

Atkins Care Services Limited

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Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service:

Atkins Care Services Limited a domiciliary care agency that was providing personal care to 80 people predominately aged 65 and over at the time of the inspection.

What life is like for people using this service:

People and their families were at the heart of everything this agency did whether this be carefully matching staff to people or organising a vast array of interesting activities to help people remain active and reduce loneliness. People received an extremely effective service where staff quickly recognised the care and attention they needed and made sure this was provided in a timely and efficient way. This had helped people to stay as well as possible and receive the right support or advice.

People and relatives described staff as exceptionally caring, compassionate and kind. Staff were approachable and friendly with people they cared for and knew them very well. When staff described people, they cared for they were extremely respectful. Three people told us, "She's like a ray of sunshine coming in.", "I can't fault the carer, she is more of a friend" and "They lift my spirits when they come in".

Staff also told us that the provider and registered manager cared for them and supported them with their work and any difficulties they experienced whether that be child care or housing.

Staff cared for people in an exceptionally person-centred manner treating each person as an individual, and involving them in their care at every stage. One person told us, "The carer is excellent – young and brings life into me." Another person said, "I'm very satisfied. They are very caring, very professional." One more person added, "A great relaxed crew that I am happy to spend leisure time with."

People told us that they were visited consistently by the same staff, unless due to leave or sickness but even then, they had been previously introduced. They said staff were well trained and experienced, along with being exceptionally caring and compassionate toward them and their relatives. People and relatives said that staff went, 'the extra mile' by doing things like caring for someone's dog when they were in hospital, making sure someone's garden looked lovely as they knew how much this meant to them at the end of their life. Staff made sure one relative was not left alone the night their family member passed away. Where needed, staff were quick to support people to have access to health care professionals such as a GP, occupational therapist or, when necessary, emergency services.

Care plans were created in partnership with people and relatives to ensure they were person centred and tailored to peoples' needs, preferences and routines. There was a wide range of individual and group activities on offer including trips and two 'dementia' cafes which offered support, teaching and resources advice as well as charity fundraising involving people and relatives. People and relatives commented on

how much these activities helped them and how much they appreciated them. They also reduced social isolation and, in some cases, had led to improved health, mobility and wellbeing.

People who received care from Atkins Care Services Limited told us consistently that they felt safe and supported by staff who visited them. Staff were punctual and always stayed for the full visit times.

The service was exceptionally well managed by a supportive and progressive management team. The provider was working towards a goal of being a local resource and education provider which supported people with dementia, their families as well as the whole community. People, staff and relatives were involved in helping the service improve. The provider and registered manager were involved in many local and national initiatives with the aim of improving the standards of care for all, not just for those they directly care for.

More information can be seen in the main body of the report for each Key Question below.

Rating at last inspection:

At the last inspection the service was rated Good. The report was published on 19 August 2016. At this inspection we found the service had made improvements and is now rated as Outstanding.

Why we inspected:

This was a scheduled inspection based on the previous rating. We inspect all services rated as 'Outstanding' every 3 years to ensure that we regularly monitor and review the quality and safety of the service people receive.

We will continue to monitor the service as per our published inspection methodology to ensure that people receive safe, high quality care. Further inspection will be planned as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our findings below.

Good 

Is the service effective?

The service was effective

Details are in our findings below.

Outstanding 

Is the service caring?

The service was caring

Details are in our findings below.

Outstanding 

Is the service responsive?

The service was exceptionally responsive and person centred

Details are in our findings below.

Outstanding 

Is the service well-led?

The service was well led

Details are in our findings below.

Outstanding 

Atkins Care Services Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector and an Expert by Experience who made telephone calls to people and relatives. 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:

Atkins Care Services Limited is a domiciliary care agency that provides personal care to people in their homes. CQC regulates the care provided by the agency. 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:

We gave the service less than 24 hours' notice of the inspection visit to ensure the registered manager would be available. The inspection site visit activity started on 21 January and further analysis of evidence the provider sent to us took place on the 30 January 2019.

What we did:

We reviewed the information we held about the service. This included the previous inspection report, notifications since the last inspection and feedback from the local authority. Notifications are changes, events and incidents that the service must inform us about. We used information the provider sent us in their Provider Information Return (PIR). 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.

