

The Good Care Group London Limited

The Good Care Group

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service:

- The Good Care Group is a domiciliary care service providing care and support to people in their own homes. At the time of the inspection there were 250 people using the service, the majority older people living with a diagnosis of dementia.

People's experience of using this service:

- People using the service were consistent in their view that the service was unique in its delivery of care and delivered outstanding care. Typical comments included, "Wonderful service. I do not feel I could survive without them" and "Excellent service that has truly given me a life line."
- Health and social care professionals were equally impressed and said they had excellent working relationships with the service and felt that they were committed to supporting people to achieve the best outcomes possible.
- The service worked in partnership with health professionals and kept up to date with new research and developments in the field.
- There were champions within the service such as a specialist dementia nurses, Occupational Therapist and an independent clinical advisory board who provided clinical leadership in a number of areas.
- The provider was proactive in trying to mitigate against the risk of unnecessary hospital admissions. It demonstrated that people received a better quality of care when compared with residential care services.
- The provider encouraged positive risk taking which promoted people's independence and their right to choose how they wished to be cared for.
- People received excellent care from care workers who were skilled in their roles. They provided people with emotional support and enabled them to lead independent and fulfilling lives.
- Care plans were individual and met the needs of people using the service.
- An independent investigations officer ensured that investigations into any incidents or complaints were robust and objective.
- there was an extremely high level of engagement with people, their relatives and staff. The provider was keen to get feedback so they could improve the service and the experience of people.
- Checks on the quality of the service were thorough and focussed on how they could achieve better outcomes for people.
- The service was an excellent role model for other services. It worked in partnership with others to promote positive experiences for people based on good practice.
- The provider was involved in numerous community initiatives, in partnership with other health and social care organisations.
- The service met the characteristics for a rating of "Outstanding" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "Outstanding".
- More information is in our full report.

Rating at last inspection:

- At our last inspection, the service was rated "Outstanding". Our last report was published on 15 September 2016.

Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

- We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates as per our re-inspection plan.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was exceptionally safe.

Details are in our Safe findings below.

Outstanding 

Is the service effective?

The service was exceptionally effective.

Details are in our Effective findings below.

Outstanding 

Is the service caring?

The service was exceptionally caring.

Details are in our Caring findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive.

Details are in our Responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our Well-Led findings below.

Outstanding 

The Good Care Group

Detailed findings

Background to this inspection

The inspection:

- We carried out our inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. Our inspection checked whether the provider was 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.

Inspection team:

- Our inspection was completed by one inspector and an Expert by Experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

- This service is a domiciliary care agency. It provides personal care to people living in their own homes.
- The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

- Our inspection was announced.
- We gave the service 24 hours' notice of the inspection visit because it provides a domiciliary care service and we needed to ensure the registered manager and staff were available. Inspection site visit activity started on 27 February 2019 and ended on 7 March 2019.

What we did:

- Before the inspection, we reviewed the information we held about the service. This included notifications sent to us by the provider, a Provider Information Return (PIR) and other information we held on our database about the service. Statutory notifications include information about important events which the provider is required to send us by law. A PIR is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan the inspection.
- We visited the registered location on 27, 28 February and 7 March 2019 to see the registered manager and

office based staff; and to review care records, other records related to the management of the service and policies and procedures.

- We spoke with three people using the service and relatives of 13 people who used the service.
- We spoke with the registered manager, chief operating officer, head of operations, head of care strategy, quality assurance manager, the head of internal engagement, a regional manager, a care manager, recruitment delivery manager, recruitment marketing manager, head of scheduling, an occupational therapist, a consultant admiral nurse, the business systems manager, two business development managers, seven carers and we received feedback from four health and social care professionals.
- We reviewed 17 care records, three staff personnel files, audits and other records about the management of the service.
- We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

Is the service safe?

Our findings

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

Outstanding: □ People were involved in developing a comprehensive and innovative approach to safeguarding, including positive risk-taking to maximise their control over their lives.

