Caroline Cares For You Ltd

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Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

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

Summary of findings

Overall summary

This inspection took place on 5 June 2018 and was announced. This was the first inspection of Caroline Cares for You since the service was registered with the Care Quality Commission in June 2017. We rated the service as outstanding.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. Not everyone using the service receives 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.
We gave the service 48 hours' notice because the service is a small and the registered manager is often out visiting staff or assisting with care. We therefore needed to make sure someone would be in the office to support our inspection.

At the time of our inspection, 25 people were supported with their personal care needs by the service. There was 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.

The service demonstrated the characteristics of being outstanding in providing effective care. The serviced worked closely and effectively in partnership with health professionals and therefore people were supported to live healthy lives, good access to health care services and ongoing support with their health. People were supported by highly skilled and experienced staff who had received training tailored to people's needs and showed a desire to become knowledgeable about areas of care such as medicines and infections to help them identify any concerns immediately. Care staff were supported by a strong and robust manager. People and their relatives were involved in all decisions about how they wanted their care and support needs met. People spoke positively about the professional relationships they had with staff. Staff ensured people consented to the care they received and were aware of how to respect people's choices and rights. People were supported to have sufficient to eat and drink and were encouraged to have a balanced diet.

Everyone said staff went above and beyond what was expected from them. People and their relatives spoke extremely positively about the outstanding care they received and referred to staff and the provider as being extremely kind, caring and friendly. People were placed at the centre of their care and people told us they felt listened to and valued by staff by the staff who supported them. People told us staff always respected their privacy and dignity when providing care and where supported to develop their independence.

The leadership within the service was very strong with clear values and expectations of what they wanted to achieve. An open and a positive culture was promoted. People were supported by caring committed staff. Staff said they felt valued and were listened to by the provider. Staff were confident in their roles and were

aware of their responsibilities and said they had access to support and training they needed. Professionals who worked with the service spoke highly of them.

Effective quality audit checks were in place and completed regularly to monitor the quality of the service provided. People were happy to recommend the service to family and friends based on their own experiences.

People and their relatives were extremely positive about the care provided by the service and said that they felt safe receiving care in their homes. Staff recognised the signs of potential abuse and knew the reporting system to keep people safe. People were placed at the centre of their care and their risks were assessed and reviewed regularly to ensure care remained appropriate to meet their needs. There were sufficient numbers of trained staff who had the appropriate recruitment checks to ensure they were suitable for their role. Staff arrived on time for their visits and the right numbers of staff were available to provide the support people needed. People received their medicines as prescribed by staff who had been assessed as competent to give people's medicines safely.

People were encouraged to give their feedback and views about the quality of the service they received. Communication systems used to share information about people's care and support needs were effective. Staff had an excellent understanding of what was important to people and delivered care in a way they wished to receive care. Care records were personalised, regularly reviewed and updated to ensure they were reflective of people's current needs. There was a system in place to record and investigate concerns and issues were dealt with appropriately.

People said the service was very well run. The provider was passionate about providing person centred care.

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.

Risks to people were comprehensively assessed and monitored effectively to minimise harm.

Staff worked closely and creatively with people and other agencies to ensure people received their medicines as prescribed.

The open culture ensured safety concerns were reviewed and used to learn and improve.

Is the service effective?

Outstanding

The service was highly effective.

People's support needs had been holistically assessed to achieve their stated outcomes.

Staff training was imaginative and tailored to ensure each person's needs were met appropriately.

Strong links and excellent relationships were maintained with health care professionals.

Is the service caring?

Outstanding

The service was highly caring.

People benefited from a strong, visible, person-centred culture and valued the relationship they had with care staff and expressed great satisfaction with the compassionate care they received.

Staff were motivated to take 'over and above' tasks to ensure people got both physical and emotional support they needed and wanted.

Respect for people's privacy and dignity was at the heart of the

service's culture and values.

Is the service responsive?

Good

The service was responsive.

People were involved in identifying what care and support they required.

The service maintained and built new links with the local community.

The service valued feedback and people were encouraged to give their views and raise concerns and complaints if the need arose.

Is the service well-led?

Good

The service was well-led.

People received care and support from a provider and staff that put them at the heart of the service.

