

Cleveland Care at Home Limited

Cleveland Care at Home Limited t/a Home Instead Senior Care

Inspection report

Suite 5a, Surtees Business Centre
Bowesfield Lane, Preston Farm
Stockton On Tees
Cleveland
TS18 3HP

Tel: 01642309650

Date of inspection visit:
24 September 2018

Date of publication:
08 January 2019

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?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 24 September 2018. This was an announced inspection to ensure there would be somebody available in the office and so that people could be informed that we wished to contact them for their views.

This service is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to older adults.

Not everyone using Cleveland Care at Home Limited t/a Home Instead Senior Care receives regulated activity; Care Quality Commission (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 28 people were receiving support which included personal care.

We previously inspected the service in March 2016 and rated the service as good overall. At this inspection we found that the service had improved. The service was found to be outstandingly caring and well led and as a result was rated outstanding overall.

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.

Cleveland Care at Home Limited t/a Home Instead Senior Care ensured people were at the heart of their care and support. People received a high standard of person centred care delivered by staff who were extremely well trained and supported.

People received care from staff who had developed their skills and knowledge through an excellent programme of training that was adapted to suit individual needs. In depth induction training was provided upon commencing employment. Ongoing refresher training was also provided and this was regularly updated to meet the changing needs of the people receiving care.

Staff received high levels of support to enable them to provide outstanding care including regular supervision, team meetings and appraisals.

Staff clearly knew the people they supported and they were carefully matched by considering things such as people's personality, likes, dislikes, hobbies and interests. The service ensured a small and consistent team worked with each person and it was evident that both staff and people using the service benefitted from this approach.

Care was delivered safely by staff who understood how to recognise and report abuse if necessary. People received their medicines as prescribed and clear accurate records were kept. Risks to people were assessed and minimised by careful care planning.

Staff supported some people with food preparation and at times went out of their way to ensure people's nutrition needs were met.

The provider had a strict recruitment process that ensured all necessary checks were conducted to minimise the risk of unsuitable people being employed.

Calls were carefully monitored by office staff and people were alerted if staff were going to be late. There had not been any missed calls.

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.

Staff ensured people had access to external health professionals and supported them to appointments.

People's care needs were reviewed regularly. Changes to people's needs were monitored by management and staff and calls changed accordingly. Temporary changes could be accommodated at short notice when necessary.

End of life care plans were put in place where appropriate. On one occasion the service was required to provide support at short notice and this was handled in a sensitive way that ensured continuity of care for the person and support for their family.

There was a complaints policy in place and people knew how to raise concerns but no complaints had been made about the service.

Staff members felt they were a highly valued part of the service and very much involved in feedback and decision making. Without exception staff told us they were proud and happy to work for Cleveland Care at Home Limited t/a Home Instead Senior Care.

The service continued to develop strong relationships with partners in the local community. A fraud prevention scheme that was in the early development stage during our last inspection had now been successfully implemented. Fraud prevention information and support was provided not just to people who used the service but also free of charge to the wider community. As a result of the scheme people had avoided falling victim to scams.

There was a very open culture that was driven by a very visible management team. The directors worked alongside the registered manager and office staff and provided hands on day to day support. The directors and registered manager spoke with passion about the service, what they had accomplished and how they wished to improve the existing high standards of care in the future.

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.

The service had effective systems in place to safeguard people from harm.

Risks to people's health and wellbeing had been assessed and plans put in place to reduce future risk.

People received their medicine safely and accurate records were kept.

There had been no missed calls. There were enough staff employed to meet people's needs and they had been recruited safely.

Is the service effective?

Good 

The service was effective.

People received care from staff who had developed their skills and knowledge through an excellent programme of training that was adapted to suit individual needs.

Staff went out of their way to ensure people's nutrition needs were met.

Care and support was provided in line with the principles of the Mental Capacity Act 2005.

Staff ensured people had access to external health professionals and supported them to appointments.

Is the service caring?

Outstanding 

The service was exceptionally caring.

People and their family members were extremely positive about the care they received.

People were supported by a dedicated team of regular staff who supported them maintain their independence and respected

their privacy and dignity.

Staff were carefully matched to people they supported and went out of their way to improve their quality of life.

Is the service responsive?

Good ●

The service was responsive.

The service was person-centred and care records reflected this.

Changes to people's needs were monitored and accommodated at short notice when necessary.

