Mmeds Care Ltd

Home Instead Senior Care

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

Summary of findings

Overall summary

The inspection took place on 11 January 2018 and was announced. This meant we gave the provider 48 hours' notice of our intended visit to ensure someone would be available in the office to meet us.

We last inspected Home Instead Senior Care Newcastle in September 2015, at which time it was rated good. At this inspection we rated the service as outstanding.

Home Instead Senior Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults. At the time of our inspection the service provided personal care to 25 people, the majority of whom required help to maintain their independence at home.

The service had a registered manager in place. A registered manager is a person who has registered with the CQC 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. The registered manager had extensive experience of working in the social care sector.

People who used the service were confident in the ability of staff to keep them safe. No concerns were raised from relatives or external professionals and there was evidence of appropriate action taken following previous incidents.

Risk assessments were in place (and regularly reviewed) to ensure people were protected against a range of risks. Staff had received safeguarding training and were able to describe types of abuses and what they could do to protect people.

Medicines administration was safe and regularly audited, with competencies monitored by senior staff.

There were sufficient staff to meet people's needs safely, with travel time included and spot checks undertaken to ensure staff completed care visits as agreed. A telephone call monitoring system tracked when staff arrived and departed from people's homes.

Staff were trained in core topics such as safeguarding, first aid, moving and handling, dementia awareness, infection control and food hygiene. Additional training was in place or planned in areas specific to people's individual needs.

Staff had a good knowledge of people's likes, dislikes, preferences, mobility and communicative needs. People we spoke with confirmed this to be the case.

People who used the service gave examples of how staff supported them to maintain their independence in their own homes, and in the community. Staff had formed strong bonds with people they cared for and took

pride in them fulfilling their potential and goals.

People consistently described staff as friends or members of the family and we saw the strength of these relationships were maintained by dedicated staff and a provider that understood the importance of providing a continuity of care to people. All members of staff we spoke with demonstrated high levels of compassion and people confirmed they were skilled at empathising and supporting them patiently. People who used the service gave us consistently exceptional feedback about the attitudes of all staff members.

Care plans were sufficiently detailed and person-centred, giving members of staff and external professionals relevant information when providing care to people who used the service. Person-centred means when the person receiving care is central in developing their care and their preferences are respected.

Care plans were reviewed regularly and with the involvement of people who used the service and their relatives.

The registered manager displayed a sound understanding of capacity and the need for consent on a decision-specific basis. Consent was documented in people's care files and people we spoke with confirmed staff asked for their consent on a day to day basis.

People's changing needs were monitored, identified and met through liaison with a range of external health and social care professionals.

People we spoke with and relatives were complimentary about the responsiveness of office staff and how they communicated with them. People told us they knew who to contact if they had concerns, although there had been no recent complaints.

Staff, people who used the service, relatives and other professionals agreed that the registered manager led the service well and was approachable and accountable. We found they had a sound knowledge of the needs of people who used the service and clear expectations of staff. There was a genuine focus on ensuring people's needs were met or exceeded and that staff received exceptional support to fulfil their roles. The culture the leadership team had developed was one of continuous improvement and a continued impact on the wider community in terms of raising awareness regarding dementia. Staff were empowered and enabled to be caring by a senior leadership team who led by example and in turn cared for the wellbeing and rights of their staff. The registered manager had plans in place to make further improvements to service provision and training in the future.

Auditing was well organised, with compliance responsibilities delegated to specific staff, as well as corporate oversight by way of annual audits of the service. All feedback received regarding how the service was run was excellent.

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 remains Good.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Outstanding ☆

The service has improved to Outstanding.

Relationships between people who used the service and staff were consistently likened to those of family or friends, and the provider had ensured a high degree of continuity. Feedback regarding staff patience and kindness was consistently exceptional.

Staff consistently went above and beyond their allocated tasks to ensure people who used the service felt cared for and valued.

People's religious beliefs were respected and enabled by staff who valued the importance of upholding people's rights and independence.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Outstanding ☆

The service has improved to Outstanding.

The registered manager and director had sustained improvements over a period of time and continued to ensure people received high standards of care from staff, whilst also positively influencing the wider community in terms of dementia awareness and the formation of dementia friendly initiatives.

