

Age Concern (Eastbourne Number 2) Limited William and Patrica Venton Centre

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

William and Patricia Venton Centre is a domiciliary care service providing personal care to people in their homes. At the time of the inspection, they were supporting 19 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This involves help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People told us they felt safe. They felt supported by staff that knew them and the risks to their wellbeing. People had robust assessments that informed staff how to mitigate risks. People received their medicines safely. Since the previous inspection, medicines documentation had significantly improved and staff confidence in completing medicines forms had increased. There were enough staff to meet people's needs and people saw the same staff every week. People told us staff were on time and that there was enough time to do everything they needed to. Staff had a good understanding of how to keep people safe and knew how and who to report concerns to.

Staff had the skills and knowledge to meet people's needs. Their training was regularly reviewed, and their competency assessed by management. They also received regular supervision to support them in their roles. People had access to health and social care professionals to promote their wellbeing. Their needs were assessed and reviewed. People's nutrition and hydration needs were consistently met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and their relative's spoke highly about the quality of staff and the relationships they had built. One person said, "The care I receive is very good. They are kind people, very accommodating." Another told us, "Mine have become my friends. They really care about me." A relative said, "I know care is excellent. They are a help and source of comfort." People's privacy, dignity and independence was continually promoted and encouraged. People felt able to express their views and be involved in decisions about their own care.

People and their relatives told us that staff were very responsive to them and any changing needs. One relative said, "Staff are very responsive and understanding. If I need to know something, I run it past her main carer or office staff." People told us their needs and preferences were consistently met and reviewed regularly. There had been no complaints since the previous inspection, however people and their relatives knew the process and who they could speak to with any concerns. No-one was receiving end of life care at the time of inspection, however staff were exploring people's preferences in advance, to prepare for a time this support may be required.

People, their relatives and staff spoke highly about the new management team. One person said, "The support from Age Concern is very good. I only have to ring the office to get instant action. They are kind and helpful." A relative said, "My relative is very fond of the home care manager. Management is really sharp now. They listen and chat and would I recommend them to anyone."

Vast improvements had been made to the quality assurance systems and people's records since the previous inspection. The registered manager had also joined forums to promote partnership working and continuous learning. The management team sought feedback from people, their relatives and staff to improve the service and have consistent oversight of people's experiences.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 24 December 2018) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

William and Patrica Venton Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted 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.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This person was also the nominated individual for the provider. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 10 October 2019 and ended on 1 November 2019. This included phone calls to people and their relatives. We visited the office location on 31 October and 1 November 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with five members of staff including the home care manager, a senior care worker and two care workers. We also spoke with the nominated individual and registered manager who were the same person. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

- At their previous inspection, we identified that improvements were needed to people's medicines documentation. People did not have medicines assessments that informed staff of their support needs and preferences for taking medicines. People did not have guidance for medicines they took on an 'As required' basis. There were also gaps in people's Medicines Administration Records (MAR) where staff were not clear how to complete them.
- At this inspection, we saw that improvements had been made to people's medicines records. Every person had their own medicines profile and risk assessment that identified what they could do independently, what they required support with, what medicines they took and why and where they could be found.
- People that received 'As required' medicines (PRN) had detailed guidance that informed maximum dosages, why they were being taken and when medical advice should be sought.
- The home care manager and senior carer had implemented a new MAR chart system for staff and spent time explaining how these should be filled in. Staff told us they felt much more confident completing this when they gave people their medicines and since it had been introduced, there had been very few missed signatures.
- The senior carer audited people's medicines each week and did a monthly audit of MAR charts. This ensured oversight of people's medicines and if any signatures were missed, this was picked up much more quickly.
- People told us they received their medicines as they were prescribed, by staff who understood how to give them safely. One person said, "I just need a bit of prompting. Staff watch me swallow them twice a day."
- Relatives were confident that staff knew how, when and why to give people their medicines and when to seek further support. One relative said, "Staff noticed that my relative was starting to get confused with their pills. They prompt my relative now and this reassures me."
- Staff that gave medicines, could not do so until they had received training and their competency assessed by a member of the management team. Competency was reviewed during regular spot checks in people's homes. Spot checks are when a manager arrives unannounced at a care call, to observe staff practice and ensure they are providing safe and effective care to people. Where the provider was responsible, medicines had been ordered in a timely way to ensure people always had supplies.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People told us they felt safe with staff. One person said, "They keep me safe by always looking out for me." Another person said, "I wash my face and they do my back, but they make sure I am safe by helping me over