Staff were motivated and proud to work at the service. There were high levels of satisfaction across all staff.

The service worked in partnership with others to provide a high quality service.

Caroline Cares for You Ltd

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 5 June 2018 and was announced. The inspection team consisted on one inspector. We gave the service 48 hours' notice of the inspection site visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in to support the inspection.

Before the inspection we reviewed the information we held about the service, including notifications of any accidents or incidents. Notifications are changes, events or incidents the registered provider is legally obliged to send us within required timescales. The provider had sent a Provider Information Return (PIR) before the inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

On the day of the inspection we met with the provider (who is also the registered manager), and spoke to two care staff. We also visited two people at their home to review records where the care was delivered and seek their views directly. We reviewed four care records and policies and procedures. We also looked at two staff training and supervision records. We saw a number of other documents relating to the management of the service. For example, quality audit reports and staff meeting minutes.

Following the inspection, we spoke with two people using the service and received feedback from five relatives. We also received feedback from a further three members of staff and two external professionals.

Good

Is the service safe?

Our findings

Everyone without exception told us they felt safe with the staff that supported them. People told us they trusted the staff and that they were treated well. One person said, "(I feel) Absolutely safe". Relatives gave positive feedback about the staff's ability to keep people safe. A relative commented, "Caroline Cares has always demonstrated a safety-first ethos". We reviewed the responses in the Care Quality Commission (CQC) questionnaires sent out to people, relatives and community professionals. Everyone that responded stated people felt safe receiving care in their home and with the staff that supported them.

Staff we spoke with demonstrated a good understanding of abuse and how they would recognise potential harm or abuse. All the staff we spoke with were confident the provider would take action if they were made aware of any concerns about people's safety. One member of staff said, "We've all received training and know how to report concerns. We also have a flowchart which ensures we know what action to take". The provider was aware of the Equality Act to ensure people were protected from discrimination. For example, we heard how they had supported a person with appointments to ensure they received surgery despite their age.

Risks to people were comprehensively assessed and managed to enable people to live in their own homes safely. Risks assessed included getting in and out of bed, bathing, stiffness, skin damage, and sight or hearing impairment. Associated actions to manage these were explained clearly. Staff we spoke with explained how they considered people's safety when they were providing care or support. Staff told us they telephoned the registered manager or up dated information in the daily notes to inform staff of a person's change in need. A member of staff said, "I have also received training on risk assessing whilst undertaking tasks, such as identifying risks when entering a client's home. Also on risks when using equipment (hoist) to ensure the client is in the sling securely and no obstacles are in the way which could cause a risk". This meant people's risks were safely assessed and monitored and guidance updated as needed to keep people safe from harm.

People and their relatives felt there were sufficient numbers of staff to support their needs. People had not experienced any missed calls. One person told us, "No missed calls. If there is a change in the time they get in touch to tell me what is happening." A relative commented, "Staffing levels are consistent and reliable". The provider explained to us that they only took on new packages of care which they could cover. They explained this was important as it ensured people received calls when they wanted them and meant there were sufficient numbers of staff available to meet people's needs.

Staff explained that sufficient time was assigned to people to ensure they received the support they required and adequate travelling time between calls was allocated which meant people received calls at their agreed times. Staff knew that if they need to remain with a person for longer than the planned time; this was supported to ensure people were well cared for. A member of staff said, "We currently have enough staff to be able to look after our client list at present. If the boss thinks we could do with another member of staff she will not hesitate to employ another carer".

We saw the provider's recruitment process was thorough. One member of staff said, "I had an interview and employment checks were completed before I started work." We looked at two staff records and saw relevant checks had been completed by the provider such as references and Disclosure and Barring Service (DBS) checks before staff started to work with people. DBS checks help the provider reduce the risk of employing unsuitable staff to work with vulnerable people. This meant people were supported by staff with the suitable experience and character.

People and their relatives told us that where necessary care staff assisted them with their prescribed medicines. One relative said, "Caroline Cares are extremely professional around medicines. They asked me to get a lockable container for them and they communicate with me via the log about the medication given etc. They show a strong focus on safety".

