

Love to Care Devon Ltd

Love to Care

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

This announced inspection took place on 25, 26 and 27 April 2018. We visited the office on 25 April 2018 and carried out home visits to people on 26 April 2018. Phone calls to people who used the service and their relatives were made on 27 April 2018. The service was registered with the Care Quality Commission (CQC) in February 2017 and this was the first inspection.

Love to Care 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 Love to Care was receiving a 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 29 people were receiving personal care from the service. People who use the service live in Torquay, Paignton 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.

Love to Care put people at the centre of their care experience. The service used the 'Buurtzorg' model of care. This model starts from the person's perspective and works outwards to find solutions that bring greater independence and improved quality of life. The service had worked with leading experts in person centred outcomes and 'values based' recruitment. At the service, wellbeing teams of staff worked with people to focus on what was important to them and to support them to achieve the most out of their lives.

The provider had made 'A Promise' to people. The aims of the promise included using a person centred approach where people were in control of their care and support, continuity, flexibility, community connections, and staff wellbeing. Throughout this inspection, we found this commitment had been fully achieved. People told us, "I couldn't wish for a better organisation, they're as good as gold", "I can't recommend them enough" and "I always give them 5 stars."

Each person had a team of no more than four staff who they knew well. People wrote their care plan with staff. Care plans contained highly personalised information about what was important to the person, what mattered to them, what they would like their team to know and do, and the help and support they needed. The service employed a community wellbeing coordinator who worked alongside staff and supported people to re-engage with their local community and reduce isolation. This had made a real difference to people's lives. One person said "I have so much more confidence, it's unbelievable."

People consistently told us they felt safe. The service went the 'extra mile' to ensure people were kept safe and risks were managed and minimised. A community professional said, "They tailor their support to individuals, adapting to the client's needs to ensure they remain living in their own homes as safely as

possible."

The provider had worked with a national leading expert in values based working. This supported them to recruit staff with the right values, behaviours and attitudes. The service had won the Skills for Care Accolades Award for Best Recruitment Initiative in 2018. Staff were highly motivated and were exceptionally kind, caring, and compassionate towards the people they supported. Staff commented, "It's just marvellous, it's all about the people" and "The people are amazing."

People benefited from the extremely committed staff who delivered very effective care and support. People said, "I couldn't ask for a better bunch. I don't see them as carers I see them as friends" and "I am truly delighted with the service which has, in the kindest and most caring way surpassed my hopes." A representative said "They do a very good job, they should be commended for what they do. There were many examples of staff going over and above and the very positive impact this had on people's lives.

A leading expert in person centred outcomes and wellbeing teams worked with the agency to provide an induction training programme. Staff told us they were very happy with their ongoing training. One staff member described their training as 'brilliant'.

People told us the service would respond well to any complaints or concerns they might raise. Comments included "There is absolutely nothing to complain about" and "It is perfect."

The service had strong links with the local community and had arranged events that had benefited people who used the service. This had provided opportunities for people in the community to meet and socialise. People had also connected with other organisations which could improve their quality of life.

The management team placed a strong emphasis on providing a high quality service, looked for ways to continually improve, and worked with other agencies to share ideas and good practice. One community professional said, "They aspire to provide a service above and beyond their remit, and are constantly looking for ways to improve and enhance this client's quality of life." Another professional said, "I cannot praise (registered manager's name) enough for her can do and compassionate attitude and clear values. They are always looking for new ways to develop and improve. I know she has worked hard to create a person-centred culture." Without exception, people, their representatives, professionals and staff were fully satisfied with the service and could not think of any ways in which it could be improved.

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.

Staff were quick to identify risks to people and took swift action to minimise the risk of harm.

Staff worked closely and creatively with people and other agencies to ensure people received their medicines as prescribed.

The open culture ensured safety concerns were reviewed and used to learn and improve.

Good 

Is the service effective?

The service was very effective.

The service used a values based recruitment strategy to ensure they recruited the right staff to deliver care to people.

Staff training was tailored to ensure each person's needs were met appropriately.

