

Cameron Quality Care Limited

# Right at Home Havant and District

## Inspection report






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Date of inspection visit:  
03 September 2018  
04 September 2018

Date of publication:  
13 November 2018

## Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 3 and 4 September 2018 and was announced. Right at Home Havant and District is a domiciliary care agency that provides personal care and support to people in their own houses and flats in the community. It provides a service to older people and younger adults living with physical disability, dementia and sensory impairment. At the time of the inspection the service was supporting 33 people with personal care. Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was consistent, excellent feedback from everyone we spoke to about the leadership of the service including the provider and registered manager.

The service was an important part of the local community. The provider had developed exceptional links to local organisations and services that valued working with the service. These links benefitted people using the service and local people. The provider had plans to further develop these links.

Governance systems were highly robust and ensured the service maintained an excellent standard of care being provided.

There was a strong emphasis on continuous learning and improvement within the service. Incidents and accidents were recorded and explored for lessons that could be learned.

People received excellent person-centred care where staff knew people exceptionally well. People were encouraged to live their lives as fully and independently as possible.

Staff went the extra mile to arrange meaningful and enjoyable activities for people. Staff consistently worked hard to reduce the social isolation of people.

Staff were genuinely valued by people, relatives, the provider and registered manager. Staff received excellent support and felt proud to work for the service. They were well supported throughout their induction to the service and then on an ongoing basis.

The service consistently responded to complaints appropriately; people and relatives felt comfortable to raise concerns though those we spoke to had not needed to. The service had consistently received excellent compliments from people that the care they had received was of high quality. The service sought and

monitored feedback from people and relatives regularly.

The service was highly open, honest and inclusive. Diverse needs were met in innovative ways in respect of the protected characteristics of the Equality Act 2010.

People were consistently positive about the caring and compassionate approach of staff. People and relatives were always involved in the planning of care.

Care records contained excellent detail and person-centred information.

People were treated with dignity and kindness in all of their interactions with staff.

Staff were confident in identifying and escalating safeguarding concerns. The registered manager had made referrals to the local authority safeguarding team appropriately.

Staff had a good understanding of risks to people and how to minimise those risks. They raised concerns about health and wellbeing appropriately.

Staff had been recruited safely because the provider operated an effective recruitment process and undertook appropriate pre-employment checks.

There were sufficient numbers of staff available to support people. The service responded to needs for flexibility around visit times as much as they were able to.

Staff supported people to take their medicines safely.

Staff followed infection control procedures to prevent the spread of infection.

Staff had received training to enable them to carry out their role effectively.

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 supported this practice.

People's nutritional needs were monitored and the service promoted a healthy balanced diet for people.

Incidents which required reporting to CQC were being reported.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

Staff knew the signs of potential abuse and were confident to raise concerns.

Risks to people were assessed and measures put in place to address these risks.

Staff were recruited safely with the appropriate checks.

There were sufficient numbers of staff in place to support people.

### Is the service effective?

Good 

The service was effective.

Staff had received training to support them in carrying out their duties.

People were supported to have a balanced diet and maintain good health.

People were supported in line with the Mental Capacity Act (MCA) framework.

Appropriate referrals were made to other professionals to address any health needs.

### Is the service caring?

Good 

The service was caring.

Staff were highly compassionate and caring in their approach to people.

People and relatives were consistently involved in the planning and review of their care.

Privacy and dignity was always respected and independence promoted.

### Is the service responsive?

The service was exceptionally responsive.

Care was always highly personalised and went the extra mile to support diverse needs.

The service always learnt about people's personal histories and worked hard to accommodate meaningful activities.

The service had provided excellent emotional support to people and their families at the end of the person's life.

The service had received consistently superb feedback from people, relatives and external professionals.

**Outstanding** 

### Is the service well-led?

The service was extremely well-led.

People and the local community were always at the heart of the service.

There was an exceptionally open and positive culture within the service that led to excellent person-centred outcomes for people.

There was a highly robust system of governance that ensured the quality of the service provided was excellent.

**Outstanding** 

# Right at Home Havant and District

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 and 4 September 2018 and was announced. We gave the registered manager 48 hours' notice of the inspection visit because it is a domiciliary care agency and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Before the inspection, we reviewed all the information we held about the service including any notifications received by the Care Quality Commission. A notification is information about important events which the service is required to tell us about by law.

