

Carecraft Ltd

Right at Home Enfield

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?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Right at Home Enfield is a domiciliary care agency providing personal care to people living in their own homes. The service supported older adults, many of who were living with dementia. At the time of the inspection, the service was supporting 17 people.

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 benefited from an outstanding service that met their needs, understood people as individuals and held values that placed people at the heart of their care. People and relatives overwhelmingly told us of their satisfaction with the care and support they received. They felt staff were responsive to their needs and enabled them to live their lives in a way that promoted their independence and enjoyment of life. People and relatives consistently praised the caring nature of staff.

Staff were committed to providing a wide range of tailored activities to people in their own homes and in the community. The service recognised COVID-19 meant people may experience increased isolation and loneliness. Staff went above and beyond to help people prevent this, ensuring special events were celebrated, encouraging and supporting people to take part in activities they had previously enjoyed and enabling people to access the local community. The service regularly reviewed people's care and support needs.

The service was committed to improving the lives of people living with dementia. There were several initiatives to stimulate and involve people including the use of virtual technology which helped people reminisce and open up. The management of the service was actively involved in the local community to raise awareness of dementia.

There was a focus on proactively engaging people in planning their own care. The service understood that each person they worked with was an individual with different wants and needs and person-centred care was evident throughout the inspection.

There was exceptional management oversight of the service. The management team were extremely involved in all aspects of the service and knew every person and their relatives well. People and relatives told us they felt comfortable and happy talking to the managers at any time. Staff were valued and praised by the service including regular awards for staff that had gone above and beyond. There were champions for dementia care and medicines care who ensured best practice and shared this with the wider team. There was a low turnover of staff which reflected the outstanding support and training they received to carry out

their role. This also meant people had the same care staff and were able to build rapport with the staff visiting them.

Relevant checks had been completed to make sure new staff were safe to work with vulnerable adults. People received their medicines safely and on time. People were positive about the support staff gave them to take their medicines.

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.

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

Rating at last inspection

This service was registered with us on 23 May 2019 and this was the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

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 caring.

Details are in our caring findings below.

Good ●

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 exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Right at Home Enfield

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

The inspection was carried out by two inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience supported this inspection by carrying out telephone calls to people's relatives following the on-site visit.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. 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 48 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 14 April 2021 and ended on 17 May 2021. We visited the office location on 23 April 2021. Following the on-site inspection, we completed the inspection via phone and e-mail. On 14 April 2021, we gathered feedback via telephone from people and relatives.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and nominated individual, who is also the managing director of the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at four staff files including recruitment, supervision, appraisal and induction records. We also looked at completed quality assurance sport checks.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We were sent further information to support the inspection. We spoke with three people that used the service and 11 relatives. We looked at six people's care plans, risk assessments and other information used to plan and provide care for people. We also looked at numerous quality assurance documents, policies and procedures, six people's medicines records, staff training records and other documentation related to the running of the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were robust systems and processes in place to ensure people were protected from the risk of abuse.
- People and relatives told us they felt safe with the staff that visited them. A person said, "I do feel very safe because I think they've all been taught the right things to do. They would always advise me to contact my GP or phone 111 if they had any issues with me." One relative commented, "Mum is absolutely safe. I think they are really wonderful, and I can rely on them. I can't praise them enough. They've taken a lot of worries off me."
- Staff had received training in safeguarding and understood how to recognise and report any concerns.
- There were clear policies and procedures in place to support and underpin staff knowledge around safeguarding.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments were person centred and reviewed regularly and provided staff with clear guidance on how to minimise people's known risks.
- People and relatives were fully involved when risks were reviewed. One relative told us, "The manager had a chat with me, and we analysed why mum was having falls. We realised it was because she's tired when she gets up from the sofa and uses Zimmer frame to go to bed." A new routine was put in place which allowed staff to support the person to minimise the risk of falls. The relative further said, "It's so much better for her. I am not worrying about her like I used to."
- There was clear guidance for staff around what they were able to support people with. One person told us, "They have very strict rules about what carers can and can't do. For example, one explained to me why she couldn't use a certain cream on my legs because it hadn't got a chemist's label on it. So, I had to get it re-prescribed by the doctor."
- Accidents and incidents were clearly documented. There were full details of the accident / incident, immediate actions taken and any follow up required. The registered manager used this as an opportunity to learn and implement any changes for the wellbeing of the person.

