

Penponds Homecare Ltd

Penponds Homecare Ltd

Inspection report

2 Okus Grove
Swindon
Wiltshire
SN2 7QA

Tel: 01793337061

Website: www.penpondshomecare.com

Date of inspection visit:
16 November 2017

Date of publication:
08 January 2018

Ratings

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

Summary of findings

Overall summary

This inspection was carried out on 16 November 2017. This was the first inspection of the service.

Penponds Homecare Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It delivers care and support to people living with dementia, people with learning disabilities or autistic spectrum disorder, people with mental health conditions, people with physical disabilities, and people with sensory impairment. The age of people varies from younger adults to elderly people.

Not everyone using Penponds Homecare Ltd receives regulated activity. The CQC only inspects the service 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. On the day of the inspection Penponds Homecare Ltd provided a service to 29 people, out of whom 23 received the regulated activity of personal care.

The provider valued their staff team and had endeavoured to take steps to retain and develop staff to their full potential. They believed this was the key to delivering high quality, consistent care. A number of measures had been employed to recognise the contribution staff made and this had been appreciated by staff who told us they felt valued and respected.

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

People received safe care from staff who had been trained to protect people and identify signs of abuse. Risk assessments were implemented and reflected the current level of risk to people. Staff understood their responsibilities to report any concerns and followed the provider's policies in relation to safeguarding and whistleblowing.

Staff praised the communication with the office. They told us that if there were any incidents, lessons would be learned and findings would be immediately communicated to the members of staff.

There were enough staff to keep people safe and appropriate arrangements were in place for emergency staff cover. Recruitment processes were designed to ensure only suitable staff were selected to work with people.

The service used an electronic monitoring system which staff accessed via mobile phones. The system ensured people's most current care plans were available to staff. It also enabled the service to monitor in real time the support people were receiving in relation to personal care, nutrition or medicines

administration. As a result, the system for monitoring the quality and safety of care provided to people was efficient and effective.

Staff managed medicines consistently and safely. People received their medicines as prescribed.

Staff received a wide range of training that matched people's needs. Staff were encouraged and supported to develop their skills and knowledge, which improved people's experience of care.

Staff were aware of their duties under the Mental Capacity Act 2005. They obtained people's consent before carrying out care tasks and followed legal requirements where people did not have the capacity to consent.

The service demonstrated a strong commitment to promoting people's independence. Staff worked closely with people to build their confidence and help them do more for themselves.

People and relatives were delighted with the kindness and thoughtfulness of staff. People told us the support they received significantly improved their well-being.

The service was extremely responsive to people's needs and wishes even if the support people needed proved to exceed their contracted hours. People told us that staff went over and above the call of duty. People also said this made a profound difference to their lives.

People felt consulted and listened to about how their care would be delivered. Care plans were personalised and centred on people's preferences, views and experiences as well as their care and support needs. People's histories, family relationships, and religious and cultural needs were taken into account while preparing their care plans.

Quality checks took place regularly and identified actions needed to be taken to enhance the service. The registered manager was devoted to providing people with such care so that they were able to live as independently as possible in their own homes. The manager involved staff in promoting an open and positive culture. Staff knew how to put the aims and values of the service into practice so people received personalised care. Staff, relatives and other professionals spoke positively about the registered manager.

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.

Staff had a good knowledge of their responsibilities in safeguarding adults from potential abuse and knew how to report any concerns.

Risks in relation to people and the environment were assessed and appropriately managed.

Medicines were administered safely.

Robust recruitment procedures were in place. Staffing numbers met people's needs safely.

Is the service effective?

Good ●

The service was effective.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and how this applied to their daily work.

People were cared for by staff that had received relevant training and had the skills to meet their needs.

All staff were supported in their role through regular supervisions and discussions with their manager.

People's nutritional and healthcare needs were met and people had access to a wide range of healthcare professionals when they needed them.

Is the service caring?