the high step on the shower to make sure I don't slip."

- Relatives were also confident their loved ones were well cared for and kept safe. One relative said, "I know my relative is safe, they ring me if anything out of the ordinary happens." Another said, "I feel my relative is safe with his carers. I have had no alarms, not heard of any neglect or any unreliability."
- Staff had all received safeguarding training and knew how to recognise signs that a person may be at risk of harm or abuse. The senior carer said, "In every supervision, we go over the principles of safeguarding, so I am confident who I would report to. I would alert management or the local authority." Another staff member said, "I was concerned that one person was taking too much medicine so alerted the office. They spoke with the person, their social worker and their GP and we now support them to take their medicines safely."
- Staff told us about a whistleblowing policy that they reviewed regularly. Whistleblowing is a way of an employee notifying the appropriate authorities if they feel that the organisation they work for is doing something illegal or immoral.
- One staff member said, "If I was worried the nominated individual was doing something concerning, I would go to office manager or CEO. If not, I would go to the local authority or search our policy to see who else I could speak to."
- Staff knew people and risks to their wellbeing. They talked about one person whose mobility improved throughout the day and therefore required more support and encouragement in their first call of the day. They knew what equipment to use that would support the person to move safely and how to ensure the environment was free from trip hazards.
- Any risks that had been identified, had robust assessments informing staff what the risks were and how they could be mitigated. This included areas such as their home environment, moving and handling, falls and medicines management.
- In each assessment, the person and those that were important to them, were consulted about their views and how they would like to be supported. The home care manager told us about one person who they had discussed additional support available for managing falls. However, after consideration, the person had decided they did not want any further intervention at this time. The home care manager said, "We respect this decision, but will still be vigilant and approach the subject again during reviews or if needs deteriorate. Just in case they change their mind."

Staffing and recruitment

- People and their relatives told us that there were enough staff to meet their needs and they always saw the same carers. This ensured that they had continuity of care and built relationships with familiar staff.
- Staff told us they saw the same people each week and this was confirmed by looking at staffing rotas. The service used an online allocation system which automatically allocated staff to people, based on their routines and preferences. If a staff member was on holiday, the system allocated the next available staff member that had visited the person the most amount of times. This ensured people still knew the carer's visiting them.
- People told us they never felt rushed and that staff often stayed later if they needed additional support. Staff said they had enough time between care calls to get to their next visit.
- Staff were recruited safely. The provider had completed background checks on new staff as part of the recruitment process. This included applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings.
- Staff had a full employment history evidenced in their files and where gaps were identified, these had been investigated by the registered manager during the interview process. References from previous employers were also sought regarding their work conduct and character and these were evidenced in staff files.

Preventing and controlling infection

- People and their relatives told us that staff followed good infection control practices. One person said, "They always wear aprons and gloves when they work so they don't pass on germs."
- Staff had all received infection control training and understood how to prevent the spread of infection. This included wearing Personal Protective Equipment (PPE) such as gloves and aprons when supporting people with personal care or when preparing meals.
- Staff told us there was always PPE available and that they informed the office when stocks were running low. New PPE was immediately given when requested for.

