SPDNS Nurse Care Community Interest Company

SPDNS Nurse Care Community Interest Company (CIC)

Inspection report

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16 November 2016

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 14, 15, 16 November 2016. SPDNS is a domiciliary care agency which offers nursing care, personal care, end of life care and companionship to support people living in their own home. The service also ran a 'hospice at home service' and had developed a service called 'One Response' which is a coordinating service for people with palliative care needs. 'One Response' is a support, assessment and advice service and will visit people at home if necessary and was set up through collaborative working with a local hospice and clinical commissioning groups. This service was run in conjunction with Macmillan nurses, Marie Curie nurses and end of life specialists. At the time of our inspection the service was supporting approximately 300 people either with direct care or by telephone support.

The provider worked closely with commissioners and local authorities to develop new services in response to the needs of people in the community. This had a positive impact by helping people to remain in their own home as long as possible with the support from the 'hospice at home team'.

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

Robust systems and processes were in place to ensure people's safety. People were safeguarded from the potential of harm and their freedoms protected. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. Staff had up to date information about people's needs which meant they were more effective in delivering appropriate care. Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. Staff supported people with their medication as required.

Staff had received a wide range of training so that they had a good understanding of how to meet people's needs. The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. Staff were clear about the importance of gaining consent from people. People told us their
wishes and decisions were respected.

The service worked well with other professionals to ensure that people's health needs were met. Where appropriate, support and guidance were sought from health care professionals, including GPs, District nurse, Macmillan nurses, Marie Curie nurses, end of life specialist and the mental health team. People were supported with their nutrition and hydration needs.

Staff knew the people they were supporting and provided a personalised service. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their

care. Staff were attentive to people's needs and treated people with dignity and respect.

People were supported with activities which interested them. Management and staff understood the importance of responding to and resolving concerns quickly. People felt confident they could raise any concerns to the management.

The service was well led by a management team committed to providing an excellent service. The registered manager had a number of ways of gathering people's views including talking with people, staff, and relatives. They carried out a number of quality monitoring audits to help ensure the service was running effectively and to make improvements.

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.

Innovative systems and processes were in place to protect people and to maximise people's safety.

People felt safe with staff. Staff took measures to assess risk to people and put plans in place to keep people safe.

Staff were only recruited and employed after appropriate checks were completed. The service had the correct level of staff to meet people's needs.

People were supported with their medication if required.

Is the service effective?

Good

The service was effective.

People were supported by staff that were skilled and knowledgeable in their roles. Staff attended various training courses to support them to deliver care and fulfil their role. Staff received an induction when they first started work at the service. Staff received appropriate supervision to care for people.

People's food choices were responded to, and they were supported with their nutritional choices.

People were supported to make decisions in relation to their care and support.

Staff worked collaboratively with other healthcare professionals to meet people's needs.

Is the service caring?

Good

The service was caring.

People spoke highly of the staff and developed positive relationships with the staff who supported them.

People were supported to retain and regain their independence

and live in their own homes for as long it was possible.

Staff knew people well and what their preferred routines were. Staff showed compassion towards people.

People were treated with dignity and respect and their privacy was maintained.

Is the service responsive?

Good

The service was responsive.

People received care and support tailored to their individual needs and preferences.

The service was very flexible and staff adapted the support they provided to constantly meet people`s changing needs.

Staff recognised the importance of making sure people did not become socially isolated.

People and their relatives felt comfortable to raise concerns and knew how to do so.

Is the service well-led?

Good

The service was well-led.

The manager had a clear vision about the service they provided and promoted an open and transparent culture.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were robust and effective systems in place to monitor the quality of the support provided and to drive improvement.

The manager sent regular surveys to people, relatives and staff to gather feedback on the service and promptly implemented improvements where these were needed.

The provider had a very close working relationship with other stakeholders and developed services to help people needing end of life care.

SPDNS Nurse Care Community Interest Company (CIC)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 14, 15 and 16 November 2016 and was an announced inspection. We gave the service 48 hours' notice of the inspection to ensure management was available to assist us with the inspection. The inspection was completed by two inspectors on the 14 and 15 and one inspector on the 16.