Learning lessons when things go wrong:

- There was an open culture in which all safety concerns raised were used as a source of learning and improvement. Learning was based on a thorough analysis and investigation when things went wrong.
- The incident reporting process had been improved to enable self-reporting by care workers. Staff were open and transparent, and reported any incidents and near misses either directly through the Intranet or raising an incident case through the 'carer services team'. All reported incidents were monitored with strict timescales for them to be reviewed, triaged and assigned a risk rating.
- There was excellent management oversight at all levels of the organisation for all reported incidents. A daily report of all the cases that had been opened was sent to the care managers, regional managers, head of operations and the registered manager which gave them an opportunity to review all the cases. The quality assurance team monitored any incidents that had breached their resolution targets every month with regards to any investigation and an action plan. Incidents and adverse events were reported to the board every month.
- There was a serious incident framework for management of complex, high-risk incidents. These were discussed in a multi-disciplinary team meeting and supplemented by very detailed investigation reports. Regional managers reported on these every month.
- There was an independent investigating officer who was responsible for looking at complaints, safeguarding and incidents and identifying any points of learning. There was evidence that the provider was open to accepting any identified actions to drive improvement.

Assessing risk, safety monitoring and management:

- There was a transparent and open culture that encouraged creative thinking in relation to people's safety. All care managers had received training in positive risk assessments.
- People were enabled to take positive risks to maximise their control over their care and support. They were actively involved in managing their own risks as equal partners with their relatives, the service and other professionals.
- The provider consulted with people and families when considering risks to people. For example, relatives were consulted where appropriate when the service had devised a new positive risk assessment and the form was amended based on the feedback received.
- The provider had successfully implemented the positive risk-taking assessment for people with Parkinson's who wished to remain independent and still wanted to retain control over aspects of their care including medicines and falls managements. Following the implementation of the positive risk assessment, a person had agreed to certain actions to manage the risk which were reviewed every six weeks. Another person with a pressure sore had declined pressure care dressing and they were made aware of the risks, and

told it was an unwise decision from a clinical perspective. Following a Multi-Disciplinary Team meeting, an agreement was put in place for the management of pressure sores in line with the person's wishes. These examples demonstrated that people were supported to live fulfilling lives in a way of their choosing, while managing risks.

- Care workers were given clear and detailed information in relation to supporting people who may display behaviours that challenged. Behaviour care plans included people's goals and wishes and how they wished to be supported. They also included detailed information about signs of agitation, known triggers and strategies for presenting behaviours. This meant that care workers had the information they needed to support people in a way that ensured their safety and wellbeing.

Staffing and recruitment:

- People and, if appropriate, their next of kin were actively involved in decisions about the care workers who were supporting and caring for them.
- There was an extremely strong emphasis on the values and behaviours of new care staff during the recruitment process. Care workers were recruited mainly on their personalities and whether they demonstrated the characteristics of a good live-in care worker.
- Since the last inspection, the provider had made improvements to its recruitment process. Job adverts had been refined to more clearly reflect the values of the organisation. The provider had started an 'ambassador' programme, where existing care workers who were passionate about the role and captured the values of a good live-in care worker were engaged in the recruitment of new staff. They helped at recruitment events and hosted coffee mornings. An occupational psychologist had been employed to improve the interview questions to seek ideal candidates for live-in care. New care workers completed a situational judgement test prior to being called for an interview. Candidates who scored highly on the test were invited to two separate interviews to assess their suitability for the role.
 - As a result of the changes made as highlighted above, there had been a marked improvement in the numbers of care workers that had their appointments confirmed after being offered a job in 2019 when compared with the figures for 2018.
 - Staff recruitment procedures were robust and the provider followed the principles of safer recruitment when employing staff, as required.

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

- People using the service and their relatives said, "The care workers always make me feel safe otherwise I would not have them here" and "My relative is always safe and comfortable with the care workers."
- Safeguarding training was delivered to care workers during induction and refreshed annually after this.
- Care workers demonstrated an excellent understanding of safeguarding procedures and what action they would take if they had any concerns about the safety and wellbeing of people.
- Records showed that the provider was diligent in reporting any concerns to the relevant authorities where concerns had been raised. The provider followed good practice and acted appropriately in response to any safeguarding concerns.