All staff had received training on administering medicines. A member of staff told us, "I feel confident helping people with their medicines. We have also had training and [registered manager] completes spot checks to see we are doing it correctly." We looked at the systems used to manage medicines which confirmed regular competency checks of staff were completed. We looked at records such as Medicine Administration Records (MAR) and saw they were completed correctly. Some people required medicines 'as required'; we saw guidance was available for staff to refer to if needed. This meant people were receiving their medicines as prescribed and in a safe way; by staff who were competent in this procedure.

We looked at the systems in place regarding infection control. People told us staff wore aprons and gloves when providing care. One person said, "Yes, they wear aprons and gloves." Staff we spoke with confirmed they had received training and spot checks were completed by the registered manager to ensure infection control measures were in place and followed by staff. Staff told us they had sufficient amounts of Personal Protective Equipment (PPE). Responses in the CQC questionnaires sent out to people and their relatives confirmed that 100% of people felt that the care staff did all they could to prevent and control infection by using gloves, gel and aprons. This showed staff understood what they needed to do to reduce the risk of spreading infection.

We looked at how accidents and incidents were managed. Any incidents or near misses were recorded and reflected upon with all staff. Although no recent concerns had been reported, the provider said if any occurred they would review the actions they had taken to improve the quality and safety of the service provided and reduce the likelihood of them happening again. For example, following an incident when administering medicines, we saw that this was reflected upon in a team meeting. A member of staff commented, "We reflect at team meetings on any occurrences. For example, a dropped tablet on the floor. Manager was informed and we both looked. The situation was reviewed at a team meeting and further medicines training given".

We saw that in the event of an emergency the service had adequate measures in place to ensure people were kept safe. For example, calls to people who were isolated or did not have any other support available to them were prioritised during occasions of inclement weather and checks were completed to ensure they remained warm and had enough to eat and drink.

Outstanding ☆

Is the service effective?

Our findings

This domain met the characteristics of being outstanding in ensuring that people's care and support achieved good outcomes and promoted a good quality of life.

From the first point of contact through to receiving a service, people experienced excellent health outcomes from their care and support. This was underpinned by the provider (who was also the registered manager) having a long and recent background in practice nursing. The links with health professionals were excellent and there was a thorough approach when liaising with other services and community colleagues who worked collaboratively to support people to stay at home.

We heard several examples of how the service through this joint working had preventing unnecessary hospital admissions to support people's wishes to be treated at home or remain at home at the end of their life. A GP told us, "I have patients cared for by this company. Quality is excellent and I have no concerns". Another health professional had provided feedback to the provider stating, "I just wanted to drop you a few lines to let you know how much we appreciate your services to our patients in the community. As district nurses we endeavour to prevent hospital admissions by our proactive care model of care. To achieve this we rely on the vigilance of carers to observe our patients for subtle changes or deterioration in condition, and have open communication with our team. This collaborative way of working is working well with yourself and your staff, and I am especially impressed with your dedication care and compassion when dealing with palliative care /end of life care".

We heard an example of the service stepping in at short notice to support a person at end of life when a hospice was unable to help. Staff having the training and skill to care for the person avoided them being admitted and thereby enabling the person to receive the personalised care they wanted. We heard the person's relative, who had been very distressed and was experiencing huge sorrow, was supported so that their relative could remain at home as per their wishes and we heard they had a peaceful death.

The service worked creatively to ensure people had all the information they needed when making choices about their care so that they had all the information they needed prior to moving to other services. For example, the service had worked in partnership with a local solicitor and financial advisor to develop a leaflet about care funding to ensure that people were accessing all the benefits they were entitled to so that they understood what funds would be available to them to cover their care costs. We heard that a relative had sought advice when supporting a person with dementia. They pursued the advice provided and were able to secure a significant additional benefit. The relative said, "That phone call changed my life" and the provider was given a bunch of flowers as appreciation. Further developments were planned around providing advice and signposting. The provider had secured an office in the centre of Brackley. This would be both the new location for the service and also a care advice centre for all people, not just their clients. The provider had recognised the complexity and confusion of people trying to arrange care for themselves or their relatives. The advice centre would offer free information on funding care, charity support available, services available in the area and equipment to support people to receive more joint up care that met their needs.