Strong links and excellent relationships were maintained with health care professionals.

Outstanding 

Is the service caring?

The service was very caring.

People benefited from a strong, visible, person-centred culture. People valued the relationship they had with care staff and expressed great satisfaction with the compassionate care they received.

The service was exceptional at working with people and ensuring they got the support they needed and wanted.

Respect for people's privacy and dignity was at the heart of the service's culture and values.

Outstanding 

Is the service responsive?

Outstanding 

The service was very responsive.

Staff involved people, their representatives and other carers in their care and support so they felt empowered, listened to and valued.

The service went the extra mile to find out what people have done in the past and looked at ways of making activities happen.

The service actively built links with the local community and connected people with other organisations.

The service valued feedback and people were encouraged to give their views and raise concerns and complaints if the need arose.

Is the service well-led?

The service was very well-led.

People received care and support from a provider who put them at the heart of the service.

The provider and registered manager placed a strong emphasis on continuous improvement and sharing information.

Staff were motivated and proud to work at the service. There were high levels of satisfaction across all staff.

The service worked in partnership with others to provide a high quality service.

Outstanding 

Love to Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 25, 26, and 27 April 2018 and was announced. We gave the service 48 hours' notice of the inspection visit to ensure we were able to speak with the registered manager. Inspection site visit activity included phone calls and home visits to people who used the service and their relatives. We obtained feedback from healthcare professionals who were involved with the service and met with care staff. We visited the office location on 25 April 2018 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 17 people receiving a service, 17 relatives, 11 staff, and seven community professionals to gain their views on the quality of the care and support provided by the service. Of these questionnaires we received 15 back from people using the service, two from relatives, 10 from staff and two from community professionals.

We used a range of different methods to help us understand people's experience. We spoke with six people who used the service and one relative over the telephone. We received feedback from one representative. We met with four people who used the service during home visits. We spoke with five care staff, the community wellbeing co-ordinator, and the registered manager. In addition to the questionnaires, we received feedback from an additional six professionals.

We saw a range of records relating to people's care and support and looked at five people's care records in detail. We also looked at staff recruitment, 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

People consistently told us they felt safe. The service went the 'extra mile' to ensure people were kept safe and risks were managed and minimised.

The service employed sufficient staff to enable each person to have a dedicated staff team. Staff were matched to people who used the service based on their needs and mutual interests. People knew all of the staff who supported them and new staff visited with a member of the person's staff team before visiting on their own. The registered manager and a dedicated relief worker provided any additional cover that was needed. This meant people could be confident new staff and relief staff shared the same values and knowledge about their needs as their existing staff. People had developed extremely positive and trusting relationships with staff. People told us the service was always flexible if they needed to change their visit times. People confirmed that staff were extremely reliable, always visited when they should, and stayed for the full amount of time without ever rushing them. One person said "I have peace of mind with the carers being in". A relative said, "They've changed my life. I don't feel I have to be there all the time, I know they're safe." A community professional said, "They tailor their support to individuals, adapting to the client's needs to ensure they remain living in their own homes as safely as possible."

There was an on call service that was available to people and staff 24 hours a day. Senior staff managed the on call service. The registered manager was available to support in the event of an emergency. For example, they had put their name down as the contact for people's pendant alarms where they didn't have any family or representatives. Staff told us the registered manager was very good and would go to people outside of their visit time if they needed assistance.

Staff were extremely quick to identify risks and took responsibility for ensuring people were safe. For example, during the winter weather, staff identified one person's house was cold. Staff went out and bought a heater, with the agreement of the person's family. It was in place and working within an hour. We visited this person in their home and saw that staff encouraged them to keep warm.

The service actively sought solutions to reduce risks to people. For example, one person was at high risk of falls. They were getting up independently to manage their continence needs but were falling. The registered manager contacted the district nurse and arranged for different equipment which meant the person was still able to safely manage their needs but didn't have to get up so often. They told us they were really grateful for this. Another person who was living with dementia was at risk of falls. Through the close monitoring of this person's wellbeing, the registered manager identified an increasing risk of falls. They arranged for the occupational therapist to visit and hand rails were installed within four days. These actions had reduced the number of falls for people.