Preventing and controlling infection:

- Staff understood their roles and responsibilities in relation to infection control and hygiene.
- Policies and procedures were maintained and followed in line with current relevant national guidance.
- In the lead up to winter with the increasing risk of acquiring infections, the provider shared a range of information resources about how infections could be prevented, avoided and managed in order to keep care workers and the people they supported safe and healthy. Topics that were covered included top tips for staying well in winter, urinary tract infections, chest infections, the flu, and sepsis.
- The provider encouraged its care workers to get the flu jab by making a commitment to make a monetary

donation to charity if a certain number of care workers got themselves vaccinated. This proved to be a successful endeavour.

Using medicines safely:

- The provider worked with people and involved them in the management and administration of their medicines.
- People's goals and wishes in relation to their medicines support were considered and their needs met. People were supported to manage their own medicines after they had been assessed as being safe and able to do so. Medicines support plans and protocols for taking medicines were included and reviewed on a regular basis.
- Any risks in relation to medicines support were assessed and included detailed risk management strategies to support people in a safe manner.
- Care workers were confident in administering medicines and received appropriate training to do so in a safe manner.
- The provider had implemented electronic medicines record keeping called eMAR as a direct result of feedback and data regarding medicine errors with the overall aim to reduce the number of errors and to monitor medicines administration in a more timely and effective manner.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

Outstanding: People's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

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

- People using the service and their relatives praised the provider for being proactive in relation to their health. Comments included, "They are wonderful, always keeping an eye on my health", "They are brilliant, always doing prevention so we do not have my relative getting worse", "They are always on the ball, they ensure that my relative is well as can be. They aim for prevention, never ignoring any issues" and "They always go the extra mile."
- Feedback that we received from health and social care agencies was that the provider was open to establishing new ways of working and relationships for the benefit of people using the service.
- One healthcare professional said, "From what I have experienced, working alongside the organisation, I would describe them as innovative, holistic in their approach and not afraid to try something new to improve resources, direct services and the experience for their employees."
- An Admiral Nurse (specialist dementia nurses) and Occupational Therapist provided clinical led care for those people with more complex nursing or mobility needs. This helped to ensure they experienced positive outcomes regarding their health and wellbeing.
- The provider had introduced urinalysis kits and trained all staff in their use for the early identification of potential Urinary Tract Infections (UTIs), one of the primary reasons for hospital admissions. This had produced very positive results and a decrease of 60% in the number of related hospital admissions among people who use the service.
- In response to a spike in chest infections during winter 2017/2018, the provider ran an infection awareness campaign, sending videos, exercises and recipes to help inform and educate people, cares and families about the importance of preventing chest infections. They had also run a programme to get their care staff vaccinated. As a result of this, chest infections acquired during winter 2018/2019 were significantly lower than the previous year.
- The provider created webinars for people, families and staff, providing information on a number of areas including effective falls prevention.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- The service worked in partnership with health professionals and kept up to date with new research and developments to make sure staff were trained to follow best practice.
- One healthcare professional said, "I have been impressed by their determination to improve quality in areas of healthcare. My view is that the TGCG are doing their best to provide a level of service that meets the needs of their clients, whilst striving to improve the quality of their work."

- There were champions within the service such as a consultant Admiral Nurse, an OT and an independent clinical advisory board. They actively supported staff and provided clinical leadership to make sure people experienced good healthcare outcomes leading to an outstanding quality of life.
- Both the Admiral Nurse and OT were involved in a number of audits all looking at how the quality of care and outcomes for people could be improved and whether best practice was being followed.
- Some of the audits that had taken place was around the management of pressure ulcers and an audit of people that had been prescribed anti-psychotic medicines to look at trends and identify any learning. Recommendations from audits were actioned so that the service could be assured they were using best practice in relation to these areas.
- An audit in against a dementia baseline assessment tool that had been developed by NICE had been completed in December 2018. This helped to ensure the service remained compliant with best practice in relation to dementia care.
- The provider had benchmarked outcomes against alternate care provisions to demonstrate the benefits of live-in care. This looked at the following areas, falls management, pressure sores, UTIs, chest infections, antipsychotic medicines and palliative care. The analysis of data as compared to alternate care provisions showed more positive outcomes for people in receipt of live-in care.
- For example, when compared with care homes, the data showed that people experienced fewer serious injuries because of falls, were less likely to acquire pressure sores, less likely to be prescribed anti-psychotic medicines, had fewer hospital admissions due to early diagnosis of UTI's and chest infections, and were more likely to die in their preferred place.
- The provider was preparing a paper around reducing emergency intervention for UTIs through the introduction of urinalysis testing kits for publication in a scientific journal.
- The assessment process had been improved since the last inspection to streamline it and make it as comfortable as possible for people and their families. The client services' team received an initial enquiry and completed a thorough 'discovery process' to ensure that people understood what live-in care was. Once understood, a profile of the person was passed onto a care manager who would make a pre-assessment call before a formal assessment took place in people's homes. The formal assessment was comprehensive, covering all aspects of the care and support that could be required, including medicines, eating and drinking, personal care and companionship.