End of life care had been provided in a sensitive manner and further training was being delivered to raise awareness amongst all staff.

There had been no complaints made about the service. However, there was a complaint procedure in place and people were aware of how to raise any concerns.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

There was a very strong management team who were actively involved in the day to day running of the service.

The provider had worked exceptionally hard to build very strong community links and this was continuously developing. This work had impacted in a positive way on people using the service and the wider community.

Staff felt extremely valued and felt their contribution to the service was recognised.

There were clear visions and values for the service to continually improve the existing high standards of care.

Cleveland Care at Home Limited t/a Home Instead Senior Care

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 24 September 2018. We gave the service 48 hours' notice of the inspection visit to ensure there would be somebody available in the office.

Inspection site visit activity took place on 24 September 2018. It included a review of records, telephone calls to people using the service and emails to family members and external professionals. We visited the office location on 24 September 2018 to see the registered manager and office staff; and to review care records, policies and procedures.

The inspection team consisted of two inspectors. The lead inspector visited the offices whilst a second inspector helped to obtain feedback via telephone calls and emails.

We reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also contacted the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we looked at three people's care plans and medicine administration records (MARs). We looked at four staff files, including recruitment records. We spoke with two directors and nine members of staff, including the registered manager, office and care staff. A further ten staff provided feedback by completing questionnaires. We spoke on the telephone with two people who used the service and received feedback from seven relatives. We also received feedback from a health care professional and a police officer.

Is the service safe?

Our findings

People told us they felt safe. People's comments included; "I have total confidence in them" and "They will only do medicines that are prescribed, they are very thorough."

Relatives said, "I feel that my [family member] is in safe hands and I can trust [the staff] that have been looking after her and that is very important to me."

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to their line manager or registered manager. Comments from staff included; "I'd report the situation immediately to my registered manager" and "If I had any concerns about abuse I would report and record it straight away to my manager to prevent further abuse happening to keep [the person] safe." Staff were also aware they could report externally if needed and information on the provider's whistleblowing policy was clearly displayed in the staff room area. The service had systems in place to investigate and report concerns to the appropriate authorities.

Where people were identified as being at risk, this had been assessed and plans put in place to minimise the risks. For example, one person had a number of allergies. These were clearly recorded with instructions of action to take if an allergic reaction was suspected. Detailed information describing the signs and symptoms of an allergic reaction was also provided within their care records.

Environmental risk assessments of people's homes looked at emergency cut-off points for utilities, fire detection equipment and exit routes in an emergency. These were undertaken to minimise risks for people and staff providing support. Lone worker risk assessments were also completed to ensure the safety of staff.

People were protected from risks associated with infection control. Staff had been trained in infection control procedures and were provided with Personal Protective Equipment (PPE). One member of staff told us, "I always have my PPE in my bag with me, there are plenty of gloves and aprons here in the office and we can call in to collect them at any time."

There were sufficient staff to ensure all calls were undertaken on time and people's individual needs met. Where two staff were required to support people, we saw they were consistently deployed.

People's visits were monitored using a telephone monitoring system linked to the office computers. The system alerted the registered manager if staff were running late. After fifteen minutes calls were made to staff to check why they were running late and then the person was contacted to update them. Data from the monitoring system was analysed to look for patterns and trends and allowed the manager to make any necessary adjustments. For example, travel times could be adjusted to enable staff to remain punctual.

People told us staff were punctual and they experienced no missed visits. One person said, "They come 10 minutes before their time and never rush away." Records confirmed there had been no missed visits.

Relatives we spoke with confirmed that care was delivered consistently by regular staff. One relative told us, "I receive a rota every Thursday for the following week and on the only occasion when one of the carers was not well another carer arrived on time which is important to my [family member's] routine as they have dementia." Another relative said, "There is continuity of care with the same person attending each time, with cover by a second person at alternate weekends."

The registered manager told us the provider had a strict recruitment policy as they were focussed on getting the right people for the job. They told us, "If I wouldn't have a [member of staff] look after my own mum then I wouldn't ask them to look after someone else's. Our recruitment process sifts everyone who doesn't meet our highest expectations and then we nurture and develop them and they have a real sense of long term belonging to the company."

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These checks allowed the registered manager to make safer recruitment decisions. They included obtaining references and Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults.