The service found creative ways to provide training for staff which enabled them to develop a wide range of skills so that people with complex health needs could be cared for effectively in their home. During and after induction, training continued to be delivered on an ongoing basis. We found the provider was always seeking opportunities to enhance staff's knowledge and professional development. For example, when attending a national Care Show, the provider and deputy had taken part in a practical dementia experience. This simulated how people with dementia may experience difficulties with their sight and perception. To deliver this individually to the whole staff team would have been very costly and so the provider devised an innovative training session. This involved adapting glasses and shoes, wearing gloves and headphones with sound downloaded from the internet. Staff were then issued with instructions such as making a piece of toast wearing this equipment. Care staff told us they had found the experience had quite an impact on them and it had given them a whole new perspective on how people with dementia may feel and view the environment around them. Staff learnt new ways of communicating more effectively, for example, just one conversation at a time and also how to recognise when a person may be experiencing pain.

We also heard that bespoke first aid training was arranged with a paramedic who delivered training in line with what may happen when care staff arrived at a person's home. This training covered potential scenarios that they may come across, such as such as burns, choking or falls. Staff said this had given them increased confidence to manage any potential situations that may arise upon arrival or during the call. We heard that this had been beneficial to a person who had fallen and the staff were able to act in line with best practice and seek appropriate and timely advice.

The provider (being a registered nurse) ensured care skills training was readily available to optimise care staff skills. For example, we heard that a practical training session had been provided by the provider about managing a stoma (a surgical opening in the stomach). This involved the provider being the 'model' for them to train on. This meant people were supported by staff that had the relevant training to support their needs. The provider commented, "It's the little things that matter". For example, providing training such as how to correctly do a bed bath and how to wash someone's hair. The service had an arrangement with a care home in their area that allowed them to use their training room and equipment, such as a bed and hoist to be able to train staff on a practical level in relation to moving and handling transfers.

The provider ensured staff continually developed their skills and shared these with the rest of the staff. We heard that during a spell of severe weather a member of staff was unable to directly deliver care following a risk assessment. The provider asked the member of staff to undertake a project during this time to research the most popular types of medicines for older people and find out more about them and why they were used and side effects. The member of staff then delivered this to the rest of the staff at a team meeting. Another member of staff researched and read up on sepsis advice and delivered this to the staff team so they could be aware of the symptoms. There was also an infection control champion who had run a session on hand washing techniques. Having care staff that were taking steps to increase their knowledge and keep up to date benefited individuals to enhance their health outcomes.

People told us staff were well-trained, competent and attentive to their needs. We saw that feedback from people and relatives that completed questionnaires strongly agreed that 'My care and support workers have the skills and knowledge to give me the care and support I need'. A relative told us, "Staff appear to be well trained and responsive. I have had frequent texts and calls when they spot something that my [relative] has done which may be a concern"

People were referred to external services when necessary, including health care professionals such as GP's, nurses, or other health professionals. Staff identified any concerns about people's health to the provider who would then take the necessary action. We heard from one person who said care staff were concerned

with an area of skin. They took a photograph (with the person's consent) and sent it to the provider. The provider, with their health skills, visited the person and provided the necessary advice and support to ensure appropriate action took place. The person said the provider having nursing skills was a 'bonus' and found it reassuring and comforting.

People received a comprehensive assessment of their needs. A member of staff said, "[Provider] excels at assessment". People were asked what outcomes they wanted from their care and support and these had been recorded. For example, we saw one person's outcome was to remain living with their spouse independently in their own home. Capturing this information enabled staff to maintain their focus to help the person successfully achieve this outcome. All the people and relatives who returned the questionnaire stated that they had been fully involved in discussing their needs both during the assessment and at regular reviews. A relative told us, "I was involved in the assessment and I believe they understood [person's] needs accurately. They appropriately refer to health services. I am totally convinced that they could not improve on the care they offer [person] and the way it is delivered". After the provider or deputy manager made the initial visit, the agreement was for the person or their relatives to contact them if they wished to proceed. This was to ensure no pressure was put on anyone at the time of assessment.