During the inspection, we visited the office location on 21 January 2019 to see the provider, registered manager, office staff and two care staff. We also reviewed care records and policies and procedures. We reviewed three people's care records, four staff files around staff recruitment, training and supervision and records relating to the management of the home. After the inspection we completed telephone interviews with 10 people and three relatives.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

At our last inspection published in August 2016, we rated this Key Question as 'Good'. At this inspection we found that the care people received remained safe. People were safe and protected from avoidable harm. All the legal requirements were met.

Systems and processes

- Systems were being followed to minimise the risk of abuse and to act in accordance with the local authority's and provider's safeguarding policy. The registered manager had made one safeguarding referral to the local authority to protect a person who used the service.
- People were protected from the risk of abuse because staff were knowledgeable of how to report and react to any signs of abuse. One staff member said, "If I witnessed any abuse by a carer I would report it to social services."
- People told us they felt safe using the service. One person said, 'I lock my doors and only let people in that I know, and I know them.'

Assessing risk, safety monitoring and management

- Comprehensive risk assessments had been completed for every person using the service which considered personal care, risk of falls and the environment in which care was to be provided. Records were up to date and described the actions staff should take to reduce risks. One person said, "He always reminds me to use my Zimmer – neither of us want me to fall." One fall had occurred during care, but all actions were taken to minimise harm and to seek medical attention.
- One relative told us, "(Named) had a fall, not when the carers were there but we discussed the reasons and now after the wash she goes back to the bed and sits to be dried. We agreed to put a bath mat and towels on the bed – it's much safer and it was good to have them to discuss it with."
- There were contingency plans in place to ensure people's care would continue in the event of an emergency.

Staffing levels

- People were cared for by suitable staff as the provider had robust recruitment procedures in place. The provider carried out appropriate checks to ensure they employed only suitable people. Prospective staff were required to submit an application form with their previous employment details. We saw evidence that the provider had obtained references, proof of identity, address and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.
- There were sufficient staff numbers to complete the home visits undertaken by the service. The registered manager and provider used an electronic planning system to ensure that staff attended the right calls for the right length of time. People were informed of who would provide their care one month in advance. This allowed people to tell the agency if they needed to change appointments or times.
- In the last two years there had been one missed visit. As soon as this was identified two hours later

immediate action was taken and later staff went to visit the person and explained what had happened and apologised. Staff were rarely late but if they were held up at a previous call or in traffic people confirmed they were informed. One person said, "Now and again they have to change the time, but they always tell you and check that it's OK for you."

Using medicines safely

- Peoples' medicines were being administered safely by staff because staff were trained and senior staff checked that they remained competent. All medicine administration records (MARs) we saw had been filled out correctly and with no gaps or errors.
- People's allergies and recommended amounts for 'when needed' medicines were clearly set out in people's care plans.
- One person said, "They remind me to take my medication and they sign to say that I have been prompted." Another person said, "If I complain about awful pain they remind me about paracetamol which I sometimes haven't thought of."
- The registered manager audited all MARs that came to the office. This helped to ensure that any discrepancies were identified and rectified quickly.

Preventing and controlling infection

- People were protected from the risk of infection because staff had been trained and knew to wear gloves and aprons at visits. Everyone said that staff always washed their hands. One person also said, "If they have done something I have noticed that they always change their gloves before doing something else."

Learning lessons when things go wrong

- Where accidents and incidents had happened, a full record had been made, along with an analysis of what went wrong, and any actions or additional staff training needed to try to prevent a further accident. The provider and registered manager and team leaders discussed any accidents or incident to try to look for any patterns or trends.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved outstanding outcomes and promoted an excellent quality of life, based on best available evidence

At our last inspection published in August 2016, we rated this Key Question as 'Good'. At this inspection we found that improvement's, such as introducing the frailty fulcrum, had led to better outcomes for people. People's outcomes were exceptional for both health and welfare. Examples from staff and feedback from people confirmed this.

