

CSN Care Group Limited

# Carewatch (Isle of Wight)

## Inspection report

10 Pyle Street  
Newport  
Isle Of Wight  
PO30 1JW

Tel: 01983530981

Date of inspection visit:  
16 April 2021

Date of publication:  
12 May 2021

### Ratings

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

# Summary of findings

## Overall summary

### About the service

Carewatch (Isle of Wight) is domiciliary care agency which provides support and personal care to people living in their own home. Not everyone using Carewatch (Isle of Wight) received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection 120 people were receiving a regulated activity from the service.

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

People benefitted from a management and staff team who were committed to ensuring they received a service which was exceptionally caring, and staff went above and beyond to support people to live fulfilled lives. The staff and management team were driven to help prevent social isolation for people living in the community. People and their relatives unanimously told us that staff were exceptionally caring and praised the staff for their caring, kind and respectful attitudes and confirmed their preferences were listened to and respected.

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.

Staff received effective training that gave them the skills to support people with their needs. Staff were clear about their safeguarding responsibilities and knew how to recognise and report potential abuse. Staff carried out their roles and responsibilities effectively and had a good understanding of managing risks.

Staff worked in partnership with external health and social care professionals to ensure they supported people well. Professionals all spoke highly of the service and the care provided.

People received personalised care from staff who understood their needs well and staff were responsive to people's needs. People received care from a consistent staff team. People and relatives felt confident to raise issues or concerns with the service if they needed to.

The registered manager had an excellent oversight and knowledge of all aspects of the service. This was echoed by all the professionals we spoke with. Staff understood what their role was, in achieving personalised support.

Performance management processes were effective, reviewed regularly, and reflected best practice. Effective governance was embedded into the running of the service. There were systems and processes in place to assess, monitor and improve the quality and safety of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for the service under the previous provider was Good, published on 4 August 2018.

#### Why we inspected

This was a planned inspection based on the time since 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Carewatch (Isle of Wight)

## Detailed findings

## Background to this inspection

### The inspection

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

### Inspection team

This inspection was conducted by one inspector and an 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.

### Service and service type

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

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

### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because 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 26 April 2021. We visited the office location on 16 April 2021.

### What we did before the inspection

Before the inspection we reviewed the information we had received about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they

plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with four staff members including the registered manager. We reviewed a range of records including three staff files in relation to recruitment and staff supervision and records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider and registered manager to validate evidence found. We reviewed and analysed a range of records we had received from the service, including multiple care plans and risk assessments. We looked at a variety of records relating to the management of the service, including, quality assurance records, training information and records in relation to accidents and incidents.

We contacted and spoke with nine people who use the service and seven relatives. We also spoke with an additional seven staff members and received written feedback from six professionals.

# 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.

### Staffing and recruitment

- We received mixed views from people and their relatives about staff arriving on time for their visits and the overall staffing levels. A relative told us, "[Loved one] needs two carers, but on quite a few occasions only one comes. The service does phone to let us know and asks if we can help instead of the second carer. I just think they are genuinely short staffed." A person said, "The carers often have a rota that's different to the one I've been sent. Sometimes I end up with a carer I wasn't expecting." However, other people and relatives' comments were more positive. Comments included, "We've never had any missed calls and they always arrive within the allotted time", "They are sometimes a little bit late, but not often. I've never had a missed call", "They are very good at being on time and getting everything done" and "I have a timetable from the head office with set times. They come when they are expected to come, maybe only ever a few minutes late. They always turn up." We discussed the feedback we had received with the registered manager who told us they would look into these issues and address them.
- Staffing levels were determined by the number of people using the service and the level of care they required.
- There was a computerised duty management system, which detailed the staffing requirements for each day. This system also provided the management team and office staff with live data which helped to ensure care calls were being completed as required and allowed timely action to be taken should changes in staff allocation be required.
- Records showed that people were supported by a regular team of care staff that knew them.
- Short term staff absences were managed through the use of overtime from existing care staff, as well as additional support provided by office staff and the management team.
- Recruitment procedures were robust to help ensure only suitable staff were employed.
- Staff files included full employment histories and records of interviews held with applicants, together with confirmation that pre-employment checks had been completed before the staff member started working at the service. These included Disclosure and Barring Service (DBS) checks. DBS checks help employers make safer recruitment decisions. References had also been sought from relevant people to check applicants were of good character.
- Staff confirmed that all recruitment checks were completed before commencing work at the service.

### Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they received a safe service. One person said, "I feel safe. They are very careful and make sure I am standing in the shower and not wobbly." Another person told us, "It feels very safe in how they support me and how the service is organised." A third person said, "I trust the staff."
- There were robust processes in place for investigating any safeguarding incidents. When safeguarding

incidents had been suspected or had occurred a full and thorough investigation was completed by the registered manager or management team and effective action was taken.

- There were appropriate policies and procedures in place, which had been developed in line with national and local legislation to protect people from abuse.
- Staff had received training in safeguarding and knew how to recognise and report abuse to protect people. One staff member said, "If I suspected abuse or this was reported to me by a person, I would report it straight to [name of registered manager] or the deputy manager. They are really responsive and would act, but if I needed to, I would go to CQC or safeguarding."

#### Assessing risk, safety monitoring and management

- There were systems and processes in place to minimise risks to people. Care plans included relevant risk assessments which identified potential risks to people and how these risks should be managed and mitigated. These covered a range of areas, including, medicine management, moving and handling, skin integrity and the use of bed rails.
- Risk assessments were reviewed regularly by a member of the management team and updated, where required to ensure staff had up to date information to support people safely.
- Staff understood where people required support to reduce the risk of avoidable harm.
- Risk assessments had been completed of people's homes and living environment to promote the safety of both people and staff.
- The service had an electronic logging in/out system. This meant when staff arrived at a person's home, they were expected to log in and were unable to log out until all the required tasks were completed. This system automatically alerted office and on call staff that care staff had completed their required calls. As well as helping to ensure staff safety, this system also allowed the management team to monitor call times were met and staff stayed for the appropriate length of time with people.

#### Using medicines safely

- Medicines were managed safely. The electronic system for monitoring care calls detailed above also included medicines administration. This helped to ensure people received their medicines as prescribed.
- Care plans included specific information as to the level of support people required with their medicines and who was responsible for collecting prescriptions. They also included information for staff on how people liked to take their medicines and important information about the risks or side effects associated with their medicines.
- People who were supported by the staff to take their medicines were happy with the way this was managed. A person told us, "They [staff] watch me taking my medicines and write it down and count them." Another person said, "They [staff] help with my medicines. The system seems to work well."
- Staff received medicine training during their induction followed by training updates and refresher training in relation to the administration of medicines. Staff's competency to safely administer medicines was regularly reviewed by the management team.
- Topical medicines, such as creams or ointments were managed safely and staff had sufficient information available to them on how, where and when these should be applied.

#### Preventing and controlling infection

- There were suitable arrangements in place for the control and prevention of COVID-19 and other infections. Staff had received appropriate training in infection prevention and control and suitable policies were in place.
- Feedback indicated that staff wore Personal Protective Equipment (PPE) appropriately and no issues were raised in respect of this. A person told us, "They always have their masks." A relative said, "They [staff] wear all the full protective equipment which helps [person] to feel secure."



- Staff told us they always had sufficient PPE and had not experienced a shortage during the COVID-19 pandemic.
- The registered manager and staff confirmed they were accessing COVID-19 testing appropriately in line with government guidance.

#### Learning lessons when things go wrong

- An appropriate system was in place to assess and analyse accidents and incidents. We saw evidence that any accidents, incidents and complaints were investigated, and actions put in place to minimise future occurrences.
- People and staff told us the management team responded quickly to make changes and deal with any emerging issues or problems.
- Lessons learned were shared with staff to improve the service and reduce the risk of similar incidents.