The provider had ensured that staff had a thorough induction when joining the service. There was no set timescale for this as it was recognised that each member of staff had different skills and confidence. Shadowing another member of staff was part of the induction with a report completed after this so that the registered manager could review their progress and gain valuable feedback. Before any staff worked alone the registered manager assessed their competence. This included competency in administering medicines following training. A member of staff told us, "My induction went very well and the company took time to allow me to settle with all the clients on their list. They are very approachable and only let me go into clients alone once I was happy to do so. Any extra training needs that are needed the company will source and we will be trained as necessary".

Staff undertook annual refresher training and all staff were working towards their Care Certificate. The Care Certificate is a set of minimum standards that should be covered in the induction of new care staff. Care Certificate progress was discussed during regular supervision sessions. All staff who had completed a recent staff satisfaction survey said they 'strongly agreed" they were satisfied with the level of mandatory training they received. A member of staff said, "I have had lots of training to help support with equality and diversity. Also doing the care certificate, support at team meetings and online training, which have all covered different situations".

Care staff were supported by the provider both informally but also with a scheduled support and appraisal system for staff. Staff told us they were supported through individual supervision, and appraisal. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Observational checks of staff performance were carried out in people's homes with their consent. People told us they thought it was good to see that the staff had regular checks, as this gave them confidence that staff were doing things properly. Checks were recorded and discussed, so that staff could identify development needs and receive encouragement and feedback about their work. A member of staff said, "I feel very well supported. If there is something that I do not understand I know that my manager will help. I am also able to go to them with my concerns whether it good or poor practice".

People's consent was considered and where necessary, capacity was determined around areas such as managing medicines or finances. Staff were trained in the requirements of the Mental Capacity Act (MCA) 2005. This ensured staff knew what they needed to do to ensure any decisions they had to take were done in people's best interests. People were supported to make their own decisions, using a range of different

techniques to enable them to consent to their care. One member of staff told us, "Regarding the MCA all individuals have the right to make their own decisions but when it becomes apparent that they are not managing very well steps need to be taken to support that individual. This means to try and help the individual to make decisions on maybe what to wear, what to eat and any other task required. This does not mean tell or make them do what you say but just to be there to help with any tasks required". Where people did not have the capacity to make decisions where appropriate, their family and friends were involved in best interest decisions.

People were supported to reduce the risk of malnutrition and dehydration. Care plans and risk assessments included hydration and nutrition needs, ability to eat and drink, willingness to eat and drink, medical history, regular monitoring of food and drink intake, regular client reviews and daily updates. The provider had developed a leaflet on urinary tract infections to ensure people were aware of how to reduce the occurrence of these. If there were concerns about weight loss, then care staff would consider what may be the cause, including physical illness, financial issues or depression. If depression was thought to be the cause, care staff would try to encourage eating such as offering to take fish and chips or taking them out for a coffee and cake. Communication with relatives and care professionals also took place when appropriate.

Care records evidenced the care and support needs that people had for example, in relation to maintaining their health through eating and drinking. A member of care staff said, "To find out what a client would like to eat, I would ask them or their family what they like, check the care plan, or use food cards we are given which have pictures which some clients may respond better to and help them to understand rather than verbal communication".

Outstanding ☆

Is the service caring?

Our findings

We found the service demonstrated the qualities of valuing people as individuals who were treated with kindness, dignity and respect. This meant the characteristics of outstanding were evident in this domain. All the people we spoke with said the service they received was outstanding. They told us they had built positive and caring relationships with the staff who supported them and with the provider. We had comments such as, "Last thing I wanted was carers. It's worked out excellently and runs smoothly. Never leave until they ask if everything's done. Ready to have a chat and a joke. Been like that from the beginning. We've been lucky and I've got no hesitation in saying that if you need carers; don't go past Caroline Cares", "Not only are these ladies very caring, they are also such nice people. I trust them implicitly", Caroline Cares are a very efficient and effective care provider all of the staff are kind and caring. I can't fault them in any way".

Before the inspection, we reviewed the PIR which stated, 'We live by the rule, 'care has to be good enough for my mum'. The inspection found that the service was living up to this philosophy. For example, the service provided not just physical support but a high level of emotional support. We heard of a person whose family member had a medical condition which left the person feeling anxious and low at times. The provider suggested arranging a fundraising evening for the charity that supported the condition and a quiz night was arranged. A sum of money was raised for the charity and it was written up with photographs in the newsletter. The provider explained that this was helpful to the person they supported in having a focus whilst supporting the person with the condition.