Risks to people were assessed and recorded in each care plan. Each person was involved in regular reviews as part of an ongoing assessment process. The registered manager told us, "care, support and risk assessments are co-produced so we can support people to have as much freedom, choice and control as possible." A community professional told us about one person who was very impulsive in behaviour and

constantly did things which put them at risk. They said staff contacted them to discuss these risky behaviours and how to best manage them. This showed staff continually looked for ways to manage and reduce risk to people. The service had highlighted concerns to professionals about one person's change in mobility. Staff had discussed the risks with the person on a number of occasions and agreed the risk assessment with the person. This was discussed in the fortnightly team meeting and equipment was put in place. Staff found that communicating in short sentences meant this person worked better with them. This improved outcomes as the person did not become frustrated or confused.

Staff worked closely with other agencies to make sure people were kept safe. For example, staff had been using a specific piece of moving and handling equipment with one person. When another agency agreed to take on additional care visits, the staff showed them how to use the equipment. They discussed the possible scenarios for the person and their mobility and how best to support them if they fell.

People were supported safely with their medicines and told us they were happy with the support they received. People were encouraged to manage their own medicines if they wanted to and if they had been assessed as safe to do so. The service was creative at supporting people to continue to be as independent as possible in managing their own medicines. For example, one person asked the registered manager to attend a medical appointment with them. Following the appointment, they collected the person's prescription. The person was concerned that they may not remember the instructions as the medicine dosage reduced over a four week period. The registered manager sat with the person and they devised a daily calendar together. This meant the person could check what they needed to take and tick it off when they had taken it.

Staff worked closely with other agencies and people to ensure they received their medicines as prescribed. For example, one person was discharged from hospital and staff identified their medicines had not been labelled. The registered manager phoned the ward and went to the hospital to check the medicine. The service had put a new procedure in place as a result. When a person was due to be discharged from hospital, staff visited the ward on that day and checked the medicines and instructions.

The service was committed to learning so they could improve safety as much as possible. For example, a staff member needed to carry out cardiopulmonary resuscitation (CPR) on one person. When they rang the emergency services, they were asked for specific information about the person. They had to look in the care plan to find all of the information needed. After the event, an information sheet was added to the front of each person's file so staff could find it quickly. The emergency services praised the staff member for saving the person's life.

Contingency plans were in place for situations such as severe weather. When the recent snow was forecast, the registered manager put together a plan and asked staff for their views. People and their families were contacted to discuss the plan. The registered manager had hired a 4 x 4 vehicle to enable staff to get to people. They worked with another care agency and supported each other with visits to ensure people got essential care and were safe. The registered manager carried out one visit themselves in very difficult conditions and spent three hours travelling around four miles after the visit. Throughout the severe weather, staff phoned people to check they were safe.

Risks relating to the environment were also assessed and managed. Swift action was taken when risks were identified. For example, a staff member reported they had slipped on a path at one person's home. Other staff were immediately sent an alert on the staff's information sharing site to prevent further incidents. This told them to ensure they had appropriate footwear, take their time and use the torch they had been given. Following the incident, the registered manager spoke with the person and arranged for a sensor light to be installed and the path to be power washed.

People were protected from the risk of abuse. Staff had a good awareness of the different types of abuse and were confident any concerns they raised would be dealt with. Safeguarding was discussed during individual staff supervisions and team meetings. The nominated individual had experience of working on the local authority safeguarding board and as such were fully aware of their responsibilities to protect people. When concerns were raised the registered manager contacted the local authority safeguarding team and notified the CQC. This protected the safety and wellbeing of the person involved.

Robust recruitment practices ensured the right staff were recruited to support people to stay safe. We saw that pre-employment checks had been made including written references, satisfactory police checks (Disclosure and Barring Service or DBS), and confirmation of their identity. This helped reduce the risk of the provider employing a person who may be unsuitable to work in care.