The inspection was completed by one inspector. Inspection site visit activity started on 3 September 2018 and ended on 4 September 2018. We visited the office location on both days to see the registered manager and office staff; and to review care records and policies and procedures. We also visited and telephoned people using the service for their feedback.

During the inspection we spoke to eight people, five relatives, five care staff, the nominated individual, registered manager and quality and compliance manager. We observed interaction between staff and people. We reviewed documentation including four people's care records, five employment files, training records, staff induction, complaints, accidents and incidents, policies and procedures and safeguarding records. We received information from six external professionals about the service. Some of the people we visited were unable to fully express their views of the service but we observed the interactions between staff and those people.

This was the service's first inspection since registration with the Care Quality Commission.

## Is the service safe?

### Our findings

People told us they felt safe supported by the service. One person told us, "They never send anyone I wouldn't want in my house". One relative told us, "I do get the impression that they do provide the care that they would want their families to receive".

Staff had the knowledge and confidence to identify safeguarding concerns and had attended training on this subject. Staff were aware of the signs of possible abuse and knew how to escalate concerns. One member of staff explained that they would inform the registered manager and said social services would be informed immediately. They told us, "There's always someone available [to raise concerns with]". The registered manager had sought advice and made referrals to the local authority safeguarding team appropriately. Staff had access to a safeguarding app on their phone that had guidance on how to escalate concerns. One staff member told us of a situation where they had become concerned that someone had been misled to pay for building works. The service took appropriate action to ensure the person's finances were protected.

Risks to people and staff were identified and mitigated. Staff were aware of how to respond to or escalate concerns and this was reflected in records. For example, records detailed information on how manual handling tasks should be carried out whilst minimising risk. One person's care records stated, '[name] must not be encouraged to stand' and '[carer] must wait and call for assistance. At no time should they proceed with any manoeuvres'. Staff were knowledgeable about good appropriate manual handling practice and relatives and people confirmed to us that staff helped them to move safely. Care records included information on how to operate manual handling equipment safely and information about safety inspections of equipment. Any accidents and incidents were recorded and explored for areas of learning to prevent the incident from occurring again.

The service monitored skin integrity closely where staff had concerns about the risk of skin breakdown. Documents noted the importance of monitoring this for example, 'care givers must monitor [their] skin integrity at each visit'. One person told us that staff checked their skin every time they visited and said, "They're taking very great care over my one or two sore spots, they have a look and make a note if there is a sore patch and put extra cream on if they need to".

Procedures were in place to prevent the employment of unsuitable staff. This included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. Identity checks and character references were obtained and candidates attended an interview to assess their suitability for the role. Applicants were also asked to complete details of their full employment history and thorough recruitment records were kept. Recruitment was an important process to the provider, they told us "It's got to be right for both parties". They carried out a comprehensive recruitment and induction process. The character of the employee was an important part of the assessment. The provider told us, "We're looking for people with the right reasons for doing the job".



Staff, people and relatives told us that there were enough members of staff and we found this to be the case. One person told us, "They're not rushing". People told us that staff were very punctual and that they never missed visits. One person told us, "[Staff] come on time". We were told about examples of staff shadowing other staff members before they supported people alone. People and relatives confirmed that they had had experience of this.

We received conflicting information about the consistency of the same staff members visiting people. For example, one person told us, "A lot of different carers and they're always changing" but other people were pleased with the consistency they had received. Staff told us that the number of different staff attending care visits was reduced to increase consistency for people where this was important to them. This was acknowledged in some records for example, 'regular care givers are needed to reduce [name]'s anxiety'.

Staff supported some people to take their medicines. We found that medicines were appropriately acquired, stored, dispensed and disposed of. Staff had received medicines training and we observed that there was a medication management policy in place for the service. There were clear medication management assessments in place with detailed information about how much support people needed with the administration of medicines. Records were also kept of the medicines to be prescribed and any known side effects of those medications. We observed good practice of administering medication during the inspection. We noted that one person who required their medication at a specific time had received their visit and medicines at the right time. The service had responded to concerns about the administration of medicines for one person, contacted the GP and measures were put in place to make the administration safer.

Staff were aware of their responsibilities around infection control and we observed good practice during the inspection. People and relatives confirmed to us that staff always took the necessary precautions to provide care in a safe and hygienic way. One person said, "They wear aprons and gloves, they're very clean and tidy". Another person said, "Everything is done by the book".

