

JKD Trading Limited

The Great Care Company Lincolnshire North

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:

The Great Care Company Lincolnshire North is a domiciliary care service. It is registered to provide personal care to people living in their own homes in the community, including older people and people living with dementia. The service operates primarily in Lincolnshire with a smaller satellite operation in North Yorkshire.

Not everyone who used the service received personal care. The Care Quality Commission (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.

At the time of our inspection, 51 people were receiving a personal care service.

People's experience of using this service:

The provider was exceptionally kind and caring and often went far beyond formal contractual requirements to promote people's welfare and happiness. Staff understood people's individual care needs and preferences and used this knowledge to provide them with flexible, responsive support. Staff worked in a non-discriminatory way and promoted people's dignity, privacy and independence.

The provider took care to involve people and their relatives in planning and reviewing their care and to deploy staffing resources in accordance with their individual preferences. People were provided with food and drink of their choice which met their nutritional requirements.

Staff worked together in a mutually supportive way and communicated effectively, internally and externally. Training and supervision systems were in place to provide staff with the knowledge and skills they required to meet people's needs effectively.

Staff worked collaboratively with local health and social care services to ensure people had access to any support they required. Systems were in place to ensure effective infection prevention and control and people's medicines were managed safely in line with their individual needs and preferences.

Staff were aware of people's rights under the Mental Capacity Act 2005 and supported people to have maximum choice and control of their lives, in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People's individual risk assessments were reviewed and updated to take account of changes in their needs. Staff knew how to recognise and report any concerns to keep people safe from harm. Staff recruitment practice was safe.

The senior team provided open, democratic leadership and was respected and admired by staff. A number

of audits was in place to monitor the quality and safety of service provision.

There was organisational learning from significant incidents and concerns or complaints were well-managed. The provider was actively committed to the continuous improvement of the service in the future.

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

Why we inspected:

The service was registered with the Care Quality Commission in September 2018. This was our first inspection of the service.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was 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 ●

The Great Care Company Lincolnshire North

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 checked 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.

Inspection team:

Our inspection was conducted 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:

The Great Care Company Lincolnshire North is a domiciliary care service, registered to provide personal care to people living in their own homes in the community. The service operates primarily in Lincolnshire with a smaller satellite service in North Yorkshire. Shortly before our inspection, the registered provider ('the provider') had submitted an application to establish a new, separately-registered service in North Yorkshire. At the time of our inspection, this application was being considered by the Care Quality Commission (CQC).

There were two managers – one in Lincolnshire and one in North Yorkshire. Each had recently applied to become a registered manager with (CQC). Registered managers, along with the provider, are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection, both applications were being considered by CQC.

Notice of inspection:

We gave the service 48 hours' notice of the start of the inspection. This was because we needed to be sure that senior staff would be available to support the inspection. Inspection activity started on 9 September 2019 and ended on 17 September 2019. We visited the office location on 12 and 17 September 2019.

What we did:

In planning our inspection, we reviewed information we had received about the service. This included any notifications (events which happened in the service that the provider is required to tell us about). We also 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 of this information to plan our inspection.

During our inspection we spoke with six people to ask about their experience of the care provided. We also spoke with three family members, the manager of the Lincolnshire area of operation ('the manager'), one of the directors of the registered provider ('the director'), two home care assistants and one social care professional who had knowledge of the service.

We reviewed a range of written records including four people's care plans, three staff recruitment files and information relating to staff training and the auditing and monitoring of service provision.

Is the service safe?

Our findings

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

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

Staffing and recruitment

- In organising staffing resources and scheduling care calls, the provider took care to ensure each person was supported consistently by the same team of staff, whenever this was possible. One relative said, "We have a small group of staff who come. I asked that we had continuity when we started with them and, on the whole, they have kept to that." A home care assistant said, "I have regular clients. I see them all the time and get to know when something's not right." Despite these high levels of client and staff satisfaction, the provider was in the process of amending the way care calls were scheduled to enable even greater staffing continuity in the future. The manager told us, "I would like [all new home care assistants] to meet [their] clients before [their first care call]."
- Almost everyone we spoke with told us that staff normally arrived on time and had sufficient time to meet their needs without rushing. One person said, "They are usually on time and ... would let me know if they were going to be delayed. Although this has only happened once." A relative told us, "They are patient and never rush [name]." The provider operated with a minimum call time of one hour in Lincolnshire and thirty minutes in North Yorkshire. A home care assistant told us, "I can give the customer a lot more. [My previous company] did 15-minute calls and I just didn't feel as if I'd done everything. [Here] you get a chance to build a better relationship with the clients."
- The provider ensured new staff had the right skills and personal qualities to support people safely in a person-centred way. Describing her approach to recruitment the manager told us, "We employ caring people. Any that are not wouldn't pass the interview." We reviewed recent recruitment decisions and saw that the necessary checks had been carried out to ensure that the staff employed were suitable to work with the people who used the service.