Good ●

The service was caring.

People felt that staff cared for them and respected their privacy and dignity.

Positive relationships had developed between staff and people.

People were involved in making decisions that affected their lives

and care and support needs and staff respected peoples' right to make decisions.

Is the service responsive?

The responsiveness of the service was outstanding.

The service went the extra mile in providing people with personalised care in which emphasis was put on the quality of people's lives and meeting people's needs and preferences.

The service was extremely flexible and responsive to people's needs.

People using the service and their relatives knew how to raise a concern or make a complaint.

Outstanding 

Is the service well-led?

The service was well led.

Staff understood the vision and values of the service and knew how to put these into practice. People benefitted from being supported by staff who felt valued and were motivated to provide them with individualised care.

The registered manager led by example. They understood the needs of the people who used the service.

There were systems in place to monitor the quality of the service provided and to promote best practice.

Good 

Penponds Homecare Ltd

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 November 2017 and was announced. We gave the service 48 hours' notice in advance because the location provides a domiciliary care service and we needed to be sure that senior staff would be available in the office to assist with the inspection.

The inspection site visit activity started on 16 November 2017 and ended on 16 November 2017. It included reviewing the records kept in the office and telephone interviews with people using the service. We visited the office location on 16 November 2017 to interview the manager and office staff; and to review care records and policies and procedures.

The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience who assisted with this inspection had experience of working with older people and people living with dementia.

Before the inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We asked the local authority and other professionals if they had any information to share with us about the services provided. The local authorities are responsible for monitoring the quality and funding for people who use the service.

We spoke with five people and one relative of a person, three staff members, the assistant manager and the

registered manager. We also obtained feedback from three health care professionals working closely with the service.

We reviewed care plans for four people, four staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

People felt safe at the service as they knew there was always support available when they needed it. One person stated, "I have no concerns whatsoever about how I'm being looked after by all the carers".

There were policies and procedures in place for safeguarding adults from abuse and whistle blowing. The safeguarding policy contained information on the signs of abuse, actions to prevent abuse, reporting concerns and learning from past cases. Staff received training on safeguarding adults from abuse, and they knew what constituted abuse and what action they would need to take to protect people from harm. A member of staff told us, "If I suspected abuse from another member of staff, I would follow our policy and speak to the manager. If they did not act on it, I would report this to the safeguarding team or to the Care Quality Commission (CQC)".

The service knew how to record and analyse patterns of accidents and incidents, however, there had been no accidents or incidents since the service was operating. The registered manager explained to us that any incidents, accidents or changes in people's behaviour would be recorded in the live electronic system and the information would be promptly sent to the office. This would allow the service to act immediately and to respond to any incidents or accidents.

The service recognised the importance of analysing any falls patterns at the initial assessment stage and responding to them. For example, prior to receiving support from the service, one person had been frequently admitted to a hospital and a rehabilitation centre due to suffering numerous falls. The service had worked with the person to identify and support their needs accurately and ensure their safety. As a result, there had been no further hospital admissions for a year now. The service had also arranged for a shower to be installed so that they could manage the person's personal care needs more effectively.

Staff told us they understood their responsibilities to raise concerns, to record safety incidents, concerns and near-misses, and to report them internally and externally where appropriate. They told us that any lesson learned from this would be immediately communicated to them. A member of staff told us, "If there was an accident and this was our fault, like for example, we used equipment that had not been serviced, this would be communicated to us with the message to check the equipment before we start using it".

The care plans seen included risk assessments completed to identify the potential risk of accidents and harm to staff and people in their care. The risk assessments we reviewed provided clear instructions to staff members about how to deliver safe care. They clearly described how to support people inside and outside of their homes, how to act in cases of emergency and how many staff members were needed to carry out specific tasks, for example, personal care. We also noticed the service had undertaken assessments of the internal and external environment. Where potential risks had been identified, action taken by the service had been recorded. The training records seen confirmed staff had received training in moving and handling, and health and safety training to ensure they had the knowledge and skills to support people safely.