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

- Peoples' needs, and choices were assessed, recorded and implemented so that care and support could be effectively delivered by staff. People were at the heart of the planning and assessment process, so their wishes, preferences and needs were always responded to. People we spoke to confirmed that senior staff and management had met with them at the start of their visits to carry out very detailed assessments. These meetings continued regularly to ensure the assessments and plans remained up to date and took account of any changes to people's needs.
- Each care plan contained a pre-admission assessment which considered people's needs and the support required. The pre-admission assessment looked at all aspects of the persons daily life, risks, their routines and preferences. The final care plans had drawn from information found in the initial assessment. For example, one person was able to do more on some days than others, staff had guidance about what they could do for themselves and to encourage them to take part in as much of their own care as they were able to that day. The persons relative said, "They [staff] have more confidence to let him do things than I do – they keep him more independent."
- The provider was the national lead for all the agencies within the group for implementing the NHS Frailty Fulcrum. This is standardised frailty score and needs assessment. The provider had introduced this and found that although all GP's were bound by this they were not always aware. The provider was working with GP's and where the frailty score had been used services had been provided which otherwise may not have been easily accessible by people or families. When someone was identified as frail using the score they contacted and worked with other health professionals such as occupational therapists and physiotherapists to provide a holistic service to prevent deterioration of health and risks associated with frailty.

Staff skills, knowledge and experience

- People received effective care because staff were well supported with induction, training, supervision and appraisal.
- Staff had received training in areas such as dementia, moving and handling, medicines, mental capacity, safeguarding, food hygiene and first aid. This was via online and face to face training. One person told us, "I'm told that they have an intense two weeks training before they can do anything on their own." New staff completed a care certificate, which is a nationally recognised set of standards. The provider was working towards having 70% of staff having completed a course in dementia care. Not all staff cared for people living with dementia, so this allowed trained staff to provide care to people who did have dementia. Five senior staff, including the registered manager, had also completed a university course in 'Advanced practice in

delivering person-centred dementia care'. One relative said, "The carer knows all about good and bad days and is able to spot when my wife is more likely to co-operate with something that she doesn't like doing – like washing." This statement shows an understanding of how to care for someone with dementia.

- One member of staff said that due to their advanced dementia training they had been able to deliver especially effective care and improved outcomes for one person with dementia and an addiction. This person was struggling to manage their life and they failed to undertake personal care or eat properly. The members of staff working with him, got to know him and his needs. Because of their knowledge of dementia, they devised a plan which resulted in the person accepting personal care which reduced the risk of self-neglect. They now ate regular meals and the impact of their addiction had been lessened. The person was now healthier and happier.
- Senior managers completed regular spot checks with all staff and people to ensure safe and effective care was being provided.
- Staff were supported by regular supervisions and annual appraisals which looked at health, training requirements and the results of spot checks, reliability/punctuality, staff welfare, aims and objectives and comments received.
- Staff we spoke with and those who contacted us universally commented on how well they were supported by managers to develop their skills and knowledge whilst enabling them to balance work with family life. Carers had been promoted to team leaders once they had completed advanced training and demonstrated their skills.

Supporting people to eat and drink enough with choice in a balanced diet.

- The provider had arranged cooking classes at a local college which some staff and people had attended to increase their understanding and skill of healthy cooking and eating.
- Where required, people were supported to eat and drink enough to maintain a balanced diet. One person said, "They ask what I would like to have from the meals my daughter brings."
- People's care plans included details about their required and preferred diet and drinks and how staff should support each person.

Staff providing consistent, effective, timely care

- Staff delivered consistent care because they kept detailed records of care visits in each person's care plan folder at their home. This enabled other staff members to understand developments and changes in people's care. Staff also held regular meetings where each person's needs were discussed, and any changes communicated.
- Care plans were reviewed and updated, as a minimum, at each of the 12 occasions when staff made contact by phone or in person to discuss how the care was going and what could be done more effectively.
- The amount of contact between the agency staff and people or relatives was exceptional in comparison to other similar agencies. This had led to staff proactively picking up health issues or deteriorating mobility and acting to increase hours or seek medical advice.
- Where people had specific health conditions staff were provided with detailed information about the condition, what to be aware of and how to provide effective care. One person had a deteriorating eye condition. There was a leaflet for staff and further details in the care plan. One member of staff told us she knew about the condition and what signs to look for that may require medical attention. One person said, "The lady is very kind and one time when I was in a lot of pain we decided to call the duty Dr and she stayed with me for the 3hrs it took him to come. I was grateful to her".
- Staff worked well together and with other agencies. One person said, "I have a 24hr carer from another agency and the other carers work very well with him – they communicate and liaise so that I get the best

from both."