Staff were extremely well supported and led by a senior team who valued care staff and managed in such a way that clearly valued them. Feedback from people who used the service and relatives regarding leadership of the service was excellent.

Local and national oversight of the service was strong and the registered manager was able to clearly demonstrate how they would continue to grow without compromising on the standards they had achieved.

Home Instead Senior 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 was planned to check 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.

We visited the service on 11 January 2018 and our inspection was announced. The members of the inspection team consisted of one adult social care inspector and one expert by experience. An expert by experience is a person who had personal experience of using or caring for someone who used this type of care service. The expert in this case had experience in caring for older people and people living with dementia.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This document sets out what the service feels it does well, the challenges it faces and any improvements they plan to make. We used this document to inform our inspection. We also reviewed responses to questionnaires CQC sent to people who used the service, relatives, staff and community professionals. We used these results to inform our inspection.

Before our inspection we reviewed all the information we held about the service, including previous inspection reports. We also examined notifications received by the Care Quality Commission. We contacted the local authority safeguarding and commissioning teams and Healthwatch. Healthwatch are a consumer group who champion the rights of people using healthcare services.

During the inspection we spoke with the registered manager, a director, the training officer, the scheduler, a compliance officer, and five care staff. We spoke with six people who used the service and three relatives over the telephone. Following the inspection visit we also contacted three external healthcare professionals.

We looked at four people's care plans, risk assessments, policies and procedures, surveys, the scheduling system and associated processes.

Good

Is the service safe?

Our findings

People who used the service and their relatives confirmed they felt safe in the presence of staff, trusted them, and had never experienced concerns regarding their conduct. One person said, "Oh yes, I'm very safe – they never come unannounced," and another said, "Well, I haven't had any concerns about any of the staff I've had." Relatives gave similar feedback, expressing confidence in the professionalism of staff and their ability to keep people safe and protected from potential risks. They told us, when asked if they felt their relatives were always safe, "Yes, totally. All the carers are to a very high standard," and, "Definitely, because of the way they look after her. It's very good treatment."

When we spoke with external professionals and reviewed responses in both CQC questionnaires and the provider's owner annual surveys, we found further evidence that people who used the service were, in the opinions of those who had ongoing contact with them, supported in a safe way by staff. 100% of 8 respondents to CQC questionnaires confirmed they felt safe with their care worker.

When we spoke with staff they demonstrated a good understanding of the safeguarding training they had received and were able to describe the types of abuses people could be at risk of and how they could help reduce these risks.

The training officer demonstrated a strong understanding of more recently defined types of abuse, as set out in the Care Act 2014, such as self-neglect, and was able to describe how this was incorporated into the training of new staff. One of the directors had a background in safeguarding vulnerable adults policing and we found the staff at all levels demonstrated the ability and knowledge to ensure people were kept safe.

Where there had been a concern, for example a medication error, we saw office staff dealt with it openly and reflectively. For instance, one staff member in this instance was retrained, whilst medicines practices were reviewed with a focussed audit. The result was a communication to all staff reminding staff of areas of good practice and potential mistakes to be mindful of. This demonstrated the provider took concerns seriously and used them as an opportunity to learn and improve practices.

Risk assessments were in each person's care file and had been regularly reviewed to ensure staff had current, accurate information about how to keep people safe.
Staff we spoke with felt staffing levels were sufficient to keep people safe, with ample support should they encounter any unexpected problem or delay. There was an out-of-ours on call system so that staff had access to a senior member of staff if needed. All people who used the service and their relatives agreed that they had not experienced missed calls and that, where there was a delay, they were informed. Staff also confirmed they received sufficient personal protective equipment, such as gloves and aprons, whilst 100% of 8 respondents to CQC questionnaires confirmed their care workers always had regard to hygiene.

Accidents and incidents were recorded promptly and the registered manager and compliance officers had systems in place to ensure any emerging patterns were identified and acted upon.

People's medication administration records (MARs) were regularly audited and competence checks undertaken for all staff responsible for administering medicines. We noted the medicines policy was under review at the time of the inspection and the registered manager agreed to ensure content from the latest National Institute for Health and Care Excellence guidance on the subject was incorporated.