Staffing and recruitment

- People received a continuity of care and had the same staff visiting them. People told us, "I feel safe because I like the fact I know who's coming. I have the same two carers who are very respectful" and "99% of the time they come on time but if it changes, they will always phone me."
- People told us they were given weekly staff rotas, so they knew who was due to visit. People said they were always introduced to any new care workers by the management, who also checked if they were happy to

have the new care worker visit them. One person said, "If any new person [staff] joins, staff will come with them to introduce them to me and check if I'm happy for them to come to me."

- The service had an electronic monitoring system that allowed the office to check that people's care staff had arrived for care calls and were staying for the correct amount of time. If a care staff had not checked in to say they had arrived, an alert was raised in the office which allowed them to follow up. There had been no missed calls documented.
- Staff were recruited safely. Staff files showed two written references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check (DBS). This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults.

Using medicines safely

- Medicines were well managed and there were clear systems in place to support this.
- People who were supported with medicines told us they received it on time. Several relatives praised staff for being pro-active with suggestions regarding safety around medication and had helped organised blister packs and installed locked medicine boxes for their relatives. One relative said, "They do the medication, they record everything."
- People's care plans clearly documented the level of support people needed to take their medicines. This included prompting people and staff administering medicines.
- Staff had received medicines training which was refreshed regularly. A staff member said, "We did medication training a year ago and its refreshed tomorrow! We have a training centre we are going to. We did it last year, all spaced apart and had face masks on."
- Once staff had received this training, they underwent a competency assessment to ensure they were safe to administer medicines.
- There were regular medicines audits. Where anything was identified, this was documented and followed up.

Preventing and controlling infection

- The service managed infection control effectively to ensure people and staff were well protected and prevent any cross infection.
- Staff had received thorough training around COVID-19 as well as safe and effective use of Personal Protective Equipment (PPE). One staff member told us, "We were really lucky, we never had any issues. I worked a lot more during the first lockdown, always had PPE. We had training in infection control, donning and doffing. This is refreshed regularly."
- Staff were provided with enough PPE to ensure they were able to safely carry out their caring role.
- All staff completed weekly testing for COVID-19. The registered manager told us staff were in the process of having their COVID-19 vaccinations.
- People and staff had their personal risks assessed and documented around COVID-19. There was clear information for staff on how to keep people safe.
- The service had reacted well to the pandemic ensuring that if people they were working with contracted COVID-19, they continued to be cared for as safely as possible. One person told us they had contracted COVID-19 and thought they would need to stop the care workers visiting. The person told us the manager said, "No problems, we've got all the right kit to continue with the visits, and carers came in wearing a full zip up suit, mask, visor, gloves and shoe protectors."

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People's needs were assessed according to current standards and legislation. The service was proactive in keeping up to date with any changes in guidance and ensuring these were part of any assessments.
- Prior to starting with the service, people received a robust pre-assessment. This looked at all of their care and support needs and how best the service could meet them.
- People and relatives were fully involved in the pre-assessment process. One person told us, "When I first started, I had a stream of people come to do all sorts of things like risk assessments."
- Once a referral was accepted, care plans and risk assessments were created from information gathered during the pre-assessment.

Staff support: induction, training, skills and experience

- Staff had right skills and knowledge to provide the care and support people needed.
- Staff received a comprehensive induction prior to starting work. This included mandatory training such as safeguarding, health and safety and medicines. Staff also shadowed more experienced staff for a period of time before being able to work alone.
- Staff were positive about the induction process. One staff member told us, "They are very thorough and supportive. It's nice to watch and listen and pick it up [when shadowing], you know all the little things they [people] like, they don't just throw a stranger in! We get to know them before working with them."
- Staff said they felt supported in their role through quarterly supervisions and annual appraisal. One staff member commented, "It [supervision] gives me a better opportunity and makes us a better team."
- Staff told us, and records confirmed, they received appropriate training which was refreshed regularly.

