

# The Human Support Group Limited

## Human Support Group Limited - Ulverston






### Inspection report

Office 210 Ulverston Business Centre  
25 New Market Street  
Ulverston  
Cumbria  
LA12 7LQ

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### Ratings

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

# Summary of findings

## Overall summary

Human Support Group Limited - Ulverston is a care at home service that provides care and support for people who live in their own homes. The office is located in the centre of the town of Ulverston and provides services in and around the local area. Not everyone using the service receives 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 this inspection 42 people were receiving the regulated activity.

At our last inspection in October 2015 we rated the service as good. At this inspection we found some distinctive characteristics of 'outstanding' evident. This was echoed by the consistent and very positive comments in the feedback we received from people who used the service. We saw since our last inspection the service had continued to make positive developments in all of the domains that we rated.

There was a registered manager in post. 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.

We found the service to be exceptional in helping people to express their views. A diverse approach was used especially in supporting social inclusion and promoting people's rights. A service user led forum and a regular newsletter had been established by the service. The staff assisted people to attend meetings that were led by people who used the service. One of the initial purposes of the forum was to enable people to have a voice in shaping the services they received. It also enabled access social activities within the community and prevented people from being disadvantaged or feeling socially isolated.

The individualised approach to staff training was particularly effective in ensuring staff had received a variety of training to enable them to support and care for people with varying and specific needs. Staff were also supported through staff meetings, supervision and appraisals. The provider and registered manager regularly gave staff recognition of their hard work using different rewards schemes they had implemented. Staff had been supported into extending their roles as champions in areas of their own interests. This increased staff knowledge and in turn ensured people experienced good outcomes.

People were effectively supported and received care from a regular team of staff who they knew well and people told us were very professional and punctual. Everyone we spoke with made very positive comments about the staff that supported them. People told us this was an excellent and outstanding service and said they would definitely recommend it.

The systems in place to organise the delivery of care were very efficient and managed by a designated coordinator. The frequency and duration of visits provided ranged depending on people's individual needs. There were sufficient numbers of suitably qualified staff available to meet people's needs and to allow

flexibility in the service should people make a request to alter their visit times. People could decide who provided their care and support and when.

When employing fit and proper persons the recruitment procedures had included all of the necessary checks of suitability. The people who used the service had been involved in developing the recruitment process used by the provider.

There was a comprehensive safety management system in place for carrying out risk assessments to ensure hazards to people's safety had been identified and were appropriately managed. The service had contributed to the development of best practise and good leadership with other agencies to assess and minimise risks.

All the people we spoke to said they felt safe in their home environment with the care workers that attended. Staff understood their responsibilities in the safeguarding of vulnerable people. Where safeguarding concerns or incidents had occurred these had been reported by the registered manager to the appropriate authorities. We saw actions had been implemented by the service from any lessons learned to protect people further.

People told us their dignity and privacy were actively promoted by the staff supporting them. The service had implemented a development plan and additional staff training. This was to ensure they incorporated meeting the needs of older lesbian, gay, bisexual and transgender people (LGBT). This was done not just for those who might use their service but also to raise awareness within the local community.

The service user forum had developed in many ways including enabling people who had lost confidence to go outdoors become more confident and achieve their personal goals with the support of the agency staff. The forum also gave people who used the service a voice in how the service should be delivered or improved. We saw that the provider had been exceptionally responsive in delivering what people had requested.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We saw that staff had created really positive, caring and empowering relationships with those people they supported. One person said, "Care workers are genuinely caring and compassionate. Very personalised and very professional."

The provider produced regular bulletins, information and guidance for people who used the service. Information and guidance was also collated and shared locally in a newsletter produced by the agency. The information provided covered a wide range of topics such as, how to keep safe in certain events, tips on keeping healthy and promoting the local Alzheimer's Society Dementia Friends meetings set up locally by the registered manager as the service's dementia champion.

