Better Care at Home

Better Care at Home East

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Outstanding** ☆
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Good** ●

Summary of findings

Overall summary

About the service
Better Care at Home East is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone who uses the service receives personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, 15 people were receiving personal care from the service.

People's experience of using this service and what we found
A strong person-centred culture was reflected in all aspects of the service. There was an emphasis on ensuring people were supported to live well, and this care and attention extended to those they lived with. It was clear in the way the registered manager and staff spoke with and about people and relatives, and in how care was planned and delivered. Staff demonstrated genuine empathy towards people. People and relatives told us how staff went above and beyond expectations, with acts of kindness that meant a lot to them.

The service was distinctive and innovative in how it trained and equipped its staff to take clinical observations and identify signs a person's health might be deteriorating. People and relatives spoke very positively about the care received, saying staff were watchful for any changes in their or their loved ones' health and contacted health professionals as needed. Because of this swift response, people were able to access healthcare without delay, avoiding the need for, or reducing the length of, hospital admissions.

The service worked closely with health and social care professionals, where necessary advocating for people to receive the treatment and equipment needed. This helped to ensure people had an improved quality of life, including being able to do things they cared about as they approached the end of their life.

People experienced an exceptionally responsive service that was tailored to their individual needs and wishes. People's needs were thoroughly assessed and formed the basis of highly personalised care plans. There had been some simple but innovative reasonable adjustments to promote people's independence and ensure their care needs were always met. Staff were attentive to people's preferences and suggested practical ideas to improve their quality of life.

There was a strong emphasis on good nutrition and hydration for health, with close attention to people's dietary needs and flexibility to accommodate people's needs and preferences around eating and drinking. Call timings were organised so there was enough time for people to have any support they needed with preparing and eating meals. The registered manager and staff were attentive to poor food intake, poor hydration and weight loss, and the importance of respecting people's preferences to address this.

People were supported to plan for and have a dignified, comfortable death in their own home, if that is what they wanted. End of life care planning took account of people's ability to understand and communicate

their wishes for the end of their life. Staff had the skills and empathy to understand and meet people's and families' needs at this time. Where necessary, the registered manager had provided a high level of practical assistance with arrangements after people died.

People and relatives had confidence in the ability of staff. Only staff of a suitable calibre were employed. However, there was one instance of reliance on an incorrect Disclosure and Barring Service (DBS) check. The registered manager addressed this immediately we drew it to their attention. We have made a recommendation about the service's DBS process.

People, relatives and staff praised the quality and leadership of the service. They felt the management team were friendly, readily available and supportive. The registered manager encouraged them to give feedback and suggestions, which were promptly acted upon. The registered manager and staff were clear about their responsibilities and the high standards expected of them. The registered manager had clear oversight of the quality of the service.

People and relatives said they felt safe with staff. Managers and staff understood their roles in recognising and responding to abuse. Risks were assessed and managed safely, in a way that was acceptable to people. Staff adhered to infection prevention and control procedures. People received medicines support from trained, competent staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection
This service was registered with us on 17 June 2020 and this is the first inspection at which we have rated the service.

Why we inspected
This was a planned inspection based on the date the service was first registered and the focused inspection in November 2021.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Outstanding ☆

The service was exceptionally effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Better Care at Home East

Detailed findings

Background to this inspection

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

Inspection team
The inspection was undertaken by an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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

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

Inspection activity started on 12 November 2021 and ended on 26 November 2021. We visited the office location on 17 November 2021.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection
We spoke with three people who used the service and four relatives about their experience of the care provided. We also spoke with seven members of staff including the registered manager, the two office-based managers and four care workers.

We reviewed a range of records. These included three people's care and medication records, two staff files in relation to recruitment and staff supervision, elements of a further seven staff recruitment records, and a variety of records relating to the management of the service, including policies and procedures.

Good

Is the service safe?

Our findings

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

The rating for this key question has remained good. This mean people were safe and protected from avoidable harm.

