

Teign Angels

Teign Angels

Inspection report

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Ratings

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

Summary of findings

Overall summary

This announced inspection took place on 4 and 5 December 2017. We visited the office on 4 December 2017 and carried out phone calls to people who used the service and their relatives on 5 December 2017. The service was registered in December 2016 and this was their first inspection.

Teign Angels is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to younger and older adults. Not everyone using Teign Angels receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of this inspection 17 people were receiving personal care from the service. People who use the service live in Newton Abbot and the surrounding areas.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by a strong, stable staff team who knew them well and focused on ensuring they received the highest quality of care. Without exception, we received excellent feedback from people who used the service, their relatives and representatives, and community professionals. Comments included, "This company have gone well beyond all that is asked of them. I would highly recommend them, 10 out of 10", "We are extremely impressed with their openness and willingness to go the extra mile", "They put the care back into caring", and "It's the little things that make all the difference". Community professionals said, "The staff go above and beyond and look at what is needed at each visit" and "I would happily use this agency for one of my relatives." Staff were highly motivated and had gone out of their way to support people in their own time. We found many examples of how the staff had gone above and beyond to support people and their families. For example, staff had taken people's washing home to make sure they had fresh bedding and clothing, cared for one person's dog because they were admitted to hospital in an emergency, and carried out small repairs in people's homes.

The registered manager told us their focus was on caring and people were put at the centre of the service. They said, "Through our recruitment we are looking for carers who have a passion for care, to have a caring nature and understand the importance of the little things." People said, "I look forward to them coming. They're extremely kind, thoughtful and caring" and "They make sure they take on the right people for the job." These views were reflected in the complimentary letters that had been received by the service. One relative said, "Their bright and smiley presence brings much joy to the house, and the loving care administered makes my mother feel very special." Another relative said, "She really loves the trips out and sees the staff as friends." All staff told us they enjoyed their role and were passionate about delivering excellent care for each person. Comments included, "I always think how would I like to be treated" and "My managers and the rest of the staff are very genuine and caring and I would gladly put my parents in their

loving and professional care."

People told us they felt safe and comfortable when staff were in their home and when they received care. People were provided with a copy of the staff rota so they knew who was due to visit them. Staff knew how to recognise signs of potential abuse and understood how to report any concerns in line with the service's safeguarding policy.

Safe staff recruitment procedures were in place. This helped reduce the risk of the provider employing a person who may be unsuitable to work in care. People told us staff knew how to meet their needs. One person commented, "They do things the way I like them to be done". A community professional said, "I am always confident that the staff know exactly what they are doing." Staff told us they were happy with the training they received. They said they felt well supported and had regular opportunities to discuss their work.

Staff knew people well and were able to tell us how they supported people. Care plans were developed with each person. They described the support the person needed to manage their day to day health needs. People's communication needs were met. The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss. One person was deaf. Staff knew to face them when speaking to them so they could lip read. Another person was at times unable to communicate verbally with staff. The registered manager had discussed and agreed with the person what they wanted staff to do at the visits when they were unable to speak. This support ensured people were able to communicate with staff and their needs were met in the way they wanted. At the time of our inspection, each person had capacity to make decisions relating to their care. Staff told us they gained consent from people before carrying out personal care and respected people's choices.

Risks had been assessed for each person and were safely managed. Risk assessments had been carried out in relation to falls, nutrition, skin care, and mobility. Risk assessments relating to each person's home environment had been completed. Where concerns were identified, action had been taken to reduce the risks to people. People were supported safely with their medicines and told us they were happy with the support they received. Staff completed medication administration record (MAR) sheets after giving people their medicines. The MAR sheets were audited to ensure people had received their medicines as prescribed to promote good health.

The service sought regular feedback. People told us they were asked for feedback over the phone, during visits and care plan reviews. People and their relatives felt able to raise concerns or make a complaint. They were confident their concerns would be taken seriously. People told us they didn't have any complaints. Comments included, "I've got no complaints at all" and "If I had any worries I would ring the office but I've never had any."

