

Westmorland Homecare Limited

Westmorland Homecare - Poulton, Fylde and Wyre office

Inspection report

8 Market Place
Poulton-le-Fylde
FY6 7AY

Tel: 01253978891

Date of inspection visit:
19 October 2021
28 October 2021
03 November 2021

Date of publication:
09 February 2022

Ratings

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

Summary of findings

Overall summary

Westmorland Healthcare is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to mostly older adults. Not everyone using the service receives the regulated activity personal care. The Care Quality Commission (CQC) only inspects the service being received by people provided with personal care such as help with tasks relating to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of this inspection, the service provided personal care to 96 people.

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

People benefitted from exceptionally caring staff that provided continuity of support. The feedback from people demonstrated the caring and empowering culture was well embedded across the organisation. One relative commented, "We have a regular group of four carers who are kind and caring across the board. We were upfront about having this [as part of our care package] and they have met all our requirements."

The registered manager led the service in delivering personalised support that promoted a flexible, person centred culture. One relative commented, "I have a six weekly phone call where I can raise issues and they are taken on board. We have a good rapport and communication is good." People had a comprehensive person-centred care plan with information about their needs and preferences. Staff were extremely responsive to changes in people's needs and adapted their support accordingly. The registered manager ensured positive relationships to ensure end of life care incorporated compassionate and sensitive support for people and their loved ones.

Partnership working with other services had led to positive outcomes for people based on good practice. Westmorland Homecare had robust governance procedures to ensure a quality service was delivered by staff who were motivated to meet people's needs and wants. Staff were extremely complimentary about the management team. The feedback we received showed the provider's aim to establish an open and inclusive culture that put people first was being achieved.

Safeguarding procedures were in place to protect people from the risk of abuse by staff who understood and were trained on how to recognise and respond to concerns. Safe recruitment practices were followed and there were enough staff deployed to meet people's needs. Infection control systems and audits were in place and staff had access to suitable amounts of appropriate personal protective equipment to minimise the spread of infection. Staff were participating in regular testing for the COVID-19 virus to minimise the risk of spreading the infection and keep people safe.

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.

The registered managers tailored people's support to ensure it was flexible in delivering positive outcomes

and meeting people's physical and emotional needs. Positive communication and valued engagement were embedded through the service. Staff supported people to live healthier lives that included when appropriate, help and guidance with their healthcare, nutrition and hydration.

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

Rating at last inspection

This service was registered with us on 28/05/2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the service's registration date

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

Westmorland Homecare - Poulton, Fylde and Wyre office

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector and two Experts by Experience carried out the inspection.

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 two managers 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 24 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.

What we did before inspection

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 12 people who used the service, 12 family members and one friend of someone who received support about their experience of the care provided. We spoke with fifteen members of staff including the director, registered manager, co-ordinators, schedulers, health care assistants and consultant.

We reviewed a range of records. This included four people's care records we looked at five staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to record, report and analyse any allegations of abuse. Staff had received training to recognise abuse in adults and children and knew what action to take to keep people safe, including reporting any allegations to external agencies.
- People felt safe when being supported. One relative told us, "Yes, [family member] is safe – they are very caring, kind and gentle. They are very safety conscious." A second relative commented, "Yes, [family member] is safe, they [staff] follow the guidance they are given and follow what I ask them to do if things change."
- The registered manager reduced the risk of COVID-19 transmission by limiting the amount of different staff that provided support to people.
- Staff are introduced to people before they any scheduled care visits take place. One person told us, "What they don't do is send someone to us who's not been in before. They always shadow another carer [health care assistant] here before they start with us. No accidents - they are very safety conscious."
- The provider had an out of hours on call service to provide guidance and support to staff. One staff member told us, "If you are unsure about anything, someone from the office will come out from the office and help you, there is not a problem."

Assessing risk, safety monitoring and management

- The provider had assessed and recorded risk to keep people safe. They had reviewed care plans to ensure assessments were visible and clearly linked to assessed risk.
- The registered manager completed client risk assessments. These identified people's support needs identified risks, and strategies to lessen the risks.

Staffing and recruitment

- Staff were recruited safely. The required pre-employment checks were completed to help ensure staff employed were suitable. These included completing a Disclosure and Barring Service (DBS) check and obtaining references. A DBS check identifies if a person has any criminal convictions and cautions. It's an essential requirement for those applying to work with children or adults who may be vulnerable adults.
- Records we reviewed and conversations with staff showed staffing levels were enough to keep people safe. Rotas we looked at showed staff had enough time to get to each appointment. We received mixed feedback from staff on travel time between appointments. One staff member stated they started work early to ensure they were not late for clients. One person told us, "They always let us know if they are going to be late." A second person said, "More often than not they are on time." And a third person commented, "They are very punctual - the best care company we've had."