Staff induction, training, skills and experience:

- One relative said, "They are a great company. The support and training and experience the care workers have makes such a difference to my relative."
- New care workers received a comprehensive induction over five days. They were introduced to the company's values and ways of working.
- Training was tailored to the individual needs and learning styles of staff. New care workers were assessed on their competency against the Care Certificate and completed specific modules based on any skills and knowledge gaps that were found. The Care Certificate is an identified set of 15 standards that health and social support workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new support workers. New care workers were required to complete their mandatory and the Care Certificate training during their 16-week probation. The provider was in the process of submitting its induction program to be formally accredited with the City and Guilds, which would mean that care staff would get a recognised qualification on the completion of the induction training.
- The provider run a number of annual refresher days covering topics they considered mandatory. First aid was refreshed every three years. This was delivered face to face, travel and accommodation for care workers coming from different parts of the country was paid for.
- The provider ran themed months where topics were discussed and resources shared. This helped to develop care worker knowledge and reinforced their learning. Topics that were covered included awareness

of mental health, dementia and learning disability, duty of care, communication, fluids and nutrition and equality. The provider also ran in depth training programs covering advanced dementia, Parkinson's and end of life care. The Admiral Nurse and OT provided coaching and held training courses for the organisation.

- The service acted upon feedback and was open to collaborate with care workers to deliver training. For example, a care worker with a background in wellbeing delivered training via a webinar to the organisation. The quality assurance manager said she often sat in on the training to assess the quality of it and as a result had made changes to medicines and end of life training based on feedback received.
- The provider utilised technology to deliver training and support through webinars and had established a training group social forum on the Intranet. Reminders about training courses were advertised through a weekly operations update email sent to all staff.
- There was a proactive support and appraisal system for staff. The provider had made improvements to the care worker pathway in the past year so they were more proactive with regards to supervision. They had moved to a framework where new care staff had a 24-hour shadow shift, irrespective of level of experience, as well as a six and a 16-week review. After the initial 16 weeks review, care workers received supervision every three months and an annual appraisal.
- The registered manager told us that where new care workers had excelled during their probationary period, they were considered for remuneration and their pay was reviewed.
- The provider had a team of experienced care staff called the 'rapid response team' who provided some peer to peer mentoring to new care workers to support them when they started their employment.
- We saw evidence that care workers were supported through proactive performance management and offered additional training and support if needed.

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

- People and their relatives told us their care workers supported them with all their eating and drinking needs. Comments included, "The meals are exactly what I like and how I want it. They do make sure I have a balanced meal" and "Wonderful meals are made. We are all happy with the support and choice of food."
- Care records contained detailed information about people's eating and drinking habits, their preferences and any support needed.
- Care workers demonstrated an excellent understanding of people's preferences and cooked homely meals according to people's wishes. They told us they involved people and encouraged them to help if they were able and happy to do so.

Ensuring consent to care and treatment in line with law and guidance:

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- An assessment of people's cognition and understanding was completed during the initial needs assessment.
- People were given a copy of their care records and were given the opportunity to decide on their support needs. If appropriate, they did this in agreement with their named Power of Attorney (POA) or next of kin. People were sent a letter confirming the assessment and a copy of their care plan which they were required

to consent to.

