

365 Homecare Ltd

Guardian Angel Carers Farnham Fleet Farnborough

Inspection report

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Date of inspection visit:
30 March 2023

Date of publication:
25 April 2023

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

Guardian Angel Carers Farnham Fleet Farnborough is a domiciliary and live-in care agency providing personal care. The service provides support to younger adults and older people, people living with dementia, people with a disability and people with a sensory impairment. At the time of our inspection there were 45 people using the service.

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 and what we found

People and their relatives provided consistently positive feedback about the service. Their comments included, "There is nothing I would change about the service provided, they are very caring people and understand that being looked after well is just so important" and, "Guardian Angels is a well-managed service who I would have no hesitation in recommending, they are very organised and happy to help in anyway."

The providers' had processes and systems in place to protect people from the risk of abuse. Staff assessed potential risks with people and ensured measures were in place to mitigate them. There were sufficient staff suitable to meet people's needs. People's medicines were administered to them safely by skilled staff. People were protected from the risk of acquiring an infection. The providers encouraged openness about safety and staff were supported to report incidents.

People's care was planned and delivered in line with best practice and legislation. Staff had the required competence, knowledge and skills required to provide people with effective care. People were supported by staff to ensure their dietary preferences and needs were known and met. Staff worked collaboratively within the team and across services to understand and meet people's needs. People experienced positive outcomes with regards to their health and wellbeing.

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.

There was a person centred culture, within which people and staff were valued and cared about. People received truly kind and compassionate care from their staff. Staff supported people to express their views and to be involved in making decisions about their care. Staff ensured people's dignity and independence were respected and promoted during the provision of their care.

Staff ensured people received person centred and responsive care which met their preferences. People were

informed of how to raise any complaints which were listened to and addressed promptly. People received end of life care from appropriately trained and compassionate staff.

The providers promoted a positive culture which achieved very good outcomes for people. The nominated individual and the registered manager were clear about their roles. People and staff's views were sought and their feedback was acted upon, to make improvements. There was a strong focus on continuous improvement and information about performance was used to drive improvements. The providers worked closely with other services and professionals to develop and enhance the delivery of people's care.

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

Rating at last inspection

This service was registered with us on 14 September 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Guardian Angel Carers Farnham Fleet Farnborough

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 Health and Social Care Act 2008.

Inspection team

The inspection was completed by an 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave notice of the inspection so the registered manager could contact people and their relatives to ask them to agree to talk with us on the phone, during the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority.

During the inspection

We spoke with 1 person, 10 relatives and 1 person's representative. We also spoke with 6 care staff, the registered manager, the branch manager, the head of recruitment, rostering staff, and the nominated individual who is also one of the providers. The nominated individual is responsible for supervising the management of the service. We reviewed a range of records related to the service people received. These included 3 people's care plans and medicine records, 3 staff files and records related to the management of the service. We attended a team leader meeting.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in safeguarding and demonstrated a good understanding of their responsibilities and the actions they should take if they were concerned about a person. Staff had access to the providers' policies and relevant information.
- The provider understood their safeguarding role and ensured safeguarding alerts were raised with the relevant local authority as the lead agency when required. They had a proactive approach and took relevant actions when they identified any potential risks to people's human rights
- People were protected from the risk of abuse. The provider had produced 3 leaflets for older people highlighting the risks of financial scams and the actions they should take to protect themselves. People were provided with information about how to report any concerns in the service user guide. Processes were in place to ensure only designated staff had access to people's personal information. People knew who was due to visit them as they received a weekly roster and staff carried identification.

Assessing risk, safety monitoring and management

- Staff had a proactive approach to identifying potential risks with people and mitigating them. Staff assessed risks related to people's health, care and their environment, including any fire risks. Potential risks to people from the development of pressure ulcers were assessed using recognised tools and staff had relevant training. A staff member told us, "People's risk assessments are comprehensive giving us a good knowledge and background in keeping the client safe."
- Staff had completed face to face training in moving and handling and basic life support. A relative confirmed, "Guardian informed us that any equipment that we use must be approved for use by an occupational therapist. We went through what we required, and the carers use the equipment safely." If people used equipment such as bed rails which can restrict their movement, then a risk assessment had been completed. Staff spoken with understood the risks associated with their use and how these were mitigated.
- There were robust processes to ensure information about potential risks to people were shared and staff were made aware of any changes.
- There was a business continuity plan and all staff, including office staff were trained to provide people's personal care. A stand-in carer was also rostered daily to cover any unforeseen staff absences. The provider had processes to mitigate any business continuity risks, such as severe weather. Staff told us, "During the recent bad weather some staff struggled, so others covered them and had a bottle of fizz as recognition." There were clear processes for staff to follow in the event they could not access a person's home, which they understood.

