

Docmar Limited

Respectful Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Respectful Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It currently provides a service to older adults. At the time of the inspection, 81 people were receiving support with personal care.

People's experience of using this service:

- People received high quality, person-centred care and support that put their interests, preferences and wishes above all else. Staff often went above and beyond what was required of them, providing people with high quality compassionate and empathetic care. Innovative methods were used to empower people to make decisions about their care. Staff did not see barriers to high quality care, just challenges to overcome and this resulted in exceptional outcomes for people. Independence was widely encouraged, advocates used where needed, and people told us they were always treated with dignity and respect.
- The risks to people's health and safety were assessed and used to reduce the risks. People told us they felt safe when staff supported them. Staff understood how to report any concerns that could lead to people experiencing avoidable harm. Staff arrived on time for calls. People had raised concerns with the registered manager about the consistency of the carers who supported them. Action was taken to address this. People's medicines were managed safely. Staff understood how to reduce the risk of the spread of infection. The registered manager had the processes in place to learn from mistakes and to reduce risk.
- Staff received a comprehensive induction and training programme. Their competency to carry out their role was regularly assessed. People were provided with care which protected them from discrimination. People received the support they needed with their meals and they had access to other health and social care agencies where needed. People were supported to make decisions about their care, the provider ensured these were made in accordance with appropriate legislation.
- The care people received was person-centred and always considered their personal choices and preferences. People had access to information in a format they could understand. Complaints were handled appropriately and in line with the provider's complaints policy. People did not currently receive end of life care; however, staff training was about to commence to ensure staff had the skills to meet people's needs.
- The service was well-led by a dedicated, enthusiastic registered manager. People, relatives and staff respected the registered manager. Staff enjoyed working at the service and felt respected and valued. The service played an active role in their local community. People could give their views about how the service could develop and improve. People and relatives told us they would recommend this service to others.

Rating at last inspection:

At the last inspection the service was rated as Good (12 and 16 May 2016).

Why we inspected:

This was a planned inspection.

Follow up:

We will continue to review information we receive about the service until the next scheduled inspection. If we receive any information of concern we may inspect sooner than scheduled.

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 exceptionally caring.
Details are in our Caring findings below.

Outstanding ☆

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 ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out 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. It provides a service to older adults.

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

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the registered manager would be available.

Inspection site visit activity started on 19 February and ended on 26 February 2019. We visited the office location to see the registered manager and to review care records and policies and procedures.

What we did:

We reviewed information we had received about the service since the last inspection. This included checking incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from the local authority, Healthwatch and professionals who work with the service. The provider completed a Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used

this information to plan our inspection.

During the inspection, we spoke with 11 people who used the service. We spoke with four members of the care staff, a care coordinator, registered manager and the owner. We also sent questionnaires to 50 people who used the service and 50 relatives. We received 27 responses which were used to help us form our judgements.

We reviewed a range of records. This included five people's care records and two staff files. We also viewed training and supervision records and records relating to the safety and management of the service.

After the inspection, we asked the registered 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.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of avoidable harm. People told us they felt safe when staff supported them in their home. One person said, "I would say I feel safe with them (staff). They are all good people." Another person said, "I feel safe with them (staff) about."
- Staff had a good understanding of how to identify the potential signs of abuse or neglect. They felt confident that if they reported concerns to the registered manager they would be acted on. A safeguarding policy was in place. The registered manager was aware of their responsibilities to ensure that external agencies such as the local authority safeguarding team and the CQC were notified of all relevant incidents.
- People were provided with emergency contact details should they need to speak with someone outside of normal office hours. Knowing that that someone was always available for them if they needed them helped to make people feel safe.

Assessing risk, safety monitoring and management

- People were supported in a way that helped reduce the risks to their safety. One person said, "I self-transfer but I have the staff there for safety. They look after me well." Another person said, "They will put a towel down, so I don't slip, and they stay with me as I get nervous."
- Each person had risk assessments in place in key areas of care that provided staff with information and guidance about how to protect them from harm. Medicines, personal care, mobility and nutrition were some of the risk assessments in place and these were reviewed regularly to ensure they continued to meet people's needs.
- Each person had a home environment risk assessment. These detailed the risks to the safety of people and staff. Guidance was in place for staff to help them to reduce these risks. A fire risk assessment was in place. This also included guidance for staff on how to ensure people were safe in an emergency within their own home. However, we noted this document was not individualised to people's specific needs. Some people would require minimal assistance to exit their home, whereas others would need more support from staff, or were unable to leave their home due to poor mobility. The registered manager acknowledged this was needed and told us they would take immediate action.