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. A relative told us, "[Staff] make sure my [family member] takes her medication. They will collect medication from the chemist and sort out any day to day problems that arise."

Staff responsible for the administration of medicines had completed training and their competency was assessed regularly to ensure they had the skills and knowledge to administer medicines safely. Staff we spoke with told us they had received medicines training and were confident supporting people with their medicines. One staff member said, "The information [on 'when required' medicines] like painkillers is easy to follow. We document everything on the [medicine administration record], what time, what dose etc. You get trained and the training is really in depth."

Accidents or incidents relating to people were documented, investigated and where appropriate actions taken to reduce the risk of further incidents occurring. Although the manager signed off all accident and incident reports, there was no system for monitoring these that gave an 'at a glance' overview to make identifying patterns and trends easier. The registered manager told us they did look for patterns when filing records away but planned to implement a simple spreadsheet to make this monitoring more robust.

Is the service effective?

Our findings

People's care needs were fully assessed before the provider started supporting them. A director went out to speak to people after they made an initial enquiry about the service. They looked at all aspects of their needs including their hobbies and interests to ensure that staff could be carefully matched. A relative told us, "I have been impressed by every stage of the process from my initial enquiry, the comprehensive assessment / introduction meeting, to the set-up of [staff] and the flexibility that the caregivers provide to assist my parents."

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. One person said, "Standards are excellent, whatever they do, they do it extremely well." Another person said, "Staff are well trained and qualified."

Staff were extremely happy with the training they received and felt they were very well prepared to support people in their care. One member of staff told us, "I feel the training I've had has helped me to be the carer I am." Training was adjusted to suit the needs of staff on each course. One member of staff told us they had no previous experience of working in care and extra content had been added to the training to cover areas they were not sure about. They said, "It was adjusted there and then, on the day, to accommodate the fact that I asked to be shown exactly how to handle people when providing care. You are never made to feel silly for asking. They will cater to different learning styles and it really gave me the confidence I needed."

A new 'caregiver' room had been created as part of the suite of offices. This was a space for the care staff team to come between calls or on days off. It was dedicated to the training and development of staff as well as being a space for them to get together or take some time out. There was a comprehensive library of training and information resources in this area. This included information to increase the knowledge and awareness of staff and information leaflets staff could share with the people they supported. The room was decorated with wall displays that provided information and training prompts. For example, colourful A4 posters set out the five key principles of the Mental Capacity Act. Another poster reminded people about time critical medicines for people with Parkinson's disease. One member of staff told us, "I love our little room. It's great to have all that information available and there are leaflets to give [people who use the service]. I use it a lot."

Staff had received equality and diversity training and they were also supported by an equality and diversity champion on the staff team. There was a diversity board in the caregiver room. This had key information and guidance on discrimination including areas such as religion and beliefs, sexual orientation, race discrimination and mental health.

Training was constantly adapted to meet the needs of people using the service. For example, when the service began to provide care to a person who had recently suffered a stroke a presentation by the stroke association was arranged to increase knowledge and awareness amongst staff. New information on this topic was also added to the staff library.

People had been protected from becoming victims of fraud by specially trained staff. The provider had trained staff to be alert to potential dangers of fraud so they were better prepared to spot scams and scammers. A member of staff told us how they had used this knowledge to protect a person they supported. They said, "I thought the [person] I was visiting was receiving nuisance phone calls. I made sure I was there when the person was likely to ring again... it appeared to me that an extremely hard sell for unwanted and inappropriate goods was happening." This was reported to the office who alerted trading standards and as a result the scam was resolved.

Induction training was linked to the Care Certificate which is a nationally recognised induction programme for the care sector. Staff also shadowed an experienced member of staff before being signed off as being competent to work alone.

The registered manager also conducted regular 'spot checks' to ensure staff had the skills, knowledge and experience to deliver effective care and support.

Staff felt extremely well supported and valued and all staff received support through regular supervision. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. One staff member said, "[The people I support] are always grateful but the company make you feel special and valued too and it means I have great job satisfaction." Another staff member commented, "I know if anything comes up in between supervision sessions I can contact the office anyway and get advice. [Supervisions] are a good chance to clarify anything I am not sure about or get advice on any issues."

The directors told us that they are currently focussing on the promotion of good nutrition. Having recognised the importance of a healthy balanced diet the provider was beginning to provide people with 'stay nourished' literature outlining the dangers of poor nutrition and warning signs that someone may be affected by poor diet. The plan was for this to be followed up with further events to promote awareness.