# 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 prior to the service starting. This was to ensure their needs could be met. People and relatives confirmed care needs and wishes were discussed with them before care was commenced.
- Following the assessment, a care plan was developed detailing the person's needs, wishes and level of care required.
- When required the registered manager and staff liaised with health and social care professionals to develop the person's care plan based on best practice and current guidance.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life. Regular checks of staff practice helped to ensure people received high quality care.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. People and relatives made positive comments in relation to the skills and knowledge of the staff. Comments included, "They are definitely well trained; they know how to speak to [loved one] and how to help her to feel comfortable", "I think [name of staff member] has had some training because she is good at her job", "They [staff] know what they are doing" and "[name of staff member] is the most skilled person I have ever met doing that job, she is conscientious, forward thinking, careful, considerate and highly skilled."
- All staff completed training which included: moving people, infection control, medicines, and safeguarding and additional training in relation to specific needs, such as diabetes management. Staff confirmed training had been received and demonstrated an understanding of this training and how to apply it in practice. For example, one staff member demonstrated an in-depth knowledge in identifying complications that could occur with the management of diabetes and how these should be managed.
- The registered manager described the providers commitment to training and told us about a new training pathway which was being implemented. This pathway allowed staff to complete specialist care workshops or be signed up to an apprenticeship, depending on the staff members experience. The aim of this pathway is to ensure staff had appropriate skills and knowledge to fulfil their role, but also provided staff with the opportunity to have a valued career in care.
- New staff completed an induction to their role which included a blended learning program of training and a period of shadowing an experienced staff member. The registered manager also told us they were "In the process of introducing a 'buddying' system, where every new care worker becomes a buddy with an existing care worker for the first three months of their journey with Carewatch. This will ensure the new employee is given support along this journey alongside the support given by the Quality Officer."

- Staff received regular one to one supervision with a member of the management team. This enabled the registered manager to monitor and support staff in their roles and to identify any training opportunities.
- Staff told us they felt supported in their role.

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

- Where required staff ensured people were supported to have good levels of hydration and nutrition.
- People's care plans and assessment records clearly demonstrated the level of support they required in relation to eating and drinking. Daily records completed by staff demonstrated this support had been provided as detailed in the care plans.
- People told us they were happy with the arrangements in place to support them with food and fluids. One person said, "They [staff] always check I have got a drink near me." A relative told us, "Staff do their best to encourage [person] to eat. They make them different breakfasts and do a tea tray for them. They also raised a concern about how little [person] was drinking and now they leave them lots of drinks to hand." Another relative said, "The carer makes sure [person] eats and drinks. They have a good understanding of [persons] changing needs."

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

- The service worked well and effectively with external health and social care professionals. This was confirmed by professionals who all spoke highly of the service and the care provided.
- People had care plans in place, which contained essential information, including information about their general health, current concerns, social information and level of assistance required. This was shared appropriately if a person was admitted to hospital or another service and allowed person centred care to be provided consistently.
- People told us that staff would support them to access medical support if required. A person said, "They would phone the doctors for me if I wasn't very well."

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.

- The registered manager and the staff were aware of their responsibilities under the MCA and the role this might play in care delivery.
- People consented to their care and treatment and were involved in decisions about their care.
- People told us the staff respected their views and asked for consent. Comments from people included, "They [staff] know me and they always ask before they do anything", "They [staff] ask before doing things for me and as if it's right for me" and "They ask what I want and check I'm okay with what they are doing."

# 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 outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People benefitted from a management and staff team who were committed to ensuring they received a service which was exceptionally caring. All staff spoken with demonstrated a real empathy for the people they care for and spoke of people in a kind, respectful and fond way. A staff member said, "I have plenty of time to support the people and it's great because I have regular people I support. They know me and I know them well. It's really rewarding being able to develop professional relationships with people."
- Staff cared about people's individual and specific needs and interests and went above and beyond to support people to live fulfilled lives. There was an exceptionally positive culture in the service and the staff supported people with their lifestyle choices and to give back to the community, which was embedded in the ethos of the service. For example, a person they supported had not left their home for a number of years and this was impacting on their emotional wellbeing. Staff arranged and took this person on supported outings to places of their choosing and this was often done in the staff's own time. A staff member said, "The change in this person was lovely, they were so much more content, and the outings clearly had a positive impact on them." The service shared photos with us of this person on these outings which demonstrated they were clearly enjoying themselves. Following the positive impact this had on the person, staff identified other people they supported that would benefit from this interaction and have arranged future outings for these people. For example, one person had experienced a recent bereavement. Two staff members had arranged, in their own time, to take the person to a forthcoming charity event the person is especially interested and involved with. Staff members also, organised a person's funeral, as they had no one else to do this on their behalf.
- The staff had become increasingly concerned of the impact of social isolation rules, which had been implemented in response to the COVID-19 pandemic, was having on people's emotional and psychological wellbeing. This resulted in staff being proactive in identifying and implementing support to people to continue with activities and interests that were relevant to them. For example, on talking to a person about what they enjoyed, a staff member identified they enjoyed watching ballet but didn't have access to this. The staff member sourced a way the person could do this, and they watched it together. Additionally, staff had also supported some people to make changes to their living environment to make it more comfortable for them. This had included, some redecoration and new furniture, which staff had sourced and delivered. One person spoke about how happy they were with the chest of draws staff had delivered to them.
- People and their relatives unanimously told us that staff were exceptionally caring. Relatives comments included, "The carers go over and above what we'd expect; they'll ring and tell me how [person] has been, they sort food out for him, put washing on", "They are very kind, I can hear them chatting when they get her up. It's a lovely gentle start to the day", "Every single [staff member] who comes is lovely" and "They make a