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

- People's support needs around food and drinks were clearly documented in their care plan.
- Where people's relatives provided food to be heated up or there were specific requirements such as specialist diets, staff ensured these were catered to.
- Staff knew people well and understood their likes and dislikes. One staff member said, "I know my clients so well, and the food their family buys for them, I know one lady prefers fish over meat but I will always offers her choice even though I know she will choose the fish!"

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

- People were supported by a service that had good working relationships with external healthcare

professionals and proactively made referrals to support people's care.

- We saw numerous emails where the service made referrals to healthcare partners. These included, requesting occupational therapy reviews and equipment, physiotherapy, chiropody and dieticians.
- Staff knew people well and were able to recognise when there was a change in a person's presentation and wellbeing. They knew how to raise any concerns or recommend referrals. This meant people received timely and effective healthcare support.

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

- People's mental capacity was clearly documented on their care plans. Care plans also documented what decisions people were able to make for themselves.
- Where appropriate, people's capacity to make certain decisions was assessed by the service and documented. Care plans reflected people's capacity and informed staff how to work effectively with people who may lack capacity.
- Staff had received training in the MCA and knew how understanding people's mental capacity impacted on the care they provided. One staff member said, "It's when a client had the mental capacity to make their own decisions. We would always assume they have capacity, if we suspected they would need to be assessed."
- There was a detailed policy in place that explained what mental capacity was, how this was assessed and the importance of people's consent. This gave staff clear guidance and information to refer to.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated as partners and individuals in their care. People were treated with kindness and understanding, and any support needs around equality and diversity was catered for.
- People told us they felt the care they received was kind, supportive and reflected their needs. People said, "I have two carers and they are both super. When they arrive, they use the key safe and always call out, telling me their name. They do everything and more" and "The ladies that come out are completely brilliant and very professional. I have no qualms with them whatsoever. They come on time, they stay as long as they should, and are very respectful. I would miss them if they stopped coming."
- Relatives were also positive about the care their loved ones received. Comments included, "They know my [relative], they know her problems, and the carers know what they are doing. I can highly recommend them. They've made my aunt feel really cared for. We trust them, it's a great peace of mind", "I couldn't fault the quality of care. The best thing they do is to look after mum well" and "Mum obviously feels very comfortable in their company because she isn't usually a chatty person but now she chats [with care workers] like mad!"
- Staff told us how much they enjoyed working with people and were able to provide a high standard of care. One staff member said, "With Right at Home, their calls are an hour which is great. We don't rush people. I think spending time and chatting is great. Sometimes you might be the only person they see for the day." Another staff member said, "I love it! I like to help people stay independent, stay in their own homes and put a smile on their face if I can."
- People's care plans documented any support needs people had around equality and diversity, this included faith, disability and gender. Care was provided in a way that ensured the rights of people with protected characteristics were fully respected.

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

- People were fully involved in planning their care from pre-assessments, creating the care plan and any updates and reviews of their needs. One person said, "I have had quite a few [care plan] reviews with them where they come round and ask us how things are going. If anything changes or even if it stays the same, they print it out and we sign it!"
- The service regularly sought feedback from people and acted on any feedback, where necessary, to improve people's experience of their care.

Respecting and promoting people's privacy, dignity and independence

- People were respected as individuals and their independence was understood to be a central part of their care.
- All people we spoke with told us they felt treated with respect and dignity by the staff that visited them.

