

Christies Care Ltd

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Inspection report

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10 July 2019
16 July 2019
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22 August 2019

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Christies Care Ltd is a domiciliary care service providing personal live in care to 190 people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is 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:

The staff were outstandingly responsive to the needs of people at the service, by providing a wide range of person-centred support and activities in line with the individuals wishes. Support provided met people's needs so people could live as full a life as possible. There were strong community links and people accessed their community regularly supported by the staff.

The service continued to be outstandingly well-led. People told us they had trust in the managers and staff who frequently consulted with them and supported them to live their lives as they chose.

Continuous learning was embedded in the culture of the service and staff were caring and committed to providing individual person-centred care to each person. The cohesive management team continued to demonstrate outstanding, strong values with a desire to learn about and implement best practice throughout the service. The management team used effective systems to continually monitor the quality and safety of the service and take any necessary action as required. The senior staff continued to have a shared vision to care and support people to live as full a life as possible.

Since our last inspection the service had further developed the quality assurance department to carry out and implement the findings of audits and investigations. The statement of purpose shared a vision of providing person centred care. Management and staff worked together to share ideas for continual improvements in the service.

The service continued to provide highly effective support to people. Staff received an 11 day face to face taught induction in order that they understood the diagnosis and needs of the people they were to support in their own homes. Staff worked for arranged periods of a week and sometimes up to a month with the person in order to build up meaningful relationships and rapports.

People continued to receive outstanding support which was reviewed with each person to ensure they were assisted by staff to meet their needs. The care plans provided risk assessments and clear guidance on how people were to be supported. Peoples preferences were recorded in order that the staff knew how to support them. People were at the centre of their care and found that their care and support was planned with them and not for them. The care co-ordinators worked to get to know the skills, choices and interests of both the people using the service and staff. This enabled the care co-ordinators to match people together with common interests and hence increasing the likelihood they would be able to appreciate and enjoy

each other's company.

Without exception people praised the quality of the service they received from the Christie's staff. People told us they felt safe and were supported by skilled staff who went above and beyond to ensure their needs had been met as they preferred. People praised the way staff actively looked for anything additional they could do to support them.

People using the service and their relatives were encouraged to engage in discussions about their care and support with the staff. The staff continued to proactively help people to make choices and decisions about their care and lifestyle and remain as independent as possible. Privacy and dignity was respected by staff with whom positive relationships had been formed and who promoted individuality.

The service continued to carry out assessments with people to determine that the staff could meet their individual needs. End of life care was provided as necessary from staff trained in this area and the service worked together with community-based health staff to maximise the potential for people to remain at home if they wished. People received their medicines safely and as prescribed. Appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive ways possible; the policies and systems in the service supported this practice. Staff continued to be exceptionally motivated to provide effective and compassionate care. Staff received a comprehensive training package and were provided with on-going support. Appropriate recruitment procedures were in place to help ensure only suitable staff were employed.

Without exception, people we spoke with praised the exceptionally kind and caring nature of the staff. People felt valued and respected by staff who promoted their dignity and wellbeing.

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

Rating at the last inspection:

The last rating for this service was outstanding. (published October 2016).

Why we inspected:

We carried out this inspection based on the previous rating of the service.

Follow up:

We will continue to review information we receive about the service until we return to visit as part of our re-inspection programme. If any concerning information is received 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 exceptionally effective.

Details are in our effective findings below.

Outstanding 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding 

Christies Care Ltd

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:

This inspection was completed by one inspector and two Experts 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 provides live in support to people in their own homes across the United Kingdom.

The service had a manager registered with the Care Quality Commission. 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 visit because we wanted to be sure the registered manager would be available.

Inspection activity started on 10 July 2019 when we visited the office location to meet with the registered manager and review records. We visited two people in their own homes escorted by the service staff on 16 July 2019. Telephone calls were completed on 30 July 2019 to people using the service and professionals on 22 August 2019.

What we did before the inspection:

Our inspection plan considered information the provider sent us since they were last inspected in October 2016. We also considered information about incidents the provider must notify us about, such as abuse or serious injuries.