People told us the management were approachable and they were very happy with the service. Comments included, "They're just an amazing company", "I'm extremely happy, they're the best I've ever had" and "I don't know what I would do without them." Staff told us they found the management team approachable and supportive. They told us they received regular support and advice via phone calls and during face to face meetings. They said, "She is the best boss I have ever worked for", "It's fabulous", and "It's professional."

The managers were keen to develop and improve the service. The registered manager was an ambassador for the Purple Angel Dementia Awareness Campaign. The purpose of the campaign is to raise awareness, give hope to and empower people with dementia. They had spoken with people who were living with

dementia to find out how they wanted to be supported and used this information to develop their training for staff. They kept up-to-date with best practice by accessing professional websites. They were part of the Registered Manager's network which enabled them to keep up-to-date with good practice and find out what was happening in the care profession. The registered manager told us they planned to make further improvements to information and training in the next 12 months. The registered manager had worked in partnership with healthcare professionals to ensure 'joined up' care was delivered to people. This meant people benefited from high quality care and improved outcomes. Records were well organised and up-to-date. An audit system was in place to monitor the quality of the service. Checks to observe staff's competency were carried out on a regular basis.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

People received safe care and support. They were protected from the risk of abuse through the provision of policies, procedures and staff training.

People were protected from risks to their health and wellbeing because staff took action when issues were identified.

There were enough competent staff to carry out people's visits and keep them safe.

Safe and robust staff recruitment procedures helped to ensure that people received their support from suitable staff.

Is the service effective?

Good 

The service was effective.

People's care and support was planned and delivered effectively to ensure the best outcomes were achieved.

People were treated as individuals and were not discriminated against when making their care and support decisions.

People benefited from having staff who were skilled and supported in their job role.

People were supported by staff who were trained in the Mental Capacity Act and understood the need for consent.

People were supported by staff who sought advice from health care services to ensure their needs were met.

Is the service caring?

Outstanding 

The service was very caring.

People's feedback was overwhelmingly positive. People were cared for by staff who went 'the extra mile' for them.

People benefited from staff who took time to listen to them and get to know them. Staff had formed strong caring relationships with people.

People and their relatives were involved in their care and staff respected people's wishes.

People benefited from staff who promoted their independence and encouraged them to do as much for themselves as possible.

Is the service responsive?

Good ●

The service was responsive.

Care plans were developed with the person. They described the support the person needed to manage their day to day health needs.

Staff responded to people's requests and met their needs appropriately. The service was flexible and responded to changes in people's needs.

People's communication needs were met. The service was complying with the Accessible Information Standard (AIS).

People were encouraged to give their views and raise concerns and complaints if the need arose.

Is the service well-led?

Good ●

The service was well-led.

People benefited from a service that had a registered manager and a culture that was open, friendly and welcoming.

People received good quality care as the provider had created a positive staff culture.

Systems were effective in assessing, monitoring and improving the quality of care provided to people.

People benefited from a service that worked in partnership with other professionals to ensure joined up care was delivered to people.□

Teign Angels

Detailed findings

Background to this inspection

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

This inspection took place on 4 and 5 December 2017 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure they would be in.

Inspection site visit activity started on 4 December 2017 and ended on 5 December 2017. It included phone calls to people who used the service and their relatives, obtaining feedback from healthcare professionals who were involved with the service and meeting with care staff. We visited the office location on 4 December 2017 to see the registered manager and to review care records and policies and procedures. One adult social care inspector carried out this inspection.

Before the inspection we reviewed the information we held about the service. This included previous contact about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. The provider also completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We sent questionnaires to 12 people receiving a service, 12 relatives, 12 staff, and four community professionals to gain their views on the quality of the care and support provided by the service. Of these questionnaires we received 7 back from people using the service, one from relatives, 7 from staff, and one from a community professional.

We used a range of different methods to help us understand people's experience. We spoke with five people who used the service and two relatives over the telephone. We spoke with two care staff, the registered manager, and the business manager. We received feedback from three community professionals.

We looked at care records for three people; three staff recruitment files; staff training, supervision and appraisal records and those related to the management of the service, including quality audits. We looked

at how the service supported people with their medicines.

Is the service safe?