People were protected from discrimination as all members of staff received training in equality and diversity.

A member of staff told us, "We protect people against discrimination because of their age, race, disability or sexual orientation".

Risk assessments were reviewed on a regular basis to reflect people's current needs. The registered manager also provided care and visited people. This enabled the manager to ask people for feedback and involve them in making decisions about risk taking. One person told us, "When [the registered manager] comes to visit me, she always asks me if there is anything that I'm struggling with, which is not covered by the carers at the moment". Another person's relative told us, "We have plenty of opportunities to talk to [the registered manager] if we feel that anything is not quite right, or that we need more help and I know that she's only a phone call away if we feel the need to see her".

A thorough recruitment policy and procedure were in place. Records included application forms (including employment histories, with any gaps explained), interview records, references, proof of identity and evidence of a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals. This helps employers make safer recruiting decisions and employ only suitable people who can work with children and vulnerable adults.

The service used an electronic monitoring system to ensure people received their care at proper times. Staff used an application on their mobile phones to record the time when they began and finished their care visits. An alert system was in place to notify the office or on-call staff if a staff member failed to record their arrival or departure from a person's home. This enabled the service to both ensure people received their visits, but also monitor the whereabouts and safety of their staff whilst working in the community. The application also contained information about staff's scheduled care visits. The information was updated in real time, which meant staff always had their most current working rota available. This system helped ensure people received their care visits as planned and it significantly reduced the risk of any care calls being missed. Staff told us they found the application very useful and that this improved communication between the office and staff. A member of staff told us, "If we have any problem, the application flags this up on the system. For example, if a person that we are about to visit runs out of pads or medicines, this would be in the system, so we are aware of it and we can pick it up on our way to the person. This is the best system I came across".

There were sufficient numbers of staff available to keep people safe. The number of people using the service and their needs were taken into account to adjust optimal staffing levels. The continuity of care was ensured as people were assisted by the same members of staff. People told us that staff had enough time to carry out their tasks and arrived punctually at agreed times. One person said, "They have only been late to me probably once or twice in the last six or seven months and on each occasion it was because they had an emergency with their previous client and I was contacted by the office who wanted to make sure I was alright waiting for my carer, or whether I needed them to send me somebody else instead". Another person told us, "Apart from holidays and when one of the carers goes ill suddenly, I see just the three regular carers who cover all of my visits during the week".

People's medicines were safely managed and given as prescribed. People were supported to take their medicines as needed. There were clear policies and procedures in safe handling and administration of medicines. Medication administration records (MAR) demonstrated people's medicines were managed safely. People's level of support was assessed and clearly described in their care plans and risk assessments. If staff did not assist people with their medicines, the care plans clearly specified who was responsible for administering of medicines or collecting prescriptions. One person told us, "I get quite stressed out about taking my tablets and the carers are very good and never mind how many times I want to check with them that I've got the right ones before I actually take them. Once they're taken, they write about it in the records

and they also show me the records because I know again I panic about whether everything is as it should be. I can't tell you how patient they are with me, I don't think I would be as patient with myself if I were them!". Another person told us, "I can take my tablets myself, but the carers just watch and then write up in the records so as to confirm that I've taken them".

People were protected from the risk of infection. All members of staff had received training in infection control. Staff told us that personal protective equipment (PPE), such as gloves or aprons, was always available to them.

The provider had an on-call system which operated 24 hours a day. Robust contingency plans and systems were in place to ensure the service ran smoothly outside of office hours and in the event of untoward emergencies such as adverse weather.

Is the service effective?

Our findings

People were cared for by staff with the relevant skills and knowledge to meet their needs. One person told us, "Because I have the same regular carers, they really understand me and my needs". Another person said, "Compared with other agencies I have used in the past, the carers here, I think, are very well trained, particularly when it comes to their hygiene".