During the inspection:

We reviewed the care records for five people, and spoke with the chairman, managing director and registered manager. We also spoke with the head of the carer support team, head of recruitment, area manager and a bookings manager plus seven members of care staff and quality manager. We spoke with 21 people using the service and 11 relatives by telephone. We also visited two people using the service in their own home to listen to their views about the service. We reviewed the recruitment records for three staff. We also reviewed the service's policies and procedures, call visit logs, records of incidents, accidents and complaints and the audit and governance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and we spoke with three professionals who regularly engaged with the service.

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 good. At this inspection this key question has remained the same. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The service continued to have safeguarding policies and procedures in place which were designed to help protect people from the risk of harm and abuse. Staff were trained to recognise concerns and knew how to report them appropriately.
- Records showed the service was transparent and took the appropriate action when abuse was suspected and co-operated fully with other agencies during investigations.
- People felt safe with the service because the staff were knowledgeable and reliable. One person told us, "I know the staff very well, so I do feel safe with them and their manager." A relative told us, "They have never let us down and I have no cause for any concerns."

Assessing risk, safety monitoring and management

- Positive risk-taking strategies had empowered people to have increased control of their life's. Risk assessments continued to address all the areas of support the person needed assistance to manage. Regular reviews of risks ensured support was provided at the right level.
- Information regarding risks to people's care was passed between staff on the changeover day and sufficient time was allocated for staff to hand over. This meant that staff were provided with up to date information about the person. This was supported by the office and senior staff being available to provide telephone support or area staff visiting if required.
- People told us they felt safe with their live in carers. People and relatives expressed the importance of having regular and confident staff to support them. One person told us, "It is important that we get along together as they could be here for two to four weeks." A relative told us, "I feel [my relative] is perfectly safe as they have the right caring and well trained staff with them."
- When staff begin working with a new person the support team rang them daily to ensure that all was working well and that they and the person they were supporting were content with the care and discussed any changes required.
- The service responded in an emergency situation. A relative told us, "We needed some help quickly and they provided staff the very next day, we have never looked back."

Staffing and recruitment

- The service continued to follow robust staff recruitment practices to recruit staff safely with all necessary pre-employment checks completed.
- People told us they were informed well in advance of the staff that would be coming to support them. They were also kept informed of any changes by the service co-ordinators and suggestions they made for the same staff to be placed with them were warmly welcomed.

- Where people had complex needs, additional support was provided as necessary. This included the service providing two members of staff or working with other agencies at times during the day when more than one staff member was required.

Using medicines safely

- The service continued to manage people's medicines safely. People had been supported to manage their medicines safely by trained staff in the administration of medicines. One person told us, "They do all of meds and this is fine."
- People's medicines administration records (MAR) showed people received their medicines as prescribed.
- Each person's care plan clearly recorded if the person was prescribed any medicines and what the medicine was for.
- When people were prescribed medicines on a when-required basis, there was written information available to guide staff about how and when to give the medicine to people to ensure this was given consistently and appropriately.

Preventing and controlling infection

- People continued to be protected from the risk of infection. Staff were aware of the service infection control policies. Appropriate equipment including, aprons, gloves and hand gel were available and supplied to the staff. One person told us, "The staff use aprons and gloves when needed."

Learning lessons when things go wrong

- The service had a system to learn from incidents to reduce the risk of them happening again. All incidents had been recorded and investigated, where necessary appropriate authorities had been notified.