Staffing and recruitment

- Most people we spoke with or who completed our questionnaire told us staff arrived on time. They also told us staff remained at their home for the agreed length of time, completing all required tasks. One person said, "The times aren't bad, and they do let me know if they are going to be late." Another person said, "It is usually about the same time that they come."
- Staff had enough time to get to each call and to complete the required tasks. One staff member said, "I have plenty of time to get to calls when I need to. If there is a delay due to traffic or anything else I will always ring the client or the office."

- People told us sometimes they were unsure which member of staff would be arriving at their home. One person said, "They are not too bad at keeping to time, but more consistency of staff would be nice." Another person said, "Sometimes I get folk I don't know but most of the time I do know them."
- We raised this with the registered manager and they told us they were aware of the issue and had already acted to address it. They told us that following feedback from people they had re-organised how their calls were planned. Smaller staffing teams were assigned to people. A new sickness policy was introduced, designed to reduce the higher than expected levels of staff sickness they had previously had. A weekly 'continuity check' was now in place that specifically analysed what staff had attended people's homes and whether this was consistent or if people had been receiving calls from a wider variety of staff. The registered manager told us they expected this to reassure people and to provide a more consistent staffing team for all.
- Robust recruitment checks were in place. Staff had appropriate references, criminal record and identity checks completed before commencing their roles. These checks enabled the provider to assure themselves that the person was of suitable character to work with people.

Using medicines safely

- Where people needed support with their medicines they told us this was done safely and in line with their assessed needs. One person said, "They help get my medication out of the pack they pop them into a little glass and give me a glass of water." Another person said, "My medication has to be given on time and overall, they are pretty good at that."
- Care plans contained guidance for staff when supporting people with their medicines. Some people could manage their own medicines, or had relatives to support them. Others required prompting or supervising to take them. Where support was provided, medicine administration records (MAR) were used to record how staff had supported each person. The records we looked at were appropriately completed showing people received their medicines when they needed them.
- Staff who administered medicines had been trained to do so. Staff received regular reviews of their practice. Where staff had made errors, these were discussed with them with during supervisions, or further training was provided. This would assure them that people continued to receive support from trained and competent staff.
- People's MAR were checked at least once every three months. Where there had been any mistakes for certain people, their records were then prioritised and checked more often. Where recording errors had been identified, these were discussed with staff during team meetings. This was to inform staff of the importance of accurate recording.

Preventing and controlling infection

- People did not raise any concerns about the way staff supported them in their homes. One person said, "I believe they wear gloves, they seem to wear them for everything." Another person described how staff ensured they reduced the risk of infection when they received their medicines. They said, "I have never seen them touch the tablets, but they wear gloves anyway."
- A home environment risk assessment was completed for all people. These recorded whether there were any issues that could affect the control of the spread of infection in people's homes.

Learning lessons when things go wrong

- The provider had processes in place to investigate and act on any accidents or incidents that could influence people's health and wellbeing.
- The registered manager had introduced a '360 degree' process when staff have raised a concern about people's safety. The aim was for staff to receive a response within three days advising them what action has or will be taken to reduce the risk. This process helped to assure staff that their concerns were acted on.
- The registered manager told us that if staff made errors that led to an accident or incident occurring, they

would discuss this with them, consider refresher training and report the incident to the relevant authorities where needed.

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

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 received support from staff that reflected their needs and personal choices. A person we spoke with said, "I feel they know what they are doing. If there was anything wrong like I had a sore area the staff would tell me."
- People received their care in line with the protected characteristics of the Equality Act 2010 which protected them from discrimination. People's needs had been assessed to ensure that staff could provide the appropriate care in line with current best practice guidelines and legislation.

Staff support: induction, training, skills and experience.

- People felt staff were well trained, experienced and had the skills needed to support them safely and effectively. One person said, "They all seem well trained. They do everything I need anyway." Another person said, "I feel they know what they are doing. If there was anything wrong like I had a sore area the staff would tell me."
- Staff had completed all training deemed mandatory by the provider. This included moving and handling and safeguarding. Staff received regular supervision of their practice to ensure they continued to care for people in line with company policies and best practice guidelines and legislation. Staff completed the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. This meant people received support from staff who were appropriately trained for their role.