## Is the service effective?

### Our findings

People we spoke with were very pleased with the support they had received. One person told us, "I find them very good". One relative told us, "I'm impressed with how good the care is". A staff member told us, "It's a good team effort" and the registered manager told us, "We have brilliant carers" and "we work extraordinarily hard here". Feedback from external professionals spoke of high quality care and staff performance. They found this was evident during their work with the service.

Staff had received training in various subjects, for example: fluids and nutrition, moving and assisting people and health and safety. Staff were completing the Care Certificate standards. These are nationally recognised standards of care which staff who are new to care are expected to adhere to in their daily working life to support them to deliver safe and effective care. One member of staff told us the training they had received was "Very good". They told us they had found it very interesting to attend a lecture delivered by a speech and language therapist on eating and drinking for people who have had a stroke. Staff found training useful. One staff member told us, "It is useful because it keeps us up to date". People and relatives that we spoke to thought staff were well trained because of the positive outcomes they received. One person told us, "Training wise, they're spot on".

Staff told us they received sufficient support from senior staff. Comments included, "Anytime I have a query I just ring [registered manager and nominated individual] and they sort it out immediately", "Really supportive", "Anything I needed, they were there". We observed minutes of team meetings. One staff member told us, "You look forward to the meetings as well". Staff confirmed that they received supervision and spot checks where senior staff observed them supporting people and checked their competence. We saw records demonstrating this support including care worker support plans.

Staff confirmed that they received a comprehensive 12-week induction, staff handbook and were aware of how to access policies and procedures. One staff member told us, "They went through everything thoroughly" and that this had included shadowing other staff for experience. Staff "only had to say" if they needed more shadowing experience before seeing people on their own. Another member of staff told us that they had asked for more shadowing and this had been facilitated. The staff team communicated well between them and had several methods of communication including; Team meetings, phoning the office, supervisions and via mobile phone. The service also communicated key messages with staff through a newsletter produced every Friday.

Staff responded effectively to medical concerns. One staff member told us an example of this, "I knew straight away something was up, I called 999 straight away...called the family...told the office and my senior came over". One staff member told us that staff in the office were "always on the phone to the GP" to raise concerns about people's health and wellbeing. One relative told us that a carer had provided helpful assistance when their family member had needed to go to Hospital. The registered manager confirmed that the service could respond to urgent calls for support and that staff attended hospital with people and stayed with them for support where appropriate. Pre-existing health concerns were documented in care plans to give staff an understanding of the person's overall health.

We saw examples of the provider making referrals to other services or professionals to improve outcomes for people, for example; GPs, district nurses, continence team, pharmacists, wheelchair services, physiotherapists and speech and language therapists. Records demonstrated that these referrals had been made and relevant advice from professionals was included in care records. One person told us, "It was through [concerns being raised by staff] that the doctor came".

The service monitored people's needs around nutrition and hydration. They had raised concerns that a person's nutritional needs were not being met and this had been reviewed with the service providing more support, providing more nutritional meals and leading to a positive outcome for the person. People were given choice for their meals. Another person had reduced ready meals due to staff members preparing home cooked meals and preparing more fruit and vegetables. Where able this included produce from the person's garden.

We observed a nutrition and hydration assessment that had links to resources such as the MUST tool, Diabetes UK and The Alzheimer's Society. A handout with useful information about maintaining a healthy diet for people living with Alzheimer's disease had been given to people which was observed during the inspection at two visits. Specific information about diet was documented in care records, 'Care givers must not give [name] food that are not agreed with [relative]. Care givers must not give [name] sugar'. Staff supported people with eating and drinking at their level and did not rush them. One staff member told a person, "Shall I leave this [food] on the tray so that you can eat this later?" Staff spoke of raising concerns about people's nutritional and hydration needs, for example, if someone was regularly not needing support to empty their bladder.

The work the provider was carrying out to meet people's nutritional and hydration needs demonstrated their commitment to following current best practice. Staff informed us that they followed the National Institute for Health and Clinical Excellence (NICE) guidance and we observed a relevant research article in a person's care records that demonstrated the service researched evidence-based practice. The registered manager and provider attended annual conferences and used social media platforms to share best practice and learning with other registered persons under the Right at Home brand. They were also a member of United Kingdom Homecare Association and the registered manager had just started her NVQ Level 5.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

MCA assessments were completed if there were any concerns about a person's capacity. It was established if other persons had lasting power of attorney (LPOA) and documents were kept in care records to evidence this. We saw appropriate examples of mental capacity assessments and assessments to ensure bed rails were used appropriately. Staff had an understanding of the MCA and one staff member described the importance of "Respect of the individual" and supporting them to make their own decisions as much as able. We observed that staff sought consent from people before assisting them and told people what they were going to do step-by-step. People told us that staff always sought their consent for any support provided.