Learning lessons when things go wrong

- The registered manager and home care manager had good oversight of accidents and incidents when they occurred and reviewed them regularly for patterns or trends. Actions were taken to ensure that incidents did not reoccur.
- For example, one person had an increased number of falls. The home care manager spoke with the fall's prevention team and the person's social worker. They reviewed the person's medicines with their GP. Falls and mobility risk assessments were updated to reflect any changes.
- We viewed the missed care calls log that had been filled in since the previous inspection. There had been very few missed calls to people. Where they had occurred, management had reviewed reasons why and acted to ensure this did not happen again. This included meeting with staff and reviewing policies. Since these actions, no further missed calls had occurred.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Before people received support from the service, initial assessments were completed with people, their loved ones and professionals. The registered manager said, "This gives us a holistic view of the person's preferences and support needs."
- We saw that people had received support from numerous health and social care professionals including their GP's, occupational therapists and physiotherapists.
- If required, people were supported to health appointments by staff. One relative said, "Staff take my relative to hospital appointments and engage with the doctors (because he tends to forget why he went)." During the inspection, the senior carer supported another person to the dentist.
- People and their relatives also told us that management noticed changes in support needs and made helpful suggestions or referrals to improve people's wellbeing. One relative said, "The home care manager came to visit and suggested that the carer could help my relative exercise their fingers and she doesn't need a sling anymore. She is doing very well."
- Another person had said in their review that they were struggling with personal care on their own. The home care manager looked at their bathroom and made a referral to the local authority and an occupational therapist. A seat and handrails were fitted so that the person was still able to do their personal care independently.
- Another person had been referred to the fall's prevention team, however they started having more falls. The home care manager did another referral to the falls team as their needs had changed and additional support was being provided.
- The registered manager also told us they had received support from the Local Authority Market Support team. They said, "The team were very useful and pointed us in the direction of forums and additional training. They also spent time explaining what a person-centred care plan should look like."
- This additional support had led to increased staff confidence and knowledge when supporting people.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to meet people's needs.
- A person told us, "I know they are well trained. If a new staff member comes in, they shadow and learn from the experienced carers." One relative said, "They really seem to understand dementia and how it impacts people."

