

Karmad Limited

Respectful Care

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Respectful Care is a domiciliary home care service providing personal care to adults with personal care needs. Respectful Care were providing a service to 66 people at the time of the inspection.

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 were cared for by staff who were kind, caring, empathetic and compassionate. They regularly exceeded expectations providing people with an exceptionally caring service. There was an excellent awareness of equality and diversity legislation and this was implemented across the provider's service supporting people and the staff who cared for them. Staff worked hard to ensure people led fulfilling lives, with many occasions going above and beyond expectations to help them achieve their goals. Innovative methods have been used to include people in the planning of their care and support.

People were provided with a wide range of innovative methods to assist them with making decisions about their lives. People told us staff always acted on their views and people felt fully involved with all decisions about their care. People and staff had formed meaningful and respectful relationships and people praised the consistently sensitive and caring approach of staff during personal care. Independent advocates had been used to support people with making decisions. This helped ensure people did not experience discrimination. People's diverse needs were considered when care and support was planned for them.

People's care was exceptionally person centred and focused on providing high quality outcomes for people, in line with their personal preferences. People were supported to lead active lives, if they chose not to take part in activities, innovative and creative methods were used to encourage people to do so within their own home. Technology was used to assist with this process with excellent outcomes for people. This has had a positive impact on many people, reducing the risk of social isolation. There was a sensitive approach to supporting people with planning for their end of the life. People were confident their complaints would be handled appropriately.

Respectful Care is led by an exceptional registered manager who has the well-being of all people at heart. They strive to provide people with the highest possible outcomes. They alongside a dedicated and passionate provider whose aim is to give people the best chance of living at their own home for as long as possible. All staff support this aim; they are motivated and committed and challenge themselves to succeed for people but also for themselves. Staff enjoyed working at the service and they felt able to build a career there. Several internal staff promotions have resulted in staff feeling valued with high staff retention. Robust and high-quality auditing processes were in place, with all decisions made reviewed to ensure action has been taken. Innovative methods were used to ensure that people felt able to give their views about how the

service could be developed and improved. High quality staff performance was rewarded, both internally and recognised through regional awards.

Staff used innovative methods to support people with maintaining their own safety and the safety of others. The risks to people's safety were continually assessed and reviewed without unnecessary restrictions placed on them. People were protected from avoidable harm by staff. Systems were in place that enabled people staff to report concerns. Staff were recruited safely which meant people were not placed at risk of receiving care from unsuitable staff. People's medicines were managed safely. There were clear processes in place to continually review accidents and incidents and to learn from mistakes. Staff understood how to reduce the risk of the spread of infection within people's home.

People's physical, mental health and social needs were assessed and met in line with current legislation and best practice guidelines. Staff were well trained, and their practice was regularly assessed to aid development and improve the quality of support people received. People were supported to lead a healthy and balanced lifestyle. The provider had built effective relationships with external health and social care organisations and people's health was regularly monitored. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

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

Rating at last inspection and update

The last rating for this service was good (published 15 September 2017). The service's rating has now changed to outstanding

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe.	Good ●
Is the service effective? The service was effective.	Good ●
Is the service caring? The service was exceptionally caring.	Outstanding ☆
Is the service responsive? The service was exceptionally responsive.	Outstanding ☆
Is the service well-led? The service was exceptionally well-led.	Outstanding ☆

Respectful Care

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by two inspectors.

Service and service type

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

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

Notice of inspection

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

Inspection activity started on 28 February 2020 and ended on 2 March 2020. We visited the office location on both days.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

We used all this information to plan our inspection.

During the inspection

We spoke with 13 people who used the service and two relatives about their experience of the care provided. We spoke with five members of the care staff, care coordinator, the registered manager and director who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records, medication administration records and the daily notes recorded by care staff. We looked at three staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures and training records.