Using medicines safely

- Medicines administration systems were robust and well organised. The registered manager carried out regular audits on the safe use of medicines.
- Staff told us they had suitable training and when appropriate, felt skilled to prompt people or administer medicines.

Preventing and controlling infection

- Staff protected people against the risk of infection. They had received training in infection prevention and control and told us they had been kept informed of government guidance on infection control practices since the COVID-19 pandemic had started.
- Staff had access to personal protective equipment (PPE) such as face masks, gloves and aprons. Staff confirmed there was enough PPE, and they had received training in infection control to maintain good standards of infection control. Staff were able to explain how to put on and take off their PPE correctly to keep people safe.
- We were assured the provider was preventing visitors from catching and spreading infections.
- People told us staff followed safe infection control practices when in their homes. This included wearing appropriate PPE such as masks, aprons and gloves, and ensuring regular hand hygiene.

Learning lessons when things go wrong

- The registered manager had a system to have an overview of any accidents, incidents or near misses.

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; Staff working with other agencies to provide consistent, effective, timely care

- People's care needs were fully assessed before they received support. This information was used to develop comprehensive care plan's for people. Potential clients complete a client enquiry form, where they gave their view on what they wanted from the service. A member of the management team told us, "I tell people, you are buying a service, I work for you. You are in charge and part of my job is to support what is needed." One person told us, "The support we get is what we asked for."
- The registered managers were committed to working closely with professionals to achieve the best possible care for people. They ensured professionals were aware of their work with people, sought to work in partnership with health professionals and sought feedback to see if they could improve their care.
- The provider met with health professionals at one person's home to ensure their support needs were met on their discharge from hospital. The training officer and staff team received first-hand expert guidance on how to meet the person's needs. This ensured detailed information was gathered in line with national guidance and assessments were highly accurate.

Staff support: induction, training, skills and experience

- The provider put arrangements in place to ensure staff delivered a high-quality service. Staff told us additional training was provided which included working with health specialists to provide training on individual care and support needs. All staff shadowed experienced colleagues as part of their induction.
- The provider's induction had a flexible time limit to reflect the learning needs and styles of staff. One staff member said, "I had a week of shadowing. I could have had more and afterwards they [management] checked on me to see if I was fine."
- Staff were very positive about their individual learning needs being met. One staff member said, "I loved it [induction], [trainer] is absolutely brilliant you could understand what they were saying and felt comfortable to ask questions." A second staff member commented, "[Trainer] is so knowledgeable, they make me so much more confident in my role."
- The registered managers proactively worked with staff during staff induction periods and beyond to develop positive relationships, provide support and quickly address any learning requirements. On the successful completion of their induction staff were congratulated and presented with a gift, such as flowers in recognition of their achievement. Opportunities were continually provided for staff to reflect, identify their training needs and share learning with colleagues. One staff member told us, "I was gobsmacked with the training courses available."
- People and relatives felt staff were exceptionally well able to support them, and often went over and above to support people. One staff member commented, "When I get a new client, I get introduced, get

knowledge on their needs and shadow staff. The person is coming on leaps and bounds, it's lovely to see."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Not everyone required support with their nutrition or preparing meals. However, where this was part of people's support, details were included in their care plans. Information included people's likes and dislikes and any associated risks such as dehydration.
- To encourage people to eat and drink when staff were not present, people's nutritional preferences were included in care plans. These included where to leave snacks and people's preferred crockery.
- The management team were creative and resourceful in the management of nutritional risk. For one person they purchased a cup that provided voice prompts to encourage hydration. This had impacted on health-related concerns as the person does not forget to drink when home alone.

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 provider had procedures to seek people's consent in various areas of their care. Staff had assessed people's ability to make decisions regarding their care and treatment. They had received training in the MCA and showed a good understanding of the MCA principles.