Each person told us staff did all they could to prevent and control the spread of 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, and alcohol hand 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 feedback about the service was consistently full of praise. Comments included, "They're very professional" and "They know exactly what I need". A community professional said, "They aspire to provide a service above and beyond their remit, and are constantly looking for ways to improve and enhance this client's quality of life."

People benefited from extremely committed and well trained staff who delivered very effective care and support. The provider had worked with a national leading expert in 'values based' working. The service used 'values based' recruitment to ensure they could explore potential staff's personal values. This type of recruitment helped to match staff's values to the service's values to ensure they would fit in well as a staff member to provide support to people.

The service had won the Skills for Care Accolades Award for best recruitment initiative in 2018. The judges said the service had "facilitated a culture of values at the heart of what they are doing which enabled clarity and focus in an innovative way." The provider held a recruitment day at a community venue. They included a range of exercises and scenarios for potential staff to see how they would work with people, on their own, and with the team. The registered manager said this initiative was beneficial as it was important to match staff with the people they support, to base recruitment on values, and to check prospective staff pass the 'mum' test. They said, "If it was my mum would I be happy with this team".

A leading expert in person centred outcomes and wellbeing teams worked with the agency to provide a four day induction training programme. The expert talked with staff about getting to know people and how to focus on what mattered most to people. Staff got to know each other, worked through scenarios and shared practice. One staff member said they enjoyed the induction week as it focused on the values of individuals. Another staff member described their training as 'brilliant'. This meant staff had the right skills and knowledge to deliver very effective care and support.

An external training provider said, "They have all seemed very eager and more than willing to participate in sessions." The registered manager had completed 'train the trainer' courses in moving and handling, first aid, and safeguarding. This meant they were able to provide training in these topics as and when needed and the service was not reliant upon external training facilitators. All staff were trained as a minimum to the Care Certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. Training was discussed with staff on a regular basis and tailored to their individual learning needs. Staff were encouraged to work towards diplomas in social care from levels two to five.

When staff needed specific training to meet individual's needs, the service prepared bespoke training videos. For example, one person needed a complex transfer using equipment with very specific requirements. A video had been made to ensure staff knew how to meet this person's needs as it was very important to get it right. When staff identified issues people were having with getting to the chiropodist, the service arranged for two staff to be professionally trained in nail cutting. All staff had completed training in

dementia awareness and were part of the Global Purple Angel Dementia Awareness Campaign. The purpose of this campaign is to raise awareness, give hope to and empower people with dementia. During a home visit, we observed a staff member interacting with a person living with dementia. They showed a very person centred approach when chatting with the person and it was clear the person enjoyed spending time with the staff member. This meant staff were extremely skilled in meeting people's individual needs.

The local council asked the service to create and improve resources for informal carers, such as family members. The service had created an extensive health information library on their website available to the public. This contained videos with links to local and national resources. People, their relatives and staff could access the information. The registered manager told us, "It has lots of benefits including self-care, support for unpaid carers, and can be used for our team as a guide to understanding certain health issues."

Staff told us they were very well supported. The service employed a community wellbeing co-ordinator. They had completed a two day mental health first aid training course to give them a better understanding of the needs of people and staff, and to enable them to support them. Staff met regularly with the registered manager and wellbeing co-ordinator to talk about their job role and discuss any issues they may have.

Staff team meetings were held fortnightly. This was an opportunity to discuss people's care, discuss scenarios, and share best practice. The community wellbeing co-ordinator supported staff by attending each team meeting. They shared feedback from reviews about what was working and not working for people. They discussed ways improvements could be made and collectively the team put this into practice. Staff said, "Really valuable, we can discuss any worries we may have, pull ideas together to help one another or people we support" and "We get support from one another, cover training topics and as a team look at how we can improve." When a staff member identified an effective method of dealing with individual's care and support, other staff learnt through shadowing with them. Recent meetings had covered topics such as equality and diversity, infection control, food hygiene, safeguarding and medicines. This meant staff received proactive support to continually develop and deliver the highest quality care.