Staffing and recruitment

- The provider ensured they had sufficient staffing capacity before they accepted any new packages of care for people. Staff delivering domiciliary care were organised into small geographical teams, led by a team leader, this ensured people received consistency of staff. If staff had any issues, they escalated them via their team leader, who would also provide physical assistance if required.
- A relative confirmed, "My [loved one] is very much an introvert and does not like new people, she likes things that she knows, so it has been important that she has received continuity with carers. She has three carers, occasionally four if one is on holiday." Another relative said, "Getting continuity of staff was very important to us and Guardian Angels were very helpful with that; they very much tried to fit the right carer; the right personality for my [loved one]."
- The provider had staff and processes in place to ensure there was oversight of people's care call delivery. Staff logged in an out of people's care calls and the duration and time of calls was monitored. A relative told us, "The carer has a set time and is always on time, if they are running late, for example over 15 minutes we will always get a call to let us know. The carer always stays the full time." People were sent a weekly roster so they were informed of which staff were providing their care.
- The provider ensured new staff's required pre-employment checks were completed, to ensure their suitability for their role. One of the staff files we reviewed lacked a full employment history, this was raised with the providers and immediately supplied.

Using medicines safely

- Staff's role in relation to medicines administration was defined in the provider's policies, which referenced good practice guidance. Staff had undertaken medicines training and had their competency regularly assessed. A person confirmed, "My carer makes sure I take all of my medicines and she checks that I have received the correct prescription."
- People's care records detailed their medicines and how they were to be administered. People had medicine risk assessments to identify potential risks such as whether they were prescribed blood thinners, which have additional risks. Where people took medicines 'as prescribed' there were protocols to ensure staff administered them safely. Staff had guidance about how to apply people's topical creams.
- A person was prescribed medication which was administered to them covertly. The providers had ensured legal requirements had been met, to ensure this person's rights were upheld and their medicines could be safely administered.
- Staff completed people's medicine administration records (MARs) electronically. The provider had processes to audit people's MAR records to ensure they were complete.

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider understood the importance of and promoted a 'no blame' working culture. Staff were encouraged to identify and report any safety concerns which were seen as vital to enabling the provider to identify the root cause, in order to identify appropriate solutions.
- The registered manager told us how they had reviewed why a medicines incident had occurred and as a result made changes to the information recorded. To ensure it was clearer and the staff member had also been supported through the provision of additional training.
- Staff confirmed any learning from incidents was shared. A staff member said, "If an incident or accident happens we record it on our app and also contact our supervisor or manager regarding the incident or accident. Learning is shared by regular workshops and e-learning."

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People's needs, preferences and choices about the delivery of their care were assessed with them and/or their representative, by the provider's assessors. This information was then used to plan the person's care with them, taking into account best practice guidance and legal requirements. Relatives confirmed their loved ones wishes were listened to and respected. A relative told us, "My [loved ones] are very precise about the kind of carer they will tolerate; they will not accept a male carer and the staff are very understanding about that."
- People were asked to provide additional information about themselves as part of their assessment. This included information about their protected characteristics as defined by the Equality Act 2010. Staff were then able to identify any required actions to ensure people did not experience discrimination or unfair treatment on the basis of their protected characteristics.

Staff support: induction, training, skills and experience

- Staff had the required qualifications, skills, knowledge and experience to meet people's care needs. A relative said, "I have always found the carers to be experienced and have the understanding to provide the care needed."
- Staff received a thorough and effective induction to their role. A staff member told us "The induction was really good." This staff member had prior experience of care but told us they still learnt new things when they attended the providers' face to face moving and handling training. As part of their induction new staff also spent time shadowing more experienced colleagues.
- As part of their continuing professional development, staff completed additional training relevant to the care needs of the people they supported. Staff were also supported by the provider to complete professional qualifications in social care. These included diplomas in social care and leadership and management. This ensured people were supported by skilled staff who were proactively developed.
- The provider had a structured staff supervision plan which encompassed supervision of staff, unannounced spot checks, competency assessments and an annual appraisal.

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

- People were consulted about their dietary needs and preferences. A relative said, "The staff support my [loved one] with her meals. During the morning visit they will ask [loved one] what she would like for her tea and get it out of the freezer." Staff confirmed, "Yes, it is in their care plan and we discuss with them [people] what foods they prefer to eat when starting work with them." Staff understood some people preferred more traditional meals and told us they could access recipes if required.
- People's risks associated with their eating and drinking were identified, assessed and managed. Staff

ensured any referrals to professionals such as the speech and language therapist (SALT) were completed. There was clear written guidance for staff about potential risks to people associated with their eating and drinking and their management. For example, if people had been assessed as requiring a modified diet, this was detailed in their care plan. Staff demonstrated a good understanding of people's dietary risks and their safe management.