Staffing and recruitment

- People and relatives felt staff were well-trained and able to do their job. They commented: "They're well trained. They do courses and college and things", "They changed [person's] dressing and knew what to do" and "They're usually very efficient."
- There were enough staff to provide the care and support people needed. No people or relatives reported missed calls to us and most did not feel late calls were an issue. Comments included: "Lateness is very limited and always handled properly" and "Sometimes five minutes or so [late] if there's traffic but they always make it up at the end".
- Staff confirmed care calls were usually long enough for the care required and that they had enough travel time. They said the office team reviewed and adjusted call lengths as necessary if they highlighted any concerns.
- Staff received the necessary training to be able to work safely and effectively. They had refresher training at set intervals in core topics such as health and safety and food hygiene.
- The recruitment process helped ensure only staff of a suitable calibre were employed. A relative commented, "Recruitment is good, they find the best people." The relevant checks were completed before staff started providing care and support, such as employment references, health screening and a Disclosure and Barring Service (DBS - criminal records) check.
- There was one instance where the service had relied on a DBS check from another employer, which did not include an adults barred list check; the DBS maintains a list of people who are barred from working with adults who may be considered vulnerable. The provider immediately applied for the appropriate level of DBS check; this was cleared during the inspection. We reviewed DBS clearance on eight other files; all were correct.

We recommend the service adopts procedures that ensure appropriate DBS checks are always carried out as part of the recruitment process, before new staff start work.

Systems and processes to safeguard people from the risk of abuse

- People who used the service and relatives told us they trusted staff and felt they or their loved ones were safe with them. For example, a relative said, "Every person I've come across is personable and professional."
- Managers and staff received training on safeguarding adults. They understood their roles in recognising and responding to abuse and neglect.
- The registered manager and office management team knew how to raise safeguarding concerns with the local authority or police, should the need arise.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

● People had individualised assessments of risks to themselves and to the staff supporting them, including environmental risks. Risk assessments were kept under review and people's care plans were updated accordingly, showing what measures staff should take to reduce the likelihood of harm.
● Staff had training in how to move and assist people safely and adhered to these principles. A relative told us how staff followed safe procedures: "We are waiting for [NHS equipment supplier] to get the right sling for [person's] hoist. The carers are strict about not using it until they get what they need."
● There was a contingency plan to cover events that affected the service running safely, such as unanticipated staff shortages or adverse weather. The service had a four by four vehicle to ensure staff would be able to reach people during severe winter weather.
● Staff documented accidents, incidents and near misses in the computerised records and informed their line manager or the on-call person of what had happened. The registered manager had oversight of these events, ensuring all necessary action had been taken to protect people and watching for any developing trends. Learning was shared with staff as appropriate, such as discussing at a staff meeting.

Using medicines safely
● People and relatives said they or their family member received their medicines on time and when needed, with staff checking the stocks of medicines. Comments included: "When they come, they get me out of bed. First thing they do is sort my medicine", "There's a medicine safe in the house. I top up but the carers give medication and do a stock take" and "It's [medication] all laid out for me to take."
● Care plans set out clearly any support people needed with their medicines, including obtaining prescriptions and assistance to take their medicines as prescribed. They specified who was responsible for this, whether family members or staff.
● Where staff assisted people with medicines prescribed for occasional use, they had written guidance to help ensure those medicines were administered safely.
● The computerised care recording system flagged up if medicines were not administered when they were due. Office staff monitored these alerts. They checked to ensure medicines had been administered and recorded in accordance with prescriptions.
● Staff who handled medicines had completed safe management of medicines training. Their ability to handle medicines safely was regularly assessed through competency checks.

Preventing and controlling infection
● All the people and relatives we spoke with said staff adhered strictly to infection control precautions. Comments included: "Soon as they come in, it's masks, apron, gloves automatically. They put it all in my bin when they've done", "They have masks on all the time", "They disinfect everywhere every three days" and "The carers from Better Care offered to do all the cleaning jobs too, to limit other agencies coming into the house to help stop the spread of COVID-19."
● Staff confirmed they were easily able to access the provider's supplies of PPE. They participated in a programme of regular testing for coronavirus.
● Staff were trained in infection prevention and control, including the correct use of PPE. There were regular checks by senior staff and managers to ensure they were working in the right way.