- People's goals and wishes in relation to their cognition and behaviour were included. People's capacity, consent and decision making were recorded which told us how people gave their consent and details of any POA in place. Details of any best interest decisions that had been made were stated. A relative said, "My relative is not good at making choices due to his illness. The care workers are aware of this and they always make choices in his best interests and never without getting him involved."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Outstanding: People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Respecting and promoting people's privacy, dignity and independence:

- Respect for privacy and dignity was at the heart of the service's culture and values. It is embedded in everything that the service and its staff do. People and staff told us felt respected, listened to, and influential.
- One person said, "I am given respect and dignity at all times, in everything the care workers do for me, whether it is bathing, washing or merely speaking to me with respect." A relative said, "My relative is blind so dignity and respect is so important. They treat her same as someone who could see."
- One healthcare professional said, "In my opinion, The Good Care Group deliver their services with the people that they support at the heart of everything they do. They ask for feedback from service users and then develop what they offer based on that, to ensure that they can meet the needs of individuals."
- People were involved in developing their care plans and were also involved in developing their own positive risk assessment plans.
- The provider was involved in numerous community initiatives, in partnership with other health and social care organisations. These were all based around supporting people to remain independent and to feel part of the societies they lived in. One of the business development managers was co-chair of the Sevenoaks Area Dementia Friendly Community Forum (SADFC).
- As part of the SADFC the provider was involved in setting up 'Forget-me-not Café's', hosting people living with dementia, their carers/family and friends. These were free of charge and offered companionship, peer support, talks, wellbeing activities, advice and fun.
- They also arranged dementia-friendly cinema screenings open to people living in the community and their carers/family to enjoy the cinema experience in a sympathetic environment.
- Wellness cafés in London had also been started. These were open to older people who might benefit from socialising, creative activities and light exercise. The Café provided a space and an opportunity to older people to make friends, share experiences with others going through similar situations, and staying connected to their community.

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

- We asked people and their relatives if care staff respected their choices and gave them freedom. They said, "Absolutely I am never pressured, they always take into consideration what I like", "The staff always respect what I want, they always give me choices" and "Yes they do, they understand our relative more than I do. They have a wonderful relationship."
- People and their relatives told us that care workers were kind and caring towards them and treated them with the utmost respect. The service focussed on building and maintaining open and honest relationships with people and their families, friends and other carers. Comments included, "They are more like family. It is

a pleasure to have them with me", "Staff are brilliant. Always caring and polite through very difficult circumstances", "They are wonderful under incredible circumstances, always calm" and "We have consistency which makes a big difference in care. They know her and have a great relationship."

- Where people had a diagnosis of dementia or a similar impairment, the provider used an accepted method based around contented dementia called SPECAL (Specialised Early Care for People with Alzheimer's) to support people. Care workers demonstrated that they were familiar with this method of dementia support and gave us examples of how they implemented this when caring for people.
- The provider considered people's personal histories and their interest and backgrounds and matched them with staff with similar interests and personalities. There was a team dedicated to the matching process, they worked closely with the care managers to ensure they received a comprehensive understanding of people's requirements so they could start the matching process as early as possible. Each care worker was allocated to people whose support needs reflected the level of expertise required.
- People were given the final say about the staff they chose to be their live-in care workers. Care worker profiles were given to people and their families so they could make an informed decision. The care manager always accompanied the care worker on their first day to help facilitate introductions and provide reassurance.
- A rapid response team consisting of experienced care staff was also available to provide further reassurance for an extended period during the first few days which were often the most difficult in terms of change. People who were new to the service also received a quality call from the regional manager during the first few days and an initial review took place at 30 days which helped to ensure people were happy with the care and support in place, or if any changes were needed. Records showed that where people were not happy with the care provided, the provider was proactive in listening to their concerns and tried to find alternate care workers for them.
- Managers and care workers were clear that they did not discriminate against any of the protected characteristics. They said that were explicit on matching care staff on the basis of experience, skills and personality traits.
- Managers made sure that staff were supported, respected and valued. There was a strong focus on the well-being of care workers who often worked alone in isolation.