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

- It was apparent there was a caring culture embedded at every level of the organisation where people were valued and respected as individuals. The provider refused to complete short or pop in personal care visits as they did not believe this promoted positive outcomes for people and staff. One of the registered managers told us, "We do not want to rush clients and impact on their personal preferences."
- People told us they were treated with respect. One person in a questionnaire commented, 'You have given me friends who care for me.' One relative commented, "They [staff] are kind and gentle with [loved one] and kind to me and offer to make me a tea; it feels like we are under a caring umbrella and it's good to feel that. We have built a good relationship. They were strangers and are now friends and familiar faces." A second relative commented, "My parents who had been very insular have been embraced by Westmoreland and they have helped my [parent] to take on board that they need a team around [relative] to support them and to understand and accept that it is unrealistic for them to meet their needs. They have made a difference to the wider family in doing this, they are up there." One staff member told us, "You try and do your best as if it is your mum or dad. I absolutely love it here; I feel so lucky who I get to see."
- The provider was innovative in ensuring people had the opportunity to express their views. Strategies were developed to support one person to leave their home after they developed anxieties around the pandemic. They carried a keyring (related to a favourite film). For example, if shopping and anxious they would take the keyring from their pocket and rub it. This alerted the carer to their anxiety as the person had limited speech when anxious. They could then leave their current environment, and plan their next steps, such as leave where they were or return home. Having safeguards in place had allowed the person to venture outside their home and build relationships in their local community.
- The service had a person-centred culture and we heard examples of staff carrying out extra, thoughtful acts, not part of the person's planned care. On staff member when meeting clients for the first time at their introductory meeting took them a bunch of daffodils. They told us, "It breaks the ice, they remember you. Because you see them regularly, you get to know them, and they become part of your family." One person shared as part of feedback, 'Having a cheery greeting morning and night-time. It is so lovely knowing our carers are coming on time every day. We laughed when [staff member] when she came one morning dressed as an elf. When you are in constant pain, it is so lovely to be able to chat and have a laugh with an understanding carer. They always manage to cheer us up.' A relative commented as part of their feedback, 'When [staff member] bought my Dad a birthday balloon and presents for his 89th birthday, he was delighted, and it was totally unexpected. Demonstrates the personal level of service which we've come to expect and appreciate from you.'

- The management role modelled person centred caring. For example, when one person had maintenance issues at their home, the director of the company visited to see if they could address the issues. They also purchased several heaters to ensure people were safe and warm. When one person's health deteriorated, they purchased mobile aids that allowed staff to offer dignified support and promoted the person's well-being and self-esteem.
- All staff members we spoke with were passionate about encouraging people and supporting them to achieve best outcomes and were proud of the difference they made to people's lives. One staff member told us they had supported one person to attend a Blackpool Football Club match. They said, "I'm a football fan and [client's] hero and friend was Stan Mortenson [Blackpool Footballer]. The office helped arrange for me to take him to a match and visit Stan's statue. They said 'I miss you' to the statue. It was so emotional."
- The provider ensured people received continuity of support, so valued relationships could develop and be maintained. One person commented in feedback, "They know what we need before we do, and I have complete confidence in their ability. In fact, I told one of our lovely carers that I look upon her as my granddaughter. They are kind and caring and anything I ask them to do is always done with a smile." One staff member changed job roles within the company and worked mainly in the office. However, they had remained as the person's primary carer. The staff member told us, "They [person who used the service] are such a lovely person and they even come to my house on Christmas Day."
- People told us the care they received was compassionate and kind. One person said, "The carers go above and beyond, they are on the top of my Christmas list. I like all the carers; I have a laugh with them, and they keep our spirits up." One relative stated, "They are brilliant carers, kind and caring, they go above and beyond."

Respecting and promoting people's privacy, dignity and independence

- The provider ensured staff were knowledgeable on how to interact and deliver support that promoted their wellbeing. They ensured all staff had an introductory visit with people and their families. This allowed people and their relatives to participate in decisions on who supported them. One relative told us, "We feel confident in Westmoreland and trust them all. They have made our lives better; we can't praise them enough. They have gone out of their way to help [family member] and me."
- Staff empowered people to be active participants in their care. One staff member said, "I read the care plan. It's their plan and how they like things done. You look at it and help people to be able to stay in their own homes." One relative commented, "They [staff] are extremely willing to bend over backwards to help you."
- Feedback from people showed staff promoted and protected people's dignity. One relative told us, "Yes, they do promote [family member's dignity], they cover up the bits that need covering; it's the little things that make such a difference." A second relative said, "They are discrete with showering [loved one] which can be a challenge."