Before our inspection we reviewed the information we held about the service; this included the last inspection report and statutory notifications. Notifications are changes, events or incidents that the provider is legally obliged to send us. We also reviewed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We visited six people in their own home and we spoke with eleven people and six relatives. We spoke with the registered manager, hospice at home manager, three care managers, the compliance manager, training lead and eight care workers.

We reviewed a range of documents and records including 23 people's care files, 13 medication administration records, nine staff recruitment and support files, training records, minutes of meetings and quality assurance information.

Good

Is the service safe?

Our findings

People consistently told us they felt safe using the service, one person said, "I always feel safe with the staff and when they are using the equipment with me, there are never any problems." Another person told us, "I feel safe and the girls [staff] always make sure they shut the door properly."

People were protected as staff had the skills to recognise when people were unsafe. For example staff were aware to look out for signs that people were being harassed by scam mail asking for charity donations. One member of staff said, "We would observe to make sure people were not receiving excessive amounts of scam mail and if we were concerned we would support them to deal with this to make sure they were not being taken advantage of." In the service newsletter to people and families they also wrote an article for people to read on staying scam safe. Another example of staff keeping people safe was when one person was noticed to be smoking in bed. Staff discussed the dangers of this with them and their family. The service arranged for the local fire service to come in and do a fire risk assessment. As a result of this smoke alarms were fitted to the person's property and they agreed they would no longer smoke in bed but would smoke in another room. The person's daughter told us, "This has really given me peace of mind."

The service was signed up to safety alerts from NHS England and acted upon any alert that was relevant to people using the service. For example, after receiving an alert about E45 cream, and how this could potentially be a risk around fire, they ensured staff were aware of this by sending individual memos to staff informing them of this information, and advised where appropriate if people needed to use an alternative cream.

The service undertook risk assessments to ensure people were supported safely and that staff were safe when working in people's homes. The risk assessments included making sure the environment was safe, for example, that there were not any loose rugs or carpets that people could trip over. The assessments also checked that people had smoke alarms fitted or care alarms if needed. If people did not have smoke alarms the service recommended people had the local fire service come and do a fire risk assessment at their property. This is a free service and if they agreed the service arranged it for them. In addition the care managers checked that people had regular checks on their gas and electrical appliances and that equipment was in good working order.

Staff worked with people to keep them safe and living in their own home if this was their wish. The care managers told us they facilitated this on occasions whereby they have taken steps such as, having a person's gas disconnected from their cooker as they were no longer safe when using the cooker and had on repeated occasions left the gas on. Another person had repeatedly put inappropriate items in their microwave leading to risk of fires, as the person needed a microwave to heat their meals, with the family's agreement this was changed from a dial setting to a digital setting micro wave. This meant the person was no longer at risk of using the microwave inappropriately and staff could still heat their meals for them. Staff made sure people had their care line pendants within reach; this is an emergency call system people used if they needed help. One person said, "The staff always make sure I have the pendent attached to my wrist just in case I need it."

Staff received training in how to safeguard people from abuse. Staff were knowledgeable of the signs of potential abuse and what they should do to report this. One member of staff said, "There are all different types of abuse we check people are safe that they do not have bruises, have enough food in their cupboards, or if they have not had medication ordered. If I was concerned I would report it to my care manager and if not satisfied go to a governing body outside of the company." The service also had a policy for staff to follow on 'whistle blowing' one member of staff said, "I would have no problem whistle blowing, I feel confident it would be dealt with and there would be no comeback it would be confidential and fully investigated." The registered manager and care managers were fully aware of their responsibility around safeguarding people and how to raise alerts to the local council safeguarding team.

Staff knew what to do if there was an accident or if people became unwell in their home. One member of staff said, "I am trained in first aid but I would call an ambulance if needed." Staff had reporting procedures to follow which included talking to the care manager and recording any concerns in the case notes. If staff attended for their usual calls and people did not answer they also had procedures to follow, one member of staff said, "If I could not get an answer and was expecting the person to be home, I would call the office. They would call the person to see if they are home, if still no answer we contact relatives in case they have gone out and forgotten to cancel us." Staff said if they still did not get a response they would contact the police to do a welfare check. The service also monitored visits to make sure calls were not missed. Staff had to call to log visits in and out to people, this was monitored on a computer system by a member of staff at the service. If it showed a call was missed or running late they would call the member of staff to check everything was alright and if necessary contact the person and a care manager. Out of hours this system was also monitored by a member of staff. If there were any issues there would be a care manager on call to answer or respond. Both staff and people had the out of hour's number to contact the on call manager if needed.

