

Better Care at Home

Better Care at Home

Inspection report





18 North Square
Dorchester
Dorset
DT1 1HY

Tel: 01305520590
Website: www.bettercareathome.co.uk

Date of inspection visit:
03 August 2017
08 November 2017

Date of publication:
05 January 2018

Ratings

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

Summary of findings

Overall summary

This inspection took place on 3 August 2017 and 8 November 2017 and was announced. We gave the service a short period of notice that we would be attending as we needed to ensure that senior personnel would be available during the inspection. This was the service's first inspection since newly registering with us in September 2015.

Better Care at Home is registered to provide personal care to people who wish to remain living in their own homes. At the time of this inspection, the agency was providing a service to 12 people.

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.

Everyone spoke positively about the management of the service and felt that the registered manager was available and approachable. There was a strong ethos of delivering high quality, person centred care and this was a culture which was embedded with the staff team.

There were strong support systems in place for staff which enabled them to feel valued and motivated to provide high quality support to people.

Oversight of the service and staff was both formal and informal and enabled the management team to continually monitor and develop support to be responsive to people's changing needs.

People, relatives and professionals consistently told us that staff were exceptionally kind and caring and gave examples where staff had gone the extra mile to provide high quality, person centred care for people.

Support from staff was appreciated by carers of people receiving support and we were told what a difference the additional consideration for their role as main carers had on their lives.

People were supported to receive high quality end of life care by staff who were flexible in their approach and supportive of people's families.

Staff were aware of their responsibilities in protecting people from harm and knew how to report any concerns about people's safety or wellbeing. People had individual risk assessments giving staff the guidance and information they needed to support people safely.

People were supported by staff who were recruited safely and were familiar to them. People and relatives felt that staff had the sufficient skills and knowledge to support them and we saw that staff had access to relevant training for their role. Staff received regular supervision and appraisals and we saw that they also

had competency checks to monitor their practice and drive improvements.

Staff understood what support people needed to manage their medicines safely and these were given as prescribed. There were processes in place to audit the accuracy of recording medicines.

Staff understood the principles of the Mental Capacity Act and were able to explain how they considered capacity and consent when they supported people.

Where people received support from staff to eat and drink sufficiently, we saw that staff offered choices and prepared foods in the way people liked. People were supported to access a range of professionals where needed.

Care plans were person centred and provide details about what was important to people and were regularly reviewed when people's needs changed.

People and relatives knew how to complain if they needed to and where a complaint had been received, this had been recorded and responded to.

Staff respected people's privacy and information was stored confidentially. Staff encouraged people to be as independent as possible and there was a strong focus on enabling people to remain independent in their own homes.

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

People were supported by staff who understood their responsibilities in protecting people from harm.

People's individual risks were identified and there were clear plans indicating how to manage these.

People were supported by enough, safely recruited staff to meet their care needs.

People were at a reduced risk of harm because they received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective

Staff were knowledgeable about the people they were supporting and received relevant training for their role.

Supervision processes were in place to monitor staff performance.

People were supported by staff who worked within the framework of the Mental Capacity Act 2005 to ensure people's rights were protected.

People were supported to access healthcare professionals promptly when needed.

Is the service caring?

Outstanding ☆

The service was extremely caring.

People, relatives and professionals all felt that the staff provided exceptional support.

People had the personal care and support they needed in a way

that enabled a person to stay in control and maintain their dignity and independence.

Staff were kind and caring and formed strong trusting relationships with people.

People received high quality end of life care which supported people and also their families.

Is the service responsive?

Good ●

The service was responsive.

People had person centred care plans which took into account their likes, dislikes and preferences.

There were systems in place to enable people and relatives to feedback about the service.

People knew how to complain and felt they would be listened to and actions taken.

Is the service well-led?

Outstanding ☆

The service was extremely well led.

The registered manager was enthusiastic and passionate about providing people with high quality, person centred care.

Staff felt extremely supported by the management of the service and enjoyed working for the service.

Oversight about how people were supported by staff was effective and used to drive continual improvements.