- Staff had received training in safeguarding, medicines management, mental capacity, health and safety, food hygiene and moving and handling.
- The home care manager had recognised that staff required more specialised training in dementia and end of life care. This had been organised for a date after the inspection.
- The registered manager said, "Although we only have two people with mild dementia and staff have basic awareness, we recognise this is an area that may increase in the future. Therefore, we want to prepare staff. The same goes for end of life care."
- The registered manager had started using external training such as Skills for Care. They had also been recommended a company that receive government funding for training courses and this had opened opportunities for staff. For example, some staff were doing leadership courses or 'Train the trainer' learning. This would enable them to be able to coach and train staff in specific subjects.
- Staff told us that they found training very useful. One staff member said, "I did moving and handling training. It was practical, and we used equipment and that was really good."
- Another staff member said, "I found first aid and safeguarding most useful. First aid gave me confidence in how to respond in an emergency and safeguarding reminded me of who to contact and how to recognise risks."
- Staff competency was assessed in regular spot checks by the senior carer. A staff member said, "The senior comes in unannounced and observes our practice. We then get feedback."
- Staff told us that they received a thorough induction before they supported people on their own. This included shadowing an experienced carer to understand people's routines and support needs.
- One staff member said, "When I shadowed, staff talked me through people and their care needs, how they liked things done. When I went on my own, I asked people and they'd tell me about routines. We have an app on our phone and it tells us who we've got and what the call is for. They have care plans in their house as well. So, we know exactly what to do."
- In addition to training and induction, staff were supported in their roles with regular supervision from the home care manager. This gave them the opportunity to talk about any concerns they had or their learning and development.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutrition and hydration needs were consistently met. They told us they had choice over what they wanted to eat and if they needed support to prepare food, staff were always happy to do so.
- People and their relatives told us they were supported to have a balanced diet and eat well. One relative said, "Carer's always make sure my relative has a hot meal." Another said, "The carer's put food they want on their plate and ensure they eat."
- One person had received support from a dietician regarding weight loss and guidelines were clear in their care plan. Staff understood how to fortify the person's meals with their consent. During each care call they monitored what the person had eaten and drank. Any concerns were immediately fed back to the office.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People told us that they had choice and control over the care they received. Staff also had a good understanding of the mental capacity act and how it related to the people they supported. One staff member said, "We talk to people directly and ask them what they want. They can all make choices."
- Another staff member said, "We go with what people want. For example, one person can experience short time memory loss. However, they know their routines and their environment so just need extra prompting. If people don't want to do something, we talk about why it might be safer to do so and include them in the decision. One time, a person refused a shower and obviously I didn't force them to have one. I just made a note of it and encouraged them to have one another day."
- Only one person being supported by the service had been assessed as not having capacity. There was information in their care plan about how they consented and others that should be consulted such as Power of Attorney's.
- We saw that the senior carer had met with the person and their relative to discuss consenting to care. They said, "We did the capacity assessment together. I read out things to the person and to their relative and they both responded with their views. I went through the care plan in detail with both of them. It went really well."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they felt well respected and supported. They spoke positively about the nature of staff. They described them as "Kind", "Loving" and, "Wonderful."
- One person said, "Support is excellent. They are kind and generous with their concern. Carers seem to love working for the company, they don't treat it as a job, it is like a vocation." Another person said, "I am very well looked after by kind carers – they are happy people."
- Relatives also spoke highly about staff. One relative said, "Staff are fantastic." Another told us, "I think the carers are genuine people who have a good relationship with my relative – she looks out of the window anticipating their visit. They show her real affection."
- Staff told us they enjoyed their jobs and getting to know people and their preferences. One staff member said, "It's lovely getting to know my clients. We are going into their home so why wouldn't we support them in the way they want?" Another staff member said, "I like leaving clients hopefully a bit happier and brighter than when I arrived. Or highlighting something which could make someone's life a bit better."
- The senior carer also supported people and told us, "I go and see one person every day because we have built a good relationship and she likes to see me. The other day it was her birthday, so I supported her to dress up. She looked so lovely. And she turned to me and said, "I do love you" and it absolutely made my day. That's why I do what I do."
- One person told us, "Nothing is ever too much trouble with staff." We saw that staff went out of their way to support people outside of their care hours. For example, one person could not leave their house and needed new lightbulbs. Staff bought what they needed and spent additional time fitting them before their care call.
- Staff told us that birthday cards were sent out to all people. We saw a compliment from one person thanking staff for the card as it was, "Unexpected. I was thrilled."
- Staff had all received training in equality and diversity and understood its principles. One staff member said, "I treat people how I or a family member would want to be treated."
- Another staff member said, "You wouldn't do care if you didn't understand equality and diversity. It means treating everybody fairly and with respect and the care that they need. As far as colour, religion, mobility, age, sexuality goes, I wouldn't treat them any differently."

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

- People told us they were continually asked for their views on their care and changes made if they were

unhappy with anything.

- Regular reviews were completed with people to ask their views about the care being provided and whether anything needed improving. We saw that when people requested changes, actions were taken instantly to accommodate this. For example, one person requested a change of time and frequency to their calls and this was arranged by the office staff.
- One staff member said, "It's important that people feel like they have a voice. They have to feel part of the decision and not that it's been made for them."

Respecting and promoting people's privacy, dignity and independence

- People told us they felt comfortable when being supported by staff and that their privacy and dignity was respected. One person said, "They always treat me with great dignity and respect. I am never embarrassed."
- Staff gave us examples of how they promoted people's privacy and dignity. This included when supporting them with personal care. A staff member said, "One person prefers to have personal care in a room other than the bathroom. We respect that. However, they have people coming and going at certain times of day, so we always support between those times. We cover up areas when we are not washing them and respect their preference for male or female carers. We are discreet and careful and imagine how we would feel in that situation."
- People told us they were encouraged to do as much as possible on their own by staff. One person said, "They don't take over – they encourage me to do things I am capable of."
- A staff member said, "We encourage people to do things themselves, we give them things, such as breakfast items or clothes so they can support themselves." We saw an example where one person had said in a review they were struggling to get their medicines out of the packaging.
- The home care manager advised of several tools that could support the person to continue self medicating. The person had been unable to source the chosen aid themselves and so the home care manager was in the process of purchasing one for them.
- Care plans gave detailed information about people and focused on what people could do for themselves