There were sufficient staff employed to keep people safe. The care managers and staff told us that they worked in small teams assigned to certain areas. Each team was supported by a care manager. Staff told us that they had regular people to visit and never felt pressured to take on more calls or felt rushed when with people. Staff received their working schedules ten days in advance and if there were any last minute amendments to these they were text to staff. If there was no response they were hand delivered to ensure staff had the most up to date information. One member of staff said, "Before new people are added the care manager discusses with us if we can fit them in on our rounds." The care manager told us that they only take on new care packages if they have the capacity. Another member of staff said, "'I never feel rushed in doing my job my workload is lovely and achievable, I believe in quality not quantity." People and relatives we spoke with confirmed that they had the same regular care workers and that they attended at the time they wanted them to. One person said, "I am so grateful for [Care worker name] she is wonderful and she knows I like to get up early and always comes on time for me." Another person said, "They [Staff] never let me down. always come on time."

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a enhanced criminal record check with the Disclosure and Barring Service (DBS). In addition to this as staff were using their own cars the service checked that they had valid motor insurance, MOTs and that they had valid driving licences. The registered manager told us that they had a very stable team and that staff had worked for them for a number of years.

Staff supported people to take their medication as appropriate. The care manager told us that staff had received training in the management and dispensing of medication and underwent competency checks to

make sure they were safe and knew how to manage medication. People's medication was usually supplied in blister packs from pharmacy. Each person who needed support with medication was risk assessed to determine the level of support they required. Medication profiles were also contained in people's support files outlining what medication they were taking and medication administration charts (MAR) were used to record medication. The service had developed a process that anybody who required warfarin had a yellow medication chart to make staff aware the dose may vary. To ensure people were receiving their medication correctly every week a medication transcriber went in and checked people's medication against their MAR charts to ensure there were no discrepancies and to check if more medication needed to be ordered from pharmacy or the GP. This meant people were safeguarded from medication errors and any discrepancies were responded to immediately. Staff were aware that if people were refusing to take prescribed medication this was discussed with the care manager and the GP or relevant person informed so that they could be reassessed.

Good

Is the service effective?

Our findings

People who used the service and their relatives were very positive about the staff who provided care and support. One person told us, "If it was not for the care they give me, I would still be in hospital and probably would have been in a care home years ago." Another person told us, "They [staff] are all wonderful, nothing they wouldn't do for you."

Staff told us they had a comprehensive induction when they joined the service which prepared them to carry out their roles effectively. One member of staff said, "The induction was very good, even though I worked in care before, I learnt a lot more." Another member of staff said, "When I first started I initially did my training, then I worked with other staff until I felt confident to start working on my own."

The registered manager employed a training lead at the service who delivered and arranged training for all staff. In addition to the training lead other staff were trained to be trainers. One member of staff told us, "I have completed a teaching certificate and now deliver moving and handling training to staff." As part of the interview process all staff completed a basic English and numeracy test, this helped the registered manager identify if staff would require additional support with training.

The training lead took time to review staff's training and learning, for example, if staff employed had already completed the Care Certificate, they would fill in an in-depth questionnaire on the Care Certificate. This allowed the training lead to assess their level of learning and understanding of the Care Certificate and if it was not at the required standard, the member of staff would be supported to repeat aspects to bring them up to the required standard. Any other staff new to working in care would be enrolled to complete the Care Certificate supported by the training lead. The Care Certificate is an industry recognised set of standards this supported staff to gain the skills and knowledge they needed to carry out their roles and responsibilities. One member of staff told us, "I completed the care certificate it really makes you think about things."

As part of new staff's induction the training lead met with staff and developed a training plan for them to follow. All training was competency based and would be signed off by the training lead. Following the classroom based induction and once staff had worked under the supervision of other care workers the training lead would then go out with the new member of staff and work with them to assess their skills. Only once they were signed off as competent and when they felt confident could they then start to visit people unsupervised. One member of staff told us, "My supervisor came out to assess my work and signed me off to work alone."