Systems and processes to safeguard people from the risk of abuse

- The provider had a range of measures in place to help safeguard people from the risk of avoidable harm. For instance, staff had received training in safeguarding procedures and were aware of how to report any concerns relating to people's welfare, including how to contact the local authority or CQC.
- Everyone we spoke with told us they felt entirely safe using the service. Of one member of staff, a person said, "I would trust my life with her, she's brilliant." Another person told us, "They are all very good, they keep me safe."

Assessing risk, safety monitoring and management

- The provider maintained effective systems to ensure potential risks to people's safety and welfare had

been considered and assessed. For example, potential hazards arising from the use of particular items of equipment. Commenting positively on the provider's approach in this area, one relative said, "They make sure [name] has his stick with him and remind him to use it when moving around." Senior staff reviewed and updated these risk assessments on a very regular basis.

- The provider was also committed to the safety of staff, most of whom worked on their own. A home care assistant told us, "At night time, we send a text to the on-call senior to say we are home safely."

Using medicines safely

- When people needed support to take their medicines, this was provided safely in line with their individual needs and preferences. One person told us, "I need cream [applied to my skin] and the staff will wear three layers of gloves and peel them on and off, before applying the next lot of cream. They have it down to a fine art!"

- Staff received regular medicines training and competency checks were conducted by senior staff to ensure their knowledge and practice remained up to date. One staff member told us, "We have had it drilled into us that if we get medication wrong, it can be ... life-threatening."

- Reflecting his direct experience of a serious medicine error in another homecare company, the director told us that staff were not allowed to support people to take liquid medicines, only tablets, patches and creams. Following discussion with our inspector, the director said he would review this policy to provide people with fully person-centred support in this area, subject to full individual risk assessment and updated staff training.

Preventing and controlling infection

- The provider had implemented a range of measures to help prevent the risk of infection. For example, staff received training in safe food hygiene and hand-washing practice. Care staff were also provided with disposable gloves and aprons for use when providing personal care.

Learning lessons when things go wrong

- The provider reviewed significant events which had occurred in the service and took action to reduce the risk to people's safety and wellbeing in the future. For instance, in response to a recent incident when one person's care call was almost missed, the provider had provided additional guidance to staff, to reduce the chance of this happening again.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Effective systems were in place to assess and determine people's individual needs and preferences. These were set out in each person's care plan and were reviewed regularly by the manager.
- The provider used a variety of online and other information sources to ensure staff at all levels were aware of any changes to good practice guidance and legislative requirements.
- As a further means of promoting awareness and knowledge within the team, the provider was also in the process of supporting experienced staff to become 'champions' in areas such as safeguarding and medicines.

Staff support: induction, training, skills and experience

- People told us staff had the right knowledge and skills to meet their needs effectively. For example, one person said, "I really can't fault this company. They know how to use my hoist and support me into my wheelchair."
- The provider maintained a record of each staff member's mandatory training requirements and organised a variety of courses to meet their needs. A home care assistant told us, "The training is really good. Very thorough. We have some to do every year ... as refreshers, which is helpful."
- New recruits participated in a structured induction programme which included a period of shadowing experienced colleagues before they started working on their own. New staff also undertook the national Care Certificate which sets out common induction standards for social care staff. The provider had a well-equipped training room to provide new staff with practical training. One new recruit told us, "[On induction we had the chance] to be hoisted. It is a very vulnerable position to be in and [it gave me a chance] to feel what it is like from a client's perspective."
- Staff at all levels were also encouraged to undertake additional qualifications. For example, both the manager and director were studying for a Level 5 qualification in Care Leadership. One home care assistant told us, "I'm not studying for an NVQ at the moment, but we are going to relook at it come December. It's encouraged."
- Staff told us that they felt well supervised and supported by senior staff. Talking of one of the managers, a home care assistant said, "I find her really responsive to my ideas and any concerns. She is really good at listening." Staff received both office-based supervision and unannounced 'spot checks' of their care practice. Commenting on the spot checks system, one home care assistant said, "They [watch you] carrying on with your duties, speak to the client and then give you instant feedback. It does help to have that feedback. Picking up on little things, [helping] with learning. They are really thorough."