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

- The service was exceptional at helping people to express their views so that staff and managers at all levels understand their views, preferences, wishes and choices.
- People and their relatives told us they were involved as equal partners in their care and were fully involved in the delivery of the care. Comments included, "We are always involved", "The care plan is always the paramount importance, the agency always places my relative at the centre of the care" and "They email me a draft for comments, I amend where necessary. They listen to my input."
- There was evidence that the provider actively engaged with advocates when supporting people which helped to ensure their rights were upheld. People and relatives told us their views were always sought and the delivery of care was in line with their wishes and needs.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- A professional said, "I work with many live-in care agencies and confirm that the service, both for the client and from my own perspective, is in a league of its own."
- People continued to enjoy living their lives how they wanted, taking part in interests, activities and being a part of the communities they grew up and identified with.
- The provider was at the heart of its communities and was involved in a number of community initiatives providing a service and a safe space for people living with dementia to come together.
- The provider had continued to be timely and effective in response to emergencies through the rapid response team, a team of experienced and skilled care workers who were available to provide extra support where needed nationally.
- People's care plans were comprehensive, covering a range of areas where people needed support, their preferences and how they liked to live their lives on a day to day basis. Care plans included people's wishes and hopes and how care staff could support them to lead independent lives. Care plans were regularly reviewed and updated to reflect any changing needs.
- People with higher support needs were under the care of the Admiral Nurse or the Occupational Therapist (OT) which meant they received intensive support based on their needs. This included input from the initial assessment of needs, remote support over the phone, including incident reviews, doing one-off visits, following a fall or incident, to providing reports with recommendations and more intensive reviews.
- There was a 24 hour on-call service, for care workers to access if they had any concerns or needed any advice. This included access to a member of the senior management team.
- The provider was moving towards a paperless office. This included electronic care assessments and planning, electronic medicines records, daily care notes and monitoring such as incident reports and other records such as food/fluid charts.
- As part of the digital improvement programme, a tablet device was put in every person's home. This meant the service was responsive to the needs of its care workers, and enabled greater communication for the staff many of whom worked alone. Care workers were able to access the staff intranet where the majority of resources including care plans, medicine records, daily notes, staff policies, training resources and staff forums were available to them to update as changes occurred.
- The service identified people's information and communication needs by assessing them. Guidance for staff was provided in support plans to help ensure they could understand people and be understood. The service was able to provide information in different formats, such as large print, and were aware of their responsibility to meet the Accessible Information Standard. The Accessible Information Standard makes sure that people with a disability or sensory loss are given information in a way they can understand. One relative said, "my relative cannot speak but they have a way they speak to him." Another said, "My relative cannot see but they ensure she does what she wants."

Improving care quality in response to complaints or concerns:

- Investigations were comprehensive and the service used innovative ways of looking into concerns. The provider had appointed a dedicated investigations officer who was not part of the operations team. This helped to make sure there was an independent and objective approach to complaints management and to provide assurance around the robustness of any complaints investigations.
- Where complaints were raised these were recorded and reviewed every week by the senior team, including the head of operations, the chief operating officer, the quality assurance manager and the investigations officer.
- There were clear timescales for the resolution of complaints and the provider monitored these through weekly reviews.
- The service demonstrated where improvements had been made as a result of learning from reviews. A shared learning log to identify trends in relation to complaints that had been received was produced by the investigations officer.
- A complaints analysis for 2018 was completed breaking down complaints into month and region, complaints handling against service level agreements and the nature of the complaints. There were trends identified and recommendations made to improve on aspects of the service provided.

End of life care and support:

- One relative said, "My relative is at end of care life, the care workers have been wonderful. The manager came across business like but with empathy, she let my relative speak to confirm what she wants." Another said, "My relative is at end of life care. All the respect and dignity you could imagine has been given to her. I am overwhelmed."
- The provider was aware and sensitive to the fact that discussions around end of life wishes and dying were sometimes difficult. As a result of this, they sought advice from the consultant Admiral Nurse and a palliative care consultant delivered training for the regional managers, care managers and the training team around how to approach the subject in an empathetic manner.
- The provider acted upon feedback from its care workers and had arranged for specialist end of life training. The EoL care plans had also been rewritten in response to feedback. There were two parts to the care plans, the first for all people using the service based around future wishes, if there were any advance wishes and decisions to refuse treatment and Do Not Resuscitate forms. The second aspect of the care plans was for people who were on palliative or end of life care. This contained detailed information about the physical signs of deterioration, what signs or symptoms the care worker could expect to observe and how to manage a person during the last few weeks, and days. There was also an after-death care plan guiding care workers on steps to take, and who to contact after a person had passed away.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