Staff underwent pre-employment checks including enhanced Disclosure and Barring Service (DBS) checks and there was a matrix in place to ensure staff who drove had appropriate MOT and insurance documentation in place. Each prospective employee was benchmarked against the service's high standards, namely, would they be happy to place this person with a loved one. This meant the registered manager ensured the risks of employing unsuitable people were reduced.

Good

Is the service effective?

Our findings

People we spoke with agreed that staff were suitably trained and knowledgeable to undertake their role. No concerns were raised about staff competence and people told us, for example, "She has the right skills for me – always tidying up or changing the bed," and, "Absolutely. They know I have a specific condition and work around that."

External professionals along with people who used the service and their relatives agreed that staff had the necessary skills and experiences to support them. Where one person's needs changed and they needed support from staff regarding their stoma (an opening to the abdomen to enable waste to pass out of the body), we saw staff had been appropriately trained to meet this need. One healthcare professional told us regarding this, "They really engaged with the training and asked appropriate questions. There's a real benefit for the person in that there is better continuity and better staff knowledge. They still ring if they have any questions and it's working well."

Staff therefore interacted well with external professionals and we saw evidence of people being supported to access primary and secondary healthcare. One person told us, "If I get an appointment for the doctor [carer's name] will try to arrange her time so that she's available to take me," whilst another told us, "I can do it myself but sometimes I have to be encouraged to call the doctor and they do that." One person told us, "If my tubes are blocked or anything the carer will call the nurse." We found a range of evidence to demonstrate staff were suitably skilled to support people, and to seek further advice where appropriate.

100% of respondents to the CQC questionnaire confirmed they felt they received consistent support from familiar staff and that they would recommend the service to others. All confirmed that care workers completed all tasks that were required of them at each visit.

The scheduling officer showed us the online rota planning system and we found it factored in travel time between care visits. We also saw the minimum call during was for one hour. The National Institute for Health and Care Excellence (NICE) guidance, 'Home care: delivering personal care and practical support to older people living in their own homes (September 2015)' states providers should, "Ensure service contracts allow home care workers enough time to provide a good quality service, including having enough time to talk to the person and their carer, and to have sufficient travel time between appointments." We found the provider acted in line with this guidance.

The service used a telephone call monitoring system to track when staff arrived and departed from people's homes. This had been introduced eight months prior to the inspection and was working well, with positive feedback from staff and people who used the service saying, "My carer is booked for two hours. If they finish early they ask if there's anything else they can do," and, "If they are not going to be on time I get a call from the office". Staff told us, "It works much better than the old system, when you spent much longer writing arrival and departures down, and it meant you could forget. You can't do that now." Rotas were shared with staff and people who used the service a week in advance. The registered manager was currently recruiting an additional scheduler to cope with additional care hours and the intention was to share planned rotas a

month in advance in future.

Staff training was comprehensive and included at least four days of induction training and ongoing face to face and online training. This was managed by a training officer and compliance officer, who ensured staff completed refresher training. In addition to mandatory training such as safeguarding, infection control, moving and handling, fire safety, first aid, dementia awareness and food hygiene, we saw additional training packages were being rolled out and planned. For example, some staff had received the provider's Alzheimer's and Dementia training programme, with a view to all staff receiving this training in time. Similarly, senior staff had attended 'train the trainer' end of life training recently with a view to rolling this out across all staff. Some senior staff had not received recently refreshed Mental Capacity Act training but we saw this was planned.

Staff we spoke with were all complimentary about the induction they had received and were able to discuss areas of training they had received. Staff confirmed supervisions and appraisals took place, along with team meetings. We saw the compliance officer maintained a matrix of planned supervisions to ensure staff received these regularly. Staff were therefore well supported to fulfil their roles.

Most people we spoke with prepared their own food or had help from relatives, but those who required help were complimentary about the staff who supported them. One person who used the service said, "I usually have ready meals but sometimes they cook from scratch," whilst a relative told us, "I buy the food in. If she's left to her own devices she will likely only make the same snack. Sometimes they try to come in earlier in order to offer her something different." Where one person required a high protein diet we saw this was clearly documented in their care plan so that staff could ensure they could choose appropriate food options.