In addition, staff kept each other up to date using a confidential information sharing site. This enabled them to immediately raise any concerns about people they supported. As staff knew people so well, they were able to quickly identify when people were not their usual self.

Most people, or their relatives, who used the service were able to contact healthcare services independently. The service had strong links and maintained excellent relationships with health care professionals. One community professional told us "(Registered manager's name and her team are incredibly dedicated to this individual, and have certainly kept me on track in regards to ensuring that this client's needs are met." The service was quick to act when people needed assistance. For example, when a person pressed their emergency pendant alarm after a fall, the registered manager advised the call centre that the person had recently fractured their hip to ensure paramedic assistance was arranged. The registered manager attended the person's home and waited with the person. The paramedics thought the person may have an infection. Staff collected a prescription for the person and obtained the medicines from the pharmacy. The person was happy with the quick response as staff had ensured they had received the medicine they needed as quickly as possible to prevent any further decline in their health. Staff told us they were able to stay with people if they were unwell, as the registered manager would cover their other visits. This showed staff were very committed to working with healthcare professionals to ensure the best outcomes for people.

Staff supported some people with their meals. Staff told us they always offered people a choice of their preferred foods and we observed staff offering choices during our home visits. 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 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.

Where people lacked capacity to make decisions, relatives held power of attorney for health and welfare matters. This meant they could make decisions about their relative's care. Copies of the power of attorney document were held in the care plan. Records showed the relatives had been involved in the care planning process. The registered manager had paperwork to evidence mental capacity assessments and best interest decisions had been undertaken in accordance with the principles of the MCA.

People were fully involved in their care planning and agreed how they wanted their care and support to be delivered. Care plans were signed by each person and showed consent to care and treatment had been obtained. We saw staff gained consent from people before carrying out personal care and respected people's choices. This showed staff had a good understanding of people's rights and always respected them.

Is the service caring?

Our findings

Without exception, people wanted to tell us about the very caring support they received from staff. Comments included, "I couldn't ask for a better bunch. I don't see them as carers I see them as friends" and "I am truly delighted with the service which has, in the kindest and most caring way surpassed my hopes." A relative said, "The moment I spoke with (registered manager) I felt the empathy, love, compassion and warmth." A representative said, "They do a very good job, they should be commended for what they do." A community professional told us, "The carers that I have met have a lovely rapport with this client, and it is clear that this client trusts them and is grateful for their care and support."

Each person had a staff team of no more than four. People really appreciated this continuity. One person said, "I have got three carers who are my carers and I always know who I am going to see and that I know them, which makes a big, big difference". Staff commented, "It's just marvellous, it's all about the people" and "the people are amazing." Each staff member had written their own one page profile. This gave people information about each staff member, such as what was important to them and their interests. There was a link to each profile on the service's website or profiles were printed and given to people.

People valued their relationships with the staff and we heard of many examples of staff going over and above what was expected of them. After one person had surgery, the registered manager visited and took in their address book and a selection of fresh fruit, as they knew this was important to them. When another person went into hospital, the registered manager took their relative a fish and chip meal so they didn't have to worry about getting food.

One person told us staff had offered to do their Christmas shopping as they weren't able to go out to do it. This person said they gave them a list and were really happy and grateful for this support.

There were numerous other examples of staff going above and beyond. On several occasions we heard about staff members popping in between visits to check people were alright, as they hadn't been well at their previous visit. Several people told us about staff visiting and bringing them homemade food such as soup and pies. When one person went into hospital, they were concerned about their pet and didn't want to put them in kennels. Staff continued to visit their home to look after their pet to put their mind at rest. People told us these things meant a lot to them and were very happy with this additional support.

During our home visits we saw people sharing photos with staff and chatting about family, choosing clothes together, sharing jokes and laughing, and talking enthusiastically about their next outing. One person liked knitting and this had led to a conversation with staff about legwarmers, the 1980's, music and fashion. When the staff member visited again, the person had knitted some legwarmers. Another person's care plan said a cuddle always made them feel better. We saw them have a cuddle with their staff member. The atmosphere was very relaxed and unhurried. Staff told us they were able to spend quality time with people. It was evident people were very comfortable in the staff's company and got on extremely well with them.