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

- The people we spoke with told us staff did not prepare meals for them nor needed support with eating their meals. Some people did say that staff did offer to make them drinks.
- People's care records contained guidance for staff on the support they needed with their meals. This included the preparation of meals. People's food and drink likes and dislikes were also recorded. This meant staff would be aware how to support people to eat and drink enough.
- Where people had specific health conditions that could be affected by food and drink, guidance was in place for staff. For example, one person had a condition where they needed regular drinks to help to regulate their blood pressure. Records showed this had been provided.
- The registered manager told us that if referrals to GPs or dieticians were needed due to people's poor nutritional health they would ensure these were done. This would help people to maintain good nutritional health.

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

- Staff understood how to identify when people needed intervention from a health or social care team.

Records showed staff had referred people to specialists such as occupational therapists. This helped them to receive consistent and effective care.

- Records showed people received support from other agencies and then staff continued to support people in line with the recommendations and guidance provided.

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

- People were supported to access healthcare services where needed. This included visits to GPs and dentists.
- People were provided with information which helped inform them of the support available to help them manage a number of health conditions. This included a 'dementia guide' from the Alzheimer's Society and information relating to Motor Neurone disease from the Motor Neurone Disease Society.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- We checked whether the service was working within the principles of the MCA and found they were. Where people could make decisions for themselves. Records showed they had signed their care plans to say they agreed with the care that was to be provided. People's care was regularly reviewed and discussed with them to gain their continued consent.
- People and relatives told us they were involved with decisions. One person said, "It is up to me what I want. If I want a shower, they will do that or if I just want a wash."
- The registered manager and staff had a good awareness of their responsibilities to adhere to and apply the principles of the MCA. This included obtaining evidence of relative's lasting power of attorney (LPOA) when they contributed to decisions made about their family member's care. LPOA enables people to give another person the right to make decisions about their care and welfare. This meant people rights were protected.

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.

People were truly respected and treated and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; equality and diversity

- People praised the approach of the staff who supported them or their family member. One person said, "They are all pleasant we have a laugh and joke at times." Another person said, "All the staff are very nice. I think they really care."
- All of the people we spoke with and 94% of the people who responded to our questionnaire told us they would recommend this service to others. One person said, "I don't think there is anything they could do better. I would recommend them." Another person said, "I would definitely recommend them, I had them recommended to me. I would say the care is consistent in delivery."
- There was a strong, visible person-centred culture at this service. Staff were highly motivated and cared for and supported in an exceptionally compassionate and kind way. Care records, devised with people and relatives considered their human rights, personal preferences and cultural backgrounds. This ensured people were empowered to lead their lives in their chosen way, with their diverse needs respected and embraced.
- Staff respected a person's religious beliefs by not wearing shoes in their home. The registered manager provided this person's small team of staff with slippers and/or shoe protectors to ensure their wishes were respected. Additionally, the registered manager organised a church service and invited people and their relatives to attend. They told us this was to offer people additional support with accessing religious services in their area, but also to offer people a chance to meet others from within the service to help them build new friendships and reduce the risk of social isolation.
- Innovative methods were used to reassure people that staff wanted to form open and honest relationships with them and their relatives. Where challenges were faced because of people's background or ethnic origin, staff worked with people to overcome them. For example, a person could speak English but was unable to read English. Staff sourced a professional language teacher who translated the person's care plan, the provider's statement of purpose, the 'Client Guide' and their contract into their first language. This enabled the client to make informed choices about their care and ensured they felt confident enough to communicate their wishes. The registered manager told us this service was available for any person for whom English was a second language.
- Staff with second languages were also recruited to ensure that people for whom English was not their first language would be given the opportunity to express their wishes. The registered manager told us they would ensure rotas were planned to assign these staff to the people that needed them. This protected people from the risk of discrimination.
- Staff regularly went above and beyond the expected level of care and exceeded people's expectations. Staff demonstrated a real empathy for the people they cared for. For example, one person had a condition that meant they required their medicines at specific times of the day and if they did not receive them, it

could affect their health. On one occasion, adverse weather posed a risk that staff may not be able to get to the person's morning call which meant they may not receive their medicines. Therefore, with the permission of the person, the staff member offered to stay the night and if poor weather did occur the following morning, they would be there to provide the care needed. This demonstrated an exceptional awareness of the risks to the person with the staff member putting the person's needs before their own. The staff member was rewarded for their actions by the provider with the 'Care and Support Worker of the Month' award.