real fuss of him."

- A care coordinator described how visits were arranged in 'rounds' to which they allocated regular staff who could get to know people well. People said this had helped them build positive relationships with staff. One relative told us, "Because it is the same staff member, they know just what [person] wants and does it just as they want." Another relative told us, "It feels well organised, the fact that they ensure [person] gets the carer they know and the fact that they are checked up on."

Respecting and promoting people's privacy, dignity and independence

- Respect for people's privacy and dignity was at the heart of the service's culture and privacy and dignity was consistently embedded in everything that the staff do. This was confirmed by people and relatives.
- Staff appreciated the provision of personal care could cause anxiety to people and described how they ensured people were not embarrassed. A relative said, "Absolutely respectful. They [staff] don't put pressure on him. They have carefully worked with him over time because he was reluctant to have support to start with. He is now happy to be washed by them, I think this is because they went at his pace." Another relative told us, "They [staff] definitely respect [person's] privacy in the way they support them to shower. It was difficult to start with because they didn't really want the support, but now they accept the support more readily." A person said, "They have systems in place to respect your privacy. I'm very easy going with things like that, but they still work hard to get it right."
- Staff respected and supported people's right to independence and as a result people experienced supportive and empowering care, which enabled them to remain at home. People and relatives told us, "[Person] likes to be independent so they let her have as much independence as they can. For example, they help her to get into the bathroom and then leave her to wash herself – they allow her the privacy do this herself", "I can't fault them. I have a shower and I do the top half and they do the bottom half to make sure I am clean. I asked the carer to do it that way and she said, 'that's fine' and that's what they do" and "They are led by me."
- Staff described to us in detail how they supported people with personal care, retained people's dignity and encouraged people to live their lives to the full. For example, one person who had complex healthcare and support needs shared with staff how they felt they would be unable to ever experience a holiday abroad again. This resulted in the registered manager and staff working with the person, their family and professionals to help facilitate this. The person, supported by the staff, now have a holiday planned and booked and will be assisted on this holiday by staff working for Carewatch who have a robust understanding of this persons needs to keep them safe.
- The provider ensured people's confidentiality was respected. People's care records were kept confidential and staff had their own password logins to access electronic records.

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

- The service was creative in supporting people to communicate their wants and wishes. Where required communication aids were available, such as picture cards, to support people to make choices. Staff had received training in the use of the deaf-blind alphabet to enable them to ensure they understood and followed a person's specific wishes. Additionally, one person used an electronic communication device to help them communicate. Staff worked closely with this person and advocated for them, when required to ensure their views, needs and wishes were understood by others.
- Where required the service had accessed advocacy services to support people to share their views and make decisions and choices.
- The staff and management team were proactive in identifying, requesting and sourcing additional help for people to support them to remain independent and help improve their quality of life. For example, a staff member explained how one person had shared with them a particular concern and issue they were having, but the person was unsure how to address this. This staff member supported the person to send emails to

the appropriate agencies to help them rectify this issue.

- People were consulted about care and support and contributed to how their care would be delivered. One person said, "I decide what help I have and what I need from the carers."
- People told us they received frequent contact from the office staff to check they were happy with the care they received and that it met their needs. Comments included; "The care plan is reviewed. We talk to office staff about that" and "They phone me up to check how it's going and if any needs have changed." We saw written evidence of these contacts.