Some people needed support with preparing meals and staff were going out of their way to provide this support, often in their own time. One member of staff told us they had been supporting a person with dementia for over four years. Over the last two years they had noticed they were not eating their evening meals. The member of staff rang the person every evening at 5pm, including weekends and when the member of staff was on holiday, to prompt and support them with preparing their evening meal. The member of staff told us they wrote instructions on the meals in the person's fridge. They said, "I would ask what meal she would like to eat that evening and then go through the instructions I had written on the front... Once I knew she had the meal and her cup of tea on her little table I would say 'enjoy your meal and I will speak to you tomorrow'. This way I knew that she was having a cooked meal each night."

Another member of staff told us, "Before I started to work with [person's name] he used to try to cook his own meals but he often forgot he was cooking something and only realised when the pan started to burn. He did not know how to use the microwave so when I started to work with him I showed him how to cook ready meals by reading the instructions to him and getting him to set the timer. I bought some white sticky labels and wrote instructions on the ready meals in the freezer so that he could use the microwave on the days that I don't work with him. I check each day to make sure he is still ok. Because of this, he is much more confident using the microwave himself now."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For people living in their own home, this would be authorised via an application to the Court of Protection.

We found that the service was working within the principles of the MCA. Staff demonstrated an understanding of the MCA and how they applied its principles in their work. One staff member told us, "It's a law to protect adults who are unable to make their own decisions." Another staff member said, "I always presume clients have capacity. Where clients struggle I support them in their best interests."

The service sought people's consent. Everyone we spoke with told us staff sought their permission before supporting them. One person said, "They ask me what I would like doing but also suggest things that perhaps I don't always see for myself. They encourage me." Care plans contained documents evidencing the service had sought people's consent to care. These were signed and dated by the person or their legal representative.

The service worked closely with other professionals and organisations to ensure people were supported to maintain good health. One person told us, "I have total confidence in them. I know I can call on them at any time if I need to go to the doctors."

Staff were very dedicated to ensuring people were supported to attend medical appointments. One member of staff told us a person they provided care to had a much needed hospital appointment which fell on their week off. They told us, "[Person's name] had cancelled several appointments previously as she was scared and won't allow anyone else apart from me and her family to accompany her. I took [person's name] to her appointment on this occasion, although it was my holidays, so she wouldn't miss an important appointment."

Is the service caring?

Our findings

People told us they received exceptional levels of care and support from staff who had been selected to match their personality type, hobbies and interests. One person said, I find staff absolutely wonderful to be honest. I was very apprehensive about having people coming in as I have always been so active and independent and didn't want people interfering in my life but knew I needed more help. This company is more and more helpful, they are not intrusive, we work well together and staff have the same sense of humour as I have which helps."

A relative told us, "[My family member] chiefly has the same three male carers. Generally, lots of care workers are female, but to have male carers who are closer in age to [family member] is really helpful. They understand him better, and can talk to him about memories of the area, music from their youth etc. They've just got more in common than he would have with a 26 year old female (carer)!"

Staff morale was extremely high and all staff we spoke with had a real pride in their work and expressed a genuine affection for the people they supported. Comments included; "I have a caring nature and it gives me great satisfaction to help someone. This job enables me to bring a positive change in the lives of [the people I support]", "I love to cook for my ladies and see them happy and have time to do all of our jobs and chat as we go. I help solve issues for clients that they see as major sometimes, that to me are easily solved such as reading meters and changing fuses" and "I like that I get to look after [the same people] on a regular basis and don't keep changing all the time as I've built up a really good rapport with my ladies now."

Staff were very dedicated to improving people's wellbeing and worked hard to enhance their lives. One member of staff told us how she had supported a person to write down their life story. The person had told staff that it was a lifelong wish to document her history for her family. The staff member helped type up handwritten notes and created an album from old photographs. They told us, "The joy it brought her also spread to me and it was such a wonderful thing to be part of to be able to do something for such a lovely lady knowing it had helped fulfil one of her life's wishes. There is no job that could bring such pleasure and job satisfaction as being a caregiver."