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

- The managers and their teams worked closely together in a well-organised way to ensure the delivery of effective care and support. For example, the managers issued a detailed weekly briefing note to their respective teams, detailing amendments to policies and procedures and any important changes in the needs and circumstances of the people who used the service.
- Staff had also forged effective working relationships with a variety of external organisations, to assist in the provision of effective care to the people who used the service. For example, with the Lincolnshire occupational therapy service to help people get the equipment they needed to live as independently as possible.

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

- Staff understood people's individual food preferences and assisted them to enjoy food and drink of their choice. For example, talking of one person she supported, one staff member said, "[Name] likes a full fry up. It's [their] favourite meal, so we do [it for them]. [My colleague] taught me how do it [the way they like it]. I ask ... for marks out of 10!"
- The provider was aware of potential risks relating to nutrition and hydration and took steps to address them. For example, if people had been assessed as being at risk of malnutrition or dehydration, staff monitored their food and fluid intake as part of each care call. Discussing the importance of encouraging people to stay hydrated, one staff member said, "I always put out a glass of water at the end of each visit."

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

- From talking to people and looking at their care records, we saw that staff worked proactively with GPs, district nurses and other health and social care professionals to ensure people had prompt access to local health and social care services whenever this was necessary. For example, one person said, "Sometimes I have an appointment at the doctors' so I will ring [the office] and they will sort out a carer to go with me. I like to have someone with me, as I don't always remember what's been said." Another person's relative told us, "If [staff] notice there are any changes in [name]'s health, like [their] skin, they will discuss whatever it is with both of us and I will get the district nurse if necessary."

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. 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.

- As part of our inspection we checked whether the service was working within the principles of the MCA. Staff understood the importance of seeking consent before providing care or support. For example, one home care assistant told us, "I am very client led [and try to] promote choice and independence as much as I can. With one lady, I manoeuvre her wheelchair to her wardrobe so she can see her wardrobe [decide what to wear]."
- The manager and director were aware of formal best interests decision-making processes but acknowledged their need to undertake further training to refresh their knowledge in this area. The director also undertook to amend the provider's care planning template to make it easier to record any best

interests decisions that had been made.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

- Without exception, people told us that the staff who worked for the service were warm-hearted, caring and kind. One person said, "They are very caring, friendly and chatty. They come in and make me feel comfortable. I can get anxious at times and they ... know how to treat me, so I don't get anxious. I feel very happy and relaxed with them."
- The provider's 'client guide' issued to each person when they first started using the service stated, 'We respect our clients and put their needs first. [We aim to] provide a high standard of person-centred care [and] do everything we possibly can to ensure you are completely satisfied with our service. We strive not only to be The Great Care Company by name but also by nature.'
- This determination to put people at the heart of the service and to provide individualised care and support of the highest quality was clearly understood by staff and reflected in their practice. One home care assistant said, "I always try to go above and beyond for my clients. It's their care and they should have what they want. If I pull up in the driveway and see the plants are a bit dry, I will water them. I [fill up the bird feeders] so [my clients] can watch them. I put perfume on the hairbrush for one of my ladies. Those little things that make the difference." Another home care assistant said, "I don't just robotically go in. I get to know [my clients] as a person." One person told us, "They are all very friendly [and] take time to find out about you and your life. I am very happy."
- During our inspection we identified many examples of the provider's exceptionally caring approach which often went far beyond the formal contractual agreement. For example, on their birthday and at Christmas, the provider sent every person a card. When one person had stopped using the service to move nearer to their children, the manager and the person's regular carers had visited them to say goodbye and to give them two African Violets as an 'enduring symbol of friendship'. Another person who had recommended the service to a friend told us, "I was pleasantly surprised when I got a bunch of flowers as a thank you. They are always very kind."
- Describing the support given to another person and their family, the director informed us, "We were asked by the daughter of a client to ... make a short film about her mum's life so she could share it with her grandchildren in the future. We did this for them ... and covered the costs ourselves as a thank you. We now offer this service to [every] client and family." Looking ahead, the provider had plans to offer each person who used the service the support of a home care assistant, free of charge, for four hours once a quarter. The aim of this initiative was to help reduce social isolation by helping people access the local community at a time, and in a way, of their choosing.
- In a recent review of the service on a national homecare comparison website, a relative had written, 'The ...

carers are ... thoughtful and helpful. [Nothing], seemingly, is too much trouble. Mum looks forward to their visits as it not only provides the necessary care and support but also provides someone who is genuinely interested in having a conversation. When unfortunate events have happened, the carers have organised someone to stay with Mum while emergency services sort out transfers to hospital, and even offer to meet her on her return. The last time this was 2:30 in the morning!