There was a positive culture and the values demonstrated by the service placed people at the heart of the service. There was a whole team culture, the focus of which was how they could do things better for people who used the agency. The registered manager and staff team had taken the lead in a companywide initiative called 'project outstanding'. This was instigated to promote the company's mission, vision, values and behaviours in demonstrating how the service provided could be outstanding.

People received the right level of support they needed to take their medicines safely. People were supported to eat meals of their choice and staff understood the importance of people having a nutritional diet.

Auditing and quality monitoring systems were in place that allowed the service to demonstrate effectively the safety and quality of the provision.

The staff identified if people were unwell and supported them to contact local health professionals where necessary. The agency had a designated nurse manager who was part of the company's healthcare team. This meant staff could access professional advice and guidance in supporting people with their health care needs. The service worked collaboratively with a variety of other agencies to enhance the care and support for people.

People were asked for their consent before care was provided and the decisions they made were respected. People told us they had been fully involved in the development and reviews of their care.

The registered manager demonstrated a good understanding of the importance of having effective quality assurance systems. She had strong values and a real desire to implement and share best practice throughout the service.

Further information is in the detailed findings below

## 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.

People told us they felt very safe and secure with the service they received.

Recruitment processes were robust and there were sufficient staff with the right skills and experience to meet people's needs at all times.

There were innovative systems in place to manage risks and protect people from discrimination.

Learning from incidents had influenced change.

### Is the service effective?

Good ●

The service was effective.

Staff training was made accessible to meet individual's needs. Additional training had enhanced the experience of people who used the service.

People received care and support that made a positive difference to their lives.

The service worked collaboratively with families and other services to provide a joined up approach to people's care.

### Is the service caring?

Good ●

The service was extremely caring.

Staff had formed strong caring relationships with people who told us they very professional.

People told us they felt valued, cared for and cared about.

Care was very individualised.

People were fully supported to communicate their wishes in a variety of ways to express in how they wanted their care to be.

### Is the service responsive?

The service was exceptionally responsive.

People were fully supported in accessing social activities.

The style in which care plans were written helped staff provide personalised care.

The service strongly promoted equality and diversity in actively addressing anti-discrimination.

The service had developed significant links in the community that benefitted both people who used the service and the staff team.

**Outstanding** 

### Is the service well-led?

The service was exceptionally well-led.

This outstanding service was managed by an innovative and enthusiastic leader. Who demonstrated that the experience of people who received the service was paramount.

There were clear values underpinning the service which were focussed on promoting independence and providing person centred care.

Staff were extremely valued and invested in by both the registered manager and provider.

**Outstanding** 

# Human Support Group Limited - Ulverston

## **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 checked 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 comprehensive inspection took place on 15 May 2018 and was announced. We called the service 24 hours before to arrange our visit because we wanted to be sure the registered manager would be available to speak with us.

The inspection was carried out by one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of caring for someone who has used this type of service. The expert-by-experience had experience of caring for older people who use regulated services.

We visited the office and with the permission of people who used the service and we arranged to visit three of them in their own homes. However we did not manage to speak to all of them. One person attended an emergency doctor's appointment that had been arranged by the staff.

During our inspection we spoke with 10 people who received personal care from the service and two relatives. We also spoke with 11 care workers, the registered manager and care coordinator. We looked at care records for six people who used the service and at the recruitment and training records for three staff. We also looked at records relating to compliments and complaints and how the provider checked the quality of the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, including the information in the

PIR, before we visited the service. We also contacted the local authority commissioning and social work teams and local health care providers for their views of the service.

We also used a planning tool to collate all this evidence and information prior to visiting the service.



# Is the service safe?

## Our findings

People who used the service we spoke with told us that they felt very safe and very comfortable with the care workers that visited them in their own homes. People told us they liked having regular carers who they got to know well and could easily talk with. One person told us, "I really look forward to having a chin wag and discussing our families." Another person said, "It's nice to see the same regular faces and I enjoy their company." A care worker we spoke with said, "Because I have regular people I care for I have built up a nice relationships and we have great conversations."