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 outstanding. At this inspection this key question has remained the same. People's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service continued to have an holistic approach to assessment, care planning and delivery. Technology used by the service meant that senior staff had access to people's care plans at all times which were updated as soon as any information needed to be recorded.
- Peoples physical, mental and social needs continued to be holistically assessed. A relative told us, "The service puts the carers in the picture and they find great ways to communicate especially singing and chatting while they support so [my relative] understands and is fully involved."
- New people using the service were contacted everyday by the office staff to check they were content with the service. This continued until the person considered they no longer required the call. This meant people could confirm their needs and choices were being met and respected or alternatives, such as new staff supporting them would be arranged.
- The service went above and beyond to support people to have optimum health and wellbeing. A relative informed us their relatives greatest desire was to stay in their own home. They told us, "The staff are very good and supportive and they are meeting all of [my relatives] needs so they can stay in their own home." The management team worked extremely hard to find someone who shared the person's passion for pets, so they were able to stay living in their own home with their pets.
- Before agreeing to work with a person, the care staff were provided with a summary of the care plan with the person's needs to ensure they would be happy to work with that person. The impact of taking time and care to identify needs and interest meant this increased the likelihood of the placement being successful.
- People felt empowered by using the service because the staff supported them to continue to live their life as they chose. For example, attending clubs and pursuing hobbies and interests.
- People's experiences of the support had been positive. One person explained that they had fallen and the staff had supported them and called the emergency service straight away. The staff had stayed with the person in hospital for companionship as this is what they and their family wanted. The staff then supported the person to go back to their home and continued to support them. This meant that the person received consistent support from someone they knew whilst they were in hospital which continued when they went home.
- People's health needs had been fully assessed and guidance from specialist health professionals including, diabetes, catheter care, speech and language therapy, physiotherapy had been included in people's care plan to ensure support was effective.
- A relative told us, "My relative loves to walk everyday and having the live-in care staff this is possible, if it is raining in the morning they can wait and go in the afternoon that is one advantage of this type of service." Walking was extremely important to the person and the staff were aware and ensured this opportunity was

offered everyday.

- The staff continued to be flexible in their approach to support people with their choices. It was extremely important that staff were made aware that one person had a pet dog and that this required walks and exercise. Sometimes the person could not always provide this themselves and so it was important that the carer did this. The impact was that the person had the peace of mind knowing their dog was given this care and support.

Staff support: induction, training, skills and experience

- There continued to be effective and up to date training in place which was reviewed after each induction course to determine if it could be improved upon. Specialist organisations continued to be consulted to review the training.

- Without exception, people we spoke with praised the knowledge and skills of the staff who supported them. One person told us, "They are professional in every way and have integrity."

- People continued to inform us the staff had the knowledge and skills to carry out their roles and responsibilities. One person told us, "They know about the problems of my condition and care for me in a professional and sensitive manner." The person required continuous support and the support from the service meant they could continue to stay in their own home and not need to move to a nursing home.

- The service continued to have staff champions in areas such as dignity, dementia and diabetes to advise staff how to meet care needs. These staff were available to support staff, relatives and people using the service by phone or visit if so required and refer to best practice guidance and reputable websites. Staff champions were able to provide additional support to relatives about the persons condition and how it affected them.

- Extensive training had been increased since our last inspection to an 11-day residential induction training course at the service's dedicated training unit for new staff. The training was provided by the service's in-house training team who had knowledge and skills in conditions experienced by people using the service. A member of staff told us, "I feel confident to give care because of the in-depth training provided."

- All staff continued to receive yearly refresher training at the service headquarters and felt exceptionally well supported. Regular supervision for staff ensured their training and development needs were considered and planned for. A new member of staff praised how effectively this had helped them to understand their progress and ongoing development needs.

- Care staff were encouraged and supported to work towards recognised accreditation skills, for example, the Care Certificate and Health and Social Care diplomas.

- Training staff continued to attend courses organised by the Multiple Sclerosis Society and Parkinson's UK. The training team had adapted the courses to fit the circumstances likely to be encountered by live in carers. This meant that staff were trained to recognise symptoms and seek medical advice at the earliest opportunity to support the person should their condition deteriorate.

- As well as regular supervision, the senior staff visited people in their own homes to check they were content with the care staff and also carried out spot checks on the staff to ensure they were caring for the person as specified in the care plan.

- Effective team work was central to how the service ensured consistent support was provided. Staff told us they felt able to seek advice and support from more experienced colleagues at anytime using the service on-call system.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives and having access to healthcare services and support.