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. Care staff had been trained on the subject of mental capacity and we saw consent had been sought and documented in people's care planning.

Outstanding ☆

Is the service caring?

Our findings

People who used the service gave us consistently exceptional feedback about the standard of care they received and the attitudes of all staff members, including care staff and office staff. One person told us, for example, "I couldn't get kinder people. Even the ones in the office are great." Another person told us, "Very, very kind. They do little things like chatting with her and bringing her treats she likes," and another, "I feel very much at home with my carer." One person said, "I see them as friends. They are very gracious with their time. At Christmas two of my carers came in their own time," and another, "They are special."

Survey results from the provider contained similar sentiments, for example, "The carers are consistently excellent and without fail go the extra mile," and, "I would like to commend the kindness, love and friendship that I receive from the carers who come to help me." Responses to CQC questionnaires were similarly excellent, including, "I can honestly say that all staff, care givers and the office staff are excellent and we all work together to give my relative the dignity and care they deserve," and, "I have found Home Instead Senior Care to be all that a care provider should be."

When we spoke with relatives they told us, for example, "They are brilliant with her," and, "They go above and beyond their duty." Another person said, "They go the extra mile for me. Anything I need, they'll go and get it." We found examples of staff acting in caring ways that went beyond the role of attending specific care packages. For example, one carer who encouraged a person to go back to church after a period of them not attending for a period of time. This meant the person was reconnected with a community they thought they may not be able to play a part in, and that their emotional and spiritual wellbeing had been respected and acted upon by care staff.

Other examples of staff going 'above and beyond' included staff rearranging their personal commitments when a person's needs changed so they could continue to be their main CareGiver. When we asked people who used the service about whether staff stayed for the allocated time and completed their tasks, people unanimously confirmed that they did, whilst some people told us staff consistently did more than their allocated workload. One person told us, "They have that hour and they are good at what they do, so if they are ahead with things they will check on my washing or make me something nice, or just make sure I am happy. They take an interest and it's not just a job. We have a great time together." Another said, "They're always asking if there's anything else they can do. They can't do enough."

One person who used the service had previously become extremely isolated but, with the support of staff who got to know them and built up trust, was encouraged to engage in their community again by means of attending a history group. Staff initially supported the person intensively to ensure they were not anxious about meeting new people again, but gradually reduced the amount of support they needed, until they were able to attend this history group without support. Staff had contributed to and enabled a significant positive change to the person's ability to socialise, which in turn improved their wellbeing. Staff were therefore committed to helping people on a day to day basis with sometimes smaller domestic or personal tasks, in addition to an agreed care package, but also on longer-term outcomes.

Individual staff demonstrated extremely caring attributes and behaviours and this was reflected in the registered manager's hands-on example and their treatment of staff. For instance, on Christmas Day one of the directors had visited people who used the service and delivered presents that had been donated by local business as part of the provider's 'Be a Santa to a Senior' day. An external agency provided feedback regarding this day, stating, "Without support from organisations like yours it would not be possible to hold such an event." This meant people who used the service received additional support at Christmas (in addition to any planned care visits), as well as a gift, and that the provider took a lead in the community in terms of demonstrating how people who lived at home could remain a valued part of their community for longer with help. Staff were influenced and enabled to follow these examples in day-to-day interactions with people who used the service.

Continuity of care was a key focus for the provider and we found they had successfully achieved this, with consistently beneficial impacts on people who used the service. People told us, for example, "I've been introduced to each one and they're more like friends than carers," and, "I've had [carer's name] for five years – they are like part of the family". Another person said, "We visited a number of places when choosing care for my mum but this one stood out. It was as if they were caring for their own mother. It just felt right and it hasn't changed since." Contributing to people feeling at ease, at home, and never rushed, was the provider's policy to never visit a person for less than an hour. People we spoke with confirmed they always had ample time with care staff and never felt rushed.

