuse. An emphasis was placed on ensuring recruitment was thorough and there were enough staff employed with the right skills to meet people's needs.

Risk assessments were carried out in relation to people's homes and to their individual needs and actions were taken to mitigate any risks identified. Medicines were handled safely by staff who had been trained to do so.

Spot checks were carried out to monitor staff performance. Staff attended regular training to ensure they could meet people's needs. There was a thorough induction to the service and staff felt confident to meet people's needs before they worked independently. Staff felt supported by the managers and providers and could visit the office to discuss any matter that they wished. Staff told us they felt supported, listened to and valued.

The registered manager and providers had a good understanding of their responsibilities in relation to the

Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS are regulations that have to be followed to ensure people who cannot make decisions for themselves are protected. They also ensured people were not having their freedom restricted or deprived unnecessarily.

Care plans provided comprehensive information about how people wished to receive care and support. These were reviewed and updated and reflected a person-centred approach to care. People were asked for their view on the service and support they received and were aware how to make a complaint. There was an open and positive culture at the service where people, relatives and staff felt listened to.

## 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.

Medicines were managed safely

People and their relatives told us that they felt safe with the staff that supported them.

Staff undertook training and procedures were in place to protect people from abuse. Staff had a clear understanding of what to do if safeguarding concerns were identified.

There were enough staff working to meet the needs of people who used the service. Recruitment practice was robust.

### Is the service effective?

Good ●

The service was effective.

New staff completed an induction programme and staff undertook essential training to support them to meet people's needs.

Staff were trained on the Mental Capacity Act 2005 (MCA) and understood its principles.

People's nutritional needs were reviewed and they were supported to have enough to eat and drink.

Staff knew people well and recognised when they may need to be referred to an appropriate healthcare professional. For example, the GP or district nurse.

### Is the service caring?

Good ●

The service was caring.

Staff treated people and their relatives with kindness and compassion.

People were treated with dignity and respect by staff who took

the time to support their independence.

Staff understood the importance of confidentiality, so that people's privacy was protected.

**Is the service responsive?**

**Good** ●

The service was responsive.

People knew how to make a complaint and raised any concerns with the managers if they needed to.

People received care and support that was responsive to their needs and reflected their individual wishes.

**Is the service well-led?**

**Good** ●

The service was well led.

The quality monitoring systems were used to monitor and improve the service provided to people.

People felt the management of the service was effective and available. There was a positive and open culture at the agency. Staff told us the management and leadership of the service was extremely supportive and approachable. They were readily available and responded to what staff told them.

There was a clear vision and values for the service, which staff promoted.

# Right at Home Eastbourne

## 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 was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure there would be staff available in the office.

Before the inspection, we checked the information held regarding the service and provider. This included any statutory notifications sent to us by the service. A notification is information about important events which the service is required to send to us by law. We also reviewed the Provider Information Report. This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make.

The inspection visits to the office were carried out on 17 and 25 May 2018 by an inspector. During the inspection we spoke with five staff members, including the registered and deputy manager. We met with the providers and a compliance manager from the Right at Home national head office. This national office provides support and systems to the providers who set up businesses under their brand name.

We spent time reviewing records, which included three support plans that included medication administration records, staff rotas, training records and three recruitment files. Other documentation related to the management of the service such as policies and procedures, compliments, accidents and incidents and quality assurance records were viewed.

Following the inspection an expert by experience spoke with seven people on the telephone and four relatives of people receiving a service to gain their views on the care and support provided. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspector also visited two people with their relatives in their own homes with a staff member to gain their experiences of care provided and to review any relevant documentation. We were also able to view support provided and interactions between people and staff. In addition, we contacted two

health care professionals who shared their views on the service.

This was Right at Home Eastbourne's first inspection with the Care Quality Commission.

## Is the service safe?

### Our findings

People told us they felt safe in their homes. They were happy with the security arrangements and knew who was coming to support them on each visit. Relatives felt comfortable to leave people in the care of the support staff. One person said, "They never send strangers, everyone is introduced and has an idea of who you are and what you need." Another said, "I wouldn't like it if I didn't know who was coming so I really like receiving a weekly rota, something that I can refer to." One relative said, "We have an extensive plan that involves a team who are all utterly reliable and so I know that my relative is safe in their care." Visiting professionals were confident the care and support was delivered in a safe way. For example, ensuring specialist advice was sought when people's mobility was becoming restricted.