- Similarly, another recent online review stated, 'I live a long way from my mother and I cannot praise the staff enough for their caring and professional approach. The peace of mind this gives me was enhanced when during a call, mum was taken poorly. I was kept informed throughout. [One] carer stayed with my mother and another even sorted care out for her dog when she had to go into hospital. [I] would highly recommend this company.'

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

- People told us that the provider supported them to play a full and active part in planning and reviewing their care. A relative said, "There is a care plan which ... covers everything [name] needs. They come to change the sheets [in the care plan] about once a month and will ask if everything's okay." Another person told us, "They sometimes just ring me to check everything is ok." Describing their absolute commitment to working in a way which respected people's individual wishes and preferences, one home care assistant told us, "Everyone's different, no one is ever the same. One person likes coffee in their cornflakes instead of milk. It's [about] what they want."

- In an innovative initiative designed to give people a further opportunity to express their views, the provider had recently introduced 'client happiness' reviews, conducted in the person's home by one of the directors. We looked at the notes of recent reviews and saw they provided people and their relatives with a valuable opportunity to provide detailed feedback on all aspects of the service, positive and negative. For example, in their review, one person said they had especially high regard for a particular home care assistant who had introduced them to another older person living in the community. This had helped to reduce their social isolation. Any concerns raised as part of the reviews were passed onto senior staff to be investigated and addressed as necessary.

- The provider was familiar with local lay advocacy services and the manager told us she would help people obtain this type of support if it was ever necessary. Lay advocacy services are independent of the provider and the local authority and can support people to make and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence; respecting equality and diversity

- People told us that staff were supportive of their wish to retain their independence for as long as possible. For example, one person said, "They understand my condition and support me to live in my home." A home care assistant told us, "It's about us enabling people to do as much as they can for themselves. We have to fit in with them, not take over."

- People also told us staff also supported them in ways that helped maintain their privacy and dignity. For example, a relative said, "They will spend a few minutes chatting with [name], asking him how he has been and explaining what they are going to do. Before pulling the blinds and shutting the windows, so it is all private for him."

- The provider was aware of the need to maintain confidentiality in relation to people's personal information. People's care plans were stored securely and computers were password protected.

- Staff received equality and diversity training and were aware of the importance of supporting people in a non-discriminatory way which reflected their cultural preferences. In matching clients with staff, the provider took account of any cultural differences and was careful to ensure these were handled sensitively. For example, one home care assistant whose first language wasn't English, had been offered support to attend English classes to enable them to communicate effectively with their clients.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Senior staff in the two geographical areas of operation took the lead role in handling any new enquiries and referrals to the service. Describing the provider's principled, client-led approach in this area, the director told us, "Our minimum call times of one hour [in Lincolnshire] and 30 minutes [in North Yorkshire] allow us to [give people] the type of service we want to provide. We turn down [requests] for 15 minute packages [of care]. It's very important [to us] that we stick to our rules. We said no to a couple of packages this week."
- If the provider had sufficient staffing resources to support a new customer, senior staff conducted a home visit to discuss the person's needs and preferences and agree an individual plan of care. One person told us, "[Name] went through everything. She explained all the paperwork, the care plan and medication sheets. She was very good."
- The care plans we reviewed set out clearly in their own words, people's needs and wishes for each care call. For example, the care plan for one person's morning call stated, 'If I don't answer the door please ... let yourself in, making yourself known. Can you please make sure I have taken my morning paracetamol.' Describing the value of the care plan in helping them provide person-centred support, a home care assistant told us, "It tells you about the client. Their life history. Their likes and dislikes. [It helps you] build a rapport."
- Senior staff reviewed each person's care plan on a regular basis, in close consultation with the person and their family. One person told us, "I have had a review a couple of times since starting with them about a year ago."
- Reflecting the provider's systematic and responsive approach to care planning, staff had an excellent understanding of people's individual needs and preferences. A home care assistant told us, "Some people like their bed made in a particular way. It's their care, they should have what they want." Commenting approvingly on the attentive, person-centred support approach of staff, one person told us, "They will notice if I haven't had my medication. They will [also] remember [when] I have aches and pains and ... ask me how I am feeling. They are very good indeed."

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 manager and director were unaware of the national AIS but told us they would ensure the provider

embraced it for the future.

- In the meantime, staff were aware of people's individual communication needs and preferences and reflected this in their practice. For example, the manager told us how she had worked closely with the family of one person who did not speak, to help staff learn other methods of communication.