Our findings

Each person told us they felt safe when receiving care. People were protected from avoidable harm and abuse that may breach their human rights because the provider had effective safeguarding systems in place. Staff had completed safeguarding training and had access to information in the service's safeguarding policy and the staff handbook. They had a good awareness and understanding of abuse and knew how to recognise signs of potential abuse. Staff knew they could contact the Whistleblowing Helpline for the NHS and Social Care. This is a government helpline which provides free, independent and confidential advice if staff want support to raise concerns. Staff told us they felt confident the registered manager would respond and take appropriate action if they raised concerns. Staff had raised concerns about the welfare of one person and this had been reported to the local safeguarding team. The registered manager worked with the safeguarding team to monitor the situation and ensure the person and staff were kept safe.

Risks had been assessed for each person and were safely managed. The registered manager told us, "We ensure that the service we provide is safe through good communication with staff, continuity of staff and working with clients on any issues that might arise to remove avoidable harm and hazards, where possible." Risk assessments had been undertaken for each person and included assessments in relation to falls, nutrition, skin care, and mobility. Risk assessments relating to each person's home environment had been completed. These were accurate, stored securely and available to staff. Staff had completed training in safe working practices such as moving and handling to ensure they could support people to stay safe. The registered manager and team manager were both trained to show staff how to use moving and handling equipment. One person had recently come out of hospital. The managers had shown each staff member how to use a new piece of moving and handling equipment before they worked with the person. A community professional who had worked with the service said, "I was very impressed with the manual handling expertise provided by the team manager and her training of the staff."

There were enough competent staff to carry out people's visits and keep them safe. The registered manager, business manager, and team manager were all able to provide additional cover when needed. People received a rota each week so they knew who was visiting them and when the visit would take place. Staff told us they had enough time at each visit to ensure they delivered care safely.

There was an on call telephone number for people and staff to ring at any time. People and staff told us they were always able to get a response. If they left a message the managers rang them back. The managers worked together to provide the on call system.

Arrangements were in place to deal with foreseeable emergencies. The registered manager had a plan of the action to be taken in events such as severe weather conditions and staff shortages. Visits to people who may be at risk were prioritised.

Recruitment practices ensured the right staff were recruited to support people to stay safe. Staff files showed the relevant checks had been completed. The staff files included evidence that pre-employment checks had been made including written references, satisfactory police checks (Disclosure and Barring

Service or DBS), and confirmation of their identity. Staff told us references and a DBS check had been completed before they started to work in the community. This helped reduce the risk of the provider employing a person who may be unsuitable to work in care.

People were supported safely with their medicines and told us they were happy with the support they received. People also had the opportunity to manage their own medicines if they wanted to and if they had been assessed as safe to do so. Staff had completed medicines training and been assessed as competent to administer medicines. The registered manager told us, "Safe handling of medication is a high priority and our MAR (medication administration record) charts have undergone many changes to come up with the best solution. The end result is a MAR chart which is typed to reduce the risk of errors, and the appropriate visits are colour highlighted to enable staff to easily see which medication is required." Staff had completed MAR sheets after giving people their medicines. We sampled MAR sheets and found they were fully completed. The MAR sheets were audited every month to ensure people had received their medicines as prescribed to promote good health.

Each person told us staff did all they could to prevent and control infection. Good infection control practices were followed. Staff told us and records showed staff were provided with infection control training to ensure they followed good infection control principles. Staff were provided with gloves, aprons, wipes, and alcohol gel and they told us these were freely available from the office. Staff had a good understanding of food hygiene and safety as they had completed training.

Is the service effective?

Our findings

People's care and support was planned and delivered effectively to ensure the best outcomes were achieved. Staff treated each person as an individual and ensured people were not discriminated against when making their care and support decisions. The registered manager told us, "The foundation of our ethos is to support someone as the whole person. We consider not only their personal care needs but also their general wellbeing, emotional needs and surroundings". One person commented, "They do things the way I like them to be done". A community professional said "I am always confident that the staff know exactly what they are doing."

People's care and support was regularly reviewed and updated. Appropriate referrals were made to external services to ensure people's needs continued to be met. Community professionals told us, "Always went the extra mile to keep me updated and I felt complete confidence in the care provided" and "Staff provide good feedback should they be concerned about anyone or any aspect of the person's care needs. I feel they are my eyes and ears and therefore do prevent a crisis from occurring."