- People's care plans clearly documented how they wanted to receive their care and what independence meant to them. This included what people felt they were able to do and to what extent staff should help them. One person commented, "I think the care is very good. They let me go along at my own pace. They all respect my privacy and dignity."
- Relatives were positive about how staff promoted and encouraged people's independence. Relatives told us, "I've been really, really pleased with the service. Staff are respectful, they help mum to retain as much independence as she can, and they maintain her dignity at all times. They have a 'doing with' rather than a 'doing to' approach" and "They prepare the bathroom and let dad do as much for himself as he can [in the shower]. They always choose clothes with him, not for him."
- Staff understood people's needs around independence and what dignity and respect meant to people as individuals. Staff said, "You have to give choices and respect their views, you do not make decisions for them!" and "As far as possible I try to promote independence. For example, giving personal care, I would encourage them to do as much themselves as possible. Making sure people have choices, helping make a sandwich, helping them make a cup of tea, asking what support or help they would like."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding,

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Due to the challenges posed by the COVID-19 pandemic, many people experienced a loss of their usual daily routines and activities. Staff understood that many people with dementia and other conditions who lived alone were at risk of experiencing isolation and loneliness and did all they could to reduce this risk.
 - One person who had travelled extensively before being diagnosed with dementia mentioned to a staff member how much they missed travelling. This was fed back to the management team who bought a virtual headset with videos of the person's favourite destinations they had previously visited. Virtual reality technology has been shown to stimulate memory and provide positive experiences for people living with dementia. The person was able to reminisce and talk animatedly with staff about their history and times of happiness. This also helped the person re-engage with their love of Persian dancing. Staff encouraged the person to dance and even joined in, which helped maintain their mobility and gave the person a lot of joy. Following the success of this virtual technology, the managing director told us this would be trialled across the service where appropriate.
 - We were told of many occasions where management went above and beyond to help people maintain links to the community. The managing director volunteered to take people out for walks during their free time. This was not charged for and the managing director told us they wanted to ensure people were able to maintain their wellbeing and the service placed great emphasis on quality and client experience. We saw several pictures of people outside, smiling and giving a thumbs up.
 - Where people may have been alone during special events and holidays, staff went over and above to make people feel special and included. People's birthdays were a cause for celebration, one relative said, "When it was [person's] birthday, the carer took her in a bunch of flowers. Another, knowing [person] loves fish and chips, bought fish and chips and took them in for lunch with her that day." Another person told the staff they had never cut a birthday cake. Staff arranged for a birthday cake and spent time celebrating with the person. We saw photos of one person being taken out for a special dinner. The person was living with dementia and had mentioned to staff how they had no memories of celebrating their birthday other than through photos. Staff planned a surprise dinner and took the person out to celebrate with them. Another relative said, "They made a point of making sure all their clients had a roast dinner on Christmas day, which was very thoughtful."
 - Staff had developed trusting and positive relationships with people. People had the same staff visiting them who were able to recognise activities people had previously enjoyed and proactively supported this. A staff member had seen old photos of a person showing how much they used to love playing dominos. The service purchased some dominos and the person played regularly with staff. Another person had once

enjoyed baking and staff helped the person start baking again. Staff talked about how these activities helped people living with dementia connect to positive and happy memories. One relative said, "We're really, really happy with the care provided. They do go above and beyond."

- Staff understood the importance of supporting and maintaining people's individual interests, however small they were. Relatives were very happy and comments included, "Mum's got a balcony which is always stocked with flowers and when [staff name] is there she always makes sure they are watered", "One of the carers sings with mum as she knows mum likes singing. I'm very happy about that" and "They will walk her up and down the street or take her to the nursery for a cup of tea. It's little things like that which mean a lot."