After the inspection

We asked the manager to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

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 improved to outstanding. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

Assessing risk, safety monitoring and management

- There was a transparent and open culture that encouraged creative thinking in relation to people's safety. People were enabled to take positive risks to maximise their control over their care and support. They were also actively involved in managing their own risks along with their relatives and friends.
- All the people we spoke with felt safe when staff cared for them in their home or out in the community. One person said, "I feel very, very safe when they are here. They are very professional and knowledgeable." Another person said, "The carers look after me perfectly and I feel in safe hands." The provider's 2019 annual questionnaire showed 100% of people responded positively when answering the question, 'Do we keep you comfortable and free from harm?', 83% of people rating staff as 'very good' or 'excellent'.
- The provider was particularly strong at identifying risks to people's home environment and working with them collaboratively to make their homes a safer place to live. For example, a person's home had become cluttered and in the view of the staff, posed a significant fire risk. Staff worked with the person over several weeks to educate them on the potential fire risk, and the person agreed to speak with a fire officer. After meeting the fire officer, the person agreed, with the help of staff, to remove numerous items from the home. This collaborative and patient approach significantly reduced the risk to this person.
- Following this, changes were made to all fire and environment risk assessments for all people to ensure that others facing similar risks were offered the support they needed to stay safe.
- The positive impact of the input from the Fire service has led to other fire safety awareness initiatives being implemented. 'Safe and well awareness checks' were in now in place for all people at risk, and, with the support of the Fire Service, other innovative measures were in place to support people.
- A person who was deaf and would be unable to hear a smoke alarm was provided with a vibrating pillow that would alert them if there was a fire at night. Strobe lighting and a vibrating chair pad that lit up or vibrated when there was a fire were also installed. Others had smoke alarms installed that were linked directly to the Fire Service if a person was unable to dial 999 in an emergency. We identified numerous other initiatives which helped to reduce the risk to people's health and safety.
- The registered manager told us they always looked to provide people with the safest care possible, but with the least amount of restriction of people's lives. This was evident in the way risk was assessed and managed. All care plans and risk assessments were reviewed regularly to ensure they continued to meet people changing care needs. People and where appropriate, relatives, were always involved with this process.

Learning lessons when things go wrong

- There was a genuinely open culture in which all safety concerns raised were highly valued as integral to

learning and improvement. Staff felt able to report concerns and incidents to the registered manager and provider without fear of recrimination. All staff were open and transparent, and fully committed to reporting incidents and near misses.

- If a person had a fall and required an ambulance, staff always waited for paramedics to arrive and contacted relatives. A recent example showed, following a fall, a staff member waited with a person until 2.45am until paramedics arrived making sure they were safe and comfortable. The person contacted the provider the next day and stated, 'I can't thank [staff member] enough for staying with me, they are wonderful, and they really looked after me, they made sure I was safe and well looked after and wouldn't leave until I was safe in bed.'
- Following this fall, the person's care was reviewed, and risk assessments updated further to try to reduce the risk of the person falling again. This included, speaking with the person to agree to a 'lifeline' installed in their house that would alert an external emergency response agency that the person had fallen. Staff helped the person to source and purchase this item.
- Learning from incidents and near misses was based on a thorough analysis and investigation of things that went wrong. Regular detailed analysis was conducted to help identify trends and themes and to act quickly to reduce the risk of recurrence. Staff were encouraged to participate in learning to improve safety as much as possible.

Systems and processes to safeguard people from the risk of abuse

- People who used the service and staff were actively encouraged and empowered to raise their concerns and to challenge risks to people's safety.
- People told us they would feel comfortable raising any concerns about their safety to staff, they understood the process and were confident that any issues would be acted on. One person said, "Everything is perfect with them, I am very safe."
- Staff were confident that concerns they raised would be acted on by the registered manager. Effective systems and processes were in place that enabled staff to act to reduce the risk of people experiencing neglect or abuse. Records showed relevant authorities such as the Local Authority safeguarding team and the CQC were notified of concerns about people's safety where needed.
- The provider implemented a body mapping system that enabled them to identify if a pattern was emerging that could show a person was a victim of domestic abuse, neglect or self-harm. A log of all bruises was kept on a central database and reviewed monthly by the registered manager. If concerns were highlighted, these were discussed with the person and relevant authorities were notified where appropriate. This has included, contacting the Red Cross to obtain equipment for a person to reduce the risk of falls.