There were safe systems for the management of medicines. Risk assessments had been carried out to assess how much support people needed with their medicines. Those who needed support had confidence in the staff and they received their medicines as they should. One person said, "They administer the tablets from a box and then they record it digitally." Staff were trained to prompt and administer medicines safely. Staff told us they received adequate training and felt confident in completing this task. Staff completed medicines administration records (MAR) on their smart phones to show medicines had been given and when. These were monitored by the registered and deputy manager as they were alerted immediately if medicines had not been given. They then followed up with the staff as necessary to ensure all required medicines were given appropriately.

There were enough staff to meet people's needs. People and their relatives told us staff were reliable and visits were always covered with staff attending at the expected time. People knew what staff member was coming and the time of the visit. This was recorded within schedules sent to people a week in advance. People and their relatives told us they always knew the staff member attending, as they were regular staff. Any new staff member was always introduced during a shadowing visit before they came alone. This ensured staff knew people well along with their individual needs and promoted continuity of care. People recognised staff and felt safe with them as they had met them and knew they understood their care needs and had developed a trusting relationship with them.

Staff used their smart mobile phones to log in and out at the beginning and end of their visits. In this way the deputy and registered manager in the office could monitor the visits being completed and be alerted if any visits was running late or had been missed. Staff also contacted them if they were running late or early. In this way the managers had an oversight and could co-ordinate a response in an emergency and keep people updated if there were any changes to the time of their visits. For example, when staff were delayed when attending to one person who was unwell, the managers contacted people to reassure them they would receive a visit later. One person told us, "They have been held up but I've never been forgotten or missed out. They usually phone if it's going to be more than half an hour past the time." Staff were also allocated time between each visit to allow for travelling which ensured staff could keep to a realistic work schedule. One person said, "Considering the traffic is so dense they generally manage to be on time which is commendable."

The managers and senior care staff provided a 24 hour on-call telephone contact for staff and people to use. This ensured staff and people had access to advice and guidance and any possible emergencies were responded to promptly. A business continuity plan policy was in place and recorded actions to be followed in response to emergencies or untoward incidents. For example, if bad weather affected how the service could be delivered.

The service had a number of policies and procedures that supported staff to respect people's rights and keep them safe from harm. Staff had undertaken training on safeguarding people and could discuss different types of abuse, and how they could identify the risk of abuse and what to do if they had any concerns. For example, one staff member told us how they had reported concerns about the support provided from another agency. They had reported this concern to the registered manager who had reported appropriately and ensured the local authority followed up on the issues identified. Staff had a good understanding of equality and diversity. They discussed how they ensured people were not discriminated against and were treated equally. One member of staff described how people's sexuality was respected and told us the registered manager had recommended a LGBT application for their smart phone to refer to. One relative told us, "Staff respect people for who they are, they have not discriminated in any way."

Staff recruitment checks were undertaken before staff began work for the service. This helped to ensure, as far as possible, only suitable people were employed. This included an application form with employment history, two references, psychometric testing and the completion of a Disclosure and Barring Service (DBS) check to help ensure staff were safe to work with adults. The interview process included the testing of staff values, attitude and personality. One of the providers took a lead role in this process and was committed to ensuring the 'right people were recruited' and a robust recruitment process was followed. One person said, "They are very careful who they employ." A relative said, "The staff working for the agency are all good the recruitment process must be very thorough." A staff profile which covered background, personality and interests was used to match staff to people to support a positive working relationship between both. For example, one staff member could speak Spanish and was matched with a person who liked to speak this language.

People and any associated risks were assessed and managed safely. Risk assessment provided staff with information and actions to reduce the risk that covered the individual and the environment. For example, moving and handling assessments that confirmed the correct equipment and practice was followed. Risks associated with fire were also assessed and the local fire and rescue service was used for advice when necessary. There were good systems for the recording of accidents and incidents. All accidents and incidents were recorded along with actions taken any measures put in place to reduce any reoccurrence. For example, one incident record identified a skin injury was not dressed in the best way. This was later dressed by a district nurse and learning on the best way to dress skin tears was shared with all staff. This demonstrated the service could reflect and learn from incidents and accidents. The security of people's homes was assessed and key safes were used when necessary to maintain the security of the home. Staff kept this information secure.