Staff didn't wear uniforms when they visited people or when out with them. The registered manager said

this removed any barriers and showed people that staff were led by them. When staff visited people living with dementia, we observed that people saw them as friends. One staff member had picked up a leaflet in the supermarket with recipes. They discussed baking cakes with the person. The staff member suggested baking some scones and making a cream tea. They laughed and joked about selling them in the garden.

People's birthdays were celebrated. Each person's staff team discussed what they would like and the service bought personalised gifts. One person was keen to tell us about the coffee glasses they had been given to go with their coffee machine. They said, "This wonderful company does not stop amazing me." This person's spouse told us the staff had bought them shortbread on their birthday even though they didn't receive care. Another person mentioned they would love a chocolate cake for their birthday as it had special memories for them. The registered manager had already bought them a chocolate cake. Staff surprised the person with the cake and they were really happy. Staff sent photographs of the person enjoying their birthday to their family and friends as they lived away.

Staff made themselves available to people and their relatives at times when they needing caring and compassionate support. For example, one person was unexpectedly diagnosed with a medical condition when their GP visited them. Staff sat with the person for an hour, chatting and reassuring them, and informed their family. Another person's pet was run over. Staff took the person to the vets and supported them throughout this time. Staff told us if a person was distressed, the registered manager would cover their next visit so they could spend more time with them.

The community wellbeing co-ordinator supported people to contact external support such as advocacy services. For example, one person had received one to one time to discuss bereavement and loss.

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. The registered manager told us, "We involve people in their care, providing high and consistent levels of kindness, compassion and treat them with dignity and respect." Staff said, "People are at the centre. It's about what matters to them, nothing is too big or too small. If we can do something about it we will" and "The care to me is exceptional, above and beyond."

People told us they were very much involved in planning their care and support. One person commented, "I am fully involved in the process. I want to become as independent as possible and they support me." During home visits, we observed staff encouraging people to do things for themselves.

The service placed respect for people's privacy and dignity at the heart of its culture and values. The registered manager said, "Our wellbeing workers respect gender, equality and human rights, keeping people protected from harm and in receipt of culturally appropriate care." Dignity was discussed during staff supervisions and in team meetings. During one team meeting, staff completed a scenario relating to the Social Care Institute for Excellence's dignity factors. Staff told us they discussed their responses and what they might have done differently. Staff were observed and assessed when working in the community on a regular basis. Each of the 15 people who completed our questionnaire said they strongly agreed that staff always treated them with respect and dignity.

Staff were all trained in professional boundaries and confidentiality and had a good awareness of what was expected of them. The registered manager told us they ensured people knew how their information was stored and protected. They were aware of the new data protection laws.

Is the service responsive?

Our findings

People using the service and their relatives told us the service was very responsive. People's care was personalised and they were fully involved in the planning process.

The service employed a community wellbeing coordinator. Their role was to support people to re-engage with their local community and reduce isolation. This service was provided free of charge. The co-ordinator told us their role began when they met with people at their initial six week review. At this time, they discussed with the person what more could be done to support them and what they might like to do. Staff said they could see a difference in people as a result of this. For example, we spoke with one person who told us they didn't use to go out of the house. They now met up with the co-ordinator on a regular basis and went for coffee. They had also been connected with the local stroke club. This person told us, "I understand my stroke better. I can't give them [the service] enough praise. I have so much more confidence, it's unbelievable." The co-ordinator told us, "When the team phone with a problem, I can relate to that person, and what can we do differently."