Staffing and recruitment

- There were enough suitably experienced and qualified staff in place to keep people safe.
- People told us staff were almost always on time for each call, and if they were late, they were always called to advise when the staff member was due to arrive. All people said staff always stayed for the full length of the call and they always knew which staff member was due to arrive. One person said, "They are generally on time. They always stay no matter when they arrive. They never rush off."
- Records viewed showed a consistently high punctuality rate with no missed calls. If a staff member was unable to make a call, the call was always covered by another member of staff. The director told us they trained their office staff as 'carers' to ensure that in an emergency, calls could be covered by suitably trained office staff.
- The service had an exceptional and inclusive approach to promoting the safety of its staff and was seen as a good place to work by staff and external organisations. Professionals spoken with all praised the way the provider ensured safe care and a safe working environment was provided. All staff spoken with told us they enjoyed their roles, and none identified any issues about their safety.

- Staff were recruited safely. No staff member could enter a person's home until a satisfactory criminal record check had been completed and received. Processes were in place that if the check showed an area of concern about a staff member's suitability, an assessment of the risk to people's safety would be completed before they entered people's homes alone. This ensured people's and other staff's safety was always respected.

Using medicines safely

- People received their medicines safely by trained and experienced staff.
- People told us they were happy with how their medicines were provided. One person said, "I have a blister pack for my tablets, and they help me get them out. I've never had any problems at all."
- There was robust auditing process in place that enabled the registered manager and the provider to identify any errors in recording and administration. Where errors were identified, these were discussed with the staff member involved to help them to learn from their mistakes. This helped to ensure people continued to receive their medicines safely.
- The registered manager was currently undertaking a project as part of their management. The project's aim was to implement a process which would reduce the risk of medicines errors. This project was proving a success as the errors had reduced from 86 in September 2019 to 11 in February 2020. The director told us they would soon be moving to an electronic method of recording for medicine administration, which should then see errors reduced even further.
- A staff commented that they had suggested to the registered manager about how to reduce the number of recording errors and this had been welcomed and acted on. This included changing the colour of the font for important information such as dosage and frequency on medicine administration records (MARS). This has also contributed to the number of errors being reduced. Then staff member felt their input was valued.
- The MARS we looked at during the inspection showed people received their medicines when they needed them.

Preventing and controlling infection

- People were protected from the risk of the spread of infection.
- Staff had access to personal protective equipment such as aprons and gloves.
- Staff had received training to help reduce the risk of the spread of infection.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical and mental health and social needs were assessed prior to them starting with the service. People's protected characteristics, such as their age, gender and ethnic origin were also considered when care plans were formed. This reduced the risk of people experiencing discrimination.
- Care records contained reference to current best practice standards and guidance when care plans were formed. This guidance helped to ensure that people received care that met current best practice standards. The registered manager told us, they were continually reviewing people's care records to ensure staff had the guidance and care plans in place to support people's assessed health and care needs.

Staff support: induction, training, skills and experience.

- People were cared for by staff who were well trained, experienced and had the skills needed to provide them with effective care.
- People and relatives all felt staff knew how to provide effective care and support for them or their family member. One person said, "I think they know me very well and my likes and dislikes." Another person when describing the care received by staff said, "I have recently been in hospital and I could not wait to get home and meet my carers again."
- Staff felt well trained and supported. They felt they had the skills needed to care for people safely and effectively. Many felt able to approach the registered manager with new areas of training they felt may be relevant to their role.
- Staff performance was regularly and robustly assessed to drive improvement. Staff felt able to discuss any concerns they had with the registered manager or senior management.

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

- People were supported to eat and drink enough to maintain a balanced diet and to reduce the risks to their nutritional health.
- Many of the people we spoke with told us they were either able to prepare their own meals or had support from relatives to do so. Where staff support was needed all were satisfied with the actions of the staff. One person said, "They get my breakfast for me and I choose what I fancy." Another person said, "Yes they help me with meals. I choose what I want, and they will get it for me."
- Care plans and risk assessments were in place to help staff to reduce the risks to people's nutritional health. We noted where people had conditions that could affect their nutritional health, clear care plans and risk assessments were in place to guide staff. For example, a person who was at risk of choking had guidance recorded for how their food should be prepared and served.