The registered manager demonstrated commitment to staff learning and development from the outset of their employment. New staff were supported to learn about the organisational policies and procedures as well as about peoples' needs. All new staff received a consistent and thorough induction to ensure they were able to carry out their duties. All staff, regardless of when they started employment or their role within the organisation, had completed induction workbooks which consisted of the culture of the organisation, fire procedures, medication policy and use of hoists and slings. Newly employed staff also 'shadowed' existing staff to enable them to develop an awareness of their role and responsibilities. Following the induction training, staff's knowledge and competency were assessed by the registered manager who observed staff providing care in people's homes. All staff were subjected to regular spot checks carried out by the management team.

The provider retained records of the training that staff had completed. These records showed that a comprehensive range of training was provided. This included safeguarding, food hygiene, first aid, health and safety, moving and handling, equality and diversity and infection control. Training was refreshed regularly to ensure staff's knowledge was kept up to date. Staff told us that they were encouraged and supported by the registered manager to look for additional training courses. A member of staff told us, "We also receive additional training. For example, I asked about training in diabetes and training in end of life care, the registered manager organised this on the same day".

Staff had regular supervision meetings with a manager. This gave them opportunity to discuss any concerns about people who they supported as well as their own progress and training needs. Staff were asked to reflect on their own practice and on what their development needs were. A member of staff told us, "I have my supervision meetings every three months and I find them useful. However, if I have an issue, I do not have to wait for the supervision meeting. They are very supportive".

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

The registered manager demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA) 2005. Discussion with the registered manager confirmed they were aware of the process to assess capacity and the fact that it is decision specific. Staff demonstrated a good awareness of the code of practice and confirmed they had received training in these areas. They told us they understood the

procedures needed to be followed if people's liberty was to be restricted for their safety. A member of staff told us, "The MCA was introduced to protect people's rights. People have right to make the decision, even if we think that the decision was irrational. We all must act in the best interest of people".

The management team and staff worked together to deliver effective care, support and treatment. Communication between staff and the office was effective; the electronic care planning system had a built-in facility for any changes in people's care needs to be shared. In addition to this, any changes to policies and procedures were highlighted on the system and staff were required to read them. Staff told us that due to the efficient communication they were able to work more effectively to meet people's needs. When people were referred to the service, initial information was obtained from people, their relatives and health care professionals. Staff were encouraged to provide as much feedback as possible in order to highlight the care needs that might potentially remain unidentified.

The registered manager assessed people's needs before they started to deliver care. The aim was to make sure the service was able to meet the person's needs and expectations. Following the initial assessments, care plans were prepared to ensure staff had sufficient information about how people wanted their care needs to be met. People's preferences were recorded so that staff could learn about them. This included people's preferred names, and also their life stories. One person told us, "All of the support and review meetings take place with [the registered manager] and she's always keen to hear from me about what I think about the care."

People's care and social needs were holistically assessed, and their care and support delivered in line with evidence-based guidance. The registered manager told us they looked at external resources in order to improve the quality of care. This included resources available from The National Institute for Health and Care Excellence (NICE). For example, the service followed the guidance on managing medicines for adults receiving social care in the community.

The equal opportunities policy was available at the service. This stated the provider's commitment to equal opportunities and diversity. People's cultural and religious backgrounds as well as people's gender and sexual orientation were recognized and respected within the service. The registered manager told us, "We respect the fact that our clients and staff come from different backgrounds. We always try to accommodate people's cultural and religious needs. We would not treat any person differently because of their sexual orientation or religion".