Relatives told us the level of care often exceeded what people expected or paid for. We heard of many examples of support that made the service stand out with thoughtful acts of kindness such as the provider baking home-made biscuits, icing them, and wrapping them in cellophane and colourful ribbons as a Christmas gift. The care staff said when they visited that these had all been enjoyed and commented upon. The service marked each person's birthdays with an individualised gift. For example, one person loved flowers so they always ensured these were given. They also ensured birthday cards reflected the person's likes such as having a card with a bird on it for one person.

Events like Mother's Day was marked with giving daffodils. We heard when people were experiencing difficult times, care staff would take them out for a coffee to give them chance to have a chat about what was worrying them and signposting if that was needed. Staff would often do extra errands such as ensuring the person did not go without milk for a drink or a bread. They would always ensure each person had what was needed before they left. All these thoughtful actions meant people felt valued and cared for.

During the severe weather last winter, we heard that provider in conjunction with staff ensured that all people got their visits. This involved care staff staying the night with colleagues to ensure they could do the visits the following day. The provider also put a message out to other agencies to offer to assist on calls in their area and also to anyone in the local community who needed help.

People were encouraged to share their cultural backgrounds. One person had been encouraged by care

staff to teach them some of their native language words and key phrases. This helped the person feel more inclusive and visits had a purpose and provided interaction. The person also cooked a traditional recipe from their country with care staff. We heard from the person's relative who said, "Faultless. They said initially they would treat my [relative] as if she were their own - and they do. In fact, they quite often go the extra mile - taking her out, making a fuss of her on her birthday, learning [language] words and phrases as she is [nationality] to try to engage with her more. This is their strength and this is why I am pleased to have found them".

Everyone told us staff treated them with dignity and respect and ensured their privacy was upheld when personal care was being delivered. People were always introduced to a member of staff who would be delivering their care prior to these visits. People told us the same staff attended to their needs to provide continuity of care and the staff that attended their calls understood their needs, preferences and abilities.

The service matched staff with people as far as possible to promote positive relationships which would put people at ease when receiving care. When a member of staff was going to be absent, for example, on maternity leave, the person told us they were given plenty of notice. A handover was well organised. The provider explained the importance of this in respecting the person and that they may be delivering personal care and this should be by someone they had met before. A relative said, "They always respect [relative's] privacy and dignity (and when they cared for [other relative]. They allow [relative] time to answer their choices. They go above and beyond – even offering to take [relative] out in their own time to an event that they knew would interest him (and was a shared interest with the carer). They give me feedback if they feel [relative] may be developing am [infection] and let me know when he is more confused than normal".

There was a 'no uniform' policy. The provider explained that people deserved privacy and this included not making it obvious that people were being visited to receive care. We heard that when care staff were supporting people in the community they would introduce themselves as '[Name's] friend'. This meant that people's dignity and privacy were protected. The provider had stated on the PIR that, 'All our care is person centred, which is clear in care plans and care precis; we take time to get to know them individually and always provide them with privacy and dignity; we are only a small team of carers, which enables [the registered manager] to provide carers that are welcomed and provide high quality care'.

Staff told us they ensured people were comfortable and happy with the way care was being provided. They could provide us with examples of what this meant in practice. For example, one member of staff said, "Allow the client their privacy at all times. Treat them how you would want to be treated as they are a person but have health issues or just need help. Promote independence, give them the choice". The questionnaires which were sent out prior to the inspection reported that 100% of those that replied confirmed staff treated people with respect and dignity. This demonstrated people's wishes were actioned and their dignity and privacy respected. The CQC questionnaires sent out to people and their relatives confirmed 100% of the respondents felt the support and care people received helped them to be as independent as possible.

We asked the provider to provide evidence of how the service ensured it worked within Accessible Information Standard (AIS) framework. AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS. The provider had asked this during the assessment and recorded any sensory loss or communication difficulties in care plans. The provider had developed some menu picture cards to assist communication if needed. A member of staff had learnt sign language, should the need arise to use it. If people were hard of hearing, care staff would speak slowly, using hand signals if hearing aids were not working. A relative said, "Mum has poor hearing and they manage this well".