- Where people were at risk of not eating and drinking enough, their daily intake was recorded. Any risks were then reported to a GP and/or dietician.

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

- People were supported to receive effective, timely care with other agencies where needed.
- Health and social care professionals spoken with throughout this inspection process all praised the care provided by the staff. They told us they acted on professional advice, care records and risk assessments were amended quickly when people's health had changed. This helped to ensure people received effective care.
- People were provided with information about how to access other healthcare agencies. In other sections of this report, we have commented on the positive impact this had on people's health and lives.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA and we found they applied these principles effectively.

- Where people were unable to make decisions for themselves detailed mental capacity assessments were in place. This included best interest documentation which ensured decisions were made with the appropriate people such as a relative and health professional.
- The registered manager and staff had a good understanding of the MCA and was aware of the processes to follow should an application be made to the Court of Protection to restrict people's liberty within their own home.
- People told us they were able to make decisions and did not feel decisions were forced upon them by staff.
- People's care records also contained examples where, if able, they had signed to give their consent to certain elements of care provided. This meant people's right to make their own choices about their care was sought and acted on, protecting their rights.

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 outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- □ There was a strong person-centred culture at this service. People's care needs and the way they wished to live their lives was always at the forefront of everything the staff and management did.
- □ People and relatives overwhelmingly praised the approach of staff and found them to be exceptionally kind, caring and compassionate. One person said, "They are kind and caring people, nothing is too much trouble for any of them." Another person said, "They are lovely, like a ray of sunshine."
- □ A relative praised the care provided via the provider's 2019 annual questionnaire, 'Since [family member] has been receiving care they have become a different person. When they [staff] first started coming [my family member] wasn't eating properly, not seeing different faces and not as social as they are now. [My family member's] whole personality has changed. The carers have worked wonders'.
- □ The ethos of this service is 'quality not quantity'; meaning the quality of the care provided, was more important than increasing the numbers of the people cared for. The director of the service told us they were proud when they managed to reduce the number of care hours people needed as this had meant they had succeeded in improving people's quality of life and independence.
- □ An example of this, one person required calls throughout the day to support with meals. The provider signposted this person to a healthy meal and ingredient delivery service and supported them initially with preparing their own food. The person's confidence grew, and they were able to prepare their own meals. This meant the number of calls this person needed were reduced, also reducing the overall cost of their care. (We were assured that this person had friends and family who regularly visited, so they were not at risk of social isolation as result of the decrease in hours).
- □ All people were supported to lead their lives in their chosen way. The protected characteristics of the Equality Act 2010, such as age, sexual orientation and gender, were embraced rather than treated as barriers to people leading their lives in their preferred way.
- □ Support was provided for people and relatives to help support Lesbian Gay Bisexual Transgender (LGBTQ+) people when the person was living with dementia. This had proved particularly successful for a person who had forgotten they were gay. This caused distress for the person's partner. Support was offered by staff along with relevant dementia awareness literature, to support the person's partner and how they could still provide loving support for their partner.
- □ Staff performance and outcomes for people were assessed in accordance with the '6C's'. These were in place to enable the provider to assure themselves that all people consistently received high quality, person-centred care and support. The '6C's' were 'high quality care that is compassionate', 'demonstrating strong communication skills', 'competence in their role', 'the courage to carry out their role effectively', and 'commitment to improving the lives for all'.

- It was clear from speaking with staff, reviewing staff supervisions and speaking with management that the 6Cs were embraced and acted on in everything staff did. As is evident throughout the numerous positive examples on people's lives throughout this report.