- Other examples of an outstanding, empathetic attitude from staff include; a staff member supporting a person who had recently lost their pet. They supported them through the vet's process and then offered continual support to the person afterwards. This staff member won the monthly staff recognition award for their kind and compassionate approach. Another staff member, when they were informed that a family member of person who used the service was in hospital on Christmas Day, cancelled their own plans to take the person to hospital to visit their relative. This was not an instruction given by the registered manager, but an act of kindness which the staff member did in their own time, putting the feelings of those they supported above their own.

- A staff member had noticed that a couple who received support from the service were struggling to complete their laundry. With the consent of the people, the staff member volunteered to take the person's laundry home, wash it and then returned it to them. These acts of kindness, in addition to many more we were informed of during our inspection, demonstrated an empathetic and exceptional approach to ensuring people received high quality, compassionate, person-centred care.

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

- Ninety-four percent of the people who responded to our questionnaire, along with many more we spoke with told us they were involved with decisions about their care. One person said, "Two ladies came and we went through everything together, [my family member] was with me to help."

- Innovative methods were used to help people to express their views so that staff and the registered manager could understand their preferences, choices and wishes. Staff used a variety of tools to communicate with people according to their needs.

- A whiteboard was introduced into a person's home after a health condition had affected their speech. Staff used part of their allocated visit to practice words that were important to the person when making choices about their daily care. Through continued and dedicated staff commitment and support, this enabled them to express their wishes. The registered manager told us that due to the success of the whiteboard, more have been purchased to support others to communicate their wishes.

- Another person had a condition that restricted their speech and communication. To help the person overcome this barrier and empower them to make choices about their care, a 'Yes/No' communication board was used to support the person. This enabled the person to communicate their wishes.

- Information about how people could access an independent advocate was provided. Advocates offer guidance and support for people who are unable to make decisions for themselves and may not have an appropriate family member or friend to speak on their behalf.

- Staff positively welcomed the involvement of advocates. Where people had these in place, the registered manager worked with them to ensure positive, person-centred outcomes. Staff worked with advocates to obtain quick answers where there was a need to address risk to people's care. For example, a member of staff had noticed that a person who required insulin to control their diabetes had a broken fridge. Realising the need to act fast, the person's advocate was contacted to agree to a new fridge being purchased. The delivery of the new fridge was arranged when care staff would be at the person's home and the issue was resolved quickly and resulted in minimal disturbance to the person with no impact on their health.

Respecting and promoting people's privacy, dignity and independence

- All of the people who responded to our questionnaire told us staff treated them with dignity and respect. This view was confirmed by people we spoke with. One person said, "All the staff know how to best support me. I am very independent, and they will only help when I ask. They certainly look after my dignity. We have

a good rapport. Overall, I feel the staff have the right personality to give quality care. I tend to judge quality by how they carry out personal care."