Another member of staff told us they looked after a person who used to love dancing when they were younger. They told us, "We often talked about how she met her husband on the dance floor in Stockton. Last year when Strictly Come Dancing was on I bought her a white board and every Friday I would write the name of the programme, the day and the time in my big 'teacher writing,' and prop the whiteboard in front of the television where she could easily see it and be reminded to watch. In addition, I rang her up 10 minutes before the Saturday programme was due to start, every Saturday. When I went abroad for a holiday, I rang from there. I put a reminder on my phone so I wouldn't forget and would get the right time as Europe is an hour ahead. I always asked her on Monday if she had seen the programmes. She couldn't quite remember until I mentioned a specific bit and then she said yes, she saw it. So, I know my idea helped her to relive her own wonderful, happy memories."

People were encouraged to express their views. The provider conducted regular quality assurance

telephone surveys where people and their relatives could express their views about all aspects of the service. We saw the results for the 2018 survey which were extremely positive with 92% of people saying they were likely or very likely to recommend the service to others. Those people who had said they would not recommend stated this was only because they would never make this kind of recommendation and it was not a sign of any dissatisfaction.

People were involved in their care and were kept informed. The same staff members provided support to people on a very regular basis and people were provided with a rota each week so they knew who would be coming to their home. Where there were changes to scheduled visits, people were informed. One person told us, "I get a note on a Saturday for the following week but they also ring me if there are any changes." Office staff told us that one person's printed rota was very difficult to follow due to the complex package of care they received. They told us that staff simplified the information and wrote it on to a white board in their home so they could easily see which staff to expect each day.

Staff treated people with a high degree of dignity and respect. One person told us, "They keep my dignity and are very respectful, all of them." A relative told us, "They have a lovely manner and can 'banter' and joke, so that [family member] feels more like he's with a mate, and not being 'babied' or 'looked after'. Given my [family member] was such a fiercely proud and independent man, this is really important. I feel they genuinely care for my [family member], and enjoy their jobs." Another relative said, "The carer is referred to as a companion and does not wear a uniform which is great as it does not stigmatise my [family member] when they go out."

One relative spoke passionately about their experience with the service. They said, "Their visits and help have enabled [family member] to continue to have a really good quality of life and given us reassurance that [family member] is in safe hands and still able to gain enjoyment from life even as his dementia progresses. [The service] have enabled [family member] to remain in his own home much longer than his social worker anticipated; to still get out and about and have an interesting and stimulating interaction every single day, rather than being trapped in his own home, bored, lonely, scared and isolated. To get exercise, fresh air and have something to look forward to each day rather than just sit blankly staring at a TV screen in a care home. This service is incredible, and I cannot recommend [the service] highly enough."

People's independence was promoted. Staff encouraged people to do as much as they could for themselves. One member of staff told us, "I will always encourage people to keep their independence, if it takes ten minutes for someone to put a pair of trousers on then that's how long it takes." Comments from relatives included; "They know when and how to help. For example, cutting up some foods, turning the plate, asking for bones to be removed etc. and when to let my [family member] do it himself", "They respect [family member's] need to try and still do things herself but also realise that due to her dementia she needs help and prompting and they handle this well" and "I like that they do encourage him to remain as independent as possible, but can also adapt the care depending on how [family member] is on that particular day."

Is the service responsive?

Our findings

Staff provided personalised care that not only met people's needs but enhanced their lives. One person told us, "To be quite frank, I cannot fault them in any way. Besides them looking after my interests they are very encouraging and cheerful. They come in smiling and I end up smiling!"

One relative told us, "[Family member] does not know [staff] names, but recognises them, and reacts positively when he sees them. He associates them with having the freedom to still go out and about and do things he enjoys." Another relative said, "The services of Cleveland Care (at Home) have greatly enhanced her quality of life as she would have long spells alone at home."

We were told how staff who supported one person went out of their way every morning to collect a newspaper as no newsagents would deliver to the remote village where the person lived. The staff team leader told us, "He likes the Telegraph and if one newsagent doesn't have it they go to another until they get one. All before their half past seven call."

A member of staff told us, "I text [person's name] most days as I know she gets very lonely. We have great fun with emojis - she loves them!! I text each morning to ask if she needs anything from the shop on my way. I know such small gestures make an enormous difference to her day and her wellbeing."