The service arranged events for people and had strong links with the community. The service organised a summer tea party for the people they supported, their families and friends. The day was organised by the community wellbeing coordinator and a volunteer. They ensured the venue was accessible for all. Staff provided transport and support so people could attend. During the party, one person was connected with the volunteer as they needed some support with gardening. People told us they enjoyed meeting each other and socialising. Another party was arranged at Christmas. The service hired a hall and provided food and musical entertainment. People told us they really enjoyed the event. One person told us they were happy they had connected with the local disabled sailing club. Other local support organisations also attended. Food that was leftover was donated to a local homeless charity. People were also invited to regular coffee mornings at a local café.

People received monthly newsletters which told them about places they could visit, things they could do, useful information about other services, recipes, a quiz, and updates. One person told us they used to be a chef and the service published their recipes in the newsletter.

Where people had specific cultural or religious needs, these were discussed and respected. For example, one person needed to be at prayer at a certain time every day. Staff ensured the visit was carried out at the same time every day so this person had time to get ready. Their representative said, "Time of the visit is perfect." People told us the service was very responsive when they needed any changes to their visit times. A relative said "You are always so responsive to requests for additional support when we need it."

The service used the 'Buurtzorg' model of care. This model starts from the person's perspective and works outwards to find solutions that bring greater independence and improved quality of life. The service had worked with a leading expert in person centred outcomes and wellbeing teams. The staff who supported each person made up their wellbeing team. Staff worked with people to put together a care plan that was person centred and which achieved people's required outcomes.

When planning care with people, areas such as their environment, the other people involved with them, and any health professional involvement were considered. Staff involved people in decision making and looked to support people with self-management, continuity, building trusting relationships, and building networks in their community.

A staff member said, "The whole process from the initial conversation is learning about that person, not just what they do need, it is knowing their history and knowing how they have got to where they are and where they want to go." One person was impressed with their initial assessment that was carried out by a staff member in hospital before they went home. They said staff told them all about the service and discussed what they needed and wanted.

The registered manager said, "Our conversation is a conversation not just an assessment, it is not a prescribed list of chores, it is about what people would like us to do." Care plans contained highly personalised information about what was important to the person, what mattered to them, what they would like their team to know and do, and help and support they needed.

Staff knew people extremely well and were able to identify items to support them. For example, one person wanted an electric fan but was unable to get up to turn it on and off. The service supported the person to find a remote controlled fan. The person told us this had made such a difference for them. Another person needed staff to support them when using the toilet. Staff spoke with the occupational therapist and suggested a raised toilet seat. This person now has an electric sit to stand toilet seat and is independent.

The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service was proactive in identifying and meeting the information and communication needs of people experiencing sensory loss. For example, one person was registered blind. Staff had spoken with them and arranged talking books. Staff were careful to put things back so the person knew where they were. They said "Everything's in its place so I can access things."

The service was not providing end of life care at the time of our inspection. Staff had previously supported people at this time in their life. For example, when one person was discharged from hospital, staff supported this person to achieve their wish of remaining in their own home. The small staff team ensured continuity and a quick response to identify and meet their changing needs. Staff worked with other healthcare professionals to ensure this person's needs were met.

People told us the service would respond well to any complaints or concerns they might raise. Comments included, "There is absolutely nothing to complain about" and "It is perfect." They were confident if they had any concerns these would be taken seriously. People were given information about how to complain. This included the provider's complaints policy. The service had not received any complaints from people. One person said, "(Name of registered manager) is very responsive and will deal with any issues."

Is the service well-led?

Our findings

The service was exceptionally well-led. The registered manager was available throughout our inspection. They knew people who used the service very well, worked alongside staff to deliver care, and worked to improve social care in the local community. People told us, "I couldn't wish for a better organisation, they're as good as gold", "I can't recommend them enough" and "I always give them 5 stars."

We received very complementary feedback about the registered manager from health care professionals. One said, "I cannot praise (registered manager's name) enough for her can do and compassionate attitude and clear values. They are always looking for new ways to develop and improve. I know she has worked hard to create a person-centred culture." Staff also spoke positively about the how the service was managed. One staff member said, "There's a strong ethos for care, if you mention it, (registered manager) is right on it."