People's needs in regard to food preparation, eating and drinking were assessed if this was part of the required care. People's preferences concerning food and drinks were recorded. If people required any special diet, for example due to diabetes this, was recorded in their care files. People also told us that if they did not want to prepare their own meals or were physically unable to do it, staff members would prepare meals for them. All staff completed food hygiene training. One person told us, "I have all my meals made for me and I particularly enjoy my lunches. This is because I'm trying to lose weight and my main carer in particular makes such lovely salads for me. All with fresh ingredients, and if I ever fancy anything that I haven't got, she will very often buy it for me and bring it the next day. Nothing is too much trouble for her".

People benefited from the outcome focused health assessments carried out by the service. Both people and, where appropriate, their relatives were involved in preparing these assessments. For example, one person's expected outcome was to manage their skin integrity while another person's expected outcome was to manage and maintain their nutritional and hydration needs. People had access to health and social care professionals. Records confirmed people had access to a GP, occupational therapist and a district nurse and could attend appointments when required. We saw people's changing needs were monitored,

and changes in health needs were responded to promptly. One person's relative told us, "One of my husband's carers noticed that he'd got a red mark on the back of his shoulder and [the registered manager] arranged for his district nurse to look at it. She told us that we had caught it nice and early before it could cause any permanent damage".

Is the service caring?

Our findings

People and relatives we spoke with were all positive about the staff and said they were kind and caring. All people we spoke with told us they developed positive relationships with staff. One person said, "The carers that I see all of the time are really like family friends now and I would feel at a loss if I wasn't to have them in my life any more". Another person told us, "My carers know I like certain treats and they will often bring something in for me as they know I only go out once in a blue moon! It's lovely to know that they are thinking about me, even when they're not at work".

Staff were aware that all people who use the service should be treated with respect and dignity. They were also aware of the importance of protecting people's privacy. Staff said they always remembered to ensure people were not exposed while providing them with personal care. For example, staff drew the curtains or closed the door if needed. A member of staff told us, "I keep their privacy maintained at all times". Another member of staff explained how they ensured people's privacy, "I always draw the curtains and close the door. I also use a towel to cover the part of the body that is not currently being washed". People confirmed staff treated them with respect. One person told us, "The carers come and go four times a day and they are really respectful of my home and all the things I have in it".

Staff told us people were involved in making decisions about their care, felt listened to and knew that their decisions were respected. A member of staff said, "I let people decide about their care. I always offer them choices. For example, if they would like to have their personal care, and if they agree, I offer them choice of a wash, a shower or a bath. I also ask them what they would like to do or what they would like to eat". We saw from the care records and people confirmed that when they had started using the service, people had been involved in the initial assessment of the care they required. One person told us, "[The registered manager] comes to see me quite regularly and it was her that I first met when I started with the agency and we had a good long chat about everything I needed help with which she then wrote up into a care plan which is in my folder. If I did notice that there was anything else I needed help with, I would talk to her about it".

People told us the service took their preferences and needs into account in line with the Equality Act while scheduling staff visits. One person told us, "I was contacted by the office who wanted to make sure I was alright waiting for my carer, or whether I needed them to send me somebody else instead". People told us that staff matched their expectations and they were able to build a positive rapport with them. One person told us, "One of the carers is Scottish and we have such a laugh over her accent! They are often the only people I see all day. They always make time to sit down and have a natter with me before they leave. It makes a world of difference".

Staff respected people's wishes and provided care and support in line with those expectations. One person told us, "My carers are all my friends and they provide me with the support that I never had previously. I know I can talk to them about anything, and if they don't have the answers then they usually find somebody who does". People told us staff always checked if people needed more help before they left. Before leaving the homes of people with limited mobility, staff ensured people had everything they needed within their reach. For example, people could easily access drinks and snacks, telephones and alarms to call for

assistance in an emergency. One person's relative told us, "They're really here only to support my husband but they always do little jobs for me as well which makes a huge difference".

Independence was promoted by supporting people to do things for themselves and participate in daily living tasks like personal care or dressing themselves. This helped to maintain or develop people's independence and self-esteem. A member of staff told us, "I encourage people to do as much as they are able to do. This is important for people's well-being". People confirmed they were encouraged by staff to do as much as they could. One person told us, "When I'm having my wash, they know that I can do most of my body myself and they only help do my legs".