- Staff spoke with passion about how they ensured people were always treated with respect and dignity. Staff felt people received high quality care and they all stated they took pride in their role in helping people. This included the dignified way they supported people with their personal care. One person had stated they only wanted male member of staff to support them with personal care. This was arranged and more male members of staff were immediately recruited. This was to ensure that there were always suitable members of staff to support the person in their preferred way.
- Respect for privacy and dignity was at the heart of the service's culture. It was embedded in everything that the service and its staff did. People and staff felt respected and listened to. The provider had an ethos which was described as the '6 C's'. These were; Care, Commitment, Compassion, Communication, Courage and Competence. From the findings of this inspection it was clear that these elements were prevalent in all staff did with a clear focus on people receiving dignified care.
- Staff made 'dignity promises' to the people they cared for. These promises were dated and then reviewed with staff to ensure they had implemented them. Promises included; 'To communicate effectively and ensure the client feels valued' and 'I will remember that everyone is an individual with individual needs'.
- Supporting people living with dementia to lead fulfilling lives, and raising awareness of the condition, was a key aim of the provider. Free training was offered to people and their families to help inform them about dementia. A 'Dementia coffee morning' was organised, a room was hired and people and their families were invited to attend in a welcoming environment for tea and cakes. People and their families were offered the opportunity to talk with staff and other families about their experiences to help them to find comfort and support networks that were available to them. People were encouraged to become 'Dementia Friends'. A 'Dementia Friend' is a volunteer who encourages others to make a positive difference to people living with dementia in their community. They do this by giving them information about the personal impact of dementia, and what they can do to help. This showed that the service offered sensitive and respectful care and support for people and their families.
- Staff recognised the need to support people's independence and empower them to do more for themselves. Records showed that there had been several occasions where people with complex health needs had seen the number of care visits required by staff reduce because of the support provided.
- Staff had worked with people and other health and social care agencies where they had seen that people were at risk of losing their independence and increased the prospect of social isolation. For example, a staff member recognised a person's ability to access their community was declining and after discussions with the person it became apparent that the person was not confident in going outside due to no ramp being in place. The staff member advised the client which relevant professional person they needed to contact to agree the installation of the ramp and this was then put in place. The registered manager told us the person was now confident in using their wheelchair when leaving the house and their confidence and ability to socialise with others has now improved.
- People's care records were treated appropriately to ensure confidentiality both within people's homes and within the service's office. The registered manager told us they had the processes in place that ensured all records were managed in line with the Data Protection Act and The General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received their support from staff in the way they wanted, considering their personal preferences and interests. People told us they had been involved with setting up their care plans and agreeing the care that would be provided. One person said, "My care plan was written with me and I am happy it covers everything. It has been updated by someone from the office."
- People's needs were assessed before they started to use the service. People's preferences had been discussed with them and then detailed care and support plans were put in place to support staff. People's records contained person-centred information such as people's preferred time of call and what type of support they wanted with personal care. People told us they were happy with the support they received from staff.
- The registered manager understood the Accessible Information Standard (AIS). The AIS is a law that requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way, that they can understand. Adherence to this standard is important to ensure that people are empowered, treated fairly and without discrimination. The registered manager told us that on people's initial enquiry to use the service, they asked people whether they had any communication needs. They also asked people if they had a preferred way they wished their records to be provided for them. This included larger font.
- Where agreed, some people received social calls as part of their care package. This included staff taking people out to local amenities and following their chosen interests.

Improving care quality in response to complaints or concerns

- People told us when they had made a complaint it was, in the majority of cases, dealt with to their satisfaction. One person said, "I contact the office if I have any concerns. I do think they listen." Another person said, "I would ring the office if I needed to, they are polite and helpful. I have never needed to complain though."
- The provider had the processes in place to act on any complaints that had been received. We reviewed the complaints register and found they had been dealt with in line with the provider's complaints policy.

End of life care and support

- End of life care and support was not currently provided. Staff training was due to ensure staff had the skills needed should end of life care commence. One staff member had completed an accredited external end of life training course and they planned to use their knowledge to support staff until they had completed their own training. This included holding discussions during team meetings.

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.

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager had a clear focus to provide all people with personalised care and support. People told us, overall, they were happy with the quality of the care provided and were happy with how the service was managed. Most people told us they knew who the registered manager was and some also knew the owner and provider of the service.
- One person said, "[Name] is the owner and [Name] is the manager." Another person said, "I believe [Name] is the manager, she is very nice." A third person said, "It's a decent company. I've spoken to the manager and she seems like she's got a good grip on things."
- The registered manager offered an open and transparent environment that enabled staff to feel comfortable about raising concerns. A staff member said, "The management are great, really supportive, all of the office staff are great, I have no issues with raising any concerns, they are very approachable and enable me to have the confidence to report things and you do feel like you are listened to and valued."
- The registered manager understood the requirement of their registration with the CQC. They could explain what incidents needed to be referred to the CQC and why. This meant the registered manager operated in an open and transparent manner.
- The registered manager was aware of the responsibilities to apologise to people and/or their relatives when mistakes were made.