- A member of staff had arrived to find one person choking on medicines, they immediately commenced basic life support and called emergency services. Because of their training and actions the person was saved.

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. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were knowledgeable of the MCA and knew to always ask for people's consent. One staff member explained they had assessed someone's capacity to consent to their care. As a result, they had completed a best interests decision and were in the process of applying for a deprivation of liberty safeguards authorisation.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with exceptional compassion, kindness, dignity and respect

At our last inspection published in August 2016, we rated this Key Question as 'Good'. At this inspection we found that people were receiving an extremely compassionate and caring service. People and families were without exception supported and treated with dignity and respect; and involved at every stage as partners in their care.

Ensuring people are well treated and supported

- Everyone, without exception, said that they were treated with kindness, respect and compassion by staff. One person said, "The girls are absolutely lovely, they always care for me and make sure I am well and happy". Another person said, "I like my carers because they take the time to talk to me."
- Staff from the registered manager, the provider, office staff and care staff all spoke about people with care and compassion and genuine thought for them and their families. There were many testimonials from people and relatives thanking the staff for the compassion they showed and how the care had helped them.
- One relative wrote to the agency about their family members care. They expressed that the agency and staff had been professional but also had unlimited kindness and compassion. They added that the staff treated their relative as a human being and always took her feelings as important. One thing they said they would treasure was that staff made a recording of their relative singing with them and this meant a great deal.
- Another relative told the agency what the care meant to them. They said, 'It is easy to use the word "care" in one's literature but a whole different challenge to actually deliver and this you and your wonderful staff do with aplomb! For us, having lost (one relative), your staff have been instrumental in building her strength back up – both mentally and physically. For example, your cinema trips have been an inspired idea as they not only get her out of the house, but she gets the opportunity to catch up with old friends who she had become detached from. The trips have also made her regain the skills of meeting new people, which again is harder for us all as we get older but does bring so many benefits when we do!'
- One relative wrote how carers had cared for them on the day their family member passed away and the compassion that was shown meant so much to them. Another person was so grateful that staff cared for their dog when they were in hospital.
- The provider and registered manager looked for ways they could enhance people's lives. They produced a newsletter which included events such as cinema trips and afternoon teas organised by the agency but also external local events and helpful resources and support of charities. The provider took one person swimming at the weekends because they cared about the person, and their routine and hobby and wanted to make sure this continued.
- The provider and registered manager work with a local charity and other partners on research into affordable housing for care staff as well as the inclusion programme to reduce isolation and loneliness. This builds on the success of the ALZ-Café approach where many resources can be brought together along with people, relatives and staff.
- Many staff told us how the senior managers care about them as much as the people using services, they

feel valued and supported and this shows in work done with a local children's centre to work on issues staff may have and help them.

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

- People were supported to express their views consistently and frequently by staff and the registered manager. Care staff, team leaders and quality staff all made regular contact with people and relatives, to ask their opinions and listen to their views, through phone calls and visits. This led to changes to call times or how care was delivered.
- One person said, "They have a girl to come and review the care plans – she's also a carer so she knows what the job is about. She comes every few months." Another person said, "Time is always made for a cup of tea and a chat – it's not all about the jobs and I look forward to our chats." One person said, "If (named) decides to stay in bed they will do other things – they are very adaptable."
- Office staff and team leaders also contacted people and relatives regularly to ask if all the care was right for them and to ask if they had any feedback. After the start of a care package one of the quality team makes contact within 24 hours to make sure the person and family are happy with the care or if they want anything changed. People said they could always contact the office and they said office staff were helpful and friendly.
- The provider had put together a small beautifully wrapped package of items, such as a chocolate coin, a paperclip, some cotton wool to give to people, along with a note to explain what they all meant. Each item was aimed at helping to remind people and relatives of their worth or how much others cared for them. One relative had commented how much this meant as it reminded them of the person before their dementia.