There were good procedures to monitor infection control. Staff had access to and wore personal protective equipment (PPE) including gloves and aprons during their visits. Staff were up to date with infection control training and demonstrated a good understanding of how to prevent the spread of infection. For example, staff washed their hands before giving any medicines. Staff had also received training on basic food hygiene. One person told us, "They always use the aprons and gloves when they are here and need to."

## Is the service effective?

### Our findings

People and their relatives told us they were very satisfied with the staff provided who were confident and competent. People said, "They all seem very well trained and they are all so willing and able to do whatever I ask," and "I am grateful that they come and they are confident with what they do." Another said, "They know what they're doing and what I need, couldn't be better." One person reflected on how the service had improved over the past five months. "In the early days they occasionally sent someone who didn't quite know what they were doing. Not at all satisfactory; but my wife was on to it and the agency ensured that it didn't happen again. We are now in a routine with a consistent, excellent group of helpers."

Staff received the training and support they required to meet the needs of people who used the service. As a new service Right at Home Eastbourne could ensure all staff were trained to a level that met the service's expectation. All staff went through an induction programme. This was comprehensive and included classroom and computer based e-learning along with shadowing training to develop competency in practice. A comprehensive training handbook was used and all staff completed the Care Certificate. The Care Certificate ensures staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. It was important to the providers that all staff were inducted on the values and ethos of the service.

Training was ongoing and a system to ensure all staff completed essential training each year was in place. This included basic life support, medicines, dementia and mental capacity. The training provision was being further strengthened with staff qualifying as train the trainers in key areas including moving and handling, medicines and end of life care. A specific training session was being arranged with a specialist nurse and a person who was living with this specific condition and receiving care from the service. Staff told us the training provided gave them the skills and knowledge to undertake their roles. One told us, "We can complete additional training in areas that interest us on e-learning. The training is very good." Relatives complemented the skills staff demonstrated. One said, "Their dementia training has exceeded our expectations. They are very proactive, playing games, supporting her to do small chores to her ability level. They have adapted with her progressive dementia, such compassion and understanding."

Staff skills and competencies were checked by the management team. A supervision programme was in place which included one to one supervision and spot checks. Spot checks were undertaken by a senior care staff member or one of the managers who observed staff when visiting people. These checks were unannounced and included a check on when the staff member attended, how they conducted themselves and an observation of their competencies in relation to the care and support provided. This included how staff moved people, medicine management and the correct use of infection control procedures such as using gloves and aprons appropriately.

People were given choices and asked for their consent before staff provided any care or support. Relatives said, "Staff always ask before they complete any task. They wait and are patient and wait for a response as this can take a little while." Observations confirmed staff understood the importance of ensuring people were central and in control of the care and support provided.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). All staff had received a leaflet on the MCA that gave information about the principles to follow. Staff had also received training on the MCA and DoLS. Staff demonstrated understanding of involving people in decisions and asking their consent before providing care and support. For example, staff asked people what they wanted to be dressed in and had a conversation about what was to go into the wash for the next day. People's choices were also reflected within people's care plans. When there was a concern about people's capacity to make a decision a mental capacity assessment was completed. Relevant people were then involved as necessary to make a best interest decision. An example of this was an assessment for a person who required her medicines to be administered by staff as they would not remember to take them and did not understand the importance of them.

When needed staff supported people to maintain a healthy diet including adequate drinks. People and their relatives told us staff responded to their individual dietary needs and choices. Their comments included, "Food and drink is managed well with an understanding that her needs vary from day to day and what she likes one day she may not like another," and "An evening snack is prepared and served and when I've been there it always looks varied and appetising." People's dietary needs were assessed and recorded within the care records. When staff were involved with dietary needs they recorded what people had eaten and drunk within the records maintained. In this way people's diets could be monitored and any concerns responded to. Staff told us they checked with people they were eating and drinking and had all the food and drinks they needed in their home. During the hot weather they were mindful to remind people to drink plenty. Staff ensured they provided extra support to people when needed. People told us, "If I ask they will always do a snack or make a drink. They will do that for both of us," and "I am watching what I eat very carefully because of my condition and the carers are very aware of that. They will help if I ask them."