People benefited from effective care because staff were trained and supported to meet their needs. Staff told us they were happy with their training. One staff member said, "The training was brilliant, a lot of thought went into it." The registered manager had professional experience in teaching and had designed all of the training packages. They obtained information from manager networks, the local authority, Skills for Care, Social Care Institute for Excellence (SCIE), National Institute for Health and Care Excellence (NICE) and the Health and Safety Executive (HSE). This ensured they reflected current good practice and relevant legislation. In-house training was provided for staff to ensure they had the knowledge and skills they needed. This consisted of face to face training, presentations, discussion, questions, and case studies. New staff completed training before going out to visit people. The induction programme for new staff included fire procedures, safer working practice, safeguarding, infection prevention and control, moving and handling, equality and diversity, practical skills, medicines and record keeping. Staff were also provided with a handbook which gave them clear guidance about meeting people's care needs in a safe way.

New staff worked alongside experienced staff to observe how people had their care delivered. One new staff member said, "I had lots and lots of support." Staff were observed and assessed during these shifts. This ensured they were competent to work on their own.

Experienced staff had completed training which was up-to-date in areas relating to care practice, people's needs and health and safety. Staff were encouraged to develop their skills and knowledge by completing diplomas in health and social care.

Staff told us they met regularly with the registered manager to talk about their job role and discuss any issues they may have. Staff told us they felt well supported and they could come into the office at any time and speak with any of the managers.

Staff supported some people with their meals. Staff told us they always offered people a choice of their

preferred foods. One person who used the service was particularly health conscious and liked healthy food and drinks. They had shown staff how they liked their preferred food and drinks to be prepared so staff could do this for them. Another person had started to refuse their meals. Staff encouraged this person to eat and when they found something the person enjoyed eating, all staff were informed. As a result, it was found the person enjoyed smaller sized meals and this had been continued. Staff knew to contact the office if people did not eat enough or they had any other concerns in relation to eating. Some people who had lost weight had been referred to their GP and prescribed food supplements. Staff encouraged people to eat extra calories by using full fat milk, honey and sugar.

Most people who used the service were able to contact healthcare services independently. Staff told us if they had concerns about people's health they would ring the appropriate professional themselves or let the office know. They were confident action would be taken. We saw evidence of occasions when people were not well and staff had supported them to seek advice. For example, the registered manager was delivering care to a person when the community nurses arrived. They had identified concerns about the person's continence needs and asked the nurses for their advice. As a result an appropriate referral was made straight away.

Some people who used the service were living with dementia. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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. The registered manager and staff had a good awareness of the MCA and consent to care and treatment.

At the time of our inspection, each person had capacity to make decisions relating to their care. The registered manager had forms available if they needed to carry out mental capacity assessments to check whether people had capacity to make decisions. Care plans were signed by each person and showed consent to care and treatment had been obtained. Staff told us they gained consent from people before carrying out personal care and respected people's choices. Each staff member carried the Skills for Care card "What is the Mental Capacity Act". This reminded them of the five principles they must follow when considering people's capacity to make decisions.

Is the service caring?

Our findings

Without exception, we received excellent feedback from people who used the service, their relatives and representatives, and community professionals. Each person and relative we spoke with, and those who completed a questionnaire or who sent us feedback were full of praise for the service they received. Comments included, "This company have gone well beyond all that is asked of them. I would highly recommend them, 10 out of 10", "We are extremely impressed with their openness and willingness to go the extra mile", "They put the care back into caring", and "It's the little things that make all the difference". Community professionals said, "The staff go above and beyond and look at what is needed at each visit" and "I would happily use this agency for one of my relatives."

We found many examples of how the staff had, in their own time, gone 'above and beyond' to support people and their families. For example, staff had taken people's washing home to make sure they had fresh bedding and clothing. One person was not feeling well so staff took the washing so they didn't have to worry about doing it. A second person's washing machine had broken down and they needed to have their washing done due to a medical condition. A third person's relative was admitted to hospital and there was no one at home to do the washing.