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

- People were placed at the heart of their care and received a service that was personalised and fully responsive to each person's individual needs.
- Without exception, people and relatives we spoke with told us they felt their care reflected their specific support needs and enhanced their day-to-day wellbeing. One person said, "They are absolutely superb, they go above and beyond. They make a difference! I can't speak highly enough of them and I can't do without them. They're lovely."
- The registered manager and managing director told us they took pride in providing high quality care and promoting exceptional outcomes for people. Staff were also passionate about the people they cared for. One staff member commented, "We focus on the individual and them as a person."
- Staff were matched to people to ensure they received the best care possible. This included staff having similar interests, language and appropriate skills. As part of the pre-assessment the registered manager created a profile of the person in collaboration with them and their relatives. Each person had a detailed one-page profile which gave staff clear information on the person, their history, likes and dislikes and what they hobbies and activities they enjoyed. A relative told us, "The manager was very interested in getting a profile of mum before they sent anyone out so they could make sure they send people who match. The manager came out with staff morning and evening on the first day to introduce them and watched how they got on with mum."
- Care plans, medicine records, daily notes and any other important information was computerised and available to staff on application via their phones. Relatives were also given access if they had consent from the person or held legal responsibility. Relatives appreciated the transparency and accessibility to monitor people's care. The registered manager also told us this helped with communication and promote inclusivity for people. Relatives said, "The log system is great. It's evident that one carer knows what the other carer has done, e.g. they know if mums had a shower" and "They put all the information down in the app, like what dad ate and what his mood was like. I can log in to see what's happening straight after their visit, and if I want further details, I know I can always contact them for more information. That's all very helpful to me."
- The service was committed to supporting people remain in their own homes and familiar environment. We saw numerous examples of the service working with people, relatives and other healthcare professionals to help achieve this. For one person living with dementia, the service had made referrals for specialist equipment that supported their independence and staff worked with the person and their family via video calls with them, as they were abroad. Staff made signs in the person's native language which were placed around their home to help orientate them and improve their day to day communication. A relative commented to the registered manager, 'I cannot thank you and the team enough for your help with mum's home adaptations and all that you did post hospital discharge. Mum loves the new arrangements and is settling in really well!'
- People and relatives told us how impressed they were with the service's ability to recognise when people needed referrals to external healthcare agencies and/or reviews of their support needs. One relative commented, "They are really good. I've been trying to get my [relative] a hospital bed and asked if they

could send an email to support my request. The district nurse came out quickly and the bed is due to arrive on Friday."

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 knew that understanding people's communication needs was vital to ensuring people had a positive experience of care. People's communication needs were identified at the point of assessment and care plans gave staff through information on how to effectively communicate with people. People's communication needs were regularly reviewed and updated when necessary.
- Staff were passionate about making sure people were able to communicate in a way that was effective for them and promoted inclusion. One relative told us their loved one had a loss of sight and one of the carers brought in laminated flash cards to try and teach the person braille. Another staff sent the relative links to websites which might benefit her mum around improving communication for visually impaired people. As a result, the relative had bought a talking clock which they described as, 'Great!'
- The provider was committed to exploring how to further improve communication for people living with dementia. This included the use of virtual technology, signage and other communication aids.

Improving care quality in response to complaints or concerns

- The registered manager told us they actively encouraged people to complain or raise any issues and that this was how they learnt and grew as a service. However, there had been no formal complaint since the service began operating.
- People and relatives knew how to complain. Information on how to complain was given to people and relatives when they began using the service. There was also information in people's homes on who to contact if they had any concerns.
- People were positive that any concerns they had would be addressed immediately if necessary. One person commented, "I've not had any issues and I wouldn't expect any. There's always someone around (in the office) and I can contact them at any time." Another person said, "I have absolutely no complaints. Any issues, they listen and respond 100%." A relative said, "They are great at communication, nothing escalates, and they always discuss things with us."

End of life care and support

- The service understood that talking openly and helping people plan their end of life wishes helped to ensure people had a good death. People were encouraged to discuss how they wanted to receive care at the end of their lives. Where people were unable to do this, relatives were fully involved.
- People's wishes were clearly documented in their care plans. Where people did not want to discuss this, this was respected.
- Staff had received training in end of life care. This included how to effectively work with people at the end of their lives, different religious considerations and working with family members.
- People were encouraged to tell staff if they had any special end of life wishes. For one person the service was aware this would be their last Christmas. On Christmas day the service planned a celebration in collaboration with the person and their family. We saw photos of the person smiling and looking happy.