Every member of staff had a learning plan which was reviewed during supervision and at their yearly appraisals. The training lead supported staff to complete nationally recognised qualifications as well as arranging bespoke training for staff such as a level 3 certificate in dementia training recently completed by staff. They had also recently completed workshops on dementia awareness and stroke awareness for staff. One member of staff told us how they put into practice what they had learnt and used their skills when working with people with dementia. The training lead arranged training for managers where appropriate, for example, if they felt they needed up dating with medication when there had been changes. Staff we spoke

with felt the level of training at the service was very good. One member of staff said, "If you ever ask for any additional training it is always arranged straight away for you." Another member of staff said, "All the training we have makes me feel more confident as there is always changes, for example, with basic life support; it is good to keep practicing and updating." From the staff survey we reviewed 98% of staff reported training had helped them and 94% of staff said SPDNS had provided training to them that was identified as a need.

In addition to the onsite training the service also had guest speakers and trainers coming in and staff accessed courses off site, some run by the local council. Staff who worked as part of the 'hospice at home' service shared training with the local hospice and this was reciprocated. We saw that staff from the 'hospice at home' team had recently received training on lymphoedema from the lymphoedema team. This training helped staff to identify the signs and symptoms of lymphoedema and what they should do to support the person and how to gain additional medical support from the team. The registered manager recognised that people they supported required assistance with finger and toe nail trimming and could not always access a chiropodist. To meet this need staff were given the opportunity to be trained to cut people's nails by an NHS podiatrist so that they could meet this need. The service is overseen by a qualified nurse trained in podiatry who carried out the initial assessment of people's needs and then provided regular staff to carry out the nail trimming.

Staff felt supported at the service. All staff we spoke with told us how they felt well supported by the service and the care managers. One member of staff said, "We speak all the time with [Care manager name], sometimes daily." Another member of staff said, "I feel very well supported, there is always somebody you can talk to or at the end of the phone." From records we reviewed we saw that staff had regular supervision and 1:1 meetings with the care managers. They also had spot checks and yearly appraisals. Supervision was a two way process and staff discussed any issues they have, or discussed people's care and identified any training they would like to attend. Staff working for the 'hospice at home service' were also able to access joint peer supervision with staff at St Luke's hospice, to gain additional support. If staff had been off sick the Health and Safety Officer would facilitate a return to work interview to identify if the member of staff needed any further support and if necessary would refer them for an Occupational Health assessment.

The training lead and the care managers acted as champions within the service to support staff to ensure people received good outcomes. For example a member of staff who had completed and been signed off as competent in moving and handling had difficulties when supporting one person and asked for guidance. The training lead and care manager assisted the member of staff to help them develop different techniques with this person so that they were more comfortable whilst being assisted and the member of staff was confident that what they were doing was correct for the person. This meant the person could also feel confident that staff had the skills they needed to support them.

Staff from the 'hospice at home' service completed a handover sheet daily which was then discussed at daily handovers to see if people needed any additional support and to make sure that their support package was still working. A Macmillan nurse attended each morning handover to pick up any further palliative care needs people may have. In addition to the daily handovers between health professionals the 'hospice at home' team attended multidisciplinary team meetings at the hospice to plan people's care at the hospice and when they were being discharged back home.

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. One member of staff told us, "We may not always agree with their decision and it may be unwise but if they have capacity we have to work

with their wishes." When people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Another member of staff told us, "MCA is about protecting people's choices you assume everyone has capacity until proved not." People who used the service mostly had capacity to make their own decisions and choices about their care. Staff were aware that people had to give their consent to care and had the right to make their own decisions. The registered manager was aware of the MCA and what they would do if people needed to have assessments of their capacity and how they would involve social services with this. We saw in records that the care managers had carried out mental capacity assessments where appropriate. This told us people's rights were protected.