Rotas we saw showed there were enough care workers to flexibly cover the services they provided. Staff we spoke to confirmed they knew the people they supported extremely well as they usually worked with the same group of people. We were told by people who used the service that it was extremely reliable. We were told care workers usually arrived at their homes at the agreed times and they were always informed if a staff member was going to be late. One person said, "I would recommend them. They are always very punctual." Another person told us, "The carer has never been late."

The registered manager had implemented a comprehensive safety management system to help recognise and mitigate risks associated with people's care at their first introduction to the service. The service had developed a 'triage' form that was completed at the initial point of assessment. This form enabled the service, before commencing the support package, to quickly identify specific needs and risks. This type of assessment also involved all of the relevant people in the person's life for example relatives, GP and community nurses. This action of triaging made sure that personalised care planning and risk management were instigated for people who used the service at the earliest possible stage.

The completion of the triage form also triggered making any necessary referrals to other agencies and or to look at specific risk management ahead of care being delivered. The form also enabled the service to gather information about specific conditions at an early stage and develop the care plan with more informed knowledge. This meant that when the care workers commenced the support all risks had been fully assessed. Where extra services were required such as special equipment, these had already been put into place. This initiative had led to people receiving services and intervention from other agencies much sooner. This has been recognised as best practise in the organisation and shared nationally across the providers services.

The service had worked collaboratively with Cumbria County Council in partnership on an initiative called the carer reduction scheme. This was aimed at mitigating risks and maximising people's autonomy and independence. By implementing new moving and handling techniques it enabled people to experience a better degree of independence. We saw a prime example of how this had worked with one person who used the service. The service had worked in partnership with the local authority in introducing new equipment so that this person was more independent and only required one care worker instead of two to support them safely.

The first service user forum meeting enabled people to voice what qualities they would like to see in the care

workers that were employed. Their views were fed back to the board of directors which in turn had influenced an update of the interview paperwork used across the organisation. This influenced the recruitment choices made as they were focused on the values of the individuals who used the service. This outcome was fed back to the people who used the service at the second forum meeting. This showed how people who used the service had been involved and had been empowered to be able to make change for better outcomes.

We looked at three personnel files and saw that the necessary checks on employment had been completed. References had been sought and we noted that they were from the most recent previous employer in accordance with the company recruitment policy. Disclosure and Barring Service (DBS) checks had been conducted. The Disclosure and Barring Service allows providers to make checks to ensure prospective employees are fit and proper people to work with vulnerable people.

During the inspection we found an aspect of the safe management of equipment that needed records to be further developed. This was immediately addressed by the registered manager who consulted with the company's quality team and implemented a new recording format during the time of the inspection visit. This showed how responsive and reactive the service was in ensuring that where improvements could be made to enhance safe practises they were completed very efficiently. There were sufficient systems in place to monitor the safety of the care provided. Where issues had been identified action has been taken to ensure improvements were made and where necessary any lessons learned.

The service was focused on continually improving its services and putting changes into practice to ensure it delivered a high quality service. We saw how lessons had been learned following a recent incident where a request made by a relative to change a person's visit time had been incorrectly changed because of the information provided by the relative. The incident was fully investigated and we saw how this had implemented a change to the way requests for visit times to be changed were documented and managed by the care coordinator. We saw how this would prevent this type of incident happening again.

The staff we spoke with told us they thought that people were safe using this service. They told us that they knew how to identify abuse and alert the appropriate people. Staff also told us they would be confident to report any concerns and that they would be dealt with appropriately. One care worker said, "Through my training I am aware on how and who to report any dangerous or safeguarding problems to when working." Records we looked at confirmed staff had received training in the safeguarding of vulnerable adults.

Staff had completed training in the safe handling of medicines and their competencies had been checked regularly. We saw there were clear records for the management of people's medications including the application of prescribed creams. Records also clearly identified whether medications were administered by the staff or whether people were just prompted to take them.