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.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved 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 placed people at the heart of their own care and promoted care and support that was open, inclusive and empowered people to have choice and control. This was evident throughout the inspection.
- The registered manager and managing director were very hands on in the running of the service. All people and relatives using the service knew who they were, and we received exceptionally positive feedback about them. Comments included, "The managers are very attentive to everything. Always available to talk to, whether it's evenings, weekends or out of hours. I'm really more than satisfied with everything" and "The management are good. If I need anything I can always email or text them and they will always reply back straight away. I would absolutely recommend them. In fact, I have done already!"
- One of the service's values and objectives stated; 'Clients are actively involved in decision making, determining what services they want in place and provided with options so that, as far as possible, they maintain choice and control'. This was clearly demonstrated in positive feedback from people and relatives.
- The registered manager and managing director knew people well and demonstrated an extremely caring and knowledgeable attitude throughout the inspection.
- People told us they felt the communication with the office was excellent and this made people feel valued and supported. Their comments included, "Whenever I phone up, they are all so polite. I've never had to wait to speak to someone. Everyone knows me by name in the office, it's lovely and they're never in a rush to put the phone down" and "I feel very comfortable about phoning them and know they will always help."
- Relatives consistently spoke highly of the help they received from the service when managing changing care needs of their loved ones. Comments included, "They are the best agency I've used. They go over and above. They're just very thorough about things and they follow things up as well" and "They've been very supportive. They've been guiding me and helping me to find out the right agencies to contact [occupational therapy and social services] for support since mum came out of hospital."
- There was an emphasis on proactively improving understanding of physical care for older people. The managing director worked with a local dentist practice to provide a training session on oral health care for the local community and members of staff. As a result of this, staff were more vigilant and aware of oral health for the people they cared for. We saw people's care plans contained detailed and individualised information on people's oral health care needs.
- The management team were Dementia Friends champions and worked to make a positive difference to those living with dementia they cared for. The registered manager was also qualified to train staff in dementia care and regularly shared good practice with staff. The registered manager said, "I help the staff understand and we tailor the dementia care to individual clients, looking at communication [and needs]."

There were also plans to train care staff to be dementia champions.

- The service was passionate about raising awareness of dementia. Right At Home Enfield is a franchise of Right At Home. Right at Home's National Office employed a Dementia Specialist within its Quality and Compliance team which was freely available to the service for advice and best practice. The managing director was also part of the Enfield Action Dementia Alliance. The Alliance aimed to raise awareness of dementia and make the local area more dementia friendly and had helped start new initiatives with local businesses to achieve this. People benefited from the management's commitment and understanding around supporting people with dementia. This was clearly evidenced through care plans and feedback from people and relatives.

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

- The service was highly committed to engaging people, their relatives and healthcare professionals, and they were asked for feedback about their care through regular survey's and telephone calls and informal chats. People were also consulted regarding their care in regular reviews. The registered manager told us they enjoyed getting feedback as it meant they knew what areas they could improve upon and continually monitor the quality of care. All methods of feedback demonstrated a high level of satisfaction. One person said, "They do contact me to ask how things are going" and a relative commented, "I've had a really positive experience with the company. I'm delighted that mum's had an excellent service and they've included me as well."
- People benefited from a service that valued their staff and worked to retain and support exceptional staff. Staff were empowered to take on additional responsibilities which promoted confidence and skills. One staff member had been promoted following an exceptional annual appraisal listing their achievements throughout the year and had become a 'medicines champion'. Champions promoted best practice in their areas amongst other staff and people using the service, ensuring people received a better-quality service that respected individual needs.
- The registered manager and managing director understood the staff were the foundation of the service and their contributions were appreciated and celebrated. They had put in place a staff award called 'Going the extra mile'. Every three months they celebrated a staff member who had gone above and beyond and made a difference to people's lives. Recipients included staff who had recognised a serious medical condition and sought immediate help which saved the person's life. Relatives had fed back that the person may not have survived without this intervention. Other recipients included a staff member that dropped goodies and treats off to every person on Christmas day and staff that worked with a non-communicative person living with dementia. Through empathetic and patient support, the person began to communicate after six months and now communicates in their own way with staff and even dances in their chair with staff. Staff enabled people to break down barriers and promote positive outcomes.
- Staff told us they felt empowered to speak up and share ideas and concerns and always felt listened to by the management team. There were regular staff meetings and supervision where staff could express their views and opinions. Staff commented, "We do staff meetings on [video calling]. They really listen and I am able express my opinion. They respect us as carers here", and "We do have supervisions and team meetings. I don't normally wait if I have any concerns. I will raise them so I don't have to wait for a team meeting or supervision."
- Staff members consistently praised the management of the service and told us how valued they felt. Comments included, "I Love it! I think we all work really well together, if we have any problems the manager will always help us, and we are never left to struggle with anything. [Registered manager's name] is really supportive, she will come out and help and does not just expect you to get on with it", "She's perfect, like family. They listen, there is quick communication, they help" and "She's lovely! Very happy, very helpful. Any problems just call her, and she helps." Another staff member also said, "Last Christmas, the manager came