Staff working with other agencies to provide consistent, effective, timely care

- The provider had processes and systems in place to ensure staff worked both together to share relevant information and with external organisations when people moved between services. Staff worked collaboratively and ensured information was shared as required with relevant team members. If an ambulance were called, the person's care plan and vital information could be instantly shared.

Supporting people to live healthier lives, access healthcare services and support

- Staff told us through their training they recognised the symptoms of common conditions such as a urinary tract infection. Staff also told us as they cared for the same people they got to know them well and could recognise if they were not themselves. We saw an example where care staff identified a concern which they immediately highlighted with the person's representative.

They also escalated the concern internally and the office team supported them to ensure the person had an urgent medical review. The team had worked together to ensure the person's identified health needs were urgently addressed.

- People's relatives confirmed, "If the carer is worried about anything she will always let one of us know, she will always report back if there are any concerns" and "The carers have contacted 111 on behalf of my family member and have waited with her until ambulance has arrived."

- Staff had referred people to a wide range of health care professionals to ensure their identified healthcare needs were met. They worked closely with the continence service, district nurses, occupational therapists and hospitals.

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 MCA 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.

- Staff had completed MCA training and understood the act and its application. People's consent was sought and where they lacked the capacity to make specific decisions about their care, legal requirements were met. Where people lacked the capacity to make specific decisions, mental capacity assessments were completed. If people had a power of attorney in place, then checks were made to ensure it had been registered.

- A person had capacity to consent to their care but could not physically sign their care plan due to their health and their relative had signed. If a person has the capacity to consent to their care but cannot physically sign the form then this should be recorded. This was brought to the providers attention for them to review.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- There was a person-centred culture. The providers' used their recruitment process to attract and recruit motivated staff who reflected the values of the service in terms of being compassionate, friendly and reliable. The providers cared about their staff. The nominated individual told us, "We care for the carer." The providers ensured through their processes, training, remuneration, welfare initiatives, recognition and benefits, staff were empowered to carry out their role to a high standard and to care for people very well.
- This was reflected in people's experience. A relative said, "The carers are very kind, efficient and have an incredible amount of patience. They really do think things through and deliver beyond the basics of the care plan." Another relative commented, "The carers are very pleasant and professional, and my family member is very positive about them. The service chooses the right kind of people."
- Staff we spoke with had empathy for the people they cared for, whom they clearly cared about. A relative said, "The carers have a lovely routine with my [loved one]; they breeze in happily and she is always pleased to see them. While they help her to wash and dress or have a shower they chat, they are such nice carers; they have a lovely way about them." Another relative told us, "My family member likes the carer and looks forward to her visit, she finds her really helpful and very gentle."
- Staff had a good understanding of people's care needs, wishes, choices and any associated risks. They understood their routines, preferences about their care delivery and what they liked. A relative said, "They [staff] know that my [loved one] likes certain clothes to wear, but will always let her choose and that she likes her hair to look nice in a certain way."

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

- People were introduced to their domiciliary care staff before they provided their care. A relative said, "If a new carer starts, they will come with a current carer to shadow them for a while until they know exactly what to do. It works seamlessly."
- People's care calls were of sufficient time so staff had time to spend with them and to ensure their care was not rushed. A relative told us, "When they [care staff] have finished providing the physical care, they stay and chat with my [loved one], they do not just disappear." There was enough time allowed between care calls for staff's travel.
- People's representatives participated in decisions about their care wherever they wished them to be. If the person's family held different views to the person, then staff ensured their focus remained the person, their welfare, wishes and rights. People were referred to advocacy services to represent their views if required.
- Staff told us about how they involved people in decisions about their care. A staff member said about a person they cared for, "You must explain and talk to her as you do things."