Outstanding: Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- People and their relatives told us the service was exceptional and distinctive. Comments included, "Wonderful service, I do not feel I could survive without them", "A great service", "They are a great company", "Outstanding service, we have had previously three companies and can compare" and "The service is outstanding, the people are wonderful."
- A healthcare professional said, "I have a high regard for their ethos and practice and have no reservation in recommending the care that they provide."
- The organisation's values had been refreshed following a consultation with both people using the service, relatives and carers. The values were empathy, professionalism, respect, team-working, expertise and trust. It was clear that these values were embedded into the service as demonstrated throughout the inspection from speaking to people, staff and feedback from healthcare professionals.
- There was an open culture at the service. Leaders and managers made themselves available, led by example and modelled open, cooperative relationships. Although the service provision was national across the whole country, with dispersed teams split according to region, the senior management team and the Board took an active interest in listening to the views of staff. For example, the Chief Executive went on national roadshows where regional managers had an opportunity to speak with her directly.
- The registered manager was aware of her responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and it sets out specific guidelines providers must follow if things go wrong with people's care and treatment.

Engaging and involving people using the service, the public and staff:

- There were consistently high levels of constructive engagement with staff and people who use services. Feedback was used to drive improvement.
- A client survey was completed in July 2018. The feedback showed an improvement in the provision of service when compared with the previous year's results. Responses reflected that care workers were of high quality, and delivered a person-centred and professional service. Some of the positive comments seen included, "TGCG has 'exceeded my expectations in every way'", "The service has reduced the stress involved in caring for elderly relatives" and "Very professional."
- There were also some areas identified as an opportunity for improvement. These were explored further in 'client focus groups' held in August 2018, hosted by the Managing Director and the quality assurance (QA) team. We reviewed notes from the client focus groups and saw that issues highlighted in the client surveys were explored.

- There was a 'head of internal communications and employee engagement' who was responsible for staff engagement. They reported directly to the Chief Executive Officer (CEO) and were independent to the operations team. Some of the areas of engagement included the following as highlighted below.
- The senior management team and the Board took an active interest in listening to the views of staff. A weekly care workers' lunch was chaired by one of the Directors. At the recent lunches, BREXIT was highlighted as being a major source of concern. The provider took this on board and had done some work on the EU settlement scheme, done a webinar for staff and offered care staff support with the HR department.
- Following the most recent staff survey a working group was put together that was chaired by the Chief Operating Officer (COO). In response to feedback, the provider made changes to remuneration of staff and introduced a new pay band and a pay review for new care workers who had excelled during their probationary period.
- The provider ran a number of focus groups on specific topics based on feedback received which were chaired by the Managing Director. Feedback received was acted upon.
- Care workers were kept up to date with any important changes or news in the organisation through a number of regular updates. These included a weekly operations update which came directly from the COO, a monthly, internal newsletter with a 'softer' focus including stories and sharing successes from people was distributed and a monthly 'core brief'.
- To increase engagement, the provider had developed social forums groups on the care worker community Intranet group. There were a number of groups dedicated to sharing tips, concerns, resources and general support. Groups included cooking tips and recipes, end of life care, dementia, travel group, and a getting together group. These provided a valuable sounding board for care staff who often worked alone.
- The provider was aware of the importance of promoting workforce well-being and the positive impact this would have on the quality and continuity of care. They had started a number of initiatives to help ensure their carers who often worked in isolation were well supported and were given emotional support. The recruitment process had been changed to try and identify ideal candidates for live-in care. The provider also carried out work to identify potential triggers and tell-tale signs that care workers were struggling to cope with the pressures of lone working. Care workers were asked to complete a wellness plan. There was an employee assistance programme, which was anonymous and free to access providing advice and counselling. Carers were signposted to other organisations if required.