- Staff continued to take people to healthcare appointments and support them with any resulting follow-up which was recorded in their care plan.

- The service continued to work in partnership with other organisations and had protocols for doing so. The

registered manager regularly contacted health and social care professionals to discuss people's needs and consider how the staff could follow best practice to meet them.

- The staff liaised with visiting professionals such as district nurses to provide support for the benefit of the people receiving care. A relative told us, "A district nurse praised the comprehensive notes and the clear information contained within forms that the staff had completed."
- Staff continued to record notes and keep the care plan up to date at all times should the person need to leave the service, for example, going into hospital.
- Relatives informed us that they were reassured by the professionalism of the staff to contact them in emergencies and of important events and also to seek professional help as needed from doctors. A relative told us it was reassuring to know the staff had 24 hour support from their managers for advice.

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

- Care plans continued to contain comprehensive information for the staff regarding people's dietary needs and preferences and how to support them to eat healthy meals. One person told us, "I love cooking meals with my carer." This meant with this support the person was able to continue to use their knowledge and maintain their confidence in their cooking skills.
- People with specific dietary needs were supported by staff. A member of staff informed us about a person's choking risk assessment and how they followed the care plan to reduce the risk of choking by using straws
- People were exceptionally well supported to meet their nutritional needs. One person told us, "My carer told me about a wrap, so I tried one they made me and it was very good so we had that again another day." The impact was that the person was being introduced to, and enjoying, foods they have never experienced before.
- A relative told us, "[My relative] is always offered a choice of meals and they enjoy preparing fresh food with the carer." This meant the care staff were helping the person maintain their skills and interacting with the member of staff.
- People's food preferences were acknowledged. One person told us, "I really enjoy freshly cooked meals each day." A relative informed us that they liked live in carers so that three meals could be cooked freshly each day. This was one of the main reasons why they had decided to use this service.
- The provider assessed people's nutritional needs and the support they needed to meet them. Specialist advice from speech and language therapists was recorded and followed. Where people might be at risk nutritionally, records were kept of their weight and dietary intake and referrals made to the GP and dietician as required. Staff put their training to use and encouraged people to eat, which might mean smaller portions and snacks and drinks between meals.
- A relative informed us they were alerted by the staff when their relative had begun to lose interest in food and the relative agreed to contact the GP and staff commenced a food and fluid chart immediately. Staff also encouraged the person to eat small amounts plus snacks and advice was sought from professionals regarding how to supplement the person's diet.

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.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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.

- The service continued to work with solicitors and other professionals and recorded information in best interests' meetings notes to support people to live in their own home.
- Staff continued to help people to return to their home having received residential care in other caring establishments.
- Staff were knowledgeable about how to protect people's human rights and legislation relating to this. One staff member told us, "I ask for consent each time to check they are happy for me to help them."
- People had signed consent forms to receive care and support when they began to receive a service. Staff were aware of the importance of people giving consent before providing personal care and support.

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

- Without exception, people we spoke with praised the exceptionally kind and caring nature of their staff. One person told us, "They are all nice people and very polite."
- We received positive feedback about the approach of staff and the care they delivered to people. People told us that staff knew their preferences and used this knowledge to care for them in the way they liked.
- Each person had their life history recorded which staff used to get to know people and to build positive relationships with them.
- People told us staff treated them with kindness and understanding. One person said, "There is not one person that I have not liked, they are a lovely bunch of caring people."
- Staff prioritised people's emotional wellbeing, ensuring that people were given the time they needed to express themselves or communicate what they needed. A relative told us, "The staff are very good at not rushing [my relative] and letting them have time to speak."
- People informed us staff had taken time to get to know them well. People's communication needs had been assessed and recorded.

Supporting people to express their views and be involved in making decisions about their care; ● People were offered choices and felt in control of the care they received. Relatives confirmed this and complimented the staff on their caring approach.