The description of carer staff as friends or extended family members was a consistent theme of the feedback we received and the registered manager had ensured that all staff treated people they cared for in a way that they would expect their relatives to be treated. We found staff had made close, trusting relationships with people who used the service based on mutual respect and affection.

The provider had a policy of never undertaking a care visit of less than one hour. When we spoke with people they confirmed this was the case and they confirmed this helped them get to know their carers and feel fully supported and calm. Relatives also comment on the positives of this policy in terms of its impact on people's quality of care and life. The scheduling system had regard to which care staff had supported which people most and, when we spoke with staff they confirmed they largely knew who they would be supporting and, if there were any changes, this would be made by way of an introduction. 100% of people completing the provider's surveys confirmed they were introduced to their carers prior to care starting, whilst 97% agreed their carer was well matched to them (the other 3% responding with a 'neutral' response). This focus on a familiarity and continuity of care was in line with recent best practice guidance from the National Institute of Health and Care Excellence ('Home Care: Delivering Personal Care and Practical Support to Older People Living in their Own Homes,' September 2015). One relative told us, "They are also especially good at matching carers with the person that they are caring for and ensuring that the number of carers involved is kept to a minimum so that a proper relationship can be maintained." Feedback from people who used the service consistently confirmed that the provider and staff placed significant importance on a continuity of care, and that they delivered on this.

Without exception people told us that staff treated them with dignity and respect. They said, for example, "They keep me covered as much as possible," and, "They help me with showering and if I wanted covering they would do." Dignity and privacy was respected not just with regard to personal care but in terms of professionalism and conduct more generally. For example, one person said "If I've got private papers or something around they'll ask me if I want them to do that room." Another told us, "For instance, she never speaks about the other patients." This meant staff conducted themselves professionally and in line with the confidentiality and privacy expectations of the service.

Staff communicated well with people and understood their individualities. For example, one person struggled with retaining information given to them verbally so staff would use a notepad to help them make decisions.

People's religious beliefs were respected, for example with one regular churchgoer had recently suffered deteriorating health and mobility. Staff understood the importance of their religious beliefs and liaised with the local vicar to ensure, when the person could no longer attend church, that the vicar visited them. This meant people's independence and choices were empowered, whilst protected characteristics such as their religious beliefs were respected. People's protected characteristics are set out in the Equality Act 2010.

Care plans were sufficiently detailed and contained information about people's preferences, personal histories and likes and dislikes. Staff demonstrated an excellent knowledge of people's needs and personalities.

We reviewed compliments received by the service, which provided further feedback regarding staff attitudes, such as, "Wow, magical," and, "They are consistent, all nice, and work well for mum. I couldn't praise them enough."

We found the atmosphere amongst the staff team, the consistency of extremely caring attitudes and the way in which the provider supported and encouraged staff to care for people in an unrushed and compassionate manner, to be outstanding.

Good

Is the service responsive?

Our findings

People who used the service and their relatives were satisfied with the ability of staff to meet their changing needs. One response in the provider's survey stated, "Home Instead are responsive to unforeseen changes in routines." People we spoke with confirmed there was flexibility of the part of the provider when their needs or preferences changed, stating, "Oh yes, we talk it through on a fairly flexible basis because things are changing quite frequently." Another person told us, "I can ring the office and tell them if I'm going out and need to cancel care." On one occasion staff responded promptly to a call from a client on 8pm on a Friday night, requesting urgent 24/7 support. Staff had worked flexibly to ensure that support was in place by 10pm that same evening. This flexibility was a consistent theme in feedback we received, and in the provider's own survey results, with one representative response reading, "Home Instead are responsive to unforeseen changes in routines and try to retain the 'carer' they provide to sustain the friendship that develops."

People's needs were assessed prior to them using the service and at regular intervals thereafter. Assessments included mobility needs, environmental risks, dietary requirements, family background, medication needs and likes and dislikes. These documents were completed in a timely fashion and were sufficiently detailed. People who used the service confirmed they were involved in the assessments and the ongoing reviews. One person said, "Yes, there's a care plan in the book here in the house with all the details of what they provide and the girls always fill it in when they've been. [Manager's name] came out and it was all discussed." Another confirmed, "I have a folder," and, "Someone came out to speak to me." In addition to regular reviews we saw intermittent client visits were undertaken by senior carers to establish if any needs had changed in the interim, or if there was anything else the person required.