The provider produced regular bulletins, information and guidance for people who used the service. Information and guidance was also collated and shared locally in a newsletter produced by the service. The information provided covered a wide range of useful topics including how to keep safe in the winter and what to do if they had a fall.

## Is the service effective?

### Our findings

People who used the service and the relatives we spoke with were very positive about the service being effective. One person said, "When I ask I always get the help I need." Others said, "I only have to ask and it is done" and "Professional to a fault, [care worker] always knows what they has to do for me." People also told us they thought staff had been appropriately trained. One person said, "They [care workers] really seem to know their job." Another said, "I think the training is good keeps them updated so they can do the job professionally."

The staff we spoke with told us that they received a range of training to ensure they had the correct skills to provide people with the care and support they required. They all confirmed they had sufficient and continuing training throughout their employment on varying subjects that included an initial five day induction. They also complete monthly e-learning on the latest developments and information about the care sector. We were told by one member of staff, "The training is very good." Another said, "There is always different training and e-learning modules to complete as well as training during our staff meetings."

We also found that specific training had been provided to meet additional care needs. The service had recently started providing care for someone discharged from hospital with additional needs to manage their nutrition via a tube. Staff had completed bespoke training to support this and by taking part in initial assessments that were carried out in the hospital with the existing team of health professionals. This meant care workers were adequately trained and felt competent to manage this technique. This enabled people to experience a smooth discharge transition from hospital to home and not have to wait for the community nurses to be available to complete the task.

Staff training had truly been developed around meeting individual needs. The registered manager told us they tailored the staff training to the individuals needs and learning style by providing one to one sessions of training as well as group sessions. The one to one training also included individual support whilst completing e-learning as some staff may be lacking in confidence using technology. One care worker told us, "I am dyslexic but have managed to do 16 modular units of e-learning."

The service also provided 'drop in' sessions on the last Friday of every month where subject area champions were available to provide on the spot training as and when requested at a time that was suitable to staff. A champion is a staff member who has taken an extraordinary interest in a particular area of the service delivered, had received extra specialised training and were happy to share their knowledge and skills. The service had a number of staff who had been identified as champions. These included a medication champion, dementia champion, mental health champion, dignity champion and a care planning champion. All champions had actively worked over and above to develop in depth knowledge in their particular area of interest. This helped to ensure better outcomes for people who used the service as champions could cascade their knowledge, provide guidance and act as role models for other staff.

The service was also able to link with their company's nurse manager for Cumbria who was part of HSG Healthcare. She was available to tailor training needs for staff within the community setting for more health

related tasks that were specific to individuals but were not covered as part of the company's mandatory training. The nurse manager was also able to sign off competencies for some nursing tasks within the staff team to ease the pressure on other health care professionals such as the community nursing team. This meant that people could receive elements their care and support sooner and at time that fit with them rather than have to wait for the availability of the community nurse.

The staff told us that they had regular meetings and could contact the registered manager, care coordinator or senior care assistants whenever they needed to discuss any issues they had. Staff said that they could contact the out of hours support team, the local on call person or the 'super on call' person if they needed any advice or support. The on call support was available during evenings, weekends and bank holidays. Records showed that staff were regularly supervised or appraised. One care worker told us, "I have regular contact and supervision with my line manager and of course it means I can do a better job." Another said, "I am always able to talk to senior members of staff if I encounter any care problems and I always feel supported if I have a personal domestic issue."

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We looked at how the service supported people to make their own decisions. We saw the service acted in accordance with the Mental Capacity Act 2005. For example, if people lacked capacity staff ensured that the relevant people were involved in making decisions in their best interests.