## Is the service caring?

### Our findings

Feedback from everyone we spoke to about the service demonstrated a consistently caring approach by the provider, registered manager and staff towards people and the wider community. One person told us that they enjoyed laughing with the carers and another told us "They've always been polite". A member of staff agreed there was "lots of laughing [with clients]".

Staff spoke about people and the team in a very caring and compassionate way, comments included, "It's kind of just like a family here" and "We all rally round each other". We observed excellent interaction between staff and people during the inspection where people were spoken to and treated in a caring way. One staff member was very impressed at the way the service cared for people when they started working at the service, they told us that they thought, "Wow this is how people are supposed to be treated". Other comments from staff included, "The clients are always well looked after and happy" and "I treat people the way I like to be treated". The registered manager told us, "I want the very best for my clients". External professionals we received feedback from put an emphasis on the caring nature of the whole staff team.

We heard many examples where people and their relatives had been apprehensive about using a care service initially but were so pleased with the service and the rapport they had developed with staff that they had asked to increase the support they were receiving. Relatives felt well supported by the service, comments included "[Staff are] all as nice as one another", "The girls are just so cheery", "They look after me as well as my [family member], we're very pleased with their care" and "If I run out of anything, they'll run to the shop". One member of staff told us that they had raised concerns to senior staff that a relative may need more support from the service as caring for their relative had become increasingly challenging.

The provider told us, "We're big on introductions". The provider and registered manager understood the importance of introducing staff to people before they supported them. This ensured people were comfortable with any arrangements made about their care before it started. One member of staff confirmed, "Everyone is always introduced". One relative told us that along with other relatives, they had been introduced to staff before they supported their family member. They told us they really valued this as arranging a care package with people they did not know was a "huge undertaking".

Staff spoke of the importance of maintaining people's dignity and privacy, one staff member told us, "I just make sure that they're always covered", "make sure the door is shut" and reassure them. Two relatives we spoke to confirmed that staff always maintained the privacy and dignity of their family member. Care records reinforced good practice, 'The carer is to close the curtains to maintain [name]'s dignity'. During the inspection one member of staff was heard telling a person, "I'm going to shut the curtains for a minute [name], just while you use the commode".

People and relatives told us that they had been involved in the planning of care provided with a pre-assessment and regular reviews. Relatives confirmed that their family member was given choice in how they received their care including what food to eat or what clothes to wear. Information about a person's preferred food choices was left in their property so that staff were all aware of their preferences. We saw an

example of staff helping to source more appropriate clothing for a person to keep them warm. Care records were written in a kind way and included comments such as, 'It is important that [name] is not rushed'.

People and relatives told us examples of staff supporting people to do things that they enjoyed such as; having coffee in the garden and going to the garden centre. One person told us, "When we had a drought they used to water my plants for me". People had developed meaningful relationships with staff. For example, one relative told us a staff member had taught their family member some of their first language and the person had enjoyed this. We observed thank you cards that demonstrated real affection from people and relatives towards staff and what they had done to support them. They showed that staff had built very supportive relationships with people.

The whole staff team were highly motivated and passionate about the care they provided. One member of staff told us that the registered manager had been concerned for their welfare when they had been required to work late due to unforeseen circumstances and asked them to contact them when they got home safely. This demonstrated that the safety of staff was taken seriously and cared about.

## Is the service responsive?

### Our findings

People consistently told us that the service was excellent at understanding and meeting their needs. Comments included, "They do come out early to me because I need to go out to work" and, "They're excellent". One relative told us, "You feel like you've always got someone you can ask to help you out". Feedback from external professionals included that the service responded to requests quickly, were very reliable and communicated effectively.