Staff responded daily to people's needs and identified when people had changing needs. They were vigilant and ensured appropriate action was taken when things changed. For example, during one of the home visits the staff member identified a physical change that needed medical intervention. This was raised immediately with the relative and suitable medical intervention was arranged. The assessment process recorded health and social care professionals involved in the support of people. The deputy and registered manager contacted professionals involved to ensure they worked together to enable people to live at home safely. For example, specialist nurses including district nurses were contacted when people were found to have any skin injury. Health care professionals spoken with told us they were contacted for advice and guidance appropriately and were involved in planning appropriate safe care. People and relatives told us the staff took appropriate action when people were unwell or needed additional support. One person had injured their back and staff changed the care and support to reflect the injury which included as required pain medicines.

## Is the service caring?

### Our findings

People and relatives were complimentary about the staff providing the service and the way they delivered care and support. Feedback indicated that staff were very friendly but maintained a professional approach. Staff addressed people and their relatives by their preferred names. One relative said, "I have never met five such different but lovely caring staff." Although staff did not wear a uniform they wore appropriate clothing, "Carers come well dressed" and "Look professional." People's comments included, "I'm so pleased with the people who come. I was worried but my family wanted me to have help and they have been so caring and just let me do as I would normally with them there to give reassurance and sometimes a steadying arm." "They are quite outstanding and compassionate in nature," and "They have an ethos of care. They have goals and ambitions for me and are helping me in my recovery." Staff showed a genuine caring and compassionate approach to people they supported and a focus on people living the life they wanted to. One relative said, "They are aware of his limitations but still encourage and enable his independence with their gentle manner." Another said, "Personal care can be a frustrating time for her and they are patient and encouraging, letting her set the pace and anticipating any issues. We have been so impressed." This approach was important to people and enabled them to stay in their own homes for as long as possible in accordance with their wishes.

Staff demonstrated a commitment to people they looked after and their relatives, recognising the important role of caring for them too. One relative said, "I really look forward to the care staff coming." Another said, "They are also very respectful of me, I have been unwell and they always ask how I am." A third said, "They keep me sane, wonderfully understanding." Relatives were confident staff were committed to people, taking an interest in them and willing to build a caring relationship. Comments included, "Having continuity of care is so important to us. They get to know you and share your life," and "If I died in the night I know that someone will come who knows my husband and who cares about him and that's very important to me."

Staff made a point of asking if there was anything else they could do for people before they left. This ensured people were safe and comfortable and demonstrated a caring approach. This courtesy was extended to relatives who appreciated this 'thoughtfulness'. We found examples when staff had put themselves out to respond to people's individual wishes. For example, staff dressed up as Disney characters to make a person's birthday celebrations special for him. Staff also attend funerals to support relatives and to show their respects to family members.

Staff worked as a dedicated team with an emphasis on providing good and individual care to each person. Staff communicated regularly with each other, face to face, via email, and telephone contact. Important information was recorded within the daily care records. Staff were well supported and told us they felt they were valued as a team member and as an individual. The providers promoted caring principles throughout its service this included the support for staff. New staff were given a welcome pack that included personal alarms and torches that ensured safety of staff. This demonstrated a caring approach to staff working for the service. Staff visited the office often, meeting with the managers and the providers. There was a relaxed atmosphere within the office where staff spent time chatting, studying, sharing information and providing support to each other. Staff told us the managers and providers cared about each of them, understanding

that staff who are supported and valued provide better care. One staff member said, "I cannot praise the owners and the managers enough, they are wonderful. They genuinely care about all the staff, they give you time to talk things through. Another staff member told us how one of the managers had come out to her as they had run out of petrol to help her and ensured she could continue with her visits. Staff received birthday cards and had received Easter eggs. Staff said, "We are like a big happy family here we are supported and support each other 100%."

Confidential information was handled appropriately by staff and this included the use of any electronic information. There was a policy and procedure on confidentiality and confidential records held in the office and were locked in cabinets. The staff training programme included handling information, and staff had a good understanding of how they maintained confidentiality.