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

- Staff had a clear understanding of their roles and how those roles contributed to the development and continued improvement of the service. New staff were assigned mentors who worked with them to ensure they met the provider's high standard of care. Some staff were assigned 'champion roles'. These roles included end of life, mental health and well-being and mental capacity. Staff developed their knowledge of these roles and used the skills gained to support their colleagues. This empowered staff to think for themselves and to work together to find solutions and to improve the quality of care people received.
- Staff were aware of the provider's mission statement and this was implemented by staff in the quality of the care and support they provided. The mission statement says; 'There's no place like home' - 'To work effectively and responsively to people's individual needs enabling them to remain living safely and independently in their own homes whilst receiving the dignity, respect, and care they deserve.' A staff member said, "I truly do feel that everybody deserves to live at home and the options are not always there for people. We offer that support for people, we 'step outside the box' to help people."
- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a

rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed at the provider's office address and website.

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

- People, relatives and staff were actively encouraged to give their feedback about how the service could improve and develop. People told us they had received questionnaires which enabled them to give their views about the service. People also told us they occasionally received a telephone call for more informal discussions. One person said, "I have had a questionnaire but feel I could give feedback at any time." Another person said, "The office staff phone sometimes to ask how things are, like, 'if I like the staff etc.'. I would tell [the registered manager] if I was worried about anything."
- The results of the provider's questionnaire in 2018 showed 91% people and relatives were pleased with the overall quality of the care provided. Ninety percent of respondents felt they or their relatives were safe with staff and 92% felt the service was well-led. We saw action had been taken to address the small number of issues raised from this questionnaire. For example, addressing the continuity of the staff who carried out people's care.
- Staff told us that they felt the registered manager was approachable, and they felt supported. They told us they felt valued and their opinions mattered. Staff felt able to discuss any issues privately with the registered manager or in open forums such as team meetings. A counselling service was also provided for staff. The registered manager said, "This is a professional service which supports staff with any advice needed along with emotional support. We feel as though this is a vital support network for staff as the nature of the business can leave staff feeling extremely emotional and stressed." This showed a good awareness of the need to offer staff support with their mental health and well-being.
- The registered manager told us that after team meetings had concluded, training sessions were held to help staff refresh their knowledge on certain aspects of care. Most recently this had included a medication workshop focusing on the most common types of medicines with a quiz completed by all staff to test their knowledge. The registered manager said, "Staff meetings are for support and accountability, giving people the chance to speak, learning new and creative ways of working and involving people." Records showed staff 'champions' had been invited to speak at team meetings about their lead roles. This helped to develop staff roles and help them feel involved with the development of the service.
- Records showed people and relatives were involved with reviews of the care provided. The registered manager acted on any changes requested. This included changes to call times, cancelling calls and asking for additional support from staff when people's needs have changed.

Continuous learning and improving care

- Robust quality assurance processes were in place which assessed and helped to improve the quality of the care provided. A 'daily planner' was in place. This was a daily review of key areas which could affect the quality of the care such as; care plans and accidents and incidents. It also focused on staff issues such as absence and recruitment. This enabled the registered manager to have a clear, daily oversight of the key issues faced by the service. Where action was needed, this was recorded and followed up to ensure they had been completed.
- Action had been taken to address one of the key issues faced by the service; continuity of staff. Along with a review of all staff runs, staff who currently worked flexibly but were not assigned to specific hours were asked to commit to more specific hours each day. Some staff agreed to this. The care coordinator told us this made their role of planning calls easier and had helped to improve the consistency of staff.
- The registered manager made efforts to learn from mistakes and to keep staff informed of any changes that could affect people's care. The registered manager met with the provider and other registered managers from within the provider's group of service to discuss changes in company policy or changes to people's

needs due to increased risk. Staff felt the registered manager worked in an open and transparent way.

- A staff member had attended a 'train the trainer' course to help staff who had been identified as needing support with moving and handling technique. The registered manager said, "Having a permanent 'moving and handling trainer' in place has helped staff who found the 'moving and handling process' daunting, so this will help to upskill staff."
- Respectful Care were announced as finalists for the 'Mansfield and Ashfield 2020 commitment to the community awards' in January 2019. The registered manager was interviewed by the awarding panel to showcase how the service contributed to their local community as well as the people they supported. It was clear from our inspection that the registered manager and their staff did all they could to enrich the lives of the people they supported and played an active and positive role in their local community.

Working in partnership with others

- Staff worked alongside other agencies to provide positive outcomes. The registered manager told us district nurses had been invited to inform staff how to provide a specific area of care for a person with complex needs. They told us this had helped to reassure staff, but had also had a positive impact on the person
- Records showed when health or social care professionals had made recommendations to people's care, these have been recorded within people's care records and acted on.