to my house and gave me some chocolates, they show their appreciation. Everybody here is a superstar and it makes us do the job with joy and build great relationships."

- Due to the service's ethos of valuing and respecting staff, staff told us this had created a supportive and enjoyable working environment. One staff member said, "We have a [social media] group and everyone is so supportive of each other" and "To be honest I feel supported by everyone, I get along with the carers and I have built a relationship with other staff."
- The provider understood how critical it was to have clear and transparent communication with people and relatives throughout the COVID-19 pandemic. Newsletters were regularly written and shared with people and relatives. Where people did not have access to emails, these were printed off and delivered to people. These included updates about the service and how the service would help keep people safe. One relative said, "Staff are easily contactable, and they keep me aware of what's going on."

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

- The provider promoted the ethos of person-centred care through their values. At the start of employment, all staff were trained in the values of the service. Throughout the inspection and from feedback we found the values were upheld and central to providing exceptional experiences of care.
- We received overwhelmingly positive feedback from staff about the registered manager's supportive attitude and clear ability to lead the service.
- The provider was committed to ensuring people's experience of their care was monitored and responded to. There were regular unannounced spot checks for staff which looked at staff conduct, capability and interactions with people.
- The provider had clear and effective oversight of the service. There were numerous quality audits to monitor and ensure the quality of care. The registered manager demonstrated clear, strong leadership and a detailed understanding of the importance of quality monitoring.
- The provider was supported by their head office compliance team who completed regular quarterly checks on the service. If any concerns were found, an action plan was produced, and concerns addressed. We saw the last audit had found no concerns with the service.
- All monitoring of the service took into account best practice and current guidance. The values and ethos of the service was clearly demonstrated throughout monitoring processes and embedded in the delivery of exceptional care.
- There was a clear commitment by the provider to provide the best possible staff to people who were supported by regular and in-depth training. This ensured people received high quality and exceptional experience of care by staff who were up to date with best practice. Without exception, staff praised the training they received and said any further training they requested was provided. This included specialised dementia training which enabled staff to provide care that had impact on people living with dementia.

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; Continuous learning and improving care; Working in partnership with others

- The registered manager understood their legal responsibility around notifying CQC and local authorities of any issues or significant concerns. This meant we were able to effectively monitor the service.
- Throughout the inspection, the registered manager and managing director showed a passion for continually striving to improve the service and people's experience. The quality assurance systems, and people and their relative's overwhelmingly positive feedback and clear records supported this.
- The registered manager kept up to date with current guidance and research and shared this with staff on a regular basis. This ensured people received care that reflected best practice and quality of care.
- There was detailed evidence of the service working effectively with other healthcare professionals for the

best interests of people. We saw evidence of correspondence with external healthcare professionals to support people's needs. The registered manager understood the importance of working together with other agencies to promote the best possible care. One relative told us, "Occupational therapist visited mum with new piece of equipment at a time when morning carer was there. The agency thoughtfully arranged for the evening carer to attend as well, to be trained at the same time."

- The provider had a detailed business continuity plan to ensure there were systems in place in the eventuality of something going wrong such as IT failure or adverse weather.