Some people who used the service required support to prepare their meals and drinks. From the triage form used in the initial assessments the need for any further support with nutrition was highlighted. This assessment made everyone aware of any risks and enabled people to be referred to other healthcare professional e.g. the Speech and Language Therapist (SALT) without delay. This identified where specialised dietary needs were required. It also identified people preferred times for eating and visit times could be flexible in accommodating their preferences. People were also fully involved in planning their food and meals and where they preferred to shop for their food.

There was evidence of collaborative working with other professionals that ensured a joined up approach to the delivery of care including signposting people and their families to different services e.g. Age UK and telecare companies.

The service was working collaboratively and innovatively in finding more efficient ways to deliver more joined up care and support to people. The service had been part of an initiative with the local authority on 'the carer reduction scheme'. The registered manager had listened to feedback from the staff team and from that had further developed relationships with the community occupational therapists in rethinking the approach to moving and handling in the community setting. The registered manager identified that there was a need to support not only the staff but also people who used the service and their relatives in regards to moving and handling.

Families were being involved, where appropriate in moving and handling so they could up skill themselves with the latest knowledge and techniques. Occupational therapists supported the service in assessing how they could do this safely and worked together to allow people to achieve their goals of remaining as independent as possible. This initiated moving and handling observations in the community setting for all

individuals involved in the moving and handling processes. This best practice initiative has now being rolled out nationally across the organisation.

## Is the service caring?

### Our findings

People who used the service we spoke with made very positive comments in relation to the service being caring and that they were always treated with kindness. We were told people really liked the staff that supported them in their homes. One person told us, "They [care workers] are friendly, professional and nice to me, makes me feel very good." We were also told, "They [care workers] always ask me how they can help me" and "I think the service they provide to me is outstanding and I would certainly recommend them."

There was a person centred culture demonstrated in the service. The registered manager explained that this was achieved by having a company mission and vision. This was promoted in such a positive way that she felt in turn it highly motivated the staff on how the service delivered the support and care to each individual.

The service ensured that the staff focus was on building and maintaining open and honest relationships with people. The registered manager told us how the company's mission, vision, values and behaviours had been embedded in the staff team. She felt the team demonstrated the values of always being kind and always being honest and she had observed the expected behaviours of 'we will always say 'thank you' and 'well done'. This was also evidenced through communications in thank you letters and cards we saw from people who used the service and their relatives.

The service was exceptional in helping people to express their views and in allowing people to have their preferences and wishes acted on. The registered manager said, "We are constantly striving to add value to our service and putting the service users at the heart of the service through our service users forums." The forums included a "you said and we did" section and this allowed people to communicate their wishes and thoughts about the service in a different and less formal way. We saw how this had worked following suggestions made about how the service recruited their staff and changes had been made to the questions asked. In finding the right calibre of care worker on initial screening the interview panel now included in their assessment, 'do they sound kind, compassionate, happy and friendly. Then on a face to face interview 'would you want this person looking after your mum?'.

Another example of how the forum had helped people communicate their wishes was at their request [people who used the service] the organisations chief operating officer (COO) attended one of the forum meetings. This enabled people to communicate to senior management how people wanted the service to run and have an understanding of their views. This was fed back by the COO to the board of directors and we were told this had helped in providing the organisation with a focus nationally for shaping and improving services.

The records we saw showed people had been included in planning and agreeing to the support and care they received. Staff we spoke with were very knowledgeable about the individuals they supported and about what was important to them in their lives. The style in which care plans had been written was more a 'biography' of people's lives and identified religious and cultural backgrounds, life history, people's interests and personality traits. The goals and outcomes of what people and their families wanted to achieve from the support provided was also recorded. This information was also used to match the care workers with

similar interests to service users that would complement each other.

An example of this matching was where a younger person using the service with some complexities had been matched to three care workers. These three made up the team that covered the support required. Ensuring that one of the three was the only care worker that provided their support. The relationship with the three care workers had promoted this person's confidence and enabled them to go out socially into the community with support. The team of three ensured there was no disruption to the care package when one of them was on holiday or maybe on sick leave. The matching of these individual care workers had successfully allowed the person to achieve everything they identified as their outcomes from receiving the service.