Continuous learning and improving care:

- The service had a strong emphasis on continuous improvement and ensuring better outcomes for people using the service.
- The QA manager reported directly to the managing director and the board which meant the team was objective and independent to the operations team who were responsible for service delivery.
- There was a QA framework in place with clear guidelines about the areas of work, the frequency of reporting and the resources allocated.
- As part of an overall commitment to quality, the QA team collated and thematically analysed client feedback, client focus groups, complaints and client incident data in order to identify what they were currently doing well, and where there were opportunities for further improvement. The QA team report monthly on these to the Board.
- The head of care strategy and QA manager completed a 'quality and compliance report' every month where they reviewed several indicators such as incidents, medicines errors, chest infections, falls, pressure sores, behaviour, UTIS, complaints, safeguarding. These were completed every month so trends could be analysed according to time of year, and regions.
- There was a clinical advisory board which met every three months, there were five members on this board. Clinical expertise on the board included general practice, psychiatry, geriatrics and pain medicines and also

included a lay person with no clinical background. The meetings were chaired by the managing director and also attended by the QA manager. The clinical advisory board was used as a sounding board, provided guidance around clinical outcomes in areas such as UTIs, end of life care, infection awareness and pain management.

- The provider had an improvement programme that was focussed on reducing unnecessary hospital admissions for people. There was a quality improvement steering group which focused on outcomes in relation to four areas falls, end of life, chest infections and UTIs.
- Mock CQC inspections took place where each team in the business was audited against the key lines of enquiry and the results reported to the operations team. These took place twice a year for each department.
- The provider had recruited a digital project manager to help develop and support its digitisation. Feedback was taken from staff when developing a new, bespoke IT system. The aim of the project was to move to a paperless environment and included the development of the care worker community for staff to access policies, guidance and social forums and also the migration to an electronic care planning system.
- There was a phased programme of work where the next steps were to make the care plans available to people and their relatives electronically and also launching a 'client community' where people and their relatives could access changes to medicines, notes, upcoming appointments and record incidents. The provider said they were due to start user acceptance testing on the care planning in the coming weeks.
- A medicines review had led to the in-house development of an online MAR chart (eMAR) with the aim of reducing medicines errors. This was a bespoke system designed in collaboration with working groups which included care workers. This was trialled in May 2018, followed by a full roll in August 2018. A review and learning project was completed post roll-out, that evidenced the benefits of the new system and what further changes were needed to make it even better.

Working in partnership with others:

- The service had a track record of being an excellent role model for other services. It worked in partnership with others to build seamless experiences for people based on good practice and people's informed preferences.
- Leaders, managers and staff strove for excellence through consultation, research and reflective practice. One healthcare professional said, "I have collaborated with The Good Care Group for nearly two years and will continue to do so because of their passion, focus and enthusiasm to create positive change for people affected by Dementia."
- The COO sat on the board of a number of different health and social care organisations, including the United Kingdom Homecare Association (UKHCA), The Live-in Homecare Information Hub and L&Q Living.
- The COO was also involved with the young dementia network and had been involved in the development of a decision-making tool for GPs for diagnosing dementia in younger people. This tool had been approved by the Royal College of GPs and was being rolled out nationally.
- As a collaboration with other live-in care providers in the Live-in Homecare Information Hub, the provider was involved in the publication of a report, based on quantities data about falls and hospital admissions, raising awareness of the benefits of live-in care compared to care home settings.
- The provider submitted presentations and had speaker slots allocated at the 2018 UK dementia congress.
- The provider worked with Bupa Cromwell Hospital to design a dementia training programme for staff, including nurses and health care assistants from different hospital departments.

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

- Governance was strongly embedded into the service. There was a strong framework of accountability to monitor performance which led to improvements to how the service was run.

- There was a clear management and governance structure with different teams responsible for various parts of the business, some of these were independent to the operations side of the business which meant there was a degree of impartiality.
- Notifications to CQC were submitted in a timely manner and there was evidence that the provider acted swiftly when concerns were raised.
- Learning outcomes from complaints, incidents and safeguarding concerns were used as an opportunity to drive improvement.