There was a strong emphasis on continuous improvement and sharing information. CQC are interested in new models of care. The provider shared with CQC a new and innovative model of care and the way the service was operating as small self managed teams. Self managed teams are a small team where each member of staff has additional responsibilities and reduced supervision. The provider reflected on this during implementation. The registered manager felt they wanted to be more involved with the day to day management, but to also create the foundations for the organisation. The provider decided to come away from this new model of care but keep elements of what they felt worked for them. Staff commented that there was improved oversight and leadership.

There was a positive and sustained culture that was open, inclusive, and empowering. The registered manager said, "We have an open culture, with clear vision and values, which are always shaped by the views of the people we support and our workers." The provider had made 'A Six Point Promise' to people. This included a person centred approach where people were in control of their care and support, continuity, flexibility, community connections, and staff wellbeing. Throughout our inspection, we found this commitment had been fully achieved. These visions and values were incorporated throughout the service from staff recruitment and new packages of care through to reviews, support, meetings, and improvements. Staff strongly supported the visions and values and put them into practice.

People were very much involved in the running of the service. The person centred approach of the service meant people were in control, directed their care and support, and lived their lives in the way they wanted. They were involved in checks on staff within their own home and invited to give feedback on any new staff and the service. One person was keen to tell us they had been asked whether they would prefer a day out or a party for the service's next event.

The provider was committed to seeking people's views about the service and had engaged an independent organisation to carry out interviews with people and staff. These explored people's experience of receiving care and what matters to them. People and their representatives had completed a satisfaction survey in March 2018. All 13 responses said they were "extremely likely" to recommend their service to friends and family. Comments included, "You're doing a great job" and "Excellent care and attention, a great team."

The registered manager and provider had recently been invited to speak at the King's Fund in London. The King's Fund is an independent charity working to improve health and care in England. The purpose of the conference was to explore how to reform social care. They shared good practice and their new approach to delivering care with people from academic as well as health and social care backgrounds. They were then invited to present at the University of West of England and the South West Academic Science Network.

Following our inspection, the service was announced as a finalist for The Outstanding Care Awards for Devon and Cornwall in the following categories; Outstanding Community Manager, Care Newcomer of the Year, Care Champion Award and Outstanding Deputy Award. These awards celebrated the achievements of those that go beyond the call of duty and highlighted outstanding organisations and individuals.

Staff were highly motivated and proud to work with the service. Comments included, "I would happily choose this provider for a family member", "This is a fantastic company" and "Everybody's important, everybody's equal." Staff had been invited to give feedback in a recent questionnaire. Five staff had completed the questionnaire and all their responses were very positive.

The management team found ways to show staff they were valued and appreciated them. Each staff member was sent a letter to thank them for their hard work over the past 12 months and was awarded a pay increase. Staff were invited to a Christmas dinner and were each given a present. Every staff member received a gift for their Birthday. The provider had incentive schemes in place, such as bonuses if staff introduced another worker. The provider had negotiated discounts for staff with local businesses.

The registered manager worked with others to share information and look for ways to continually improve. This included sharing packages of care with other care providers and meeting up with other care services to share ideas and good practice. Other providers commented, "(Registered manager's name) is an inspirational person within domiciliary care in this area. Her approach to care is first class" and "(Registered manager's name) has been running an extremely successful, loving and caring business and has shared advice and guidance."

As part of the continued development of the service, the registered manager had been working with a company to share ideas and develop a visit rostering system that would further support the allocation and monitoring of visits. The company representative commented, "It is clear to see you have a great understanding of the care industry and have a keen interest in providing the best possible care."

The provider had oversight of the service and monitored the quality of the service people received. They were in constant contact with the registered manager and staff through the information sharing site. They supported the registered manager and spoke on a regular basis. The provider carried out regular audits and reviewed the business plan with the registered manager every three months. At the last review, they stated the feedback from people and staff had been overwhelmingly positive.

Records were clear, well organised, up-to-date and stored securely. Unannounced checks to observe staff's competency were carried out on a regular basis. The provider had notified the Care Quality Commission of events which had occurred in line with their legal responsibilities.