Respecting and promoting people's privacy, dignity and independence

- Peoples' privacy and dignity was always considered and upheld by staff. Relatives and people told us how staff closed people's curtains and doors before providing personal care and spoke with people in a friendly manner throughout the visits. One relative said, "They insist on shutting the door and pulling the curtains when he is having a wash or getting dressed." Another relative said, "The girls always talk to [Family member] throughout any personal care like washing, so they feel more relaxed and less self-conscious".
- Staff always made sure they let people know when they entered their homes using a key code or other secure entry system. Staff carried badges or identification and they always made sure people's homes were secure before they left, especially when people lived alone without family.
- One person said, "I like that they don't gossip so you know that they aren't talking about you to others." All records were securely held at the office and staff knew that they had to keep people's person information private.
- People were supported to remain as independent as possible. One person told us, "They sent people who allow me to do things for myself on good days - they don't take over." People's independence was considered and listened to and this had led to plans being put in place to support them to achieve their goals.
- Staff described how they encouraged people with dementia to remain independent. They said they encouraged people to be involved in as many aspects of their own care as they could be. Staff only helped when someone was unable to carry out a task themselves and they knew this because the care plans were so detailed, and staff knew people really well.
- One person said, "They asked lots of questions so that they could send someone that I would get on with. They were spot on as he's always been here, and we get on really well."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

At our last inspection published in August 2016, we rated this Key Question as 'Good'. At this inspection we found that improvements had been made and people now received an exceptionally responsive and person centred service.

Personalised care

- The staff provided an exceptionally responsive, person centred service which met people's needs and personal preferences and adapted to changes. One person said, "I am very happy with the agency – I am an individual to them and don't have to fit around them and that's important."
- Each person's care plan included many individual and personalised details. These helped staff to get to know people well and they used this to initiate meaningful conversations and to provide individual care. Staff understood each person's needs and how to support them for the best outcomes.
- The registered manager told us about one person living with dementia who had reverted to speaking only in their first language. They found a member of staff who spoke that language which meant the lady had felt confident enough to leave the house for the first time in years because of the encouragement of staff. Another person added, "I don't play bridge anymore, but they know that I did and chat to me about it."
- The provider and registered manager have been proactive in arranging many opportunities for people to be involved in activities or trips to enhance their wellbeing and enjoyment. The agency had taken over two 'dementia' cafes in the area. They arranged transport and people and their families attended regularly. One relative said, "My husband and I go to the Alz cafe - the agency told us about it and we have made friends there who understand how we're living now. The agency is supportive like that." One family had kept going to the café after the person being cared for had passed away as it offered them support.
- The activities that were offered added to people's ability to keep going out in their community and reduced the risk of them becoming socially isolated. They also enabled people to take part in ordinary activities which they may have done before becoming unwell or less independent. It also enabled education for families and carers.
- The provider was also offering 'New Dimensions' which is a support scheme for people and families with the aim of educating and enabling people with dementia to live their lives well. This was being used by an increasing number of people.
- The provider took one person swimming at the weekend and other activities included, afternoon teas, a formal ball, trips to places of interest and the cinema. One person said, "I have been on several (cinema trips). They are free, and they will collect you. My neighbours can come for just £2.50 so we can share the outing and that gives us something to talk about – not just aches and pains." Another person said, "They try to do things that make a difference – it's not just sending carers."
- As well as group activities the agency did their best to match staff to people depending on their interests. One person said, "I like the man who comes because we both like football. He doesn't watch as much as me, so I keep him up to date."
- One person with dementia was very withdrawn. Staff found out that the person used to be a professional singer. A member of staff started taking them to a 'singing for the brain group'. At first the person did not join

in but when the staff member started to sing they did and as a result music and singing now form a key part of this person's care visits. Their wellbeing improved and now they also enjoy playing table tennis with staff which has increased their mobility and reduced their risk of falling.

- The provider was very responsive to people's changing needs as well as urgent requests for care. Team leaders contacted or visited people at least monthly to gain feedback on any requests for changes. They used this information to analyse trends and predict when people may need increased help, so they could plan for that. In one instance a family were visiting relatives and bringing a family member who needed care, this was arranged very quickly so they could enjoy the family visit. The relative feedback to the registered manager how much the care meant to them. Everyone said how responsive the staff had been to changing needs or changing times of visits.
- The agency also provides respite care while relatives are busy or away. One person said, "My life is more than my care needs and the agency get that and that's what the respite time is about." Another added, "It's up to me how the time is used" and "It is very important to me."