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

- People played a full and active role in the decisions relating to their care and support needs.
- People told us staff listened to them and ensured their choices and decisions were acted on. One person said, "I am able to make all my own decisions." Another person said, "I make my own decisions, such as what clothes I would like to wear."
- The staff were highly motivated to provide people with high quality support that enabled them to lead fulfilling lives. The staff team were compassionate, caring and regularly exceeded the expectations of the people they supported and their relatives. People's views were at the heart of everything staff did for them.
- For example, a person's family member was getting married 60 miles from where the person lived. Their family wanted the person to attend; however, they had complex care needs. Staff worked with the person to agree how they could be supported to attend. The person went to the wedding with their chosen staff member with the staff member discreetly supporting them with their personal care throughout the day. The family members were extremely grateful, and the registered manager told us that the person still reflects on how much they enjoyed the day. This was just one of the many examples where staff worked with people to achieve positive outcomes.
- Staff were particularly skilled at highlighting ways to improve people's lives, ensuring people were always involved with decisions that were made. People were empowered to make decisions about their care and health needs but were also given support to make informed choices. Advocates were used where needed.
- Staff positively welcomed the involvement of advocates. Where sources of information, advocacy and support were not readily available, the service worked with sector stakeholders to try to fill the gap. For example, for the care review for a person who had been registered deaf, the care staff sourced a representative from a British Sign Language agency to come and support them. This insured the person's views could be correctly understood by staff and offered the person the opportunity to have their views recorded accurately and acted on. This had a positive impact on the person's wellbeing.
- Staff were perceptive in identifying changes to people's health and demeanour. For example, staff had noticed that a person was having trouble seeing, as a result their mobility had reduced. After consultation with the person, staff contacted a local optician and arranged for their optician to come and visit the person in their home. This resulted in the person having a new prescription for the first time in years; their mobility and independence improved as a result. Other people receiving care were informed of this service with the aim to improve the eyesight for those who needed it.
- These simple but highly effective measures taken by perceptive and caring staff have led to improved outcomes for many people. People were fully involved with all decisions at all stages, showing a caring and collaborative approach between staff and the people they cared for.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values. It was embedded in everything the service and its staff did. People and staff felt respected, listened to, and influential.
- People and relatives all felt the care provided was exceptionally respectful, dignified and encouraged independence wherever possible. One person said, "They are respectful. They help me wash and dress in the morning and get ready for bed at night. I never feel rushed or uncomfortable, they are just like family helping me." Another person said, "I feel very happy with them, they're very respectful and I feel comfortable when they are helping me shower."
- Comments from two relatives from the 2019 annual survey said, 'Respectful care is always committed to helping everyone, they have always been supportive of my family member's] needs.' And 'An extremely

caring and supportive company.'

- Providing people with dignified care is fundamental to the provider's missions statement, 'There is no place like home', The registered manager told us the focus was always on improving people's experience of living at home to reduce the need for residential care.
- This was prevalent in the approach of staff, including when caring for those living with dementia. Staff were provided with practical dementia awareness training and training to understand what it was like to be an older person living with dementia. During this training, staff were asked to wear specialised equipment which would slow them down, confuse them and restrict their mobility. They were given 'simple' tasks to complete. This enabled staff to experience what the people they cared for experienced, with the aim of improving awareness and the quality of care received.
- Families, and where appropriate people living with dementia, were also invited to attend the dementia awareness training to further enhance their knowledge of the disease with the aim of improving their and their family member's lives.
- Following this training staff were offered the opportunity to become dementia champions and to assist with regular events for raising awareness of dementia in the local community, as well for people living with dementia and their families. For example, an event called, 'Bloomin dementia' was formed for people to meet to discuss their conditions, get support and coping ideas from other people and to raise awareness within local community.
- Staff spoken with had an excellent understanding of dementia awareness and caring for older people in a way that promoted and encouraged independence.
- An equality, diversity and human rights (EDHR) approach to supporting people's privacy and dignity was well embedded in the service. Particularly strong examples included the support given to a person who practiced a specific religion and the sensitive manner staff supported this person with personal care. The staff approach had reassured the person that staff had an excellent understanding of their specific needs and would support them respectfully. This also increased the person's independence as trust grew between them and the staff who supported them. (We have reported further on this and other EDHR examples in the 'Responsive' section of this report).

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding. 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 ensure people have choice and control and to meet their needs and preferences.