Good

Is the service responsive?

Our findings

People and their relatives told us they had been involved in discussions about their individual needs and wishes and had contributed to the development and continual review of their care plans. Care and support plans were personalised and people were involved in designing how and when their care would be provided. Care plans contained relevant and current information about everything that was important to people so that staff could provide personalised care and meet people's individual needs. These included an individual's circle of life, preferred choices, needs and preferences and consent to care. One person said, "Yes, we were both involved in the care plan. We review and change as we go along and they are very responsive. They absolutely go the extra mile – giving me advice on groups and flagging up local events". A relative said, "I have another care company coming in at bedtime and Caroline Cares are happy to work in sync with them. I believe they are organised and efficient and have high standards for themselves".

The registered manager and staff we spoke with all knew people well, including their personal life histories and what was important to them. A member of staff said, "I know all of my clients likes and dislikes. I offer choice, check they are happy and that their wishes in the care plan are followed".

People were supported to live their lives in the way they wanted and were encouraged to participate in community activity or to socialise with other people. Information was provided to provide information and update people on activities in the service. A newsletter was sent out every three months with information such as staff changes, how person information was processed in line with the General Data Protection Register (GDPR). Care staff utilised their time and where possible would take someone out for a trip to the shops or for a coffee to combat social isolation. Care staff also stepped in to take people to hospital appointments if their relatives were unable to help. A relative said, "They do try to encourage my mother to get out more - but that's always been an uphill struggle anyway. I have had no formal reviews to make changes to the care my mother receives, but I can always text or phone at any time of day if I need to talk to them about anything".

There was a flexible approach by staff which supported people`s individuality. People told us the service was extremely flexible and responsive to their needs. For example, assisting people to complete exercises set by the physiotherapist. Where equipment had been supplied by occupational therapists using this in line with their instruction. With the provider being a healthcare professional they ensured any adaptations could be organised with timely intervention.

The provider encouraged feedback through various means including home visits and care surveys sent out twice a year. All feedback was then analysed and acted upon. For example, one person said they wanted a more itemised invoice showing hours and minutes. This was arranged and now all invoices are arranged this way.

Since registering with the CQC, the service had received no complaints. However, there was a policy and procedure to deal with these. A copy of this was in people's home folders. This information contained contact details of external sources such as the CQC or local authority. A member of staff said, "There is a

form in every care plan, which gives clients the chance to complain if necessary, which I believe they were all informed about and had that explained to. If someone complained to me about something I would pass their complaints onto the manager so that they could be doubt with correctly". Another member of staff said, 'If people had difficulty completing the form I would advise to speak to their family or get an advocate to assist". People and relatives confirmed they would be comfortable to raise any concerns with the provider.

The service liaised effectively with multidisciplinary teams to support end of life care. We saw feedback from a health professional which said, "Although I have heard our mutual patients speak very highly of you, I have witnessed myself, you and your team going the extra mile to care for the dying patient and their families. This month has especially been a sad month for us, losing a few of our palliative patients, but with our services working alongside each other, these patients were able to pass away peacefully at home surrounded by their loved ones as per their wishes. Keep up the good work and will no doubt speak to you soon".

Good

Is the service well-led?

Our findings

The provider promoted a positive and inclusive culture within the service. People and their relatives spoke positively about the overall management of the service. A relative commented "From the time when this service was first engaged (in a crisis and on the recommendation of another user's relative) I have been impressed by the all-round quality, responsiveness, professionalism and kindness of the team. The [provider] is also reassuring, approachable and the service she is running is a model of its kind". Another commented, "As a team, I think Caroline has chosen her staff well. They vary in age, background and style, which I think my [relative] appreciates every visit".