Where required people were supported with their dietary needs. Staff assisted people with their meals by preparing food for them. People told us that they chose their meals and staff would prepare the meals for them. One person said, "I mainly have the microwave meals for my dinner." Another person said, "The staff help me with my meals and always make sure I have a drink." Staff told us that they supported people with whatever food they wanted this may include making meals, sandwiches and sometimes bringing food in if they requested for example fish and chips. The care manager told us that staff checked to make sure food was in date and did shopping for people if needed. In addition the care manager said if they were going in to assist one person staff would always offer to make their partner a drink as well or something to eat. If staff noticed people were not eating they reported this to the care manager. The care manager told us that they have increased support to some people when they have had a reduced appetite to ensure they are having enough to eat and drink. A relative told us, "The staff have been really good at staying and encouraging [person's name] to eat, they do not rush and are really patient. I have seen an improvement since they [staff] have been coming in."

People, if required, were supported to access healthcare appointments. The service had good relationships with other healthcare professionals such as occupational therapist, district nurses, mental health teams and GPs. When people needed additional equipment or assessments the care managers made referrals on their behalf, for example, to have equipment provided that might aid their independence such as hand rails or if they needed specialist beds or commodes. Staff also assisted people to attend GP or hospital appointments if necessary. One member of staff told us how they supported one person to telephone to make their appointments, as they felt more confident doing this with staff present. Staff assist people to access their GP if they were unwell. One member of staff said, "I noticed [person's name] was not their usual self and advised their relative to call out the GP. When I went back the next day the relative said the GP had refused to come out. I contacted my care manager who called the GP, they came out within the hour, the person had an infection and was given antibiotics."

Good

Is the service caring?

Our findings

People who used the service and their relatives told us that staff provided support in a kind, compassionate and caring way. People told us they liked staff coming into their homes and they developed long standing trusting relationships. One person told us, "All the carers are wonderful, they are so friendly, more like family now." Another person said, "My carers are kind; I look forward to them coming every day."

The care managers made sure that people were happy with the staff that delivered their care and tried to match care workers with similar interests. One care worker used to be in the navy so he visits a gentleman who also used to be in the navy and they share stories together. People confirmed with us that they always had the same regular care staff at the same time of day. This meant people were receiving consistent care from the same staff and it meant they were able to build trusting relationships with care workers. People frequently told us how good the care workers were and how they had become like family members. One person said, "I use to get embarrassed having personal care, but I do not anymore, I know them so well and feel really relaxed now." Another person commented how their care worker called in to see them for a few minutes on their birthday and how 'it made their day'.

Staff knew people well, including their life histories and their preferences for care. Staff told us how they enjoyed talking with people and listening to them about their lives. Staff knew how people liked to be supported and told us they aimed to help people keep their independence. One member of staff said, "You get to know people well, for example what days they like to go out to day centres and what days they like to have a lie in." Staff said they try to support people to be independent and build their confidence, one member of staff told us, "Some people need support to help their confidence, and we try and let them have as much independence as possible so they feel in control to boost their confidence." Another member of staff told us how when they spend time with a person living with dementia they try to get them motivated by chatting to them, or by making them a cup of tea and biscuit. They went on to say they also sing and talk about past life and jobs, but observed if they were getting tired and they may need a rest.

People were always treated with dignity and respect. The care managers ensured staff were trained properly and knew how to show dignity and respect to people. One person told us, "The carers always call out when they come in. When they are helping me with personal care they make sure I am covered over and the curtains are shut."

Staff demonstrated empathy towards the people they supported. One person who was receiving care from the 'hospice at home' service requested to have a shave, however their usual male care worker was not working and the person did not want a female care worker to shave them. The service rang the male care worker who was on a rest day but they agreed straight away to go round to the person's house to facilitate them having a shave. The person was very grateful for this as it was important to them at that time to have a shave. The member of staff told us it was important to them that they brighten up the person's day and how they looked forward to seeing them. A relative told us, "I am very grateful to carers who come in when I am away because it gives me peace of mind; I know [relative's name] is looked after when I am away."

People were actively involved in decisions about their care and treatment and their views were taken into account. The care managers discussed people's care needs with them and their relatives so that they could develop a care plan that was tailored to their needs. When people first started using the service the care managers carried out the initial visits with the person as part of the assessment process and to ensure their needs could be met. Following this the care managers maintain regular contact with people either personally or via telephone to check they were receiving the care they required. One person said, "I regularly see [care managers name] and they ask if I am alright and check everything is how I want it."