- □ Staff used innovative and individual ways of involving people and their family, friends and other carers in their care and support plans. People felt consulted, empowered, listened to and valued.
- □ The care plans were reviewed and amended as people's needs changed. People diverse needs and cultural beliefs were always considered when care was planned and delivered.
- □ People praised the approach of staff, they told us staff understood their needs and preferences and this provided them with high quality care and positive outcomes. One person said, "I can't praise my carer highly enough. We have become friends now and nothing is too much trouble for them." Another person said, "I just think it is a brilliant service. We have become friends now. They keep [my family member] informed too, which gives them peace of mind that I am being cared for."
- □ Health and social care professionals stated that the service was focused on providing person-centred care and support, and they achieved exceptional results. One health care professional commented prior to the inspection, 'The general quality of care delivered, when witnessed, has always been of a high, professional, empathetic standard, nothing ever appears too much trouble. In my opinion the staff always appeared happy and motivated and focused on delivering the best outcomes for their patients. The staff seemed to have built genuine relationships with their patients'. Other health and social care professionals gave similar feedback.
- □ Before a person commenced receiving care an initial assessment of their needs was completed. Two types of assessment were in place. One for people with no mental health conditions, the other was for people living with the early stages of dementia. The latter was in place to offer reassurance to the person living with dementia and their families. This explains what living dementia will look like for the person and how staff will support them. The registered manager told us they introduced this following an assessment with a person living with dementia and their family. Both had become distressed and worried about what impact this would have on their lives. This new assessment offered other families reassurance at what is a worrying time for all.
- □ In addition to this, the registered manager contacts the Alzheimer's society for up to date literature to give to people and families to ensure they are informed of all the different types of support available for people. Additionally, where needed, families were informed about how they can assess fall alarms with Age UK and attend day centres specifically designed to support people living with dementia and their families.
- □ Staff have outstanding skills and have an excellent understanding of people's social and cultural diversity, values and beliefs that may influence their decisions on how they want to receive care, treatment and support. Personalised care and support plans were in place for people from a wide range of backgrounds. A person who practiced a certain faith had specific requirements for staff to adhere to when entering their

home and when providing personal care. The care plan was completed in consultation with the person and their family. The same set of core staff carried out all calls for this person to enable them to gain the trust of the staff and to reassure them that they would receive care in their preferred way.

- There were other examples of people's cultural and diverse backgrounds being respected when care and support was provided. This included sourcing ingredients and cooking meals for a person relevant to their cultural background. This had a positive impact on people's wellbeing.

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 has gone the extra mile to find out what people have done in the past and evaluates whether it can accommodate activities and tries to make that happen.

- Staff worked with a person who had become socially isolated to try to establish what activities they were interested in. They determined that they had always wanted to learn to swim. They introduced the person to swimming lessons and once competent the person set themselves a goal of a 'race at your own pace two-mile challenge'. Staff worked with the person to complete the challenge and the person now regularly swims and leaves their house more often.

- For people who were less able or willing to leave their house to take part in activities, staff were specifically skilled at highlighting activities that could be done in their home. The registered manager devised 'activity packs' for use on calls. These packs were personalised to people's own interests. This was particularly successful for one person who was living with dementia who was also at risk of falls. The person's partner had struggled to encourage their family member to sit and concentrate doing any activity such as watching television, for more than 15 minutes. With staff support the person now sits and takes part in activities for 45 minutes or longer. This also offers the person's partner some respite. Due to the person sitting for longer periods, the person has not had a fall since receiving care from this service. This has had a very positive impact on the wellbeing of the person and their partner.

- Reducing the risk of social isolation was a key aim of the provider. People were provided with leaflets for local day services where they could meet others to reduce the risk of social isolation. From this, two people who were most at risk have now joined a local day centre. Staff have supported these people with the visits, and this has improved their confidence and mental well-being. People with limited access to family or friends were supported to remain part of their local community.

- People who did not wish to take part in activities to reduce the risk of social isolation, were not left behind. People's mental health and well-being still formed significant parts of care planning. Simple, thoughtful yet highly effective action was taken to provide people with alternative options. Audio books were provided free of charge containing people's favourites books or magazine. People were also provided with CDs of their favourite music. Where people did not have a CD player, the provider has purchased these and loaned them to people, also free of charge. The registered manager told us this had seen a significant increase in people's mental well-being, reducing the risk of discrimination due not having access to the right technology

- People were informed of ways to access disability badges if they had a mental health condition as some people were unaware, they were available to them. They were supported to access this by staff. Many people had benefitted from this making travelling into their local community more easily accessible, improving independence and reducing the risk of social isolation.