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

- We found there was a strong emphasis on providing people with the best continuity of care possible. This enabled staff to develop close bonds with people which in turn helped to reduce people's anxieties. One staff member told us, "I love it working here, I have the same clients. You get to know them and get to read their body language."
- People's initial and ongoing care and support was planned proactively in partnership with them. Westmorland Homecare care co-ordinators met with potential clients before any care and support was delivered. One staff member said, "The assessments are about what the client needs. It is a nice experience, person centred, and they should look forward to their care package." A second staff member told us, "We cater to what people want, and that includes exact visit times and preferences on carers."
- The service was innovative in meeting people's needs and preferences. One care co-ordinator told us, "We champion individuality, I want to know about them and listen to their story. It is about making people feel worthwhile and they don't have to fit a mould." We noted people with protected characteristics had been open and honest in the sharing of their care plan 'I would like to tell you a bit about me' section allowing staff an insight into their culture, struggles and anxiety. They supported one person to move home, into an area they felt more comfortable. The management team supported a second person to personalise their bathroom. They spent time finding appropriate items that would achieve the person's individual tastes.
- The service worked collaboratively with health professionals and took a flexible approach in meeting people's needs. They met with one client in hospital prior to discharge and met health professionals at the person's home on the day of discharge to ensure the support was tailored to their needs. The care co-ordinator commented, "I wanted to introduce myself [at the hospital] and make sure they wanted to come home. We met with the health professional for a smooth transition back home." Feedback from the person was, 'I cannot believe it, I did not think I would ever get back home and when I was told I cried. Once I get home, I can get to know everyone, and they know me.' When at home they commented, 'I didn't think I would come home. Many people aren't heard or listened to.'
- The service was responsive when a different person required support home from hospital. On being told it could be four hours before the person could be accompanied home, the service sent a staff member to escort them home. Feedback from management was, "[Person] gets very distressed in hospital which adds to their confusion having them wait four hours would only have added to this. I felt it much better that they were picked up by someone that they knew and trusted and home in time for lunch."

Meeting people's communication needs; 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

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.

- People's care records contained comprehensive information about their assessed communication needs. This guided staff on people's preferences and personal style in interactions. For example, they guided staff to be patient and not to finish a person's sentences. The care plan helped to ensure valued conversations took place and positive relationships were formed.
- The COVID-19 pandemic had impacted on activities for people. However, staff continued to support people to feel involved in their local community and to take part in activities that were meaningful to them while promoting infection prevention. One person liked to walk in the park and diary notes showed this had been taking place. People were also supported to hairdressers, shops and activities.
- The service was innovative in addressing one person's self-imposed isolation. The pandemic had impacted on their mental health and they remained in their home.
- The service organised and ran a social club in the heart of their local community. The director told us it was for people to get together, relax and enjoy shared interests. One staff member told us, "It is a nice afternoon, lunch, tea coffee and cakes. [Client] loved it. It introduces them to different people; you can mingle and chat."
- Documents were available in multiple formats to support people's comprehension. This included larger print, different languages and we noted the statement of purpose was in braille.

Improving care quality in response to complaints or concerns

- A complaints policy was in place. One complaint had been recorded and responded to appropriately.
- The registered manager told us concerns or complaints were used to improve and develop the service people received.
- People expressed confidence that they could raise any issues or concerns with any member of staff or the management team and that these would be addressed.

End of life care and support

- Staff had received training in end of life care. The provider offered end of life compassionate support to people and their families. The registered managers told us, "It is important, it is their care package, (we have) got to put time in, (we have) got to ask sensitive questions, to ensure people get, and I know this sounds strange, the best death." Feedback from one relative was, 'Thank you for the personalised service. The same team of carers went that extra mile. Very grateful for the help to keep [relative] at home. You went to the funeral even though they were in a care home. You provided an ear and someone to turn to.'
- End of life care and support continued after people had died. The registered managers attended every time someone had been found deceased. the registered managers commented, "I always attend if a client has passed away to support the client, their family and the carer." They also stated, "We always send flowers to the funeral. They may no longer be a client, but we can support their partner. We have built good relationships with people; it seems appropriate to provide ongoing support. You become part of their family and they miss the girls going in."