Outstanding ☆

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 of effective for this service. This key question has been rated outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support; delivering care in line with standards, guidance and the law

● People and relatives were very positive about the care they received, with many commenting that they would absolutely recommend the service of all care staff, office staff and managers. Comments included: "I think they're brilliant", "They're marvellous" and "They're very observant, they're very good. It's all very good."

● The service was distinctive and innovative in how it trained and equipped its staff to identify signs that a person's health might be deteriorating. Staff had in-house clinical skills training from a manager who had been a registered nurse, which covered taking observations of temperature, blood pressure and oxygen saturation and using urine dipsticks, and what normal ranges were for these observations. Each person was supplied with a first aid kit, a pulse oximeter, a tympanic (ear) thermometer and urine dipsticks. Baseline observations were taken when a person first started using the service and subsequently at least monthly or if the person appeared unwell. Staff reported any concerns about the observations to the management team, who sought medical intervention as appropriate. Because of these observations and the swift response by staff, people were able to access medical advice and treatment without delay. This had helped avoid the need for hospital admissions, or if people had to go into hospital, they had a shorter stay than they would otherwise have done. For example, a person's observations indicated they may still be suffering with a urinary tract infection. A manager spoke with their GP surgery about these results and a prescription for a second course of antibiotics was issued, which cleared the symptoms; without this, the person would probably have been admitted to hospital in view of their complex health needs.

● People and relatives said staff were watchful for any changes in their or their loved ones' health and contacted the relevant health professionals as needed. For example, relatives told us, "They inspected [person's] foot and informed the district nurse – they're alert" and "Welfare checks are done and highlighted very quickly." In relation to clinical observations, people commented, "They do various things, take my temperature, BP etc every time they come. Every time" and "They make a note of my temperature, breathing, everything is logged."

● The service empowered people to make choices about how their health was managed and have these respected. Where necessary, the service had advocated for people to receive healthcare and this had enabled people to live longer, with an improved quality of life. A person receiving palliative care but not right at the end of their life, was in danger of having an obstructed bowel and needed a life-saving medical procedure in hospital to alleviate this. The office manager asked the GP to do all they could to expedite the procedure; the procedure happened the following day. A person needed a riser-recliner chair and a new

sling to be able to be hoisted into the chair, so they could spend time out of bed. Due to the level of trust between the service and the social services occupational therapy team, the registered manager had been able to arrange for this to be delivered without an occupational therapist having to visit first. This meant the person, who was receiving palliative care, would be able to sit and enjoy their conservatory as they had hoped.

● The registered manager had hired a wheelchair transport vehicle, at the service's expense, so people could have their COVID-19 vaccinations, as there was little or no availability for home visits.

● Excellent links with healthcare professionals enabled staff to provide care in relation to health complications and complex needs. There was regular contact with district nurses regarding pressure area care; they had trained staff to change pressure-relieving dressings. A person using the service had experienced a persistent pressure ulcer, which was now healing well because of this shared approach. Another person who was at very high risk of pressure ulcers had a low-grade pressure ulcer that had been prevented from deteriorating further by the care they received.

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

● There was a strong emphasis on the importance of good nutrition and hydration for health, with flexibility to accommodate people's needs and preferences around eating and drinking. Call timings were organised so there was enough time for people to have any support they needed with preparing and eating meals. For example, someone who needed support with meal preparation cancelled their lunchtime call as they wanted to go to church and this clashed with the call. The managers and staff were concerned that missing out on a main meal might adversely affect the person's wellbeing; a later call was arranged with the person's agreement to allow for a hot meal.

● People were involved as far as possible, and as they wished, in choosing and preparing meals. For example, it would have been easier for care staff to take over meal preparation for a couple they supported, but managers and staff had recognised the importance of people being able to maintain their skill and the lunchtime call was extended to assist the spouse to prepare and cook the couple's meal.