Staff were encouraged to raise ideas and suggestions about how to improve people's support and these were listened to and implemented.

Better Care at Home

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.

The inspection was announced and took place on 3 August and 8 November 2017. Phone calls were completed on 9 and 10 November 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes and we needed to be sure that someone would be at the office and able to assist us to arrange home visits.

The inspection was carried out by one inspector on the first day, and a different inspector on the second day.

Before the inspection we reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including injuries to people receiving care and safeguarding concerns. We reviewed the notifications that the service had sent to us and contacted the local quality assurance team to obtain their views about the service. The provider had completed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the provider does well and what improvements they plan to make.

We spoke with three people in their homes. We also telephoned five people and relatives and spoke with two professionals who had knowledge about the service. We spoke with five members of staff and the registered manager. We looked at a range of records during the inspection. These included four care records and three staff files. We also looked at information relating to the management of the service including quality assurance audits, surveys and staff training.

Is the service safe?

Our findings

People and relatives told us that they felt safe with the support provided by Better Care at Home. A relative explained "I can't imagine how we would have managed without them(staff)". Another person said "I felt very safe, they reassured me". A comment on a feedback questionnaire stated a person felt 'very, very safe. Lovely team. Don't know what I would do without them'. A person explained that they felt safe with staff visiting and said that the staff were "very good". We visited a person who needed assistance of two staff and some equipment to move safely. Staff explained that they ensured safe practice by verbally checking which loops to use on the person's sling when they assisted them to move using a hoist. This system of double checking was embedded with staff and was reflected in the person's care plan.

People's risks were assessed, and where necessary a risk management plan had been created to to keep people safe. Risk assessments had been completed for a range of risks both within people's homes and whilst they accessed the wider community. For example, people had risk assessments for moving and handling, risk of pressure ulcers, nutrition and activities such as gardening. Risk assessments contained guidance for staff on how any identified risks were reduced. One person was at risk of developing pressure sores. Staff explained how they monitored this and what actions they took if they observed any changes to the person's skin.

People were protected from the risks of abuse by staff who understood the signs to look for and how to report. A staff member explained some of the types of abuse they would look for, including possible financial abuse concerns. They were confident to raise any concerns or whistleblow if required. Where the service had identified a safeguarding concern, they had reported this to the relevant local authority and taken steps to safeguard the person. The registered manager told us that staff were vigilant about raising any concerns. They explained that staff had observed a doorstep caller at a persons home. They had taken a photograph and alerted the persons family. The family were able to check with the person whether there were any concerns about the doorstep caller. This demonstrated that staff were proactive about protecting the people they supported from the risks of abuse.

People told us staff arrived at the right time and they were supported by a familiar staff team. One person told us, "the times suit us...they (staff) let us know who is coming next". There were sufficient numbers of staff to support people safely. Rotas were planned in advance and were based on people's needs. Visits to people were monitored, there had been no missed visits by the service. The registered manager explained that they had sufficient numbers of staff to ensure that any sickness was covered and that they were also available and provided support for people if there were any unplanned staff absences. The registered manager had considered contingency planning to ensure people were able to receive the support they needed in the event of an emergency. Staff had access to a 4x4 pool car which meant that in adverse weather conditions, staff would have a suitable vehicle to access people's homes.

People were supported by staff who were recruited safely with appropriate pre-employment checks. These included obtaining references, checking identification, employment history and criminal records checks with the Disclosure and Barring Service (DBS). The DBS checks people's criminal record history and their

suitability to work with vulnerable people. Any gaps in applicant's employment histories were checked as part of the recruitment process..

Medicines were managed safely and in line with people's assessed needs. Where people required a review of their medicines we saw staff had arranged this. For example, staff had noted one person was having difficulties swallowing, they had liaised with person's GP to arrange a medicines review and as a result the person was prescribed liquid medicines. We looked at the MAR (Medicine Administration Record) for three people and saw that these had been administered and recorded as prescribed. Where there had been any medication errors, these had been reported, actions taken and lessons learned. For example, there had been an error where a person's medicine had been found on the floor by staff. There had been no harm caused to the person and the registered manager had sent updates to staff with clear process updates to ensure staff observed that people took their medicines before they signed the MAR.