## Is the service responsive?

### Our findings

People and their relatives were involved and consulted on what care people needed and in what way they wanted it provided. People and their relatives felt they had been listened to and their care package had been tailored to them as an individual. One relative was impressed with the individual approach and said, "They include little things that are important to us like; picking flowers from the garden and bringing them into the house. We love having them and neither of us can manage that now. That shows attention to detail and how individual things are." They appreciated the individual approach and time spent on ensuring the assessment and care plan was comprehensive and responsive to their needs. One person said, "If they treat everyone with as much time and care they must spend a lot of time with people. I felt that they really wanted to know about me and not just what I needed doing. It was a true reflection of me and my needs, they were amazing." Another said, "My daughter was fully involved and we both liked that."

An assessment of people's needs was completed before a service was offered or agreed upon. This ensured people's needs could be met as suitable staff were available to provide the package of care and support required. A consistent team of staff was important to people and this was promoted through the individual packages of care set up. Care plans were developed from the full assessment process. Care plans were recorded on a computer system which could be accessed by care staff with the most up to date information via their smartphone. People could also access all care records on their computers. The registered manager told us people who were unable access records on the computer were given a hard copy of care records.

Care records contained contact details for the person, their next of kin and health and social care professionals who were involved in their welfare. They provided a detailed summary of medical histories and health conditions, including people's personal histories, what was important to them, their preferences and communication methods. Care plans contained details of the care to be completed during the visit. This included people's personal care routines and preferences, social inclusion, medicines, nutrition and hydration, levels of privacy and family support. The registered and deputy manager were able to monitor the care delivered closely as staff needed to complete care tasks sections on the portable computerised records which then stated the outcome had been achieved. If the section was not completed it generated an alert to the office this was followed up with the staff member concerned and shared with people and their relatives if required.

Staff could respond to people's changing needs effectively. There were formal reviews completed by senior care staff. These included a re-assessment of need and a reflection on the care and support provided. For example, the managers could monitor the length of visits completed and assess if extra or less time was needed to complete the care and support tasks required. Visiting care staff however knew each person well and recognised if there were any changes in their health or wellbeing. These were shared with the managers who undertook a review. One relative told us, "As a family we were involved in the care plan and it's reviewed regularly. The hours are being increased as the needs are increasing."

People and their relatives told us they could also change the packages of care and the DCA were responsive to these requests. One person said, "The care is reviewed every so often and they are keen to know how it's

going. They are very good if we need to change the time of a call or if we need to cancel. It feels very personal." Another said, "I am cutting the original package down but they have assured me that they will up it again if I need it. They are like a safety net." A relative told us, "In the last two weeks we have needed to increase the care and, again the Agency were so understanding and able to respond immediately. We worked on the rota with them it was a co-operative effort to ensure her wellbeing."

The registered manager confirmed the service worked in a responsive and flexible manner. For example, one person who had been in hospital and was placed in a rehabilitation unit wanted to 'come home'. The registered manager facilitated this process by working with other agencies completing the assessment process quickly and covering some of the visits herself to support an early discharge. Other health care professionals confirmed the service worked to provide people with responsive care. For example, staff were available during an Occupational Therapist assessment and a planned re-assessment to ensure care and support tailored to the individual and any equipment that may be used.

People also gave examples where they had received responsive care. One told us, "I was discharged from hospital without any sort of care plan and in a bad way, my relative got onto the Agency and they reacted so well, assessing and putting in place the care I needed very quickly. I think it stopped me going back into hospital."

People could raise a concern or complaint and told us any concern was responded to quickly and effectively. One person said, "I once had no one arrive, but I phoned the office and they couldn't have been more apologetic and someone came along. It had been something unexpected and a miscommunication but that happens but they couldn't have been nicer." People were given information on how to make a complaint and the provider encouraged feedback through this system. There were effective systems to receive, handle and respond to any complaints. Records confirmed complaints were taken seriously, fully investigated and resolved.

From 1 August 2016, providers of publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. Although staff had not received AIS training they had assessed and identified the communication needs of people. Communication was part of the individual assessment tool completed for each person. Any needs identified to facilitate communication were recorded and responded to. For example, staff supported people to use hearing aids and glasses when needed. One relative told us, "He takes a long time to communicate what he wants, staff are patient and understand how to communicate with him." A staff member told us it was important to allow plenty of time and speak clearly to one person who had difficulty with their hearing. The registered manager told us documentation would be produced in easy read format including large print if assessed as appropriate.