When one person was admitted to hospital in an emergency, staff did not want to leave their dog on its own. They rang local kennels to try and arrange care for the dog. Whilst staff waited for a space to become available, they took the dog home with them and looked after him for three days. Staff ensured the person knew what was happening which showed they were sensitive to the person's concerns and wellbeing.

When maintenance issues had been identified in people's homes, the service's maintenance person had carried out small repairs. When the door broke on one person's tumble dryer, they fixed new brackets. Another person's back door handle wasn't locking properly. The maintenance person replaced the door handle to ensure the property was secure and the person remained safe.

One family had asked if staff could take their relative, who was living with dementia, on outings. The staff supported the person and their dog to local places of interest and natural beauty. They went for ice cream, to a local garden centre and shopping. Staff took them to the village they grew up in so they could reminisce about their past. This person enjoyed the social time and it promoted their wellbeing.

Whilst we were at the office, a staff member came in and mentioned one person had run out of milk. The staff member quickly arranged to get some and take it back. This showed staff were thoughtful as they wanted to make sure the person didn't have to go without.

Staff made themselves available to people and their relatives at times when they needed caring and compassionate support. One relative said, "Staff don't only care for mum but they care for me as well." They told us that when an ambulance needed to be called, staff sat with them and stayed until the ambulance came. When another relative needed support, staff went out for coffee with them. This meant they had someone who they could talk with who understood their situation. When a person had a family

bereavement, staff supported them to go shopping to buy an outfit. They then went for a coffee and cake so the person had the opportunity to chat with staff.

The registered manager told us their focus was on caring and people were placed at the centre of the service. They said, "Through our recruitment we are looking for carers who have a passion for care, have a caring nature and understand the importance of the little things." Staff were enthusiastic, motivated and committed to delivering excellent care. People benefited from small, regular staff teams. This meant staff knew people well and had built strong caring relationships with people and their relatives.

Staff spoke about the people they cared for with compassion and concern. They knew people well and were able to discuss people's care needs, preferences and interests in detail. Staff told us they had enough time at each visit to get to know people. People said, "I look forward to them coming. They're extremely kind, thoughtful and caring" and "They make sure they take on the right people for the job." These views were reflected in the complimentary letters that had been received by the service. One relative said, "Their bright and smiley presence brings much joy to the house, and the loving care administered makes my mother feel very special". Another relative said "She really loves the trips out and sees the staff as friends."

The registered manager was clearly committed to promoting a strong, person-centred and caring culture throughout the service. They were motivated and passionate about making a difference to people's lives. This enthusiasm was also shared with staff who spoke about people with affection. Staff told us they were proud to work for Teign Angels. Comments included, "I always think how would I like to be treated" and "My managers and the rest of the staff are very genuine and caring and I would gladly put my parents in their loving and professional care." The registered manager told us they sent people handmade cards for Christmas and Birthdays, to match their likes and hobbies. Staff gave us examples of sharing stories about where people grew up, singing together, and sitting and having a cup of tea and a chat.

People told us they were actively involved in their care planning and were able to express their views. People's care plans were personalised and included information about how they would like things to be done. One person commented, "They put me first." The registered manager told us, "Our care plans are put together after a meet and greet with the clients and whoever they wish to be involved. The care plan puts the foundation down of what each carer does while they are with the client but all understand they are not set in stone and can vary day to day."

People were regularly asked about their care needs and whether they were happy about the way in which staff supported them. Several people used laptops to communicate their views, wishes and preferences. One person's needs were changing and they were struggling to use the mouse on their laptop. The registered manager was discussing and exploring the use of a different mouse with them so they could continue to use the laptop. A community professional told us how the registered manager had adapted their practice to enable one person who could not verbally communicate to be more actively involved. They said the person "appeared to feel at ease in her presence, and opened up to [manager's name] and discussed various aspects of the care."

The service placed respect for people's privacy and dignity at the heart of its culture and values. The registered manager told us, "The core values of care runs through everything we do". The registered manager told us they ensured staff had a good understanding of respecting people's privacy, dignity and rights before they became involved in caring for people. Staff confirmed that respect and dignity were emphasised at staff meetings, in their individual supervisions and through training. When people had asked for little changes to their routines such as 'I want to dress in the bedroom rather than bathroom', this was respected. The care plan was updated and all staff who visited the client were informed.