People were assessed to ensure their care plans met their individual needs and the very detailed care plans we saw reflected this. Care plans included lots of information about the individual, their life history, likes and dislikes. Very specific instructions were provided so that staff knew exactly how to deliver care in a way that suited each individual. For example, in one person's care plan it stated, 'Likes Mellow Birds coffee with milk warmed in the microwave.' This attention to detail meant that people were being cared for in a way that was specifically tailored to meet their needs and make their life as comfortable and enjoyable as possible.

Staff all told us they were given time to read people's care plans and were invited in to the office to do this before they ever delivered care to anyone new. One relative said, "I have found the whole experience with this company from my first call to them to have been very professional, everything has been about providing a care package personally designed for my mum's needs."

The service provided peace of mind for relatives. A relative told us, "This company offers a completely flexible service that puts the needs of the client and family first. It is a great comfort to us that my [family member] is being so well supported in being able to live at home as we are not nearby." Another relative said, "The communication is very good. If the carers have any concerns about [family member], this is raised with us so that we can action. It always feels like a two-way conversation, we can ask for their input and thoughts and they never present information in a way that makes us feel uncomfortable or that we are being told what to do."

The service was responsive to people's changing needs. A staff member told us, "If there is something to do with a change in care then I can bring it to the manager and she's excellent, she deals with it straight away."

A relative told us, "They've been really good at increasing the visit times as required. For example, when [family member] started taking longer to get dressed or in times of illness or crisis."

As part of the electronic monitoring of calls it is flagged up if calls are regularly taking longer than the allocated time. This is reviewed by the registered manager who will look at whether the person's needs have changed and then discuss the possibility of increasing call times, or the number of calls, to ensure all of their needs are still being met.

Staff supported people to go out and recognised this called for greater flexibility at times. One member of staff told us they supported a person with a visual impairment and if they wanted to go somewhere different it would often mean time being added to the call. This type of change could be accommodated easily at short notice.

People were encouraged to attend social events to prevent social isolation. A comprehensive list of activities available in the local community had been devised so that care staff could make people aware of the options available to them in the local area. This included things such as luncheon clubs, reminiscence groups for people with dementia, exercise classes and craft groups. This list was also being produced as a leaflet that could be distributed to everyone who used the service.

The service had not received any formal complaints since our last inspection, we could see that there was a policy in place to handle any complaints that did come in and people we spoke with knew how to raise a concern if they needed to.

The service had received numerous compliments from people and their relatives. For example; "The service your company provides is second to none. We are all so grateful for all that you and the [staff] have done. They are all lovely' and 'Thank you for all the visits from such lovely people. I always look forward to their arrival."

The service had recently provided end of life care to a person after their condition deteriorated rapidly and unexpectedly. The provider had reacted very quickly to add in all the extra calls necessary and provide care and support to the person and their family. The staff who were sent in to provide this support were the same staff who had previously been supporting the person so they were familiar to them and this had been a great comfort to their family.

This incident had highlighted the need to be prepared for this in the future and a plan was in place to roll out end of life training to all staff.

Is the service well-led?

Our findings

The provider was exceptionally committed to building strong links with the local community. A fraud prevention scheme that was in the early development stage during our last inspection had now been very successfully implemented. As part of this scheme the provider had engaged with other professionals such as the fire service; NHS falls teams and NHS community coordinators to raise awareness and in doing so ensure many more elderly and vulnerable people were protected from fraud.

The provider had worked alongside the local police force and had delivered many free workshops across the local area. The service had won a Community Minded Business Award from the Police & Crime Commissioner for Cleveland for the work they had done to keep people in the community safe from fraud. The award was proudly displayed in the caregiver's room. They were also awarded 'Outstanding Contribution to the Borough of Stockton-on-Tees' at the Service to Community Business Awards. This work had not only benefitted people who used the service but also had a more wide-reaching and crucially important impact on the wider community. There was evidence that people had successfully avoided becoming the victims of scams and fraudsters as a direct result of the scheme.

A police representative told us, "I can't praise [director] and team enough, through their work with vulnerable community members they became aware of the issues around fraud and have been determined to do their bit to prevent more victims falling foul of these awful fraudsters."

Staff who had been supporting people to attend coffee mornings and clubs had suggested the provider started their own event and fundraising had already begun for the introduction of the new 'Friendship Café'. The first session of the Friendship Café had been scheduled to take place in November. Its aim was to give opportunity for staff to take people they support for social interaction with others and also to attract other elderly people and their carers from across the local community. It was planned that these events would be a long-term community liaison project used to deliver important messages to keep people safe and healthy. For example, presentations were planned around staying well-nourished, Alzheimer's training for families, the Dementia Friends scheme and falls prevention.