At the time of inspection, no person required support with end of life care. The registered manager has undertaken additional training on end of life care and was now providing training to care staff on this area of care. Where people were comfortable discussing it, their wants and wishes for end of life care had been written in their care plans. This included people's choices and decisions around resuscitation. The registered manager advised that should end of life care be required, they would work with the person, their families and health professionals to support them.

## Is the service well-led?

### Our findings

People and their relatives told us they believed the service was very well managed. They told us the managers knew them and responded quickly and effectively to their needs. They were satisfied with the service provided and were comfortable with any contact made with the office staff. Comments made included, "The whole set up is wonderful. They stay in touch with you, there is no feeling of being abandoned by those in charge." "I feel that they know me in the office and I feel very comfortable talking to them," and "You get the feeling that it's very well run, things go smoothly." The health care professionals we spoke with supported the view that the service was well-led. "The managers organise the service very well."

There was a clear management structure with identified roles and responsibilities within the DCA. The registered manager had extensive experience of working in adult social care and displayed a sound knowledge of the service's policies and procedures and the individual needs and preferences of people who used the service. A deputy manager worked alongside the registered manager and co-ordinated and monitored the work schedules. The two providers were also based in the same office and maintained a management and operational oversight. Two senior care staff had an allocated responsibility for staff support, staff training and review of their practice.

The service had a clear set of values and a vision that staff understood and followed in practice. The aim and focus of the service was to 'deliver outstanding services to our clients at all times.' To do this the providers recognised the importance of valuing staff and investing in their training and daily support. The service's values were explained during induction training and revisited at staff meetings, supervision and general contact with staff. Staff could tell us what the values meant to them. For example, "People are entitled to live as they want and we help them to do this," and "We work to provide the best care possible and to support people and their relatives to live at home as they want."

The culture of the service was open, transparent and supportive with an honest and enabling leadership in place. Staff told us they worked within a caring and supportive team where they were valued and trusted. One staff member said, "I love working for this agency." Another said, "This is the best job I have ever had." The provider had recently displayed pictures of all staff in the office along with captions identifying "What people appreciated" about that staff member. Staff responded positively to the pictures and comments recorded. Staff morale and a team spirit throughout the work force was good, staff were committed to their work their colleagues.

The providers were committed to the provision of community care and service to support people in their own home and raising the profile of home care generally. They engaged with a number of local charities and organisations to understand the local needs to forge links and work in a collaborative way. One of the providers was a dementia champion and delivered awareness sessions to staff and the wider community. For example, they had made arrangements to speak with local GPs to tie in with Dementia Action Week. These types of initiatives develop strong links with other organisations in the local community and heighten awareness and understanding of dementia and home care.

The provider had invested in technology to help improve quality standards. These systems and software allowed the quality of the care to be monitored and audited quickly and effectively. For example, medicine records were monitored and reviewed on the day the medicine was due to be administered. In addition, daily care records were audited weekly to ensure they were appropriate and reflective of the care provided. Staff told us they could access guidance for delivering care and also how to deal with emergency situations on their smart phones. For example, safeguarding information was available to staff for support and information. There was a whistle blowing policy in place and staff told us they would use it to raise any concern to the appropriate person as required. Whistle blowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

People told us they were asked for their views about the support they received. Frequent phone contact quality checks took place with people and their relatives. One person told us, "They keep in touch with us, are very responsive and very professional whilst treating you personally." Frequent spot checks and service reviews took place. One person said, "Supervisors come and do 'spot checks'. That is reassuring and a chance for them to see how you're doing." The reviews identified what worked for people, what could be improved and what people considered the most important aspects of the service for them. Spot checks took place in people's homes and included care staff conduct and approach ensuring people's dignity was maintained, along with staff competence in the tasks undertaken and in using any equipment.

The national head office maintained a supportive quality link with Right at Home, Eastbourne. They had facilitated support groups and training to maintain the quality of the service and compliance with relevant legislation. This had recently included guidance and training on the General Data Protection Regulation (GDPR) which comes into effect in May 2018. GDPR was designed to ensure privacy laws were in place to protect and change the way organisations approach data privacy. A full audit had also been completed by a compliance manager from the national head office. This had identified some areas for improvement that had been progressed. For example, improved documentation around recording people's allocated representatives.