People and relatives told us people were regularly visited by the same staff members. This meant that people were able to develop relationships with staff that cared for them which ensured the continuity and consistency of care. One person told us, ""I like the fact that I have regular carers which means that I don't have to explain time and time again what help I need and how I like things to be done".

There was a system of two main carers assigned to each person in order to promote the continuity of care. When the first main carer was unable to work, the second main carer who had worked with a particular person before was sent to provide care and assistance. It helped people to receive continuous care from the staff with whom they had built a good relationship before and who knew their needs and preferences. One person told us, "Apart from holidays and when one of the carers goes ill suddenly, I see just the three regular carers who cover all of my visits during the week. They are all very different characters, but I get on so well with all of them that I would hate to be without them now".

All new members of staff were introduced to people and people were asked if they would like the new member of staff to support them. One person told us, "Just yesterday, one of my carers brought a new carer with her so that she could see what help I needed. I was asked if it was alright for her to come in and I never mind because it means that there is one more extra carer whom I've met and who has seen what help I have".

Staff were aware of their responsibilities in confidentiality and preserved information securely. They knew they were bound by a legal duty of confidentiality to protect personal information they may encounter during the course of their work. The registered manager had high regard for confidentiality and said they were always trying to ensure that staff knew how to access and how to share any personal information safely at all times.

Is the service responsive?

Our findings

We found the service provided outstanding care and support that was focused on the individual needs, preferences and routines of people they supported. People we spoke with consistently praised the responsiveness of the management team and their ability to support them to express their views and wishes.

Throughout the inspection people gave us a number of examples of how staff went the extra mile to deliver high quality care. One person told us how the caring and cheerful approach of staff had influenced her own life which had helped to improve their health and well-being. This person had suffered from severe depression, had been suicidal and self-harming. What is more, the person was bedbound. Since the service started providing support, the person's depression had stabilised and their self-harming had stopped. The person told us, "I used to self-harm because I was constantly stressed and worried about my lack of support. Since having [the registered manager] and the team involved in my life, I haven't self-harmed once." The holistic approach of the service allowed the person's multiple needs to be identified and addressed which had a tremendous impact on their well-being. For example, the service had worked with the person to identify their nutrition and hydration needs. The person had managed to lose weight as staff had introduced a healthy diet with meals prepared by staff themselves. The service worked closely with an occupational therapist and social worker to install a ceiling track hoist along with a specially adapted wheelchair. This enabled the person to achieve their goal of being able to get themselves out of the bed and eventually use their wheelchair independently.

People told us that the service's responsiveness was outstanding and that the registered manager always tried to accommodate their needs and wishes. One person told us, "The manager [the registered manager] is excellent. I was in hospital just before Christmas last year and I hated it. I wanted to be home in familiar surroundings. When [the registered manager] heard, she went out of her way to organise my care over Christmas and she arranged for me to be brought home on Christmas Eve. I don't mind telling you that I cried when I got home".

The approach and skills of staff allowed them to build a lasting relationship with a person who lived with dementia. Prior to commencing their care with the service, this person would never let anyone inside their home. Staff gradually won the person's trust by providing the continuity of care and not setting a time limit for the calls for this person. A member of staff told us, "She would not let anyone in. They [the manager] gave me the time to build up a relationship and talk to her, engage with her conversation. This person likes when I am the first member of staff visiting her during the day and this is reflected in staffing rotas. Now she puts the kettle on and waits for me. Now we do things we were unable to do before. This has also had impact on her family. They are working full time and they are happy that their mum is safe at home". Staff told us and records confirmed that when the person's health had deteriorated, the service had immediately arranged for additional calls to assist the person.