# 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 Good. This meant people's needs were met through good organisation and delivery.

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

- People told us they received personalised care from staff who understood their needs well. Peoples comments included, "They [staff] are getting it just right. They listen to me and the detail of how I want to be supported", "They're [staff] all so lovely. They know me and they know what I like" and "They pick up on the bits and pieces and learn your routine and how to get it right for you." A relative told us, "because it is the same staff member, they know just what she wants and does it just as she wants." A second relative said, "They [staff] definitely know and respect [loved one]. If someone new comes, the familiar one explains what to do and all the details to get it right for mum."
- Care was centred on the individual needs of each person. People were assessed before their care started to ensure the service could meet their needs in an appropriate and effective way. This allowed the person the opportunity to discuss any care preferences they had, such as times of visits and the way in which they wished to be supported. The information gathered from the assessment was used to inform the person's initial care plan. The care plan was then developed over time as staff got to know the person's needs and preferences better.
- Information about people's needs, wishes and any changes in their needs was accessible to staff via a live mobile system. This allowed staff to prepare for each visit with the most up to date information.
- People told us staff were responsive to their needs. A person said, "They [staff] were coming in the daytime, but I said that it's in the evenings when I feel really alone, so they now come in the evenings." Another person said, "I can't fault them. I asked a carer to do something different or in a particular way and they say, 'that's fine' and that's what they do."
- A staff member told us of a time when they were supporting a person who became distressed and staff could not meet the persons needs in the time allocated. They said, "We called a quality officer who came out to support us and the person. They spent over 3 hours talking to the person and their family with us, until we knew the person was safe and well and we could leave."

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.

- The registered manager confirmed that they were able to tailor information in accordance with people's individual needs and in different formats if needed. Documents such as care plans and policies could be offered in larger print or braille and could be translated into different languages.

- People's communication needs were identified during their initial assessment and well documented within the care records. The care records provided detailed information about what people's communication requirements were and detailed any additional equipment that may be required. They also provided guidance for staff on how best to communicate with people and how best to support people, to enable them to express their views or concerns. One person told us, how staff provided the rota's in a different format which she finds easier to understand. A relative said, "[Name of staff member] has been brilliant and has a great way of communicating with [person] in a kind and clever way, so that they understand what carers can and can't do, she approached it really well."

#### Improving care quality in response to complaints or concerns

- Records showed there had been three formal complaints in the last 12 months. However, these records also demonstrated there was a robust system in place for logging, recording and investigating complaints. Complaints were acted upon immediately, investigated and action taken where required.
- Most feedback obtained from people and relatives indicated that complaints raised in the past had been dealt with. For example, a relative told us, that when they raised an issue about a staff member the staff member did not return to their family member. They added, "I think this shows that they listen." Another relative described a time when they had to raise an issue with the management team and described the action they had taken. They explained they were satisfied with the action taken and the outcome.
- People felt confident to raise issues or concerns if they needed to. People's comments included, "I've got information about complaints, but I've never needed to use it" and "I've got the office number to complain. If it's a minor thing, I'd let it slide. If it kept happening or was something really bad, I'd be confident to phone them."

#### End of life care and support

- At the time of the inspection, no one supported by the service was receiving end of life care. However, the management team and staff told us they would work closely with relatives and healthcare professionals, including GPs and the local hospice to support people at the end of their life.
- Where people were approaching the end of their life an enhanced care plan would be completed by the management team which detailed the person's wishes and care needs. This helped to ensure people's wishes were respected and the person received effective care to meet their needs.
- The registered manager told us that they would, "ensure that the carers we allocate to the service user are trained to manage palliative care, so they can show calmness and reassurance throughout the remainder of the service users' life."

#### 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

- The staff and management team were driven to help prevent social isolation for people living in the community. This has been further reported on in the 'Caring' section of the report.