The registered manager told us, "We have committed a lot of time, effort and money into this to ensure we can make it successful and of great positive benefit to the community. We will then be looking to cascade the project to other community areas once we have made the Stockton Friendship Café a success."

The provider had been involved in fundraising events for local and national charities. A member of staff had personal reasons for wishing to support the Trinity Holistic Centre at James Cook Hospital for their support to cancer patients and the provider was happy to support a fundraising event. Staff, family members and people who used the service were all invited to take part. A Macmillan Care coffee morning was also well attended by people using the service and their families.

There was a leadership culture which both nurtured and empowered staff. There was a commitment to training and development of staff. The provider had placed real emphasis on the importance of this by investing in the resource library. This dedicated space meant care staff could spend time together sharing

best practice and accessing additional information outside of formal training sessions.

We saw evidence of how the provider went above and beyond to ensure staff wellbeing was supported. For example, they had introduced an employee assistance programme which offered access to professional advice and counselling. During a period of particularly bad weather we saw a memo had been sent to all staff that stated, "Please drive carefully, do not rush and do not panic if you are running late. Simply ring your client or the office. Make sure your phone is fully charged and keep a phone and a blanket in the back of the car." The provider was committed to being an equal opportunities employer and statistics were calculated monthly to analyse the diversity of the workforce.

The annual staff survey results reflected the very positive relationship between the care staff and leadership team. Without exception staff reported being proud to work for the service and understood how their work contributed to the provider's values and goals. Responses indicated 100% of staff felt motivated to do more than required of them and this was evidenced in the way staff went out of their way to provide exceptional care.

Staff told us they felt extremely valued as part of the team. Staff comments included; "I know if I was struggling for any reason they would 100% accommodate me. I will go out of my way for them as I know they do the same for me" and "The [provider] manages to keep everybody happy, [care staff], people, families, office staff. They go above and beyond what is expected of them. They check up on us constantly to make sure everything is ok. You don't ever need to approach them as they always approach you first. You are part of the group and valued right from the interview."

The provider also went out of their way to ensure staff were involved in the service. They were invited to regular staff meetings that were held at various times over a number of days to ensure that all staff could attend. The provider had created a warm and welcoming office environment that staff felt comfortable calling in to on a regular basis which meant their input was not limited to staff meetings. This gave staff the chance to make a valuable contribution to the running of the service and all the staff we spoke with felt their views and opinions were listened to and acted upon. We saw how ideas raised at staff meetings were being adopted, for example the introduction of the Friendship Café.

Staff felt the service was well led and that office staff worked very closely with them as part of a strong team. This enabled them to do their job well and ensured things ran smoothly. Comments included "The office staff are very friendly and approachable. We have sometimes made requests to alter visit times at very short notice and never been made to feel uncomfortable about this, although I'm sure it must cause some inconvenience", "I've no issue at all with the office staff, they are second to none. We are there to support the [people using the service] so the office staff have to be there to support us. They are always positive and always friendly" and "[Registered manager] is excellent. It's my family away from family here, I've never been so comfortable in a workplace." The registered manager had a good relationship with senior management and felt well supported. They told us, "I can pop into the director's office at any time to discuss anything at all, if I have any ideas or suggestions the directors always take the time to listen to what I have to say and we all decide the best way to move forward."

People we spoke with knew the directors and registered manager. They felt the service was well run and that communication was good. One person told us, "The office keeps me updated." A relative told us, "I feel the company is run well and I am aware of who to contact if I need any help or have a problem. On the odd occasion when I have contacted the office I have found the staff on the phone very friendly and helpful. I have been contacted to see how things are going and when my mum was in hospital recently there was genuine concern from the staff members I spoke to."

The service had a positive culture that was open and honest. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. The directors and registered manager spoke with passion about the service, what they had accomplished and what visions they had for the future.

The registered manager monitored the quality of service provided. A comprehensive programme of audits was conducted regularly to monitor and assess procedures. We were told how information from these audits would be used to improve the service. The audits we reviewed had not identified any areas of concern and therefore no actions were necessary but systems were in place to ensure continuous oversight and the manager was skilled and experienced in monitoring service quality.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had notified CQC when appropriate.