People were supported to continue taking part in the interests they had always enjoyed or, in some cases, neglected recently. For instance, one person with a passion for railways had recently been encouraged and supported to visit Tanfield Railway, whilst other people who used the service regularly attended a local tea dance with support from care staff. One person's family had recently used the service and felt their relative was at a risk of depression and self-neglect. We saw that person, with the support of carers, was interacting in the community regularly and enjoying time outside. This demonstrated people were supported to maintain levels of independence.

One relative told us, "They know her ins and outs; they know the individual quirks," whilst another said, "She loved reading but she can't do it herself now, so they read to her." We found care plans generally to be easy to follow, with a range of information from the local authority and other professionals, as well the person's care plans and reviews. Care files contained person centred information and daily records were sufficiently detailed to help other carers and visiting professionals. Records we viewed were accurate and complete and one person we spoke with said, "They fill in the magic book every time they visit."

The service had not supported many people at the end of their lives but senior staff had achieved 'train the trainer' status in end of life care and this was an area the registered manager was hoping to focus staff training on in the coming year.

The service had not received any recent complaints and when we spoke with people, nobody had cause for complaint (although one person confirmed they had not got on well with a carer, and that the office had since ensured they had a different carer). People confirmed care staff and office staff were open to feedback and easy to contact should they have any queries.

The provider routinely used surveys to gather feedback from people who used the service, relatives and staff. We saw the results had been consistently positive for the past three years, with no major concerns raised.

Outstanding ☆

Is the service well-led?

Our findings

At the time of our inspection, the service had a registered manager in place. A registered manager is a person who has registered with the CQC to manage the service. The registered manager had extensive experience of working in adult social care and displayed a sound knowledge of the service's policies and procedures and the individual needs and preferences of people who used the service.

The registered manager was supported by a strong, committed team of office staff, who had clear responsibilities and accountabilities, including training, compliance, scheduling, care reviews and business development. The skills of the office staff members complemented each other and we observed the team worked well together and morale was high. Care staff visited the office throughout the day of the inspection visit and the atmosphere was supportive and encouraging. Staff we spoke with individually confirmed they were well supported, stating, for example, "You can talk to the manager about anything," and, "The support here is great."

Staff were supported in a way that championed their caring values and allowed for flexibility. For example, where the personal circumstances of staff changed through, for example, ill health, the registered manager had ensured a phased return had been planned and that any new work pattern and rota had regard to the person's abilities. Staff comments in recent surveys evidenced the provider's approach, for example, "A strong team that understands and accommodates my needs as well as the client," and, "Everyone who works here from the management to the carers cares about the clients." We found strong evidence that staff were enabled and encouraged to always put the needs of people who used the service first and to make a difference in their day to day lives.

The culture was one of continuous improvement and exceptional support to staff from senior leaders, and to people who used the service from care staff. There was a genuine desire to ensure individuals received the best care, whilst the organisation had an impact on society more generally. For example, the registered manager displayed an eagerness to remain engaged in wider social care conversations and regularly contributed to the Gosforth Dementia Action Alliance as well as attending the provider's managerial meetings. The Dementia Alliance is formed of a group of businesses supporting the community to become more aware and supportive of people living with dementia.

Recent initiatives the provider had taken part in included a recent talk at a local school to increase awareness of dementia, and a Christmas celebration facilitated by Age UK, whereby the provider had used links with others in the community to collect presents for people who may not otherwise have received Christmas gifts. The registered manager and director engaged with a range of local businesses in the lead up to this event in order to maximise the impact of the event and the involvement of local businesses and people. This included the involvement of staff and pupils at a local school, where the director had also delivered a dementia awareness training course. This meant the leadership of the service made a demonstrable impact on the wider community and how it supported older people who may be at higher risk of social isolation.