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives told us that support was personalised and all their needs were being met. A relative said, "Carers are fantastic. I have no hesitation in saying that they meet all my relative's needs."
- Information gathered in people's initial assessments were used to create a bespoke care plan, tailored to their needs and preferences. These included detailed life stories about the person, including their histories, family, career, hobbies and interests. This helped staff to understand people and topics they might like to talk about before they met them.
- Some people had specific routines that were important to them. This was detailed in their care plans so that staff understood its importance. One staff member said about a person they supported, "They like their particular routines, such as having their hair brushed after breakfast. If their routine was to change, it would really throw them. The routine also helps with their memory. We go with what they want."
- The senior carer told us, "Care plans are much more person-centred. We talk to people and write down our experiences supporting them and what we have observed. People and their families have really taken to it. When we go back and show them what we have done, they thank us for listening and understanding them."
- People and their families, where relevant, were involved with regular reviews about their care. The home care manager said, "Reviews are done based on the needs and preferences of the person. If people want more we do more or if they have complex needs, we meet more regularly. We do a first review after 6 weeks."
- The home care manager gave an example of when they had used this review process to improve a person's wellbeing. They said, "One person was receiving support with domestic tasks, but the family were concerned they were not coping. So, we talked to the person and started supporting with personal care. After the six-week review, we increased calls even more. Feedback was very positive, the person seemed much more settled and less confused as they were seeing staff regularly."
- Relatives that were involved with reviews told us they found them helpful and informative. One relative said, "We reviewed the care plan 3 months ago and it was very thorough." Another relative said, "I also like it when I am present at the end of the day and can get a verbal handover from staff. I find that very reassuring."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- Staff knew people's communication needs well and gave examples of ways in which they supported them. One staff member said, "If someone is hard of hearing, we speak louder, clearly, do hand gestures or show them objects to help them make decisions." A relative said, "Staff help by changing batteries in my relative's hearing aid regularly, so she can hear them."
- The registered manager told us about one person who had a sight impairment. Their documentation was given to them in a larger font so that they could read information more clearly.
- People had detailed communication guidelines that informed staff of their preferred communication method and actions they could take to ensure communication was clear.
- Staff had completed AIS training so that they understood legal requirements and were given ideas to increase communication. The registered manager said, "This training was really useful and provided tools for if people's communication needs deteriorate in the future."

Improving care quality in response to complaints or concerns

- The service had not received any formal complaints since the previous inspection. However, they had an up to date complaints procedure which was regularly discussed with people in reviews.
- People and their relatives confirmed that they had never had any reason to complain but they would be happy to speak to office staff if any issues arose. One person said, "If you ring the office, they are polite and deal with everything immediately."
- We heard the home care manager speaking with a person who received domestic support during the inspection and who was unhappy with the timing of their calls. The home care manager apologised straight away and arranged a review so that this could be discussed further. They also arranged for the time to be reimbursed. The person thanked them for their time and did not want any further action taken.
- The home care manager said that they felt empathising and taking swift action helped to minimise concerns and manage them before they could turn into formal complaints.
- We viewed numerous compliments that had been received from people and their relatives since the previous inspection. One thank you card said, "I couldn't have managed without staff support."
- Another person had written, "Big thank you to senior. I am so happy I made the decision to change to homecare. I am more than pleased with the service I have received so far. The carers are all competent, willing and friendly."