Is the service effective?

Our findings

Staff had the knowledge and skills to support people. One person explained "they(staff) knew exactly what they were doing...you tell them once and the next time they did it straightaway". Staff explained how they supported people and knew people well. A relative told us "I can't fault them, they(staff) are completely on it all the time...the attention they give (name) is second to none".

Staff were supported through a regular training programme. Staff received training in key areas regularly and were positive about the training they received. One staff member told us that they had received medication training and training in how to move and assist people which had included practical learning around how to use different pieces of equipment. Another member of staff told us that training opportunities in end of life care were being considered which they had expressed an interest in. Each staff member had moving and assisting competency checks where the registered manager observed them with the different pieces of equipment people needed to move safely and checked their competence to manage this.

Staff received first aid training which included CPR skills. The registered manager provided all staff with individual first aid kits including face masks so that they had the correct basic equipment needed when they visited people. They explained that staff often reported minor cuts and were able to apply basic dressings. The registered manager was a qualified paramedic and relatives and people had confidence in their abilities. A relative explained "because the registered manager is a paramedic they can give me advice if im worried about anything" which they found helpful.

Staff received an induction when they commenced employment. The induction included two weeks of shadowing experienced staff. The induction was linked to the Care Certificate. The Care Certificate is a modular induction and training process designed to ensure staff are suitably trained to provide a high standard of care and support. Staff told us that they had been supported to complete the Care Certificate and certificates in staff files confirmed this. Staff were positive about the induction and had found shadowing other staff useful and assisted them to get to know the people receiving a service.

Staff received regular supervision to monitor care delivery and to enable staff to progress and develop. Staff told us they felt supported in their role. One staff member explained that they used supervision to "talk about people and other issues". Records demonstrated staff received regular supervisions with their line manager. Staff also received an annual appraisal which included feedback from other staff and people as well as a self appraisal form. This enabled staff to consider their strengths and areas for further development. Appraisals were used to consider improvements for the following year and reflect on what had gone well for staff. For example, one appraisal identified that a staff member was great at problem solving and stated 'acts fast and always thinks of a solution'. An area for improvement was documented around improving confidence and stated 'don't be scared of asserting your experience'. Enabling staff to reflect and gathering feedback from other sources provided an effective system for staff to consider their practice and set goals for their future development. A staff member told us that their appraisal had been a positive experience and said "it was nice to know what others think about me...I was happy with my

feedback".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available.

Everyone supported by the service at the time of inspection had capacity to make decisions and care records reflected this. Staff had received training in the MCA to ensure they understood their role when people did not have the capacity to consent to certain aspects of their care. Care records indicated that this had been considered and there was paperwork in place if people required decisions to be made in their best interests.

People were supported by staff who understood their communication needs. One person explained that they needed time to say what they were thinking because of a health condition and told us that staff understood this. We observed staff communicating with another person who needed time to verbally communicate their wishes. Staff understood that they needed to give the person time to respond and were patient and respectful of this.

People received the required level of support in relation to ensuring they ate the right meals and had sufficient amounts to drink. People's care records demonstrated that people's nutritional needs were monitored where required. One person told us "they know what we like, we don't have to ask" and we observed that staff prepared food and drinks that people liked and in the way they preferred. For example, one person had limited movement to be able to drink but did not want any adapted cups. Staff prepared drinks in a bottle as this was the person's preference and meant that they could continue to drink independently.

People were supported to have access to healthcare professionals where required. We saw within people's care records that where required staff had supported people to arrange or attend appointments with healthcare professionals. We saw evidence of people being supported to see their GP, continence nurse, district nurses and occupational therapist. A staff member told us that a person had been unwell the previous week. Staff had contacted the GP promptly who visited and when we visited the person they told us that they were feeling much better.

Is the service caring?