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff reported a positive culture that was enabling, supportive and helped to ensure that they felt valued. The registered manager told us, "We don't have an office team and a care team. We are one team. One staff member told us, "I have done care work before and with other companies it was money, money, money. This company they think of the clients and the staff." Members of the management team helped one person move home and organised a housewarming event.
- Management were highly motivated to support staff and foster a sense of togetherness. They organised Pizza and Prosecco nights at the office for staff to attend. The provider told us the relaxed environment was an ideal setting for staff to meet and share best practice tips on how to achieve positive outcomes for people. They said, "For staff the majority of time it is a lone worker role, so we offer them the opportunity to meet new staff and have a chat between themselves." Staff told us they enjoyed the gatherings. One staff member commented, "It's nice to meet everyone and a good laugh."
- Both the provider and registered managers demonstrated a passion and dedication to make the service the best it could be. This approach was reflected in the whole staff team who were all motivated to perform their role to the best of their ability. The registered manager told us, "We have the core values kind, innovative, trusting and enriching. We offer relaxed support where we can get a feel for people."
- The management team valued their staff and recognised their support and achievements. Staff were rewarded on the successful completion of their induction with gifts such as flowers. Staff also received a thank you and gifts on the anniversary of their employment and for the additional support they provided. One staff member told us, "I got flowers at the end of my induction, that was a lovely surprise. I have also had thank you cards and flowers for completing additional shifts."
- The service had a clear vision and credible strategies to deliver high-quality care and support, and promote a positive culture that was person-centred, open, inclusive and empowering which achieved good outcomes for people.
- The registered manager and director were very involved in the running of the service. All people using the service and their relatives knew who they were and how to contact them. For example, one person told us "The [registered] manager rings every six weeks to check how things are going and to problem solve any issues." A second person told us, "The staff in the office are exceptionally helpful and supportive." Staff also named both the registered managers and director, and all said they felt able to raise any issue with either of them.

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

- The registered managers were aware of their responsibilities to notify CQC of certain important events which might occur within the service.
- The provider and registered managers encouraged an open and honest culture at the service, and both understood their responsibilities in relation to Duty of Candour.

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

- The provider and registered managers were clear about their role and responsibilities. They ensured they were appropriately trained and kept abreast of developments in the domiciliary care sector. They understood the regulatory requirements of their role and had notified the CQC when required of events and incidents that had occurred at the service.
- The provider had set up evidence folders to demonstrate compliance with the regulations and areas we (CQC) look at during our inspections. These contained a wealth of information such as stories, compliments and evidence of good practice which had had a direct and positive impact on people using the service.
- Effective and continuous governance was well embedded into the running of the service with a strong framework of accountability to monitor performance and risk leading to the delivery of a high-quality service.

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

- Systems were in place to check the quality of service, to identify potential concerns and areas for improvement. The registered managers used regular reviews and surveys to gather people's views. People and their relatives were consulted regularly by telephone and using questionnaires. This allowed them various opportunities to feedback their views in ways that suited them. Feedback from one relative included, '[Registered manager] and her team are flexible and responsive to whatever needs doing and keep my parents safe and comfortable.'

Continuous learning and improving care

- The provider and registered managers demonstrated a clear understanding of the impact that responsive and high-quality care had on people's wellbeing and spoke of their commitment to providing outstanding, person centred care to people.
- The provider and registered managers attended National Care conferences which focused on how the care system can be improved in the future. One of the registered managers told us, "It gave us the opportunity to look at how care is changing. It enabled us to speak to people about proposed changes in legislation and how this will impact on domiciliary care."
- The registered managers understood that the recruitment and retention of capable, valued and supported staff was critical to achieving the high-quality care and to building a skilled and competent workforce." On recruitment they said, "We can teach staff skills but can't teach people to be kind. I believe in giving prospective staff chances."
- The provider had employed a consultant to support their drive to deliver outstanding care. This included an external review of the service which had led to more person-centred detail in care plans, and a focus on people's protected characteristics and client interaction. The provider told us, "We benefit from [consultant] collaboration as they are insightful and offer a different view, a regulator point of view." One of the registered managers told us, "Having [consultant] involved is a good second set of eyes on what we are doing."

Working in partnership with others

- The management team and staff worked effectively with health and social care professionals to meet people's needs. On receiving a new client, they introduced themselves to the health professionals that supported the person. One of the registered managers told us, "We work quite closely with occupational therapists. We will attend appointments and support clients with their daily exercises. We have organised specialist beds, slings and hoists. It is important to get the best outcomes for clients." One relative told us, "The way the company is run is excellent I can't praise enough the clients come first nothing is too much trouble."
- Management were highly motivated to support staff and their local community during the pandemic. They supported health professionals at a vaccination clinic in their ongoing drive to vaccinate people against COVID-19. The provider told us having good links with health professionals led to positive outcomes for people and staff as they had opportunities to be vaccinated as part of their partnership working.