End of life care and support

- No-one was receiving support with end of life care at the time of inspection, however staff were able to tell us about previous experiences and how they had provided a dignified, pain free death to people. This had involved working with district nurses, GP's and hospice teams to ensure people were as comfortable as possible.
- A senior carer said, "The person loved her music, so we sang to her during support. We made sure they had the right pain killers and gave lots of emotional support to their family too. When they passed away, we supported them to look presentable and tucked their favourite teddy under their arm. They would have wanted that with them I think."
- The home care manager had identified that end of life preferences was something that needed to be explored and had started meeting with people and their relatives to discuss their wishes. This was confirmed by two relatives who told us they were due to attend meetings to discuss this area.
- The registered manager had also identified end of life training that they thought would support staff in their understanding, when the time came to provide this support. The training was due later after the inspection.
- Where people already had advanced decisions regarding end of life care and treatment, this was identified in their care plans.

- Some people had Do Not Attempt Resuscitation (DNAR) documents. Where this was the case, their care plans clearly identified where these could be found.
- One person had said in their review that they had lost their DNACPR and the home care manager had talked to them about how they could review this and with who. They had also talked to them about a different type of advanced care plan, known as a RESPECT form. This plan is completed through conversations with the person and their loved ones to determine preferences for care and clinical treatments.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement with a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection this key question has now improved to good and the provider is meeting all regulations.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since their previous inspection, the structure of the management team had changed. There was now a home care manager who oversaw the running of the service. This included managing staff and supporting people.
- The nominated individual and registered manager were the same person. They were based at the service and supported the home care manager with oversight of the service, particularly with quality auditing processes.
- At the previous inspection we said improvements needed to be made to people's records and the quality assurance process to ensure that information was up to date and relevant of support needs. We also said that improvements were required to the oversight of staff training.
- At this inspection, we saw that vast improvements had been made. People's records were detailed, and person centred. One staff member said, "Care plans have really improved. They are more organised with lots of information. They have everything I need."
- Oversight of training had also improved, and all staff were up to date.
- The senior carer, home care manager and registered manager were all clear about their roles and responsibilities and worked together to quality assess the service.
- The senior completed spot checks on staff and on people's medicines documentation each month, which gave them good oversight of staff competency and medicine's practice.
- The registered manager and home care manager completed a variety of quality assurance checks that included, people's care plans, staff files, training, complaints, falls and feedback. This also included talking with staff to assess their competency in key areas such as safeguarding, or issues raised from the previous inspection.
- The registered manager said, "It was from this process that we were able to review staff confidence with new MAR documentation and new care plans. The feedback has been very positive from staff, people and their relatives."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were very complimentary about the home care manager. One person said, "I love it when the

manager comes to visit, he always smiles – he knows me well." Another person said, "The manager is excellent. He comes to see me, he understands everything. I like him very much, he is like a friend who cares."

- Relatives also spoke highly about the home care manager and office staff. They described them as "Magnificent" and "Exceptional." One relative said, "The manager is efficient, flexible and he responds to any questions proactively – making suggestions. We can count on him. The new manager has given us peace of mind and improved training. It's good to know someone cares."
- Another relative told us, "I am in touch with (the manager) 2-4 times a week and he gets back to me via messages. We even talk on the telephone. We work well together."
- Staff told us the new office structure worked very well and they spoke positively about the senior carer, home care manager and registered manager. One staff member said, "It's much more organised and structured now. Very good managers. They always take the time to listen and guide me." Another staff member said, "Office staff are really on the ball. They are supportive and know their stuff. The Management team has really improved in the last year."
- Staff said they felt part of a strong team, which was well managed. They told us they were encouraged to share concerns or ideas to make things better and that there was always someone available to talk to. One staff member said, "I have raised several concerns about people with the home care manager and he always listens and takes action immediately."
- The home care manager also provided training directly to staff as a way of being further involved with their learning and development. This was received positively by staff. One staff member said, "When we receive training from the manager, he delivers it in such a way that we want to listen. He's such a lovely person and makes it really interesting. He really is fantastic."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and home care manager had a good understanding of their responsibilities under the duty of candour. The home care manager said, "It is about an organisation putting their hands up and saying a mistake is made and here's what we're going to do about it." The registered manager said, "We think it is important, so we can learn from mistakes."
- We saw that any incidents that occurred were reported to relevant professionals such as the local authority safeguarding teams. Lessons learned were then shared with staff and people involved.
- The management team also had a good understanding of when to report incidents to CQC. The home care manager said, "If there were safeguarding issues, concerns over someone's welfare or safety, if someone dies, or if there is a serious injury, we would report to CQC."
- We saw that all incidents had been notified to us in a timely way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager considered feedback to be an important tool for gaining insight into the service.
- People, their relatives and staff received surveys regularly, which were based on CQC Key Lines of Enquiry (KLoE's). They asked them whether they felt the service was safe, effective, caring, responsive and well-led.
- We viewed the latest survey results in 2019 and saw that feedback was mostly positive.
- Surveys were reviewed, and responses calculated to give scores. Management then analysed this data to see if improvements were needed and where. At the end of each survey, there was also an individual summary for each person, detailing any actions specific to them.
- Where feedback had suggested areas for improvement, the registered manager had used this to improve the service.
- For example, in staff surveys, staff had said they did not always feel confident about where policies were or