- Staff encouraged people to make choices in the way they received their care and this was recorded in their care plan. One person said, "I discussed my care at my care review."
- Each person had a care plan which identified what they intended to do each day. However, this was a guide and people could discuss making changes in keeping with their preferences at that time.
- People informed us that they were offered choices about how they spent their day and staff listened to them to support with fulfilling those choices. One person told us, "What we do varies from day to day, we start by talking about options over breakfast."

Respecting and promoting people's privacy, dignity and independence

- What a person could do for themselves, and what they wanted to try to achieve, was recorded which ensured people maintained or improved their independence. People had been encouraged to focus on achieving their goals by regular reviews and progress reports. One person told us, "I talk with the area manager and care coordinator to discuss my progress and we have kept an accurate record which gives me encouragement to keep on improving."

- One person told us, "The staff do my personal care, totally and provide me with dignity as they chat and help me and also respect the wishes of my family."
- A member of staff informed us about how sometimes one person wished to have a shower while other times they wanted support with a wash. The member staff further explained how they closed doors so to protect the person's dignity while supporting them from other family members.
- The service recognised people's diversity, as there were policies which highlighted the importance of treating everyone as individuals.
- The staff promoted people's independence by discussing options with them and supporting the choices they made. One person told us, "I can wash myself because my carer helped to cut up flannels into half. I could not squeeze a whole flannel, but I can these half's and that has helped my independence."
- People were treated with compassion by knowledgeable staff who respected people by addressing them by their preferred name.

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 outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control and supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service continued to carry out in-depth assessments of people's needs and record information of how they wished those care needs to be achieved. Information was kept in the person's home for them to see at anytime. One person informed us that they would not be able to stay in their own home which they loved and had lived in for most of their life without the live-in care support.
- Assessments of people's health, mobility, sight, hearing and communication were completed prior to them receiving care. From these assessments, care plans and risk assessments were written centred on the person's individual needs. A care plan clearly explained what relatives were doing to support and what the staff were required to do. This meant there was no confusion with regard to the support provided.
- A relative informed us, "What works so well is the detailed and accurate assessment not only of needs but also interests. Then the service always matches up a staff member with the same interests." This meant people had topics to discuss and had shared interests regarding accessing events and community resources.
- The care plans continued to be person-centred and demonstrated the involvement of the person in creating the plan and being involved with the review. Desired outcomes which included short-term and long-term goals were recorded as was the progress towards achieving these.
- Care plans were regularly reviewed. When a person's needs changed the service were quick to respond and ensure care remained appropriate. This meant that people felt empowered and valued and the staff listened to them.
- People's plans of care reflected their lifestyle, cultural background and identity. A section in the care plan captured a clear picture of the person's' life experiences, hobbies, interests and talents. Staff were supported to discuss new interests with people and to try out new hobbies and experiences. One person had attended a monthly cinema in the village hall supported by the care staff for the first time.
- The area co-ordinator visited people every three months or more frequently if required. Care plans were reviewed and updated as required and people were asked for their views and if they had any concerns which were acted upon. People informed us that they found this to be reassuring.
- People felt empowered and encouraged to discuss their needs and interests with the staff. A relative informed us about the complex needs of their relative and stated, "The staff are amazing, they encourage and support them to do as much as they can for themselves but always know when to step in." The staff took every opportunity to encourage the person to develop their mobility.
- Staff had a very good understanding of how important it was for people to be able to continue to enjoy their hobbies and interests. One person told us, "I was becoming so lonely, but now with the companionship

it is marvellous and I do like to play board and card games. We play a different game each day."