Respecting and promoting people's privacy, dignity and independence

- Relatives confirmed their loved ones were always treated sensitively, with dignity and respect by the staff who provided their care. Staff had attended relevant training in relation to their role and a personal care and dignity workshop. Staff had access to relevant guidance. A relative said staff, "Have always been so respectful and very kind." Staff understood the importance of privacy and confidentiality. A staff member told us this involved, "Not discussing their [person's] care with others, even family members without the individual's permission." The providers monitored staff's interactions with people through both feedback and regular checks.
- People had choices about who provided their care. A relative said, "The company helped us to virtually pick the carers we thought would be right and I think that makes my family member feel safe; it was important to pick the carers that suited her."
- Staff supported people to retain their independence. A relative said, "If my family member decides she would like to do something, the carers will make sure that they give her the help required to do it." Another relative said, "The staff support my [loved one] with her meals, she likes to batch cook and the carers help her with this."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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's care was planned holistically and in co-ordination with them. It reflected their physical, mental, emotional and social care needs. People's strengths, levels of independence and planned outcomes for their care were detailed within their person centred care plan.
- Relatives told us staff had a good understanding of their loved one's care needs and preferences and ensured these were met well. A relative said, "Initially two staff from Guardian came out to see us and went through everything my [loved one] would need. They discussed all of her requirements including what she would like to do, what she liked to talk about." A staff member described to us in detail of how they provided person centred care to an individual. They showed an in-depth understanding and appreciation of the person's particular needs, preferences and wishes and how these were to be met.
- People's care needs were reviewed periodically or following a change in the person's needs. A relative told us, "We have frequent reviews of my family member's care plan which allow us to talk through any problems." Staff confirmed they were updated following any changes.
- Staff used an 'app' to access up to date information about people's care and the support they were to provide. People's relatives could also access and review information about their loved one's care on the family app.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs and how these were to be met were detailed within their care plan. A relative told us, "My [loved one] has difficulty communicating, but the carers make sure that they chat with him and also use a white board to write things down."
- The provider's were able to provide information for people in alternative formats such as braille and audio if required.

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

- People's care plans provided staff with information about their personal history, background, family, interests and social contacts. This ensured staff had access to relevant information about people and what

was important and of interest to them.

- Where the service was commissioned to meet people's social care needs. Staff supported people to participate in activities and interests of their choosing. A live-in carer told us, how they took the person they cared for to see their family and to attend groups. A relative said, "My family member lives in quite an isolated place, but the carers will take her out for example to church and to her singing group, or just out for a coffee." Staff enabled people to have an active life of their choosing.

Improving care quality in response to complaints or concerns

- People and their relatives were provided with information about how to raise any complaints and how these would be investigated. Staff received training in how to respond to verbal or written complaints. Relatives told us they felt able to raise any concerns. A relative said, "I have no problem with contacting the office if I have any concerns, and any issues we have had, have been resolved very quickly."
- The providers' complaints log showed when issues had been raised, they had been investigated and relevant actions taken to address the issue, which had been responded to in a timely manner.

End of life care and support

- The providers' had an end of life staff champion, who was trained to deliver end of life training to their colleagues. They also supported staff in the provision of end of life care. Staff spoken to understood how to provide good end of life care and felt well supported when providing this care. Staff also had guidance in the provider's end of life care policy which referenced good practice guidance.
- Where people had a RESPECT form which outlined their wishes for their care or a do not attempt cardiopulmonary resuscitation form (DNACPR), this was noted in their care plan and its location. This ensured staff were aware if required to share this information with health care professionals.
- Staff had worked with a local hospice when providing several people's end of life care and the providers were seeking to strengthen their links with them.
- No-one was currently being provided with end of life care, however, staff had been complimented by relatives about the quality of care they had provided to their loved one.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Both the nominated individual and the registered manager had the integrity and leadership skills to manage the service very well. Although they both came from a quite different professional background. They had a clear commitment and vision for the delivery of the service to people. Their leadership had created a personalised culture and their values underpinned each aspect of the delivery of people's care and the management of their staff.
- One of the providers' values was innovation. They were keen to identify how technology could be utilised to enhance the delivery of people's care and to promote their independence. For example, a person only wanted limited care calls. The service worked with them to monitor their movement sensor and offer more targeted care calls to meet their wishes. The use of technology had promoted the person's independence.
- Staff were encouraged to speak out about any concerns and the providers had created 'A just culture' as per good practice guidance. This enabled staff to speak out, without fear of blame. Staff confirmed, "We are able to make suggestions or raise issues and we are listened to." We saw examples of how this had led to improvements in the service.
- People and relatives confirmed they found the service to be consistently well-led. Their feedback included, "The owners and the live in care managers are very good; they are approachable, understanding and have always bent over backwards to help." "I have called the office a few times, they are really efficient and quick to answer" and "I find them extremely helpful, easy to get hold of and very responsive."
- The providers' had a clear understanding of the challenges facing both social care and their service. They understood the need to recruit, value and retain a skilled and professional care workforce. The registered manager told us, "We want to identify issues for carers and remove them. To enable them to care."
- A range of processes and systems were in place to support and enable staff to perform well within their role. These included, recruitment, training, supervision, work scheduling, opportunities for professional development, promotion, staff welfare and well-being, recognition and rewards. Staff completed a 4 day induction training programme which included the company mission, vision, values and the expectations the provider's had for staff to deliver them. There was a human rights approach to the training sessions that respected diversity and promoted equality.
- Staff confirmed, as a result they felt well supported and proud to work for the organisation. Staff's feedback included, "They outstrip the other employers" and "It is a great company to work for. Dealings are fair and we are supported in every way. It helps us to be the best care givers we can be. Both clients and care givers benefit from this."
- People and relatives' positive feedback, showed the benefits of receiving care from committed and