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 provider had taken innovative steps to ensure that they met the legal requirements of the Accessible Information Standard (AIS).
- Care plans, risk assessments and company literature, policies and procedures were all available in adaptable formats. For example, we saw one person had agreed to their care records being provided in a large font size, to enable them to participate fully in care reviews.
- Care staff were provided with handheld tablets to support them when communicating with people during calls. These were used to explain aspects of the care provided where needed but were also available to support people with becoming more informed about their care and health needs. For example, downloading information about a health condition and discussing it with people during their call.
- People who were visually impaired or registered blind, were directed to an audio library where they could access a wide variety of books, magazines and newspapers which had the option of being spoken to them. If people wanted the use of tablet devices, then these were loaned to them free of charge by the provider. These processes were just some of the ways the provider helped people with a sensory impairment to receive information in a way they understood, protecting them from discrimination.

End of life care and support

- Although end of life care was not currently provided, systems were in place to care for people if they needed it.
- People had a 'respectful request' care plan that focused on people's wishes should they require care towards the end of their life. The registered manager told us should people wish to discuss this aspect of their care, they ensured it was done respectfully and sensitively.
- The registered manager had introduced an initiative to support people who were released from hospital to their own homes to receive end of life care. Staff had access to a care pack that including toiletries, straws to support with drinking and pads to ensure people remained clean should they no longer be able to use their toilet. The registered manager told us, "These would be in place straight away, this prevents people not having the required supplies in place which could ensures they are provided with dignified care when as soon as they returned home."
- Plans were also in place for the provider to acquire national accreditation in high quality end of life care. This will further enhance people's experiences should they need it.

Improving care quality in response to complaints or concerns

- People were provided with the information they needed to make a complaint.
- Records showed few people had made a complaint; where they had the provider had responded appropriately and in accordance with their complaints policy. One person said, "I can't imagine needing to complain, but would speak to [registered manager]." This view was supported by other people we spoke with. All felt able to make a complaint, were aware of the process and were confident it would be acted on appropriately.

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 good. At this inspection this key question has now improved to outstanding. 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

- People say that the way the service was led was exceptional and distinctive. Its vision and values were imaginative, and people were at the heart of the service. People, relatives, staff and healthcare professionals all praised the quality of the leadership; leadership which led to positive outcomes for all.
- Widespread positive comments included; "The manager is so helpful. I ring her whenever I need help." A staff member described the management as "open" and "welcoming". A healthcare professional said, "The leadership seems brilliant, supportive of staff, supportive of service users and always reach a positive outcome."
- The values of the service, 'quality not quantity', 'There is no place like home' and 'The 6C's' were embedded in all the provider and staff did. The service had a strategy and supporting objectives that are stretching and challenging, but realistic and achievable. They had focused on ensuring all people received high quality, person-centred care that does not discriminate because of a mental or physical disability.
- Staff consistently went above and beyond people's expectations, resulting in consistently high outcomes for people. For example, by supporting a person who had Cerebral Palsy, a condition that can severely restrict a person's mobility. The person wanted to lead an active life and access numerous activities of their choice. Where other agencies had failed, Respectful Care had succeeded. The person now led a very active life, including realising a lifetime ambition of seeing their favourite pop group, with VIP passes arranged, in secret, by staff, to meet the band. The registered manager said, "The 'client' and [their family member] were overjoyed, and the client had such an amazing experience and day! All thanks to the thoughtfulness and actions of one of our wonderful carers."
- As described in other parts of this report, there have been numerous exceptional outcomes for people, some individually benefitting, but also with continued focus on collective improvement.

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

- The provider had ensured staff of all levels had a clear understanding of their role and how they contributed to the success of the service. The provider has ensured that the registered manager and other senior posts continually developed their leadership skills and those of others.
- Staff were fully engaged at all levels. Office-based staff were upskilled, enabling them to carry out several roles, which benefited people during higher periods of sickness and staff holidays, ensuring all calls were covered. Staff were motivated by and proud of the service. A staff member said, "They [the provider] are not all about time and task. They are more about the client." Another staff member said, "If any of my family ever

need care, I would send Respectful Care straight in."