- A relative told us, "Since using the service our relative has begun to play the piano again which is very good for the long term memory. They only do this because the staff encourage them. They had lost interest but now they really enjoy entertaining the staff with a sing song."
- People told us the staff had outstanding skills and excellent understanding of how to support them. One person told us, "I thought I would find this so difficult to have a stranger living in my own home with me. But it has worked out so well, I do not need them all of the time but they are excellent as nothing is too much trouble and they help me when I ask and need them."
- People told us the service was responsive to their needs and staff went out of their way to assist them with any problems or changes to care and support they might require. One person told us, "We are about to start arranging a trip to visit my relatives." The willingness of the staff to support the person during their trip away meant the person was able to enjoy the visit and maintain relationships with close family members which was important to them.
- Supporting people to remain independent was an important aspect of the service. One person told us, "It is so important that the staff can drive, so that I can get out to maintain independence." This meant the person was able to access their community at a time that suited them and continue to do the things that were important to them.
- People continued to benefit from a service arranged to provide exceptional personalised care. A relative told us, "[My relative] enjoys going out with the staff in their adapted car." They explained the person would not be able to get out on their own but enjoyed driving and had the support of the staff to assist them with their outings which helped maintain independence and improve their quality of life. This meant the person had a purpose to continue to drive as staff could support them with care at the destination.
- Staff continued to support people to attend places of worship and to access the community to pursue interest such as libraries and social clubs. Being able to continue to follow their religious beliefs with the support of the staff was extremely important to a person we spoke with who used the service.
- The service remained flexible and responsive to people's individual needs and preferences, finding creative ways to enable people to live as full a life as possible. One person informed us, about how the staff had encouraged them to attend a club where they held a voluntary committee position. They would not have returned to the club without the support of the staff. They had begun growing plants again to exhibit at the club and helped the club arrange an anniversary party for other members and written a poem about the club. The person was delighted to be involved and felt far more confident and happier in themselves.
- The staff promoted people's independence by discussing options with them and supporting the choices they made. One person told us, "I can wash myself because my carer helped to cut up flannels into half. I could not squeeze a whole flannel, but I can these half's and that has helped my independence."
- People continued to receive support to live their life the way they chose which included being supported by staff to attend the cinema, gym, shopping and visiting friends.

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. The service had met this standard by ensuring information was available in a variety of formats.

- Care plans continued to be written in an easy read formats and using pictures as required to enable people to be involved with them as appropriate to the person's needs.
- Ensuring people were able to express themselves and participate in decisions about their daily lives was an embedded principle shared by the whole team. The service had developed highly personalised communication plans, especially where people may have had difficulty communicating reliably, which

maximised their involvement in discussions about their care. For example, a person communicated with the staff by writing messages to each other as they were hard of hearing.

- A relative told us, "I always go with [my relatives] permission to the care plan review and we go through everything together and it is all fine and clearly explained."
- Person-centred care plans highlighted individual needs and preferences. Reasonable adjustments were made where appropriate and the service identified, recorded, shared and met people's information and communication needs, as required by the AIS.

Improving care quality in response to complaints or concerns

- The service had a complaints process, we could see this had been followed and lessons learned had been communicated to the staff team. The registered manager said they would look at any complaints received to assess if action could be taken to resolve and prevent further occurrences.
- People knew how to complain about the care if they needed to. One person told us that the registered manager had supported them with the view that not everyone can get along with everyone and had arranged for alternative staff to support the person. Another person told us, "I have not made a complaint but did contact the office once, as my relative was not getting on with a carer and they arranged for a new carer to arrive the next day. They got along very well."
- Everyone we spoke with told us they felt able to raise a concern at any time and were confident they would be responded to in a timely way. One person told us, "Never needed to complain but I am confident they would resolve anything if needed."

End of life care and support

- A relative told us, "Although not needed at present, we will need support for end of life care, we know this is coming and we have every confidence the staff we know will be able to give that care."
- A relative informed us that their relative wished to pass away at home. The staff supported them with other professionals by regularly repositioning and making the person comfortable in bed so that they did not develop any pressure ulcers.
- The service was committed to providing high-quality, person-centred end of life care as necessary. Staff had received training and worked closely with other health professionals to provide consistent care. The staff worked closely to maximise the opportunity for people to remain in their own home and close to loved ones.
- People had been supported to consider their wishes in relation to end of life care and some people had completed advanced decisions and funeral plans. The impact was that people had the reassurance that if they wished the staff that knew them would be able to support them at that time in their life. Training was provided by the service on palliative care. This had been developed with the UK Home Care Association and St Elizabeth Hospice. Staff received two days palliative care training as part of their induction when joining the service.
- Staff told us how they were trained to support and assist people with their daily care needs at the end of their life covering religious and spiritual needs and working closely with other professionals.
- The service had staff champions in various areas of care including end of life care who provided support and guidance for other care staff. The champions attended regular courses and ensured they were up to date with NICE guidance and other specialist services within their area. They could also support family members by telephone and by sending information to them that may be helpful at that time.