● There was close attention to people's dietary needs. A person's dietary needs had changed, meaning they could no longer eat certain foods, and their spouse had been uncertain about what to prepare. With their agreement, staff supported the couple to obtain specialist dietary supplies, which provided reassurance and helped them feel more confident. The spouse told us, "They [care staff] order all the specialist food for [person] and make sure they've got it."

● The registered manager and staff were attentive to poor food intake and to weight loss, and the importance of respecting people's preferences to address this. People's dietary needs and preferences were clearly set out in their care plans. Staff noted a visually impaired person who was living with dementia was losing weight. The person disliked the frozen ready meals supplied, so staff started cooking at the lunchtime visits and the person's food intake improved.

● The registered manager and staff were also attentive to people drinking enough for their health and wellbeing. They had been concerned about a couple who did not drink much, one of whom had a catheter and needed an ample fluid intake to help prevent infection. Staff provided two one litre drinks beakers and impressed on them the need to drink two a day. The registered manager recognised people had varied reasons for restricting the amount they drank and had sourced some jelly drops that could help people who were reluctant to drink to boost their fluid intake.

Assessing people's needs and choices

● People's needs were thoroughly assessed before they started receiving care from the service and were kept under constant review following this.

● These assessments formed the basis of individualised care plans, which were reviewed regularly and were updated whenever there were changes in a person's care needs. Assessments took account of people's

protected equality characteristics, such as age, disability, sexual orientation and religion.
● Care plans and records were kept on a secure online system, and staff also shared handover notes and updates through a secure messaging system. Staff used the online care planning system while they were with people and so had access to all the information they needed. The management team monitored the system during the day to ensure people received care when they needed it.

Staff support: induction, training, skills and experience
● Staff were positive about the way the management team supported them. One member of staff described the management team as "extremely flexible and very understanding" and others said, "The office team are excellent" and "The training we get is fabulous."
● New staff had an induction, which included training in key topics and shadow shifts, where new staff accompanied established staff at care calls. An experienced care worker who had joined the service described their induction as "brilliant". Most joining staff were experienced in care, but if not, they would be expected to attain the Care Certificate, which is a modular induction and training process designed to ensure staff have the skills to work to a nationally accepted set of standards for health and social care workers.
● Following induction, staff had annual update training in these key topics, which included moving and handling, safeguarding, safe handling of medicines and first aid. Some training was online, but much was provided face-to-face. The service maintained a training matrix that enabled the registered manager to ensure staff training was up to date.
● Staff had six-monthly supervision meetings individually and more frequent spot-check observations with a member of the management team. Staff told us these were supportive. Supervision meetings and spot checks took place more often during induction.

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

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

We checked whether the service was working within the principles of the MCA.

● Appropriate consent was obtained for people's care, whether from the person themselves or from a representative who had the legal power to give consent on their behalf, such as a lasting power of attorney for health and welfare.
● The registered manager and staff recognised that people must be presumed to have the capacity to make their own decisions unless it could be proved otherwise. For people using the service at the time of the inspection they had not had to assess mental capacity or make best interests decisions, as people either gave consent or had someone with the legal authority to make decisions on their behalf.

Outstanding ☆

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 of caring for this 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; respecting equality and diversity

● The strong person-centred culture was reflected in all aspects of the service. There was an emphasis on ensuring people were supported to live well, and this care and attention extended to those they lived with. It was clear in the way the registered manager and staff spoke with and about people and relatives, and in how care was planned and delivered. People and relatives told us how staff went above and beyond expectations, with acts of kindness that meant a lot to them: "They go out of their way; they go shopping for me when they do their own", "A carer arrived early to take [person] to the beach, [person's] face lit up", "The other day she [manager] took me for an X-ray, then we went out to lunch. It was lovely" and "They [staff] give it [medication] to [person] and they also remind [spouse] too [spouse was not officially using the service]." Staff also told us they thought the service was centred on the people who used it in terms such as "I really feel they [service] are putting clients first", "Very person-centred approach" and "Very, very passionate about what she does [regarding the registered manager's approach to people's care]".