People's diverse needs were respected. The service respected people's choice to attend church and made sure that staff attend their visits to facilitate this. One member of staff said, "I care for someone who likes to go to church three times a week, so I make sure I am early to assist them getting ready and going." One person told us, "My husband is a mason and likes to go out with them sometimes for hours, but the care workers always arrange for someone to come around and sit with me and keep me company."

The 'hospice at home' service also runs a fast track service to help people wanting to be discharged home to co-ordinate their care through 'One Response'. The manager for the 'hospice at home' service told us they understood how it is often important to people to die at home and they do everything they can to support them with this choice. For example, when one person had a fall at home the ambulance service wanted to bring them into hospital, however, as the person was refusing; they called 'One response' who arranged care overnight for the person by arranging for a Marie Curie nurse to be with them all night and provided equipment they needed from a store they have. They continued this support for a few nights for the person and made sure that their home and environment was safe so that their wishes could be respected. A relative fed back, "Thank you for all the care and support you gave my [relative's name] during the last few months of her life. All the staff that visited [relative's name] at home were incredibly attentive and caring. The support and advice you gave me was both helpful and reassuring and greatly appreciated. A tough time was made much more bearable by your support."

People were supported to access an advocate should this be required, and the service user information packs contained numbers for people to call should they require one.

Staff were respectful of people's confidentiality. People's care notes were kept in folders in their homes and were regularly removed and taken back to head office. At head office notes were then scanned on to a data base so that the paper copies could be securely destroyed. Whilst we were visiting people in their homes staff were respectful and offered to wait in other rooms so people could speak freely with us, however most people were happy for staff to stay.

Good

Is the service responsive?

Our findings

We found people who used the service received very good personalised care and support. One person who was receiving support from the 'hospice at home' service chose to spend most of their time outside in their garden. This included when they were receiving personal care and sometimes when sleeping. The care manager came up with ways to make sure the person's dignity was maintained and that they had privacy when tasks were being completed. With the collaborative relationships the service had with St Luke's hospice when this person was admitted for respite care, they made sure their wishes continued to be followed and spent time in the hospice garden.

The assessment process was centred on the person and the outcomes they were seeking with the full involvement of the person and where necessary their relative or other people important in their lives. The care managers met with people, to complete a full assessment of their needs. During this meeting the care manager gained the information needed to understand people's personal histories, their preferences for care and how they wanted to be supported. One person said, "[Staff name] came around and we discussed everything, how I wanted to be helped and they regularly check with me that everything is alright." From care files of people we reviewed we saw that an assessment of their needs was completed by appropriately trained staff at the start of the service, which included specific risk assessments.
The care managers then completed the support plans and initially completed the first visits to people to ensure what was discussed worked in practice for the person. The support plans were then reviewed in person with the care managers after six weeks to check everything was working and to see if other needs had been identified or if changes needed to be made. The care managers gave us examples of when care had needed to be increased as well as where care had needed to be decreased after review. If additional equipment was recognised to be needed the care managers would arrange for assessments to be completed by community Occupational Therapists or by the District Nurses. One person told us, "I only used to have help three times a week, but I have found it more helpful to have someone come in everyday now."

The service was responsive to people's changing needs and worked hard to make sure people remained in their own homes. We saw many examples of this, such as making sure people had the correct equipment to support their independence. The care manager told us how one person wanted to be discharged from hospital but refused to sleep in a bed and did not have a suitable chair to use at home. The service made sure they had an assessment for a suitable chair and this was purchased so the person could return home. The service assisted another person, who had become more dependent, in having their home adapted with a ceiling hoist so that they could still be assisted out of bed and into a chair, as this was their wish.

The service also supported people with emergency or crisis packages, for example if a main carer for somebody was taken unwell they would assist with additional support. Also if people wanted to be supported to be discharged from hospital they would arrange packages to support them. The 'hospice at home' service also ran a 'fast track' service to support people's needs quickly so that they could be discharged home from hospital or hospice as quickly and safely as possible. We saw many comments where this support had made a significant impact on people's lives, a relative commented, "Can't thank you enough for your help and support. I wanted to keep [relative's name] at home and with your support you

have made this possible."