End of life care and support

- People were cared for at the end of their lives in a way they would prefer. Staff had been trained and two staff held a City and Guilds qualification in end of life care, which they planned to use to train other staff.
- The registered manager told us, "We learn to listen to what that person wants rather what each family member wants at times, because sometimes people want different things."
- One family member wrote a letter after their relative had passed away. This was full of compliments about the little things the caring staff did to make them feel more comfortable. Including tempting the person to eat with varied food choices and respecting those choices, always making sure the person was dressed nicely and the bedroom kept tidy as this was so important to them. The relative explained how the staff had supported another relative who lived in the house during this time. They felt the result was that their relative could stay at home till the end which is what they had wanted. Some of the words used to describe the care provided included, tenderness, care, compassion and going over and above what they had expected.
- After one person had passed away a member of staff went to tidy up their garden, so it looked nice on the day of their funeral, because they knew from talking to them towards the end how important that was to the person.
- Care plans contained any views or preferences about end of life care. There were many compliments about how people had been cared for during this time.
- One person was discharged from hospital with a diagnosis giving a limited time till the end of their life. Before hospital they had required three visits a week, but the staff reassessed and started providing four calls daily. Because the person was familiar with the staff, who they knew from before, they responded and started to eat and drink. Their health improved, and the staff worked to use equipment to make sure they could get up for parts of the day to spend more time with their husband. This person far exceeded the doctor's opinion of their need for end of life care.

Improving care quality in response to complaints or concerns

- There had been three complaints since the last inspection. One had been completed and in each case the agency had maintained close contact with the complainant, met with them and apologised where needed.
- One person had complained that staff had left a window open. The registered manager had ensured that all staff were informed and reminded to check on leaving people's homes.
- The records of complaints were looked at weekly and discussed with the team leaders, so any learning could be put into practice. People we spoke with explained that they would be confident in bringing a complaint to the registered manager if they had any. Staff were confident in reporting any complaints.

- Senior staff met weekly and discussed any feedback or complaints, so they could learn. They then shared this with staff, so changes could be made as a response to this feedback.

Is the service well-led?

Our findings

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

At our last inspection published in August 2016, we rated this Key Question as 'Good'. At this inspection we found that the culture of continually striving to provide an exceptionally effective, caring and responsive service meant that the leadership was outstanding.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- Everyone we spoke to was extremely complimentary about the agency, the staff and the management. One person said, "I can't begin to tell you how happy I am with this agency – you hear such things but these (the agency) are so supportive."
- People and families were supported by a very well-managed and committed service which promoted person centred care. The registered manager was pro-active in assisting all staff to understand care and to get to know people's needs personally. The registered manager, provider and all staff worked as a team, were happy in their work and were supported by fair and approachable management.
- The registered manager and provider worked closely together and continually looked to improve the service people received. They did this by continually assessing their performance against known measures of quality and developing actions plans which were always implemented. They were forward thinking and had volunteered to be the national lead for the 'frailty fulcrum' which assesses frailty and ensures people are receiving the health care they need in a more timely way. As a result, people had better health outcomes and regained higher levels of independence.
- An open, transparent and inclusive approach was encouraged and promoted by the management which enabled staff to discuss any concerns or ideas they had with them. One person said, "They all talk to each other – I don't have to phone the office, I tell my girl and it's done."
- One staff member told us, "Over the last two years I have gotten to know the manager well. She's always quick to step in if there is a problem. On various occasions she has needed to carry out care for us at the last minute." A second staff member told us, "She's fair as a manager. She's very open. When I had a family emergency the manager covered my shift for me. She is very caring and thoughtful."

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Everyone who worked for the agency had clearly defined roles where there was opportunity to learn, develop and progress. The provider had recently introduced 'Leaders in' where team leaders take a specialist role or interest. Currently this covered dementia and the NHS frailty framework, (this agency is part of the pilot project for the frailty fulcrum framework) but there were plans to expand. 'Leaders in' have attended additional courses with a university, City and Guilds and at national office. They use this enhanced knowledge to pass to other staff and to ensure people received the care they needed and according to best

practice standards. We could see from the records and from hearing from people and relatives that the high level of staff knowledge and training enhanced the care people received.