One person told us that they could always rely on the service as staff visited them when needed, even outside the scheduled times of calls. The person mentioned the following instance, ""The other morning, my

carer had just gone when I had an accident and filled my continence pad. I called the office and my carer came back after their next client and changed and cleaned me up. I was so relieved. They didn't have to do that, but they do".

Another person told us that the service helped live in their own home and this meant a lot to them. The person said, "I'm not able to do very much for myself these days and if I didn't have the carers coming in, then I think I would have to be in a nursing home by now and I don't really want that".

The professionals we spoke with repeatedly praised the standard of care provided and described the service as exceptional, professional, reliable and responsive. One of the professionals told us, "They communicate well and whilst small, both I and [another professional] were very impressed with the thoroughness of their recording, their oversight, audit and a genuine commitment to person centred care".

People and their relatives told us the service regularly went above their contractual duties. For example, one person's main goal had been to be able to attend their Bridge Club again as due to health related issues their mobility was extremely poor. The service had worked closely with the person which enabled them fulfil their dream. The service had also encouraged the person to be more independent by using a mobility scooter. The service manager had supported the person to buy a mobility scooter by providing the person with leaflets and helping them to analyse all offers. As a result, the person was more mobile and was able to visit the places of their choice independently. The person told us, "I had been unable to get out on my own for quite some time and I was telling the carers how frustrating it was. I really missed going to my bridge club where I had been used to playing every week. When the carers told [the registered manager], she made arrangements for me to be able to have a mobility scooter which has meant that since spring time I have been able to get out and be independent and get back to playing bridge, just as I always used to. It's been lovely to be able to meet up with all my old friends again. I cannot thank them enough".

The registered manager and staff were able to respond to any issues raised by people and to provide them with appropriate support. For example, one person had been inundated with unwelcome visitors requesting money from them. The continuity of care had resulted in building a trusting relationship and this person had regained the self-confidence to say 'no' and not to give their money away. A member of staff told us, "This is a vulnerable person who was financially abused for a longer period of time. Now he is mentally so much stronger. He knows he has got the right support and he knows that he does not have to give money to anyone. He knows that if someone requests money from him, we will take care about this in an appropriate manner". The registered manager had informed appropriate authorities to protect the person from the further financial abuse. The service had also arranged for the person to have an electric wheelchair so that they could be more independent and to go to the places they wished to go.

Another person's goal had been to move to a different place of residence so they could use their mobility scooter inside their home to get around. The registered manager helped the person find a suitable place to live which suited the person's needs. They also assisted the person with making necessary arrangements to move home.

People told us that the service was responsive to their needs and any request from people was accommodated without delay. One person told us, "I used to have my shower in the morning, but I was finding I was getting a bit lightheaded, so having spoken to the agency, we decided to change the time so that I could have my shower at the teatime call around 5 o'clock. This suits me so much better because I feel much better at that time of day. No fuss was made about the fact I wanted to change it at all".

Staff were provided with clear guidance on how to support people in line with people's wishes and

preferences. Staff showed an in-depth knowledge and understanding of people's care and support needs. All the staff members we talked to were able to describe the care needs of each person they provided with support. This included individual ways of communicating with people, people's preferences and routines.

People were provided with the information in the way that suited them. Some people were accessing the provider's mobile application which provided them with the rota of staff who would be visiting them, where all changes were recorded at the same time as in the office. Other people used white boards provided to them by the service to accommodate people's communication needs.

Everyone we spoke with told us they had no concerns or complaints regarding the service and the care they or their family member received. However, they said that if they felt such a need, they would feel confident in raising anything either with the staff member who supported them or the registered manager. One person told us, "I certainly know how to make a complaint and I was given a complaints leaflet when I started with the agency. Firstly, I would ask to speak to [registered manager] and have a chat with her about whatever the problems were". The registered manager told us they appreciated feedback from people and their relatives. The manager encouraged people and relatives to share their views on the service, including concerns. They told us that any feedback would be used in order to improve the quality of the service provided to people.