People told us staff always treated them with respect and were careful to protect their privacy. The registered manager told us how staff had been shown to use a towel to cover people and protect their dignity. People told us they felt comfortable with staff and were never rushed.

People's independence was promoted and staff told us they encouraged people to do as much for themselves as possible. People told us they liked to be independent and staff respected this, offering help when needed. The service anticipated people's needs, recognised distress and discomfort, and offered sensitive and respectful care and support. For example, one person who was new to the service had refused all personal care and support but was no longer able to look after themselves. The registered manager met with them and two of the managers began delivering care to build up trust and to get them used to having care staff in the home. After a period of time, three other staff were introduced, with the two managers present on each occasion. After a few visits, the person allowed staff to apply cream to their legs. During a period of one month, this had progressed to care staff supporting them to shower and wash their hair, clean their teeth, and change their clothes. This demonstrated how the service worked with people to develop their trust.

Is the service responsive?

Our findings

People told us the service was personalised and responsive to their care needs. People's needs were assessed before they started to use the service. Initial information was taken over the phone. The registered manager met with the person and their family, where appropriate, to ensure the service would be able to meet the person's needs. The 'meet and greet' form that was completed was detailed and contained information about the person's life, medical history, care needs, and communication. The registered manager said this knowledge gathering process might take more than one visit and would be done at the person's pace. Once they had all agreed the service would benefit them, information was transferred into a care plan for staff to follow.

When a person was new to the service, the registered manager or team manager took staff out with them on a visit to introduce them to the person. A care plan was developed with the person and their relatives, where appropriate. Each person had a detailed care plan that was tailored to meet their individual needs. These plans described the support people needed to manage their day to day needs. This included information such as their preferred routine, guidance about how to meet people's needs and other information including their food and drink preferences.

Staff knew people well and were able to tell us how they supported people. Staff recorded the care they provided at each visit and we saw these records were detailed and clearly written. Staff told us they read the care plans and checked them at each visit for any changes. Every week staff received an update on each person's general health, wellbeing and anything that needed to be followed up or monitored. One staff member said, "The care plans are so clear and with the update we know what we're going into." The registered manager told us care plans were reviewed once a month or as soon as any changes were identified. When people's needs changed, staff carried out further assessments to ensure their needs continued to be met appropriately. A staff member told us any changes were dealt with straight away. For example, they had identified a change to one person's care needs over the weekend. They said the care plan had been updated by the Monday.

People's communication needs were met. The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss. Each person's initial assessment identified their communication needs, while determining if the service could meet their needs. Each person's support plan contained details of how they communicated and how staff should communicate with them. For example, one person was deaf. Staff knew to face them when speaking to them so they could lip read. Another person was at times unable to communicate verbally with staff. The registered manager had discussed and agreed with the person what they wanted staff to do at the visits when they were unable to speak. Staff received a weekly update on each person's needs which included communication. This support ensured people were able to communicate with staff and their needs were met in the way they wanted.

Staff encouraged people to access the community and gave people information about the local memory café, day centre, wheelchair taxi service and ideas on places to go. Staff supported people in their own time

to go out in the local community and on outings. Staff were aware that some people may be at risk of social isolation as they didn't go out. People told us staff would stay on and have a chat when they were able to.

People told us the service was flexible, staff always listened to them and did their best to change times to meet their needs. This meant people were able to attend events and appointments. The registered manager told us, "Though all our clients have specific time slots, all are aware that these are flexible to the extent that if someone needs a little extra time it will be given."

People told us the service would respond well to any complaints or concerns they might raise. They were confident their concerns would be taken seriously. People were given information about how to complain. This included the provider's complaints policy and the NICE guidance 'Better Home Care for Older People' which told people what they should expect from the service and who to contact if they wanted to complain. The service had not received any complaints and people told us they didn't have any complaints. Comments included, "I've got no complaints at all" and "If I had any worries I would ring the office but I've never had any."