Improving care quality in response to complaints or concerns

- People told us they knew how to contact the provider if they had any queries or concerns. People who had raised an issue in this way, told us they were generally happy with the provider's response. For example, one person said, "The office is very easy to get hold of, and the out of hours phone is answered quickly. They do listen and try to make improvements."
- Information on how to raise a complaint was included in the booklet given to people when they first started using the service. However, most people we spoke with told us they were highly satisfied with the care they received and had had no reason to complain. For example, one person said, "I can't fault them. I have no complaints." Reflecting this feedback, the provider had received very few formal complaints in the service's first year of operation. Any which had been received, had been handled correctly in accordance with the provider's policy.

End of life care and support

- No one using the service at the time of our inspection was receiving end of life care. However, as part of the assessment and care planning process, the provider gathered some information on people's wishes in this area, to assist in the provision of responsive, sensitive end of life care, should this ever be required.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- In June 2019, reflecting extremely high customer satisfaction ratings, a national homecare comparison website had listed the service in the top 20 homecare providers in the East Midlands.
- Reflecting this award, almost everyone we spoke with during our inspection told us the service was well-managed. For example, one person told us, "Nothing could be better. I always judge things on first impressions which were very good. I have not been let down [and] I certainly would recommend them." A staff member commented, "I can't think of anything I'd change [whereas in my last company] I could have talked for half an hour! It's well-managed [and] I'd recommend it."
- Throughout our inspection, both the manager and the director displayed an admirably candid and reflective approach. For example, in their willingness to review the administration of liquid medicines to ensure a more person-centred, responsive service. Describing her leadership style, the manager told us, "I lead by example [and] will never ask the staff to do something I wouldn't do myself. I can take charge of a situation [but] I'd like to think I'm approachable and that I do listen. We work as a team." The director said, "I don't just want to be a name that people know. I try to ... get involved in the service."
- The leadership team's open, democratic style set the cultural tone within the service and was clearly respected and appreciated by staff. Talking of one of the managers, one member of staff told us, "I really do like her. She is easy to speak to, and very approachable. We are all part of the same team and pull together." Commenting on the director, the same staff member said, "The thing I like about [name] is that he knows my name. My last boss didn't know who I was, even though we lived in the same village. [Here] I am not just a number."
- The director told us he wanted the service to be known as an "employer of choice". In support of this aspiration, the provider promoted the welfare and happiness of the staff team in a variety of ways. For example, following the Top 20 award described above, the directors had organised a celebration with staff. Commenting on the event, one home care assistant told us, "It was nice, we had cake! It makes you feel appreciated for what you are doing."
- Staff received cards on their birthday and staff who left, received a card and a gift to thank them for their service. The director had recently provided each of the managers with a 'social budget' which they could use flexibly to reward and motivate their team. The manager of the Lincolnshire team told us she planned to use part of the budget to staff to a local hotel for afternoon tea.
- Reflecting this caring approach and the positive organisational culture it had created, staff told us they

were pleased to work for the provider and enjoyed coming to work. One home care assistant said, "I really enjoy the job. I have very high standards . . . and feel comfortable with this company." Shortly after leaving, one former employee had written to the provider to say, 'I can't thank you enough for employing me and supporting me within my job. I am so blessed to have met you all. Leaving the company has been such a hard decision to make. I will miss all of you so much.'

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- As described elsewhere in this report, the provider took care to involve people and their relatives in planning and reviewing their care and to deploy staffing resources in accordance with their individual preferences.
- The provider used a range of other approaches to monitor and improve the quality of the service. These included regular care plan reviews, spot checks of care practice and audits of medication records and daily care notes.
- The provider was committed to the continuous improvement of the service in the future. At the time of our inspection, several initiatives were in hand including changes to the call scheduling system to promote increased staffing continuity, the introduction of a newsletter and the development of a staff recognition and reward scheme.
- As detailed in the Effective section of this report, the provider had established good relationships with a range of other professionals including GPs and therapists.
- The provider had also made significant efforts to become involved in the local community, for the benefit of people who used the service and others. For example, the provider had donated money and staff time to help a local charity provide a Christmas meal to people living with dementia. Similarly, the manager had organised a cake sale for staff and clients which had raised money for a national dementia care charity. Describing the provider's commitment to community engagement, the director had written, 'We always do our best to get involved in raising awareness. We're proud to do our bit to help.'
- The provider was aware of the need to notify CQC and other agencies of any untoward incidents or events within the service.