We saw people received care when they needed it and in a way that took account of their expressed wishes and preferences. We observed during our visit to people in their own homes that staff were respectful of their home and their needs. One person told us, "They [care workers] are so friendly and always respectful to me." Another person told us, "It's a very reliable service. They are patient and helpful with everything."

The registered manager had worked collaboratively with a local advocacy service to assist individuals to achieve outcomes that without an advocate may not have been possible. Advocates are people who are independent of the service and who can support people to make important decisions and to express their wishes. The registered manager told us about how the service supported the spouse of a person using the service to access advocacy and in gaining support for additional funding in meeting their needs as a carer for a family member.

The service had developed strong links with other community agencies such as the local hospice, Age UK and the Neighbourhood Care Independence Service. These agencies were key links in helping people to access a variety of support services so that they could remain as independent as possible in their own homes. Information was also advertised about these services via the agency's newsletter. The service provided to individuals was very focussed on supporting them to maintain their independence as long as possible in their own homes.

We saw that people's care records were written in a positive way and included detailed information about the tasks that they could carry out themselves as well as detailing the level of support they required. This helped people to maintain their skills and independence. Care workers we spoke with confirmed they were aware of the requirements regarding the ability of people who used the service to be able to decide things for themselves. Care workers we spoke with recognised the importance of this in the supporting of people's dignity and respect. One care worker said, "It is always important that I try wherever possible to ask and check what it is that each person wants or requires."

## Is the service responsive?

### Our findings

The registered provider had a formal process for receiving and responding to concerns and complaints about the service it provided. The registered manager told us that they preferred to deal with things that concerned people in an informal way and as quickly as possible. People we spoke with could tell us how they could raise a concern or complaint. One person told us, "If I have a problem I know I can call the office who are always very helpful." The service user forum had also enabled and empowered people to raise any concerns and make suggestions. This meant the service was able to gather information and intervene early before any problems escalated. We saw an example of lessons learned following a recent complaint that had influenced change in the way the service handled requests to change visits times.

The service was using innovative and individual ways of involving people and their families in the development of the care and support plans. The creative thinking of the service was reflected in the new recording formats introduced to capture people's information on. We also saw that care records were reviewed should people's needs change. One person told us when asked how involved they had been in planning their care, "Yes they ask me questions about what I need and for my opinion about things." Another person said about their care plan, "Whatever I need to know or require they [care workers] are always able to help and inform me."

Each person had a care plan to guide staff on the level of support and care required and how they wanted this to be provided. We saw that people had a copy of their care plan in their own home. Care plans focussed on how the service could support the individual to achieve their chosen outcomes whilst receiving care from the service. The company used a very informative and detailed biographical style care plan that recorded details about the whole life of a person and not just the reasons as to why or what care they required. The service had facilitated families being involved in developing care plans for example with moving and handling including the direct support of the community occupational therapist.

The service recognised that people were different and evidenced this in the way they delivered person centred care. The service provided support to a person whose first language was not English and lived in a Buddhist community. To enable the service to deliver quality care and respect people's values and beliefs they ensured that the visit times coincided with family members so they could interpret. They also accommodated the changing times of meditation classes to ensure that the service met the needs of the individual.

The service strongly promoted equality and diversity in actively addressing anti-discrimination. The service had been creative and inclusive in implementing a strategy to be able to support meeting the needs of the older lesbian, gay, bisexual and transgender (LGBT) people who might use their services. This was put in place in response to local media coverage about how a person in the local community had been subjected, historically, to abuse by the health and social care sector. By using a social media platform and the agency's newsletter it had raised the awareness of the support that is now available locally for the LGBT people.