One of the service visions was 'To supply a service to clients that has care at its heart'. This was achieved by using the Mum Test which was, 'The care we provide must be good enough for our Mum's." The inspection evidenced the provider's commitment to person-centred care and the promotion of people's quality of life. The day-to-day culture of the service was monitored by open communication with people, their relatives, community professionals and staff. The provider was a Registered Nurse with 25 years' experience and had recently completed the Care Managers Level 5 Diploma. The service had a governance advisor and regular governance meetings were held. The provider had enrolled the deputy manager on the Care Managers Diploma so that management experience was adequate in the provider's absence. Regular reading time was given to staff as part of their hours, to keep up to date.

Staff spoke their employment with Caroline Cares for You with clear enthusiasm. They felt supported, valued, fairly treated. One staff member told us, "I have worked as a care giver for the best part of 42 years. I started at the age of 16 working in care homes, in the community and self-employed. I have found that Caroline Cares for You by far the best company I have ever worked for. They are fair, support is second to none and they hold a no blame situation". Another member of staff said, "When I first went into caring it was in a care home which I found to be most enjoyable looking after people and making them smile and having time to spend with them. Unfortunately, this did not happen on a daily basis as I was sometimes too busy. So I decided to do homecare instead and secured a position with Caroline Cares for You. I have enjoyed every moment and would not change my job or the company I work for". A member of staff told us that they all got a paid day off on their birthdays.

Staff meetings were held, on a regular basis, where two-way communication took place to consult and gain feedback from staff. The provider said there was a 'no blame' culture, meaning all issues could be discussed in a full and open way. A member of staff told us, "My views are sought and listened to and acted on. For example, a person needed bedding changed and medication sorted. I advised that it was difficult to do on same visit so days were changed to avoid any accidents". Another member of staff said, "At team meetings we always reflect on any incidences that have occurred, which helps us to learn from any mistakes made".

Staff satisfaction was monitored by an anonymous and confidential staff survey to ensure any issues could be highlighted. The service had initiated 'Employee of the Month awards and a member of staff had been nominated for the Oxfordshire Care Awards. This supported staff to feel valued and benefited a shared purpose. One staff member told us, "I feel very supported by the manager and rest of the team, and feel as

though I am able to discuss anything regardless of bad or good situation. I think this is down to the no blame policy". Another said, "We are a great team who look out for each other and help out should the situation arise."

We met with the provider and deputy manager who were responsible for the day-to-day management of the service. They demonstrated a clear understanding of the duties and responsibilities associated with their posts. They recognised the importance of treating staff in a fair and equal manner. They also understood the need to submit statutory notifications to CQC in line with their registration with us.

The provider completed a range of quality assurance activities to assess, monitor and improve the quality of the service people received. These included comprehensive monthly checks by the provider in relation to the safe management of people's medicines, learning from any incidents, accidents or 'near misses'. There was an infection control lead who briefed and trained the team and clients in this area. The rota was analysed regularly to look for areas of improvement and to see visits regularly take longer than expected.

The provider was researching electronic rota systems and paperless daily logs to make further improvements to the service. Policies and procedures were in place to support practice including a Modern Slavery statement. This statement describes what steps an organisation is taking to ensure that slavery or human trafficking is not taking place in its business. The provider had a whistleblowing policy in place, and staff told us they would follow this, as necessary. Whistleblowing refers to when an employee tells the authorities or the public that the organisation they are working for is doing something immoral or illegal.

Close relationships were established with local GP's and District Nurses. This was aided as the provider had been a practice nurse and knew many of the multidisciplinary team. These teams knew how to contact the provider and the provider knew when and who to seek advice from.

The provider had established a role in the local community to support joined-up care. We heard how the service played an active role in the community, sponsoring local events with raffle prizes and organising fundraising. The provider had arranged to talk to two sixth form colleges to emphasise how caring could be a positive and fulfilling career. An open day in a local supermarket had also been organised to offer advice and information about home care. Facebook was used to provide information about the service. This evidenced the provider working in partnership with others to provide valuable community support.

The provider kept up to date with national standards. For example, attending a GDPR update in February 2018 which was organised by OACP. The provider was a member of the Oxfordshire Association of Care Providers (OACP), Oxfordshire Association of Home Care Awards, Quality Compliance Systems, NMDS-SC, Social Care Institute for Excellence Social Care Commitment. All staff were members of Dementia Friends UK. Being signed up to receive updates about national standards meant people were supported by a service that ensured it complied fully with up to date standards and guidelines.