remembered what they were about. The registered manager met with staff to discuss policies and where they could be found. Policies were also discussed during supervisions or in team meetings to ensure staff were up to date. Feedback from staff about these changes had been positive.

- In the people's survey, some feedback had been received that communication when things changed, needed to be better. The communication policy was reviewed with all staff to remind them of the procedure to follow.
- There hadn't been another survey yet to assess whether these changes had been successful, however verbal feedback from people and their relatives regarding communication had been positive.
- Staff told us they were involved with frequent staff meetings where they could discuss people, policies and procedures and any ideas they had, as a team.
- One staff member said, "We do have team meetings. We talk about clients or do training. It's the only time we all get together, so the perfect opportunity to all discuss things together. I find it very useful."
- We viewed the meeting minutes for 2019 and saw that policies were reviewed with staff, such as professional boundaries, infection control and safeguarding. Complaints, compliments and incidents were also discussed so that staff knew what was going on and any actions that had been taken.
- One staff member said, "Staff meetings are good, but the manager is very good at updating us anyway. Even if it is a quick phone call or a text, I always know what is going on."

Continuous learning and improving care; Working in partnership with others

- The registered manager and home care manager understood the importance of reviewing practice and continually learning and growing as a service. They told us that working with others was a vital part of this.
- Since the previous inspection, the registered manager and home care manager had joined a registered manager forum, run by the local authority. This gave them the opportunity to talk with other managers from other services about regulations or what works well. They were also able to problem solve together and share ideas.
- The registered manager said, "Talking to others and networking has just been fantastic. We learned so much and used ideas from others to improve our service. For example, someone recommended AIS training and our staff have all now done it and found it useful."
- This networking had also given them the opportunity to meet other organisations such as Skills for Care, which support services with learning and building skills. The registered manager said, "They opened our eyes to a load of training we didn't even know existed which has been very exciting for our team."
- Through reviewing management of attendance and previous high staff turnover, the registered manager had identified that improvements were needed. They told us, "We have now increased pay and are offering contracts as we hope these will be incentives for staff and help with recruitment and retention in the future."
- The registered manager also advised that they were looking at introducing electronic MAR charts, to complement their existing care plan system. The registered manager said, "This new system will support with consistency and make it easier to report any issues, such as low stock or medicines incidents."
- Quality leadership meetings with trustees of the company were still happening from the previous inspection. This had been introduced by the registered manager to improve relationships between staff and trustees.
- The registered manager regularly presented home care reports at trustee meetings, so they had more understanding of what was going on and the experiences of people. The registered manager said, "This continues to be useful so that they have a better understanding of what we do. A trustee even interviewed the home care manager with me. It's really helped bridge gaps in communication and understanding."