Staff went the extra mile for people and worked hard to help those who had become socially isolated. We observed information about one person where staff had gradually built rapport with the person until they were comfortable to leave their home with support. The staff then supported them to a place they had enjoyed visiting as a child for a surprise picnic. This positive relationship with staff led to an improved social wellbeing for the person. Staff had built good rapport with another person who did not access the community and after some time they felt socially comfortable to go to local amenities that they enjoyed. It was organised for one person to be supported by a member of staff because they both enjoyed a type of musical instrument. The provider took a plant with large flowers from his own garden to a person with reduced vision so that they could enjoy plants once again. These examples demonstrated that staff took the time to learn about people's personal histories to accommodate activities they would enjoy.

Staff actively promoted people's independence and enabled them to live as full a life as possible. We found this approach was part of the core ethos of the service. We heard examples of people regaining enough independence with the support of the service to no longer require any support. One staff member told us that one person's physical strength had improved significantly and, "[They're] hoping [they're] not going to need any care soon". Staff spoke about encouraging independence as part of the daily routine for example one staff member told us, "I encourage them to help me make their lunch or breakfast" and spoke about how the person ate more of their meal because of this. Another staff member told us that, "working around it and finding a solution" was important when caring for people. We saw examples of encouraging independence in care records for example, 'Carers are to encourage [name] to speak and to use [their] weak right arm as much as possible'. We saw examples of compliments received by people who no longer required support but expressed sadness at not seeing the staff anymore. This demonstrated the excellent positive relationships that staff built with people regularly.

Staff had an excellent understanding of people's diverse needs relating to their protected equality characteristics and their values and beliefs. Staff were confident any diverse needs were met and gave examples such as: staff facilitating earlier care visits so that people could attend church or listen to the church service on the radio, staff reading out the schedule of care visits to support a person who is registered blind. Staff had training in Equality, Diversity and Human Rights (EDHR) and person-centred care.

Staff used innovative ways to meet people's information needs and involve them in their care. For example, one person had been given a copy of the Commission's regulations in their first language. They had also been given a birthday card partly written in their first language. We were also told about examples of people using flash cards to aid communication. Care plans included information about communication needs and

how to support people. For example, '[person] can use gestures and hand signals to make [their] wishes and choices known' and, 'Batteries for the hearing aids are in the drawer of the bedside table'. The service was clearly and consistently working in accordance with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

Care plans and provision were always regularly reviewed with family members involved. It was possible to 'see the person' in the care plan. Records included information about their life history, personality, likes and dislikes for example, '[their] favourite dish is lamb hotpot'. Information in care records was consistent in people's homes and in the office. Records were kept that demonstrated staff had read the care plan. One person told us "They write everything down that they've done for me".

Staff responded to people's needs and continually re-assessed to find better solutions for people that led to better outcomes. One staff member had found that a specific television programme helped a person to be calm when the staff member left because they enjoyed it. Another person benefitted from having breakfast before being supported to wash otherwise they were too tired. Staff told us about examples of how their support had led to positive outcomes. For example, a staff member had changed the way they provided personal care to someone so they could access the shower more easily and independently. For another person we were told, "[They] can use the stairs now". These actions that helped people were shared among the team to provide a consistent service that worked for people.

Relatives and people confirmed to us that the service was flexible around their needs. One person told us they had needed an earlier visit to enable them to go to work and told us, "I haven't had a missed call". People also told us they were well informed of their appointment times. The registered manager confirmed, "We've never let [them] down" and that the service "absolutely" worked hard to facilitate preferred visit times for people which were documented in the records. Relatives confirmed to us that the service was as flexible as possible with changing visit times to suit their needs and availability for example, with family commitments. Staff we spoke to told us that travel time between care visits was sufficient and that senior staff were supportive about changing their appointment schedule if it was not working effectively.

Complaints had been responded to in a timely way. The registered manager told us, "We try really hard to resolve them" and "We've got to learn from it". When asked about complaints, some people and relatives told us they had not needed to follow this process, one relative told us, "Never really had cause to do it". Another person told us, "I've really got no complaints whatsoever". Relatives told us that the service communicated well with them, for example, "Whatever I have a problem with, I can talk about it". One person told us, "If I'm not pleased about something I can talk to the manager and they will sort it out". We observed numerous compliments from people and relatives that demonstrated a consistently high level of satisfaction with the service provided.

The service was not supporting anyone at the end of their life at the time of the inspection but had provided this support in the past. One member of staff spoke to us about the excellent way they had supported a person and their relative at the end of their life, they said "You know [they're] looking to you for some support at that moment". We observed a letter of praise from the relative following the support given. The staff member told us that "there was counselling available" and that management had offered that they could take some time off if needed. We observed information that demonstrated other relatives were also very comforted by the support given to their family member at the end of their life.