# 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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had an excellent oversight and knowledge of all aspects of the service. This was echoed by all the professionals we spoke with. Comments from professionals included, "[Name of Registered manager] is not only responsive but also proactive in terms of her engagement with commissioners", "[Name of registered manager] is very responsive and professional and most certainly approachable. They certainly demonstrate that they have the skills and experience to undertake their role" and "I feel [name of registered manager] is very skilled and shows this and her level of experience in the way she responds, solves problems and talks with us."
- Staff understood what their role was, in achieving personalised support. They understood what was expected of them and were motivated to provide personalised care, which treated people with dignity and respect.
- Performance management processes were effective, reviewed regularly, and reflected best practice.
- Effective governance was embedded into the running of the service. There were systems and processes in place to assess, monitor and improve the quality and safety of the service.
- The provider's investment in a digital visit management system, to replace the existing paper-based system, had increased the responsiveness of the care planning process. Staff had the ability to instantly update people's care plans with any changes. All medicine and call monitoring were completed in real time, so any issues could be followed up for people immediately.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, whistleblowing, complaints and infection control.
- The provider is required to notify CQC of all significant events. This helps us fulfil our monitoring and regulatory responsibilities. The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events as required.

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

- There was an open and transparent culture within the service. People, relatives and staff were confident that if they raised any issues or concerns with the registered manager, they would be listened to and these would be acted on.
- The registered manager was aware of their responsibilities under the duty of candour, which is a requirement of providers to be open and transparent if things go wrong with people's care and treatment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Nearly all people and relatives we spoke with were positive about the running of the service. A relative told us, "It feels well organised, the fact that they ensure [person] gets the carer they know and the fact that they are checked up on, told us you would be phoning – it all helps it to feel safe." Another relative said, "The management seems pretty good. Whenever we've needed to contact them, they have been very good." A person told us, "It feels well organised." However, one person told us, "It's well organised most of the time, apart from the odd day which can feel like chaos, when people go off sick and the people coming to look after you are not the people you are expecting."
- Everyone we spoke to said they would recommend the service to others. Comments included, "The people that go in are brilliant, very communicative with [person]. I'd recommend the carers", "I'd recommend it most definitely, especially over the last year with the Covid restrictions. I'm more reliant on them to check how [person] is doing and I'm sure they would get in touch if anything was wrong or [person] needed anything", "I'd definitely recommend them. I think the carers are first class" and "It's very well managed and I would recommend them."
- The provider's ethos, vision and values were very person-centred. These ensured people were placed at the heart of the service and were the focus of everything the service worked to achieve.
- Feedback was actively sought from people, relatives and staff about the quality of the care and service provided in a range of ways; these included quality assurance surveys and reviews of care both face to face and via the telephone. The service was able to demonstrate feedback was acted on.
- There was a strong collaborative working relationship between the provider, management team and staff. Staff were proud to work in the service and were positive about the level of support they received from management team. Staff comments included; "It's a good company to work for", "It's a good organisation to work for, I really enjoy my job and [name of registered manager] is such a supportive manager and holds it all together" and "I feel supported I can go to the manager with anything and if I have any concerns, they always get sorted."
- The staff said they were kept up to date in changes of people's needs and organisational changes. The registered manager told us that, "Due to social distancing we have been unable to hold team meetings in the branch, so we have issued a three monthly newsletter to all care workers alongside the business newsletter. We have also issued certificates of achievement to evidence the good work we have carried out, we have a very active Facebook page for the branch which evidences service recognitions, quotes from service users, birthdays, all in line with GDPR to protect peoples identity."

#### Continuous learning and improving care

- There were processes in place to enable the management team to monitor accidents, adverse incidents or near misses. These helped to identify themes or trends, timely investigations, potential learning and continual improvements in safety.
- On reflection of the service one area of improvement identified by the registered manager was the retention of staff. Therefore, the service placed more emphasis on recruiting the right staff, making changes to the induction process for staff; including introducing a buddy system and changing the training programme to help support staff with career progression. These changes are in its infancy however, the aim is to decrease the number of staff leaving the service and provide people with a higher consistency of care.
- When a safeguarding had been raised, the registered manager worked with the local authority and confirmed that lessons had been learnt and learning taken forward.

#### Working in partnership with others

- The service had established excellent working relationships with professionals including social workers

and commissioners of care. This helped to ensure there was joined-up care provision and build seamless experiences for people based on good practice and people's specific needs and preferences.

- Feedback received from professionals was entirely positive and the professionals spoken with commented on the proactive actions of the management team and staff to ensure appropriate and professional involvement for people in a timely way.