motivated staff. A relative commented about the impact of staff on their loved one, "The carers make her one content lady and they have enhanced her life."

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 providers promoted an open and transparent culture and understood their duties under the duty of candour. Staff received feedback in a constructive and motivating way. People and their relatives were informed when anything went wrong.

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

- There were clear and effective governance, management and accountability arrangements both within the management team and with the care staff teams in the field. Although we noted some aspects of governance required further work, such as ensuring staff always provided a full employment history, capacity to consent and notifications. Although there was no impact, these areas could be further improved.
- Staff worked together to identify and manage risks. For example, the branch manager had a weekly face to face meeting with the leaders of the domiciliary care staff teams. This enabled the sharing of information, and discussion of how risks and issues could be managed effectively. Staff had ensured consistency of staffing for a lady living with dementia as this was vital to their welfare. They had also spent time supporting a person with high anxiety to ensure they understood why changes were taking place to their staffing, which provided them with the assurance they needed.
- Staff received feedback in a constructive and motivating way and understood what was expected of them. Staff told us, "The management understand the issues on the ground."
- A range of statutory notifications to inform CQC of events within the service had been submitted. We identified 1 incident where a safeguarding had been raised for a person, but the required statutory notification had not been submitted. We brought this to the providers attention who took immediate action to address this. We did not find any evidence this had impacted upon the person's care.

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

- People's views on the service were sought through their reviews, spot checks on their care and surveys. We saw when issues had been raised, for example through the survey, relevant actions had been taken to address the issue.
- Staff had the opportunity to contribute their thoughts and ideas. Through staff surveys and monthly staff listening groups. For example, staff had highlighted the need for torches and weatherproof fleeces for their work, which the providers had addressed.
- The providers had formed good relationships within the community to support local people. They had sponsored a Jubilee lunch for older people and provided transport. They had also sponsored a pop-up art gallery for a local charity fund-raising event.

Continuous learning and improving care

- There were sufficient resources to support the staff team in their role and to drive improvements. These included internal audit processes of areas such as people's care call times, care records, MAR's and staff files. The providers also monitored and reviewed incidents, medicine errors, complaints, safeguarding's and compliments monthly. This enabled them to monitor performance and to identify and address any emerging trends across both the live-in care and domiciliary care provisions.
- The location was a franchise, which enabled the providers to be supported through the structures,

training, policies and expertise provided by the head office. This also ensured there was external oversight of the quality of the service provided.

- The provider had a service improvement plan, which enabled them to have oversight of required actions, progress and their completion. We saw a range of improvements to the service had been made. These included improvements to the communication systems and meetings in response to the growth of the service. The provider's focus on improvement had been reflected in the high score attained during their most recent head office audit.
- Processes were in place to motivate staff and to recognise and reward success. For example, the providers recognised all care staff's hard work each year through the provision of an annual bonus. They also recognised staff who went 'the extra mile' through their quarterly carer's award and 'carer of the year' awards.

Working in partnership with others

- The providers worked in partnership with other services and professionals to ensure people received seamless, joined-up care. A relative told us, "We contacted Guardian Angels when my family member was in hospital and the following day when she was discharged, they got a carer for her and the next day it went up to three carers a day. They really did pull out all of the stops to help us." A health care professional had also complimented the service on their work in preventing unnecessary hospital admissions for 2 people.
- There were many examples of staff taking action to ensure people were referred to the relevant service or professional as needed. For example, staff had referred a person who was living with dementia and cared for in bed to occupational therapy. The purpose of the referral was to have the person assessed to enable them to spend time in their chair, in order to regain their independence and promote their social interaction.
- The providers had made professional links with a local homecare agency and a nursing home, in order to exchange ideas and collaborate. They also worked with a local private clinic, who were able to provide people with a range of services such as occupational therapy and physiotherapy as well as well-being services for the care staff. The providers were building their networks, in order to enable them to link with a wider range of resources in order to meet people's needs.