Another relative told us how grateful they were for the support they received from the service when their relative became unwell when they were away on holiday. They told us how the service arranged for assessments to be completed by the mental health team and social workers and how they worked with another service to ensure their relative received 24-hour support until the crisis passed. Again this relative told us how important it was for them that their relative remained living at home and they told us how the service had supported them in having adaptions made to the home. This had included having a sensor fitted to the front door. This was because the person had dementia and during periods of confusion could leave the house and be at risk. The sensor meant that if they opened the door it notified a system known as telecare; this is an intercom type system where the operator voice comes through from a box by the front door, asking the person to shut the front door and checking that they are alright. They then notify the emergency contact that the door has been opened so that they can check on the person. We visited this person in their home with their relative present and we saw how much it meant to them that they had been able to maintain some level of independence with support.

Staff supported people to follow their hobbies and maintain their well-being. The service offered what they called a respite service; this was where staff spent time with people either in their own home or in the community following their interests. Staff told us how one person liked to go on public transport with them to a local town shopping. Staff told us that they supported people to go out to keep fit classes, day centres, shopping and for meals or whatever else they chose to do. One person told us, "The girls [staff] come and keep me company while my husband is out. We sit and chat about things or watch television and talk about that, sometimes we play cards." Another person told us, "I really look forward to their company they are more like friends to me, nothing is too much trouble for them."

The care manager told us that they try and come up with different things to help people with dementia and that they had recently developed a hand muff. The care manager was personally making these for people; we saw that they were knitted and had different textures sewn on to them such as buttons and ribbons. The idea was that the muffs kept people's hand warm but they could also keep their hands and fingers occupied and moving by touching and feeling the different textures. The care manager told me, "I don't know if these will be successful but I like to try different things." The registered manager provided a newsletter for people and their relatives which contained useful information for people about the service and what was happening in the local community, For example in the November newsletter we saw that it detailed a new Dementia day centre that was opening in a local church. The newsletter also gave people feedback on responses from recent survey's and contained advice to people on how to keep warm in the cold weather.

The provider had a robust complaints process in place. If the service did receive any complaints they tried to resolve these quickly and efficiently and worked within the timeframes they had set themselves to respond. The care managers regularly gathered people's views on the service by visiting them or by talking to them on the telephone. People told us they did not have any complaints about the service they received but all said, if they did, they would speak with the care manager or telephone the office. One person commented, "I don't think you will find a better group of people to care for you. If I complain I am listened to and my complaint rectified." Staff knew how to support people in making a complaint should they wish to make one. The care manager provided people with contact numbers to call if they were concerned about their care and these included the local authority and the CQC. The service also received many compliments about the care they provided and how they had made a difference to people's lives. One compliment read said, "Please thank [staff name] for all her kindness to my relative over the past year. Thank you also for all you have done in the past, rearranging times and fitting in extra carers so [relative's name] could stay at home for as long as they did. I did appreciate that."

Good

Is the service well-led?

Our findings

The service had a registered manager. People were very complimentary of the service and of all the staff, we received many comments of 'how wonderful' the staff were and 'what a difference' they had made to people's lives. One person said, "Brilliant, I would not want to change, I love them, more like family." A relative commented, "Could not find any better. They are a good company." Another comment received was, "Everyone at 'one response' always have time, never rushed, always cheerful."

The registered manager told us how the service is a non-profit making organisation and was set up as a community interest group many years ago originally to provide care to people in their own home and at the end of their life jointly with a local hospice. Any money is reinvested directly back into people's care, and the service also makes donations to local hospices and other groups. There was a strong emphasis on continually striving to improve the services provided to people by working collaboratively with other partner agencies. For example the 'hospice at home' service had developed collaborative working with other health professionals alongside St Luke's hospice. They worked closely with Macmillan and Marie Curie nurses as well as with the hospice team, end of life team, doctors and GPs. As part of the collaboration and supported by Clinical Commissioning Groups and the local NHS community trust they had set up a service called 'One Response'. This service provides a telephone number that is managed by SPDNS staff and gives a single point of access for people with palliative care and end of life needs. The service runs 24 hours for support, access and advice with the capacity to visit within 2 hours if needed. The service will deal with any calls and will refer people directly to care, such as reviews by Macmillan nurses or the end of life team, or by arranging for Marie Curie nurses to visit. One person said, "We cannot thank the staff enough who were involved in [person's name] care from the hospice and as part of the one response team; a wonderful new system to help the sick." Another person praised the support they received whenever they rang the 'One Response' service they said, "Everyone knows me and I do not have to explain everything again, this makes me feel supported and that I matter."