Our findings

People's feedback was that staff exceeded their expectations and described the service as exceptional. People and relatives were all eager to tell us about the support they received from Better Care. Everyone was extremely complimentary and comments included; "over and above", "the extra mile" and "above and beyond the call of duty" to provide people with high quality, compassionate care. A professional told us "they(staff) are brilliant with (name), they go above and beyond...without them (name) wouldn't be able to stay at home". A relative explained that their loved one had admired some false eyelashes worn by one of the staff and had always loved make up. Staff had purchased some eyeleashes for the person and given them to them as a gift.

Staff sometimes arrived a little early for visits and brought in small cakes or pastries for people they supported to eat while they sat and shared a cup of tea with them. This made people feel important and told us that staff really cared for people and ensured that people felt like they mattered and were important to them. A relative told us "I wouldn't hesitate to recommend Better care at home(and have done). They are all amazing and deserve a commendation for the excellent service they provide". Feedback from another professional stated that the family of a person receiving a service had told them Better care at home "is the best they have ever had".

People were supported with end of life care in their own homes and we heard from professionals involved that the standard of care was extremely high. A professional told us about a person they had been visiting and said "I thought they were amazing". They explained that staff were proactive about contacting health professionals but that they also sought solutions and options themselves where possible. Equipment for providing someone with mouth care had been identified and sourced by Better care at home before the health professional visited. This had saved the health professional some time and had also meant that the person was more comfortable with this need being met in a timely way. A professional told us "I feel safe and secure knowing that a person is cared for by that agency". A family of a person who had received end of life care had also nominated Better care at home for a local care award because of the excellent standard of care their loved one had received.

Staff had stayed with a person when their loved one had died and helped them to deal with the relevant professionals. They provided support to the person and other family members and visited late in the evening to support the person to bed so that they were able to spend time with their family before the funeral directors had visited. This showed that staff had empathy and understanding for the loved ones of people they supported.

Support from staff was appreciated by carers of people receiving a service and we were told what a difference the additional consideration for their role as main carers had on their lives. A compliment received in October 2017 from a family explained 'when the days were a struggle and it became an awful period for our family...we had the confidence of knowing that people(staff) would visit us and care for us all...not just (name)'. Another compliment received in September 2017 from relatives stated 'grateful thanks...for the fantastic care your team provided...the support you offered us as family members was a

huge help. Nothing was too much trouble for you'.

A different relative spoke with us about the impact the support had on them being able to continue as the main carer for their loved one. Their loved one was discharged from hospital and the relative explained "the registered manager told us that time was not an issue and they would make sure that (name) was ok and everything was as it should be". They told us that this was a huge relief because they made sure that their loved one's first night at home was as comfortable as possible.

A relative told us about the additional support and guidance they had received from the registered manager and staff. They had not been given any advice prior to their loved one being discharged from hospital. They explained that the registered manager had given them training and advice about how to use the different pieces of equipment their loved one needed to move safely. They explained that staff had warned them when they were trying to lift their loved ones legs and shown them how to do this safely to protect the persons back. When their loved one first arrived home, the registered manager had assisted the relative to create a 'wish list' of items they needed from health professionals which ensured that they had the necessary equipment their loved one needed to stay at home. The relative provided us with some written feedback which stated 'I thought the service was excellent and this made the while transition from hospital to home a very smooth and stress-free process for (name) and myself'.

A friend explained that a person was comfortable with staff in their home. They explained that this was extremely important because it was difficult for the person to build strong relationships and develop trust in people. If the person did not trust staff, they would not accept support and it would be unlikely that they would be able to continue to live in the community.

The registered manager told us that a person receiving support had experienced a power cut. The person needed some pressure relieving equipment on their bed and without power to their home, this was not available to them which put their skin at risk of breaking down. The registered manager was committed to providing compassionate care and went out to the persons home in the early hours of the morning and waited until the power had been restored to the property. They then used the person's moving and assisting equipment to support them safely back into bed.

A person had arrived home after an extended stay in hospital with no food in their home. Staff had gone and bought the person some shopping and cleared out of date items for them. They had also reinstalled the person's smoke alarm as there was no-one able to support the person with this.