Following research into how adult social care services can impact on LGBT people the service had



implemented a new strategy that also included further training requirements to ensure that it operated in a manner that was wholly inclusive and kept people safe from discrimination. In their research they found a number of key facts, such as, older LGBT people are more likely to live alone and are nearly twice as likely to rely on health and social care services. They also found there was a risk that LGBT people were more likely not to be open about their sexuality or gender identity with professional services. Using information and guidance from the publication Safe To Be Me from Age UK the service had devised specific training and development of staff in promoting and protecting people from discriminatory practises that had been enhanced by using their research findings. This also showed how the service was very focussed on delivering a truly person centred service.

The service user forums initiated by the service had proved to be extremely beneficial and rewarding in many ways especially in addressing social isolation. People who used the service were spread across the locality of the South Lakes and Furness. The service arranged and supported with transport for these people to attend the service users forum meetings and provided an afternoon tea. Two people who attended from different localities met at the forum and instantly recognised each other despite not seeing each other for over 30 years. They had attended the same school and were friends then but had lost touch. It was noted by the staff that the day they reconnected was obviously very special to them both. We were told by the registered manager that they could not wait to attend the next forum and continue to develop their old friendship. This newly rekindled friendship was going to be supported by the service and staff in ensuring their attendance at future meetings.

Because of what people had said during the forums about maintaining social activities the service had recently supported 18 people go to the theatre to see a local production of the musical CATS. This was an activity decided on during the forum as many people had said they had not been to the theatre in years. The agency had acted exceptionally and beyond it's personal care role in booking the tickets, arranging transport and then providing support to everyone after the event to make sure they got back home safe. It was very clear that the service had been extremely responsive in preventing social isolation. It was also evident that the service user forums had contributed in shaping and improving the service provided.

The service took a key role in the local community and was actively involved in building further links. The registered manager was the dementia champion and had been instrumental in orchestrating and promoting the local dementia befriending meetings held at a local café. The service were also aiming to combat loneliness by supporting the local community and people who used the service to access activities such as dementia awareness sessions that had been arranged. The service had created a business plan and had recently launched a fund raising mission to bring a charitable organisation called Cyril Flint Befrienders to the area. This national organisation provides a premier befriending and volunteering service for adults in later life. The fundraising initiative by the service will involve many of the local communities in the county and at the same aim to educate people about loneliness in older age.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. We saw feedback provided by relatives that identified they felt the service had been exceptionally caring and professional. Key members of the staff team were recognised as champions in the end of life care. They had attended specific training provided by the local hospices. Some staff had also been supported to gain further qualifications in caring for people at the end of their life via distance learning from a college of further education. The learning from the training by the local hospice meant staff would be able to provide a much higher professional standard of care to the dying and bereaved.

The staff team could also access support from the nurse manager of the provider's healthcare team if and when needed. The nurse manager for the region is able to directly support the care in people's homes and

this meant that people did not have to wait for a visit from the community nurses. This allowed the service to provide a rapid response to support people with what can be a very quick process at the end of their life. The staff worked alongside other professionals from the local hospice to ensure that support in their end of life was the best it could be.

The provider was in the process of implementing new technology for electronic based records. This would make the care planning and assessment processes quicker and allow staff to update care plans when changes occurred in real time. The service used social media as a way of advertising with to help promote their dementia awareness session in the local cafe.

## Is the service well-led?

### Our findings

People who used the service had made comments about the service in a recent satisfaction survey. They included, "They are very approachable and helpful" and "They [the service] responds to messages and requests to improve the service provided". One person said, "Outstanding service from each and every one of my care workers." All the staff we spoke confirmed they felt the service was well led and managed, enjoyed their work and working for the company and felt they were listened to. One care worker told us, "I love my job." Another said, "I feel listened to and supported."

We saw minutes from team meetings that had been held. These demonstrated the team had been actively involved in sharing best practice and being allowed to share their ideas on how to improve the service. Ideas from the staff team were put forward by the registered manager to the directors for discussion and feedback was provided to them. An example of this was when a care worker submitted an 'I have an idea' form expressing that process of writing up of new care plans when people's circumstances changed could be made quicker. Feedback to the care worker was supplied by the providers quality assurance team that this would be resolved by the implementation of an electronic care records system. The new system would mean support plans would be updated as information changed on a live network. We saw the staff team had been rewarded by the provider in many ways for a variety of things including a zero sickness and absence rate.