The service promoted an inclusive and person-centred culture and staff shared the registered manager's vision and values for the service. Every member of staff we spoke with were very passionate about providing high quality care to support people in their own home. One member of staff said, "I want to make life as good as possible, enable people to stay at home and give them the choice to be at home." Another member of staff said, "I want to make people's life a little bit easier and less lonely." There was a very strong emphasis from everyone at the service on making sure people's needs were put first and that there was a culture of doing everything possible to ensure good outcomes for people. One person commented, "Although I am 93 years old the staff make me feel 63." We saw from a survey completed by the service last year that 100% of people responded they felt care staff were caring, kind and compassionate.

Staff felt supported at the service. All the staff we spoke with told us how well supported they felt by the service and the senior management team. One member of staff said, "I feel 100% supported, I feel valued and listened to." Another member of staff said, "I feel the mangers listen to me they are very approachable and accommodating." Staff told us that they worked in small teams in different areas led by a care manager. Staff said that they felt this arrangement worked well for them as they supported each other as well as

receiving support from the care manager. Staff said that they spoke with their care manager sometimes daily but at least twice a week. Staff also had meetings and supervisions with their care manager. In addition to this the registered manager regularly sent out information in the form of memos to staff with their working rotas and produced a newsletter with information. There was also a website with information that staff could access.

Staff frequently told us that they felt the service was a good employer and that they felt valued. One member of staff said, "You are treated well, the care managers appreciate the work we do and will send us text to say thank you." A care manager we spoke with told us how they had also sent out written letters to staff to recognise the good work they have done. The registered manager also recognised staff achievements and held an awards ceremony each year to show staff appreciation for their training achievements or long service. Each year the registered manager sent out a survey to staff to gain their feedback on how the service was run and if they were supported in fulfilling their role. We reviewed findings of the survey; 92% of staff said they felt they belonged to a team, 96% of staff felt supported by a supervisor. This demonstrated that people were being cared for by staff who were well supported in performing their role.

People were actively involved in improving the service they received. The registered manager gathered people's views on the service through direct feedback, telephone calls and by using questionnaires. The registered manager also set up forums to gather people feedback on the service. Throughout the year the registered manager gained people's feedback at regular reviews of their care and also through the use of yearly and quarterly questionnaires. Any issues or changes needed at the six week care review we saw from records were addressed immediately. For example we saw where people had requested a change of visit times, or additional support had been recognised as needing to be provided this was done. Quarterly questionnaires were completed to gain feedback for one of the services stakeholders; they requested to have 10% completed for the people they funded support for. We saw responses again were positive; a comment taken from one survey said, 'carers are very professional at what they do.' From the annual survey we saw the service received 100% positive feedback for providing care that was good, very good, or excellent.

The registered manager had a number of quality monitoring processes in place and employed a quality monitoring manager to lead on this. The senior leadership team held regular meetings to review the running of the service and to continual strive for improvements. The team set quality monitoring targets for what they wanted to focus on and achieve each year and developed action plans to work towards this. Regular audits were undertaken for example on records, medication, accident and incidents and complaints. The results of the audits helped to develop what actions the service would take to develop or improve the service. For example care records were redesigned into a booklet format to help keep the records secure. Part of the service's quality agenda was to identify staff who needed support with report writing for example those with dyslexia and to offer support to them with record keeping. In addition to developing training around communication and better record keeping.

The registered manager ensured they were up to date and aware of national trends in home care services. The service was voted runners up for 'Effective Coordination of Care' out of 500 other services from the National Council for Palliative Care Awards. Also the service is a member of the Gold Standard framework for palliative care. The service had been awarded the 'Certificate of commitment' presented by the Parliamentary Under Secretary of State for community health and care. The certificate is the sector's promise to provide people who need care and support with high quality services. By signing up to the commitment the service is pledging to continually strive to deliver high quality care ensuring the public can have confidence in the care and support they offer.