We saw further evidence of this championing or dementia awareness. The director was a dementia friends champion and had delivered the workshop to over 160 people. Recipients ranged from school children, shop staff, architects, solicitors, GP surgery and optician's staff. This meant the provider had made a significant contribution to ensuring the wider community was better aware of the needs of people living with dementia. We found this desire to contribute to more dementia friendly communities was a key strength of the service, and had been well embedded in the local community. This was further evidenced by the work undertaken by the director to establish a 'Slow Shopping initiative', aimed at encouraging shops to have a dedicated time or area within the tills area of a shop where people who may need additional time and support, can go through the checkout without additional anxiety. This scheme was in operation in local shops and there were plans to extend it further.

The registered manager had formed strong links with Northumbria University and regularly delivered talks to third year nursing students, and also delivered dementia awareness sessions to affected family members. The range of sectors and groups the registered manager and director had an impact on went significantly beyond the scope of providing regulated activities to individuals and set an outstanding example to staff regarding how caring organisations can have a positive impact on society more generally. We found this had influenced staff to pursue excellence in their day to day work.

It was accepted among care staff that on occasion they would be asked to cover a colleague's shift at short notice, but this was considered as part of working as a team and all staff we spoke with gave examples of when others had worked flexibly to support them. One member of staff said, "When I had to go off they couldn't do enough – it took some of the strain off. We do look out for each other and support each other."

Staff told us they had team meetings and, due to the fact people worked shifts and could not always attend, the registered manager had put on additional meetings (one on a morning and one on an afternoon) to give more staff the opportunity to attend. Staff confirmed they received minutes of these meetings afterwards.

The service had grown in terms of care hours requested recently and we saw the registered manager had suitable plans in place to ensure people's needs could still be met despite the increased workloads. For example, they had recruited a new scheduler and two new senior carers to take on relevant tasks, whilst the telephone electronic call monitoring system, installed in the past year, was working well. We saw this had been suitably and rigorously tested before an experience member of staff before being rolled out, meaning there was no interruption to the service people received at the outset, and also that the provider was well prepared for the organisation to grow, having an established system in place that would ensure rota management and call monitoring efficiency.

Auditing was in place with specific responsibility delegated to two compliance officers, who audited the bulk of paperwork returned to the office and also completed competence spot checks at people's houses. We sampled a range of this auditing and found it to be coherent and effective. For example, where there had been a pattern of staff not clearly documenting the levels of medication support a person required, we saw this had been identified by the compliance officer and clear instructions given to improve the record keeping.

There was evidence of scrutiny from auditors within the wider organisation, with areas for improvement identified and shared. We saw the registered manager had an action plan in place as a result of the latest audit and that the actions were taking place (for example, Mental Capacity Act refresher training for all senior staff). This meant the registered manager was subject to scrutiny and was accountable to the quality assurance leads in the wider organisation. Externally, the service championed the used of an independent reviews website, and had received a rating of 9.8 out of 10 on average, following fourteen reviews by people

who has used the service, or relatives.

We saw the provider was currently reviewing a range of policies to ensure they were in line with current best practice. We advised the registered manager that the medication policy should have regard to the latest guidance by the National Institute for Health and Care Excellence, 'Managing medicines for adults receiving social care in the community' (2017). The policies we viewed, including safeguarding, confidentiality and whistleblowing, were comprehensive and clear. The provider was registered with the Information Commissioners Office and had an appropriate confidentiality policy in place.

They planned further improvements to the service, for example additional roll out of accredited training for Alzheimer's and Dementia awareness (some staff had already received this at the time of inspection) and end of life care training, as well as trialling a staff forum/council, whereby the views of staff could be sought in a group environment.

The majority of people who used the service we spoke with confirmed they knew who the registered manager was, or another senior member of staff, and that they had regular contact from the management team. People we spoke with were positive about the management of the service. One person said, "There's only one manager I haven't met; all the other seniors have come out to see me though." Another person told us, "I think they seem to manage it very well because there never seems to be a problem. They're a good organisation and they're adaptable." We found this feedback to be consistent with all people and their relatives we spoke with.

We found staff morale to be high and staff told us they felt valued and respected. Staff had a consistent understanding of the policies relevant to their role and were supported by senior staff to meet the caring expectations set out in company literature. We found the registered manager, office staff and care staff had successfully delivered the dignified and individualised care the provider offered.