On the day of the inspection no one was receiving end of life care. However, some staff had already received training to provide end of life support. The registered manager told us they were aware of people's changing needs and they knew the professionals they would liaise with if they were to provide people with end of life care.

Is the service well-led?

Our findings

We found the registered manager had developed an open and positive culture in the service. This encouraged communication, transparency, and positive working among the staff team. People, their relatives and staff consistently commented on how they felt the service was well-led. One person told us, "They go over and above what is needed. They are professional, care about their staff and also their clients and families".

Staff also spoke positively about the leadership provided to them by the management team. A member of staff told us, "I feel supported by the management team. Our managers are fantastic". Another member of staff told us, "They are great. Because it is a small company, it is rather like working with family and friends".

Staff said staff their morale was high because of the support they received from the management team. Staff took pride in working for the provider. They told us that they were a very good company to work for and had a good reputation. All the members of staff we spoke to told us, the provider had set clear, person centred values for the service which focussed on providing an excellent service for people, placing them at the heart of everything. A member of staff told us, "They are service user focused. We are not pressured to go to the next call. Also, the service users are happy to see same members of staff coming in".

Staff told us they felt involved in the running of the service. A member of staff said, "I feel involved in running the company. They do trust us. For example, we can call district nurses ourselves. They trust us to make the right decisions". Another member of staff told us, "We are involved in everything. Because it is a small company you are more involved". The registered manager had plans to involve people and the public in the running of the service. They told us they were planning to run a survey on the quality of the service after the period of one year of providing care and support to people.

Team meetings were held to discuss feedback on how staff felt the service could make improvements. A member of staff told us, "We have our team meetings every three months. However, we do not need to wait for the meeting. All the girls communicate all time anyway". Another member of staff said, "We discuss many things but we also share our experience and ideas on how to make things better for our service users".

The management team were strong role models who were passionate and aimed to enable people to be as independent as possible by providing them with relevant, person-centred care. The registered manager themselves provided care to people and gave staff guidance on how to meet people's needs and read their difficult behaviour. One person's relative told us, "[The registered manager] is very visible and we met her when we first started with the agency, and since, when she has come to review the care plan and the care my husband gets. She also sometimes stands in when the carer is off ill and we really value that because it helps her understand our needs even better. I know I only have to call the office number to get hold of her, and quite often she's the one who picks up the phone anyway". One person said, "Because [the registered manager] appears to be involved in everything, I think she has a good understanding of the service that her staff are offering and also she instils confidence in me as a client. She will occasionally appear while the carer is here just to make sure that everything is as it seems to be".

People's needs were accurately reflected in detailed plans of care and risk assessments. People's records were of good quality and fully completed as appropriate.

The contributions of care staff were valued and acknowledged. The service had introduced an incentive scheme for staff to encourage them to go above their duty.

The registered manager focused on improving, innovating and ensuring sustainability of the service. Staff told us they could ask for any additional training and this would be accommodated by the service. A member of staff told us, "I can request any training to develop my knowledge and [the registered manager] are supporting us and encouraging to develop ourselves". The electronic system used by the service was praised by staff and the office as an effective and innovative way of communication that helped to improve the quality of the service. The registered manager told us that the electronic system proved to be more effective than traditional ways of communication and enabled them to monitor care delivery more efficiently.

The registered manager was responsible for completing regular audits of the service. These included assessments of people's health and safety, incidents, accidents, complaints, staff training, and the environment. The audits were used to develop action plans to address any shortfalls and plan improvements to the service. Records showed us these audits had taken place regularly and had positive outcomes.

The registered manager demonstrated a good understanding and awareness of their role and responsibilities, particularly in regard to the CQC registration requirements. The registered manager adhered to their legal obligation to notify us about important events that affect the people using the service. The service had notified us in a timely manner about all the incidents and events that had affected the health and welfare of people using the service.