People were supported at the end of their life to have a comfortable, dignified and pain free death. The registered manager told us, "End of life is a very individual journey." People's preferences and choices were discussed with them and their families, where appropriate. The registered manager told us how they had supported people so they could stay in their own home. The service provided a small team of regular staff. A relative told us, "It is done with the utmost dignity and by team members that they know." Where specialist support from the hospice was needed, this was discussed with the person and their family to ensure the person remained comfortable. Staff had completed end of life training. The registered manager had developed a comprehensive End of Life training course. They told us, "This is inclusive of the different areas of pain (psychological, physical, spiritual and social) and looks at the supportive side of care (communication, signs, planning and comfort."

Is the service well-led?

Our findings

This was the first inspection of this service. The registered manager had completed the Registered Manager's Award and the business manager had completed the Level 5 Diploma in Leadership and Management. The registered manager was working towards the Skills for Care Manager Induction Standards. These included learning and development related to leadership and management, communication, person centred practice for positive outcomes, resources, and innovation. This showed the management team had the skills and knowledge to manage and improve the service.

People and their relatives consistently told us the service was well-led. Comments included, "They're just an amazing company", "I'm extremely happy, they're the best I've ever had" and "I don't know what I would do without them."

The culture of the service was caring and focused on ensuring people received high quality person-centred care. It was evident staff knew people well and put these values into practice. There was an emphasis on getting to know the person and tailoring the service to meet their individual needs and preferences. Staff said, "This company cares about the clients" and "Teign Angels provide a high quality of care that is unique to each individual and the personal touches make a big difference."

The service sought regular feedback. People told us they were asked for feedback over the phone, during visits and care plan reviews. After each training session staff were invited to complete an evaluation form. We saw all the feedback from staff was positive and their comments included "well presented and explained" and "enjoyed chats on each subject."

Staff knew their roles and responsibilities. The team included the registered manager, business manager, team manager and care staff. The managers worked alongside staff to deliver care and led by example. Staff told us they were treated equally. The registered manager told us, "We have a diverse staff team including people of different orientations and cultures. All are treated as individuals and their views are respected." Staff felt valued by the management and people benefited by receiving care from a stable staff team. Staff said, "She is the best boss I have ever worked for", "It's fabulous", and "It's professional." The registered manager demonstrated how they valued staff, for example by making advent calendar boxes for each staff member. These included individually wrapped presents such as gloves, torches, ice scrapers, and chocolates.

Staff told us they found the management team very approachable and supportive. They told us they received regular support and advice via phone calls and during face to face meetings. They said, "The support is immense", "If you leave a message they call back straight away" and "I can come in any time, the kettle's on."

Staff told us the registered manager listened to them. Staff meetings were held regularly at a time that all staff could attend. This gave the registered manager the opportunity to effectively embed good practice and ensure staff promoted the service's values. Staff told us they enjoyed the meetings as they got to meet other

care staff, shared information, kept up-to-date with best practice, and contributed to the development of the service. The service had an 'idea for improvements' book. Staff were able to write their ideas down for consideration and action. For example, when staff completed first aid training they suggested having first aid kits. All care staff had been given first aid kits to keep in their cars.

The managers were keen to develop and improve the service. The registered manager was an ambassador for the Purple Angel Dementia Awareness Campaign. The purpose of the campaign is to raise awareness, give hope to and empower people with dementia. The registered manager attended talks and groups. They had spoken with people who were living with dementia to find out how they wanted to be supported and used this information to develop their training for staff. They kept up-to-date with best practice by accessing professional websites. They were part of the Registered Manager's network which enabled them to keep up-to-date with good practice and find out what was happening in the care profession. The registered manager was looking into providing work experience for students from the local college. The registered manager told us they planned to make further improvements to information and training in the next 12 months.

In the past 12 months, the registered manager had worked in partnership with GPs, district nurses, occupational therapists and the local hospice to ensure 'joined up' care was delivered to people. This meant people benefited from high quality care and improved outcomes. A community professional told us, "I have witnessed [manager's name] on many occasions speak to both clients and care givers. On these occasions, she has been patient and sensitive to needs as well as being willing to give practical advice and support."

Records were well organised, up-to-date and stored securely. An audit system was in place to monitor the quality of the service. Records were checked when they were brought back from people's homes on a regular basis. The registered manager carried out checks during care visits to observe staff's competency.

The provider had notified the Care Quality Commission of events which had occurred in line with their legal responsibilities.