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 outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The senior managers continued to have a track record of being effective role models and actively seeking to act upon the views of people using the service. This was confirmed by all of the staff, people using the service and relatives who we spoke with. One person told us, "The registered manager always listens to me and helps me when I telephone." The registered manager held open sessions for staff to meet them for coffee and cake once per week and arranged telephone times for people using the service to call them.
- The service had a statement of purpose which the staff team understood and shared the culture, vision and values of the service. People using the service were invited in yearly surveys to comment upon this information and amendments were made where necessary based on this feedback.
- The senior staff continued to monitor the effectiveness of the service. A relative informed us the managers were dedicated and frequently checked with them about how things were going. They told us, "They do not wait for problems but work ahead, for example they are planning Christmas rotas in the summer."
- Senior staff carried out spot checks upon staff as well as arranging set meetings with them. This meant there was an opportunity to speak with the staff and also the person using the service and any relatives about the service being provided. Senior staff also took this opportunity to audit care plans, daily notes and medicines and make any amendments as needed.
- The staff kept relatives informed of events as agreed with the person using the service. A relative told us, "The staff keep me very well informed about my relative and have made some suggestions over time which have been added to the care plan once agreed. I have no concerns at all about the service."
- The staff we spoke with felt supported and empowered by the team of managers. A member of staff told us, "I could not do the support without being so well prepared by training and information from the managers and their on-going support." Another member of staff informed us that the managers recognised the needs of staff and supported them with personal wellbeing arrangements and were supporting with annual leave requests.

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

- The service had met their obligations in relation to the duty of candour.

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

- The expectation that people would receive a high-quality of care and support had been embedded in the

service by a combination of robust recruitment of staff, training, supervision and shared values. A local authority contracts manager told us, "The service model and delivery of care are an effective means of providing 24 hour care to support individuals to remain living in their own home. I found the service were responsive, attentive, with good communications and had well organised systems in operation."

- Since the last inspection the service has grown in size and as a result has recruited additional staff and invested in the quality assurance department in order that more audits could be undertaken and any actions required implemented to improve the service. This meant the service had recognised the need to develop the quality assurance function in order that information could be analysed and on-going improvements introduced into the service operation. Even the smallest of issues resulted in a review to see if any actions were required. This effective system meant that the service had maintained the high standards of care despite providing care to an increased number of people.
- The directors of the service and registered manager, continued to hold weekly meetings where issues affecting the service and plans for improvement were discussed. There were fortnightly meetings of the senior staff to exchange information and plan the smooth running of the service. The impact was that any issues people brought to their attention about their care could be resolved quickly.
- Information was disseminated by Heads of Department to staff via face to face conversations and newsletters. This ensured that the staff were kept up to date with any arising issues and service developments. Staff informed us their views were welcomed and listened to by the senior staff.
- The provider audited management practice and responsibilities annually and provided a rating and action plan which ensured the service continued to achieve the standards of care they expected. Action plans were focussed upon improving the care to people using the service. For example, the service had recognised the need to increase training from 10 to 11 days to more fully cover how to meet the needs of people using the service.
- The service provided an on-call support system for the people using the service and staff.
- Staff informed us communication with senior staff was good and they sometimes worked alongside them. One member of staff informed us that should an emergency happen and the live-in carer had to leave, they would be replaced by a manager using the on-call system, until another carer could be found. This meant that once the service agreed to provide care a member of staff was assigned to support and the service had not missed a care call since our last inspection.