One person receiving a service struggled with high levels of anxiety and had frequently called emergency services prior to better care at home starting to support them. The registered manager explained that they often visited to take the person's basic medical observations such as heart rate. This reassured the person and reduced their anxiety. The impact of this was that the person was upset much less frequently and called the emergency services far less. The person told us "they really do look after you, they are wonderful".

We spoke with a professional and a friend of one person receiving a service. They both told us that staff had gone over and above to ensure that the person was supported to remain in their own home in the community. This had meant that support was delivered in a specific way which was unique to the person. For example, foods were purchased which minimised the risk of the person suffering food poisoning but encouraged them to continue to eat foods independently. The persons daily behaviours changed and they spent more time with a friend at a different address. On a daily basis, staff were flexible about where they saw this person to provide their support and administer their medicines which demonstrated a creative approach to supporting the person's unique needs.

People and relatives all told us that staff were extremely kind and caring in their approach. Staff spoke with genuine warmth about the people they supported and we observed that there were friendly, comfortable conversations between people and staff. One staff member explained "we are not pushed for time when we visit people". We observed staff interacting with people and saw that they were friendly and chatty which evidenced that people felt comfortable with staff in their homes. One person said "they help with whatever we need them to", another explained "they are absolutely super, I can't praise them enough". A relative told us staff were "very kind, caring and upbeat and positive. (name) feels better to having seen them".

People and relatives were offered excellent continuity of care and staff consistently visited the same people. This enabled staff to build up strong relationships where people felt cared for and about by staff who visited them. One person said "they(staff) seem like one of the family" and told us that the only thing that would improve the service would be to "have them(staff) in more often". Any different staff were always introduced to people with other staff and often visited together to ensure that caring relationships were formed. We observed that a staff member had been working with a person for a few weeks, they were visiting with another staff member and the person was chatting and laughing with the newer staff member. This demonstrated that people who used the service had the opportunity to get to know the staff who supported them.

Staff treated people with dignity and respect. We observed that staff entered people's homes in the way they preferred and were respectful in the way they spoke with people and offered support. A staff member told us that they were respectful of people's homes and sought consent before accessing different areas of the home. One person told us "staff abided by everything I asked...I was grateful for that". A relative explained "they(staff) are always very conscious that they are coming into someone else's home and they are very respectful of that and keep disruption to a minimum".

People were encouraged and supported by the service to retain their independence and continue to live in the community. One person told us "they(staff) encourage me to do what I can for myself". A relative told us that staff had sourced a piece of equipment for their loved one to use which not only enabled them to manage to reach things independently, but also provided the person with "good exercise for their weak hand".

Is the service responsive?

Our findings

People had care plans which provided detail about what support people required and also how staff needed to support people. Each person's record included details about what was important to the person, their likes and dislikes as well as information about their lives and people important to them. For example, one person's care record gave details about their earlier working life and their family who were important to them.

The registered manager and all staff were committed to providing people with an excellent standard of person centred care. Care and support was planned with people and reviewed regularly to ensure that any changing needs were met. The registered manager completed assessments with people and ensured that support was tailored around the person's individual needs. They also provided the support for people for the first few visits and then verbally handed over to staff to ensure that people received individualised support.

People told us that the service was responsive to their needs. One person expressed a preference for female staff and this had been acknowledged by the service. The registered manager explained that no-one else receiving a service at the time of inspection had expressed a gender preference for staff but that this would be respected if a person requested this. A staff member told us that one person was sometimes out at a particular visit. They explained that they telephoned the person on this visit and if they were not in, arranged to pop back to visit them at a later time. One person explained that the service had "adjusted the times to suit me when I asked".

People were supported when they started using the service and when they moved to use different services. The registered manager explained that they completed the initial visits with people who were starting to receive support from better care at home. Where people were changing to a different provider, the registered manager spent time at the person's home to ensure that the new service were aware about the support that had been provided and answer any queries the new provider may have. One person who had recently changed to a different service explained that the registered manager had met with the new provider and explained "I was grateful for that as I'm on my own". This meant that the service had systems in place to ensure that people received a smooth transition between services.

Each person had a grab sheet in their homes which contained essential information designed to be used by the ambulance service if a person needed urgent medical attention. The registered manager explained that these included people's allergies and contact information for people important to them. We saw these in people's homes as described.