- The governance framework included spot checks on staff visits, medicine audits, daily notes audits and questionnaires sent out to people using the service. The registered manager and provider also analysed the planning programme to ensure calls were well organised, undertaken on time and that any accidents or incidents were recorded and checked. These were effective at ensuring that people were receiving a high standard of care.
- The registered manager was aware of their responsibilities regarding reporting significant events to CQC and other outside agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the service, so they would know what to do if they had any concerns.

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

- People, relatives and staff were asked for their views about the agency from the start of their care. One person said, "I was impressed with the thoroughness of the first interview and even more impressed that they had listened to me – you can see that in the plan they drew up."
- The provider had commissioned a 'Pursuing Excellence by Advancing Quality' survey through an independent organisation. This was for staff and people who used the service. There had been an increase every year in satisfaction rates. There were also independent home care reviews which scored exceptionally highly in comparison to other agencies in the same group nationally.
- Team leaders or quality staff met with people frequently to complete spot checks or obtain feedback about the service. This was around 12 times a year rather than the more standard four times for other agency branches in the group. This gave an opportunity to get to know people, predict if there were changes to their care needs and discuss anything the person wished to raise.
- Staff meetings were held to enable staff to contribute their thoughts and experiences. One staff member said, "I feel extremely supported, they have been amazing and adjusted my hours, so I can look after mum and dad, they also attend the Alz-café." Another member of staff told us that the staff meetings helped them develop their own skills when working with people because they all shared best practices and new developments.
- The cafes offered advice and resources including services on financial, legal and technology. These were in addition to the normal care services and had added 1000 hours of community support in the last year.
- A member of staff told us about the providers commitment to enhance community involvement. They said that last year a lady with dementia who cycled everywhere joined them as they organised a charity cycle ride from Brooklands to Hampton Court. They said, "It was brilliant and raised lots of money. She came to the charity dance as well. He (provider) is brilliant as he gets the community involved in charity work and learning. Two staff ran dementia course for families too. It was lovely to see sons and daughters learning about it. They said we didn't know that before and it is benefiting them."

Continuous learning and improving care

- The registered manager had a credible strategy for improvements at the service. This started with different ways of recruiting the right staff, including advertising to those from non-care backgrounds who may be mature and had been made redundant and adapting hours to suit working mums. For staff from non-care backgrounds there was a comprehensive training package which ensured they had the skills and knowledge before they provided care alone.
- The provider and registered manager understood that training and learning was an essential element of providing high quality care. Staff were encouraged to take part in training and staff told us how they valued the training opportunities on offer. Some staff had taken university courses in dementia and were now sharing that learning with others. This training had led to a skilled staff team who had opportunities for

promotion and development in their roles.

- As a result of a complaint about a visit time a new system of planning was introduced which had proved effective and efficient and was being added to all the time to enable close monitoring of many aspects of the care and business.
- As well as internal quality auditing the national office visited and carried out a comprehensive audit which produced an action plan. The most recent audit showed the agency was fully compliant with every measure. However, a few minor improvements had been suggested and there was a plan in place to achieve these.
- The agency also scored very highly on a national website from service user reviews. Everyone we spoke to were complimentary about the service and would recommend it to others.

Working in partnership with others

- The registered manager had developed effective working relationships with other professionals and agencies involved in people's care. The service had clear links and collaboration with the local health care professionals.
- The provider was involved in several networks locally and took the lead nationally on dementia practice including the frailty fulcrum framework. The framework is based on all agencies caring for someone, recognising their level of frailty and enabling them to access a wide range of services. They were now working with others in the group to roll out the framework. This meant they were working with others to always learn and introduce new ideas for people's benefit or for staff development. At a recent network event the provider shared four case studies, so they could be discussed and learnt from. The network included many partner agencies.
- The provider is a leader locally including with Active Surrey looking at activities for people. They host work with Surrey County Council on improving adaptations in people's homes. The agency is a trusted assessor and sits on the coalition of Surrey disabled people as a champion for the elderly and those with dementia. Their work on advisory boards and forums shows that the provider and registered manager are continually working to improve the lives of the elderly and those with dementia in a wider area than just those they directly provide services to.