We found the registered manager had an excellent work related attitude and demonstrated exceptional leadership qualities. She told us, "I am responsible for ensuring we are performing within the legal and regulatory framework but I am also responsible for setting an example of how I want this service to be. I ensure we foster a positive culture to work in which I hope the team can then thrive at what they do." The registered manager had been instrumental in demonstrating the value of the staff employed. She had contacted several local businesses and secured a discount at many different places that the staff team could access. The provider also recognised, celebrated and rewarded members of staff nominated by the registered manager for something exceptional or different they may have done.

We saw records that demonstrated periodic unannounced observations and competency checks on staff working in people's homes that had been completed. This helped to ensure the service being delivered was of the right standard. The registered manager had implemented reflective practice as part of new colleague supervision which she felt had helped to develop the service. Reflective practice is a way of studying your own experiences to improve the way you work. It is recognised as a very useful way of learning and is used by many professionals. We found the registered manager to be very enthusiastic and proactive. She told us, she wanted to provide an atmosphere to work in that was positive, productive, enthusiastic and welcoming.

The registered manager had attended many different training and development opportunities in order to maintain and increase their skills at every opportunity. She was the designated champion in some areas of the delivery of care. She attended the providers registered branch managers network and quarterly registered manager's network meetings to continue gaining knowledge and sharing best practice between other managers. We saw feedback that had been provided by her managerial colleagues after she had

spoken at a company conference explaining the how the service user forums worked. They said she had a 'positive' and 'infectious' approach and had encouraged them to go above and beyond to support and engage with people who used their services.

We saw how the corporate strategic plan of vision, values and behaviours had been embedded under the leadership of the service. There was a variety of evidence to show the service had made a significant difference to the lives of people who received the service. The corporate strategic plan also recognised how the service user forum had influenced change in the recruitment strategy for the company nationally. We saw the feedback from people who had attended the forums and how attendance had personally benefitted them. For example, 11 people of the 12 that provided feedback said it had boosted their self-esteem. Other comments were that it had improved their confidence, given them something to look forward to, helped them to have their say about the service and made them feel that their opinions mattered.

They had become more involved in their own community, less socially isolated and become more independent. The service effectively supported people to achieve their goals to live a fuller life that was meaningful to them. The biographical style care records demonstrated this was achieved for those who had identified their goals and expectations of how the service could support them to do so.

A business plan had been developed, which highlighted how the service planned to move forward and how continuous improvements were to be maintained. The plan was completely centred around the people who used the service and meeting their needs in a holistic way. For example, the introduction of a specific care plan to support the LGBT community that might use the service and involving the local community to recognise loneliness in the older age group. The development of the service user forum allowed constructive and realistic ideas to be shared about how the service could be made better for the people who used it.

Records showed there was a robust and regular internal auditing system, which covered areas, such as health and safety, staff personnel records, medications, care planning, etc. Action plans had been developed to address any shortfalls identified. Regular audits were also conducted by company senior managers and we found that any areas in need of improvement had been identified and appropriately addressed.

There was a wide range of written policies and procedures that provided staff with clear guidance about current legislation and up to date good practice guidelines. These covered a variety of areas, such as safeguarding vulnerable adults, whistle-blowing, privacy and dignity, health and safety, disciplinary and grievance, complaints, the MCA, infection control and advocacy. This would ensure staff had the relevant knowledge and guidance to deliver safe care to people who used the service.

The provider understood its responsibilities in regards to informing us of any notifiable incidents that had occurred, and were aware of when they were required to inform other organisations of events at the service, for example local authority safeguarding teams. The provider had displayed its current rating on its website and this information was also displayed at the office for the attention of any visitors.