Feedback was gathered from people through the use of surveys and informal monitoring. There were eight responses to the most recent survey sent to people in June 2017 all responses were positive with comments including 'all the carers are lovely, friendly and encouraging', 'all of you(staff) help me to be happy and content at home' and 'very, very safe. Lovely team. Don't know what I would do without them'. The registered manager told us that they were going to put a comments and feedback box into the staff pool

cars to provide staff with an additional opportunity to provide feedback about their role and working for the service.

People and relatives told us they would be confident speaking with staff if they had any concerns or complaints and there was a policy in place. Where a complaint had been received, we saw that this had been acknowledged, investigated and responded to.

Is the service well-led?

Our findings

The registered manager was extremely knowledgeable about the people they provided support to, their families and the staff they employed. We observed that people were very comfortable with the registered manager in their homes and because they visited people regularly, they were visible and accessible to everyone. Everyone told us that the service was well managed, organised and staff told us that Better care at home was a great company to work for. One staff member told us "for a domiciliary care company the contact is incredible...its really good and I always know what is going on".

A positive, open, person centred culture was embedded where staff worked with people individually and were flexible to people's changing needs. This culture stemmed from the registered manager who had a clear ethos about how they wanted to provide support for people. The registered manager explained "we take extra care and make sure we do it right....there is no scale for care as it's a difficult thing to measure but the way we care for people is the way we would want to be cared for".

The service was extremely well led, by a strong leader who was committed to best practice and personalised care. Staff spoke with pride about Better care at home. Some staff had worked in health and social care previously and felt that Better care at home was the best company they had worked for. Staff felt valued and appreciated for the support they provided for people and were frequently thanked for their ideas, suggestions and support.

The registered manager spoke with pride about their staff team. They told us that they were selective about the staff they employed and focussed on recruiting staff who "care about what we do...we try to mould staff". The registered manager worked with new staff for the first few weeks and explained that this enabled them to see how staff supported and interacted with people. This gave them the opportunity to guide staff and support them to provide best practice for people and understand the ethos of the agency.

The way staff supported people was central to Better care at home and the registered manager explained that they wanted to maintain the small, person centred focus of the support they offered and did not take on additional people to support if they felt it would negatively affect the people already receiving support.

During the inspection the registered manager received a call requesting that they take on support for a new person. They checked the geographical location of the persons home, what support they required and the times. The registered manager turned down the request because other existing support for people would have been affected if they had taken on the new package of support.

Staff were eager to explain why the management of the service was exceptional. These included "when we get a new person, the registered manager will be there on the first day with us and explains what they need", "we always have travel time so I am not rushed", "if I need time off they are accommodating", and "management work around you(staff) and what you need". One staff member said "I've progressed loads since I started....they've trained me from nothing". The staff member had grown in confidence and ability under the strong leadership and told us the positive impact that this had had on them.

There were several systems in place to ensure staff felt supported. Staff had access to pool cars which were owned and maintained by the service. If staff were undertaking visits to people in the community, they were able to use a pool car to complete these. Each car came with a fuel card which staff could use to re-fuel if needed and the maintenance of the vehicles was managed by the service. Staff felt this was a real positive of working for better care at home and meant that they didn't have to pay out and re-claim for fuel they used visiting people. One staff member told us "I prefer using pool cars...the fuel is taken care of". The registered manager explained that they were able to ensure that all cars were in good mechanical order and had confidence that staff would be driving in a vehicle that was safely maintained. Staff also received a financial bonus when they had worked for better care at home for a year.

Staff received their rotas a month in advance so that they were able to plan their time. The registered manager explained that the rotas were sent to staff in a draft form and staff then had a few days to consider the planned rotas and feedback about any changes they needed to make. Staff felt empowered and valued with this planned approach and appreciated being able to plan their time in advance. One staff member said "its great knowing a month in advance...helps me to plan my time". Another staff member told us "we receive a rough copy of our rotas and see what we can or can't do...before these are made final". They explained that they had received their rough plan and requested additional hours. This had been listened to and they had received the additional hours they asked for.