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

- The service had a clear vision developed with the people using the service and staff to offer live-in care as an option and choice for people not wishing to use an alternative service.
- The service continued to provide human rights training for new staff and on-going refresher training.
- One person told us, "The carer discussed my care plan with me and they spent over an hour with the new carer handing everything over." This meant the person was aware of their care plan content and involved with ensuring the new staff were aware of how to support them to meet their needs.
- People had been consulted about their experience of using the service. People were asked to feedback their experience to the management team after each time they were supported. This meant that the service were able to act upon this information and ensure the person was only supported by staff they liked and trusted.
- People's equality, diversity and human rights needs were recognised, valued and upheld. Staff were selected to support individuals with regard to this sensitive information to support people. This meant respect for all people accessing the service was central to the core values of the service.
- Staff we spoke with were happy in their roles. A member of staff told us, "We have meetings and our suggestions are welcomed and discussed." Minutes were available by email for staff unable to attend.
- There was a culture of rewarding staff whose actions had led to good outcomes for the people who used

the service. This showed staff were valued and their contributions to providing care were acknowledged and appreciated.

Continuous learning and improving care

- The service continues to hold the Investors in People Award at Silver level and was aiming for Gold accreditation.
- The service worked with the University of Kent to benchmark and identify reasons for people losing their balance. As a result of the research the staff offered to support people with movement if they so wished with regard to sitting comfortably and how to improve posture. This meant the service was working with recognised organisations to understand and identify improvements in care delivery.
- The management team placed a strong emphasis on continually reviewing and learning how the service could be improved. Compliments as well as complaints were analysed to determine any good practice that could be shared and incorporated into policies and procedures.
- The service staff continued to seek the latest guidance on providing care from other professionals in order that they could incorporate and update their staff training appropriately. The impact was that people received care from staff trained in line with up to date guidance.
- The service required the staff to contact them immediately should they become regularly disturbed at night or not able to take breaks during the day. We saw examples of where people's needs had increased and this was discussed and additional staff went to support.

Working in partnership with others

- The service worked in partnership with other organisations to make sure they followed current practice. For example, healthcare professionals such as doctors and district nurses. This supported a multi-disciplinary approach which enhanced the skills and knowledge of the staff to provide care to the people using the service.
- The registered manager continued to attend the local registered managers network forum meetings to stay in touch with other managers and work carefully to care for people requiring support.
- The service continues to be an active member of the Live-in Care Hub group. The registered manager is able to use this hub to contribute ideas while staying up to date with initiatives of other organisations.
- The service continued to produce an annual quality report which was sent to people using the service, commissioners and staff. This provided results on satisfaction surveys and how the service intended to move forward.
- The directors of the service and registered manager continued to actively participate within the care sector by being members of care association groups to keep up to date with best practice.
- The service continued to sponsor Circus Petite and people using the service could attend for free. Circus Petite has been specially adjusted to be suitable for people with learning disabilities and/or Autism Spectrum Disorder. Since our last inspection this event has grown to include music, pampering and face painting. People using the service are encouraged to perform and take part. Two events have been held in Suffolk this year and with the appointment to a new post of Marketing Manager the service planned to develop and roll this out into more counties for people to enjoy and combat social isolation.
- A community nursing sister reported to the registered manager. "Your staff have asked for and welcomed advise. They have given outstanding care to the [service user]."

Planning and promoting person-centred, high-quality care and support with openness

- People and their relatives continued to tell us they considered the service was exceptional. One person told us, "Would not want it any other way, each day is an extra that I can continue to live in my own home."
- The policies and procedures of the service were clearly written in order that people received person-

centred care which met their needs and reflected their preferences.

- The service was led by senior managers who were in regular contact with the people using the service and actively supported by care staff and other managers. The registered manager informed us that they were well supported in turn by their manager.
- People and their relatives told us they were happy with the way the service was organised and delivered. One relative told us, "I would recommend the service, as they are one of the best." Another relative told us, "The staff are very caring and I would definitely recommend them, they are good in every way."
- A member of staff informed us that this was the best service they had worked for because of the training, support and matching them with people to care for of similar interests. They had recommended to a friend to apply to join the service for these reasons and would be happy for the service to care for people of their own family.