- Staff were promoted from within and they felt there were good opportunities for development. The registered manager themselves being promoted to the role from within the provider's group of services. Staff were kept fully engaged with policy changes and changes in care. Staff were all proud to work for the service.
- The registered manager had a thorough understanding of the regulatory requirements of their role. They ensured relevant agencies were notified immediately of any incidents that could affect people's safety and well-being. Changes to recommended best practice guidance and standards were implemented quickly.
- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. The previous inspection report and rating was displayed on the provider's website and in their office.

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

- People were fully engaged in a variety of different formats to gain their views. All felt included, valued and respected.
- We have shown examples throughout this report where people from all diverse backgrounds, whether they had a disability or were living with dementia, were encouraged and supported to live their life to the full. This has resulted in numerous positive outcomes for people.
- There were high levels of constructive engagement with people and staff from all equality groups. There was a clear focus on offering support for people and staff who had diverse needs that could affect their ability to contribute to the continued development and improvement of the service. Opportunities to provide feedback were widespread; including, questionnaires, supervision sessions, telephone discussion, the use of advocates and assistive technology. All of these were provided with a view of including all in continually improving the quality of care people received and the working environment for staff.
- Feedback from questionnaires and on-line surveys was consistently high. As of January 2020, the service had received 87 on-line survey responses via the website homecare.co.uk. This website offers people, relatives and staff the opportunity to comment about a wide range of subject such as; safety, staff, dignity and management. The average score from these surveys was 10/10.
- Feedback from an internal survey was also consistently high, with over 90% of all responses rating the service as either 'Good', 'Very Good' or 'Excellent' in all areas.
- The positive feedback has resulted in the service being awarded the status of one of the 'top 20 home care providers in the East Midlands' according to the homecare.co.uk.

Continuous learning and improving care

- There was a particularly strong emphasis on continuous improvement. The views of people using the service were at the core of quality monitoring and assurance arrangements. Innovation was celebrated and shared.
- There was ample evidence that learning from concerns and incidents was a key contributor to continuous improvement. For example, a person who was living with dementia was regularly leaving their home unattended. With consultation with the person's agreed point of contact/relative, a door sensor was attached to the person's door and if not closed within a set timeframe, an alert was sent to an agreed relative. They could then either go to the house themselves or call the provider's office to request a staff member attend. A tracker was also placed on the person's keys which meant if the person did get lost, then they could be easily found. This has resulted in a significant reduction in the amount of times the person has gone missing from their home. The provider's 'Missing Persons Policy' was updated to reflect the availability of this new technology.
- The views of people, relatives and staff were consistently used alongside other quality assurance

processes to drive improvement at the service. A quality assurance process that assessed all aspects of the service was in place. The responsibility for the quality assurance was delegated amongst a number of staff to help share the workload, but more importantly to give staff the opportunity to develop, learn and improve their role.

- The provider carried out regular periods of self-assessment, reviewing the way accidents and incidents had been investigated and acted on, changing company policy and procedures regularly when improvements were identified.
- This example has led to the initial care assessment being amended but advising people and/or their family that this type of technology was available if they wished to use it. This was just one of the numerous examples, where learning from incidents has been used effectively to reduce the risk to others.
- Staff reward programmes were in place. These were designed to reward outstanding staff performance, but also rewarding innovative ideas that improved the care for all.

Working in partnership with others

- The service worked alongside other organisations to improve care outcomes for all.
- Staff worked in partnership with other health and social care agencies to provide care and support for all. Professionals spoken with throughout this inspection praised the quality of care provided.
- Feedback from health and social professionals spoken with throughout the inspection process was universally positive. One professional commented on the overall performance and ethos of the service. They said, "I feel that this service goes above and beyond to provide exemplary care to people at a really difficult time in their lives. They model how a domiciliary care provider should treat and care for people and their staff."

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

- The provider had the processes in place that ensured if mistakes occurred, they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted on.