Communication between the registered manager and staff team was extremely effective because staff used an innovative way of ensuring staff shared best practice and were informed of changes. To achieve this, staff all used a mobile phone application they could access on their phones. This was encrypted so people's information was kept confidential, but allowed staff to instantly update their colleagues or be immediately informed about any important information. Staff explained that they used this application to handover after their runs of visits to people and found it invaluable to keep updated. One staff member told us "its great to keep up to date...you are always kept in the loop". Another explained "it's really good...if you're not working in the morning, you have an idea about whats going on before you visit people". We looked at some of the messages recorded on the application and saw that they included updates about how people had been when staff visited, any concerns and messages from family members that staff needed to be aware of.

Staff were encouraged to raise ideas and make suggestions about peoples support. We saw evidence of this happening throughout our inspection. The mobile phone application had been used by a staff member to explain that a person they supported was in pain each time they visited. They suggested administering the person's pain medication when they first arrived at the person's home to try to improve this situation for them. This idea had been acknowledged by the registered manager who had felt that it was an 'excellent idea' and asked that all staff support the person in this way.

One person had not been in when staff visited and we observed that they rung the registered manager to ask if they could change their visits to people around to accommodate this. The registered manager had welcomed this suggestion and supported the idea. A relative explained that their loved one sometimes fell asleep while drinking and spilled their warm drink down themselves. A staff member had suggested a different type of cup which would not spill if dropped. The relative felt that this was a really good suggestion and was going to trial this with their loved one.

The registered manager also explained that they had reflected on the differences for staff when they were working alone in the community and considered how to ensure staff could monitor themselves as they were often the only member of staff visiting people on any given day. They suggested a 'top to toe'(TTT) check which had been adopted well by staff. The prompt meant that before a member of staff left someone's home, they completed a quick TTT check to see if they had missed anything. This had been incorporated

into people's daily care records and we saw that staff had confirmed when they had completed the TTT check. A relative explained that at a recent visit to their loved one, before staff left they had completed the TTT check, noted that the person's catheter was pulling slightly and adjusted this. This was an example of how the TTT was providing an effective check for staff.

Management of the service was split between the registered manager and another manager. They both had clear remits for their roles and staff told us that both of the managers were available and helpful. The manager provided cover and a contact point for staff from 7am until 4pm and the registered manager then provided this cover after 4pm each day. Staff were aware of these cover arrangements and said that they always received prompt support and advice when they needed it. The registered manager explained that they discussed any issues or concerns with the manager and also had links with another registered manager from a similar service who they spoke with to discuss practice issues.

The registered manager explained that they had maintained their registration and insurance as a trained paramedic as they felt that this was often useful for the people they supported and reduced the pressures on emergency services or district nursing. One health professional explained that support from the service had "taken the pressure off us" and gave an example where positioning of a person had become critical. The registered manager had visited on a weekend and ensured that their staff were clear about how to support the person. This was an example of the outstanding management support which not only supported staff effectively but also reduced dependency on healthcare services.

Staff oversight was achieved through observational spot checks of staff and informal monitoring. Spot checks were generally unannounced and included monitoring of several areas including punctuality, interaction with people, use of personal protective equipment and administration of medication to people. Outcomes were then signed by the observer as well as the member of staff. The registered manager also provided support to people on a regular basis and told us that they often acted as the second staff member for people who required this level of support. This enabled the registered manager to monitor and observe staff practice and ensure that support was offered to people in a person centred way and maintain and drive continuing high standards.

The service had a strong emphasis on continual improvement and had clear development plans. The registered manager explained that they did not want to greatly expand the Dorchester service because of the strong focus on person centred support for people. They felt that this would not be able to be sustained if the service was larger and instead had plans for recreating similar support for people operating from other areas of Dorset. The registered manager explained "we are always going to pay and look after our staff well". They had developed a field services manager post which they had promoted internally to fill. The registered manager explained that they were focussed on ensuring that the management structure and oversight were in place and robust so that they would adequately support the introduction of services in another geographical area.