## Is the service well-led?

### Our findings

The provider's ethos, vision and values were person-centred to make sure people were at the heart of the service. This vision was driven by the exceptional leadership of the provider and registered manager. People, relatives, staff and external professionals consistently gave us very positive feedback about the leadership of the service. One staff member told us they had joined the organisation because of the excellent reputation of the registered manager. They told us, "Knowing it was [registered manager], I came in a shot". Other staff members told us, "[provider] goes out of [their] way to make sure everyone is happy" and, "I'm very happy here and hope to stay".

The quality and compliance manager described the provider as "embedded" in the community "from day one" and we found this to be the case. There was a meaningful, purposeful and collaborative approach to building links with the community for the benefit of local people. This was done with a caring attitude, with people at the centre of it all. Other services and charitable organisations that the service had links with confirmed this feedback and we found this to be very positive for people supported by the service and the local community.

The provider was instrumental in helping to make positive improvements within the local community. They had built up strong links with people and services locally including a church, nursing home, hospice, charities and action groups. Events had been organised in collaboration with some of these local organisations for example, workshops supporting older people to use mobile phones and technology to promote independence. A singing group open to people supported by the service and the public was organised to reduce social isolation. The provider had delivered dementia awareness training at a local bank. As a result, staff at the bank changed their approach to supporting people's finances when they were living with dementia. This training was also given to a local church and local shop and was very positively received. The provider's aim was for the town to be dementia friendly in the future and told us, "I really do care, I'm very much right here". The registered manager had also provided manual handling training to a local charity.

There was a strong collaborative relationship between the provider, registered manager and staff. Staff were proud to work in the service and were highly satisfied with the support they received. The provider told us, "We allow our staff to use their initiative", and, "We have a good [staff] retention". The provider told us about examples of how they had given extra levels of support for their staff, for example, when staff member's cars broke down in the snow, "I went out and drove them". The provider wanted the service to have a "family feel" and told us, "we keep in touch with carers that have gone". Events were held to show staff that they were valued and to involve the local community. Shortly before the inspection a barbeque was held with staff, people and the local community where money was raised for two local charities. Comments from staff about the provider and registered manager included, "Fantastic" and "Very supportive".

The provider spoke about the staff team warmly and told us, "They're just a really nice bunch". The registered manager told us, "We have absolutely no one that I wouldn't send to my parents". The service ran a monthly 'gem award' to recognise exceptional practice among staff, this was celebrated and photographs



displayed in the office. The provider told us, "We make a big deal of it because they have done something special". These awards were given as a recognition of the excellent positive impact staff had on people.

There were effective communication systems in place. The senior staff produced weekly newsletters for staff. They contained useful information including; any changes to the needs of people, staff on annual leave and events staff could attend. They also acknowledged the excellent work ethic of staff and compliments received by people and their families.

An effective quality assurance system was in place to monitor and improve the service. This included; audits of care records and employment records carried out by the nominated individual on a quarterly basis, compliance audits by the quality and compliance manager quarterly at a minimum and monthly audits of medicines administration records and communication log records. The Quality and Compliance Manager had carried out detailed reviews of areas of the service in July 2018 and August 2018 which we observed.

There was an open and honest culture in the service alongside a strong emphasis on continuous learning and improvement. The registered manager gave us examples of learning from experiences such as, not scheduling less experienced staff members to support someone with complex needs without an experienced staff member present. The registered manager matched staff and people to promote good rapport and good outcomes for people. The registered manager told us, "We want to improve, we're happy to act on advice".

The provider and registered manager consistently engaged constructively with staff, people and relatives to improve the service. Feedback from people was regularly sought either by telephone or in person. The provider told us, "We communicate quite a bit with our families". All people were sent a survey annually to ask for feedback. The service had received consistently excellent reviews on a website where people and relatives could leave feedback since May 2016. They told us examples of where they had acted on feedback, for example, supporting someone to go to the garden centre to improve their wellbeing. One person told us, "[provider] likes to check occasionally...that I'm happy".

The registered person must notify the Commission without delay of certain types of incidents for example abuse or allegations of abuse. The service had notified us of any relevant incidents or concerns.