● All the staff we spoke with described how they themselves valued support and care from their colleagues and the management team. The registered manager had supported a member of staff whose car had stopped working by lending them the company car and then providing an interest-free loan to purchase a replacement car. Similarly, the registered manager purchased a company moped for a member of staff to use who could not drive and opted for this rather than having driving lessons. The registered manager had recognised the impact of the pandemic on the way staff felt and organised a woodland mindfulness session for staff run by ex-SAS staff, where everyone talked about how COVID-19 had affected them, as well as learning survival basics and how being alone can affect one's mental health.

● All the staff we spoke with demonstrated genuine empathy for people. Unprompted, a care worker explained how they preferred to talk about 'people', as they felt the term 'client' somehow detracted from them as people. Another care worker explained how they took satisfaction in knowing they had helped to make people feel more comfortable, and that people responded well to the empathy they showed. They gave the example of someone who had insight into their dementia who was struggling to make a phone call because they had forgotten what they needed to do to start the process. The care worker recognised the person needed comfort and understanding, which the worker provided. They also recounted how someone else loved having a shower and was pleased to have clean glasses and a properly inserted hearing aid: "Little things made them happy for the day."

● People and relatives provided unanimously positive feedback about staff having a caring and kind approach, which gave them a sense of reassurance. They said of staff: "They're lovely", "It's good companionship. They are very jolly and friendly", "They keep [person's] spirits up", "They're happy to talk any time", "I call [name of care worker] their comfort blanket" and "They have extended visits so they can go

out to a coffee shop. The staff at the coffee shop tell me how lucky [person] is to have such good carers, every single one of them."

● People had a regular team of care staff. They and relatives valued that these staff had got to know them and their loved one and treated them as individuals. Comments included: "They've got to know me well", "[Person] adores them all, they have a very good relationship", "They ask how [person's husband] is and they go and look at his garden with him", "We chat about families, children and grandchildren", "They're almost like friends" and "I know all the carers by name."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

● Respect for people's privacy and dignity was intrinsic to the way the service operated and reflected in the registered manager's and staffs' approach to their work. People commented very positively on how staff were respectful of their privacy and dignity.

● The management team made sure people got the care they wanted and needed. The registered manager recognised where people's wishes and best interests might conflict with those of family members. In such circumstances, they worked with people, families and sometimes outside organisations, to ensure people's rights were upheld.

● Managers and staff respected and promoted people's independence. Care plans were clear about what people could do for themselves. Spot checks reviewed how staff respected and promoted people's dignity and independence.

● People and relatives confirmed they had good communication with the service about their or their loved one's care. Relatives telephoned the registered manager and office staff during the inspection to discuss care. Relatives commented, "She [registered manager] emails me, it's very communicative… she reads the daily care details" and "We have a WhatsApp group – the manager, field manager, my [other relative] and myself."

● Confidential information was stored securely, and staff understood the importance of this. Access to the computerised record system was password-protected, each member of staff having their own log in and password via a secure app on their mobile phone.

Outstanding ☆

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 of responsive for this service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People and relatives spoke highly of the care they or their loved one received, for example: "I would give them 100% all the way", "I get very good care", "I'm very well looked after", "It's all been the same since the beginning but that suits me" and "The staff are excellent; they go over the top to help me."
- People experienced an exceptionally responsive service that was tailored to their individual needs and wishes, in ways they might not have anticipated. The registered manager and staff were motivated by meeting people's care needs and preferences, working with dedication to achieve this. Staff commented: "Very person-centred approach", "I really feel they [service] are putting clients first" and "The level of care they are giving to people is outstanding." A person told us how the service supported them to achieve their aim of getting a cat: "I wanted a cat, but I didn't think I could look after one. They [managers and staff] told me not to worry about that as they'd sort it if I got one. I've got two cats now." Staff supported other people to continue to care for their much-loved pets; a relative explained, "[Care worker] found a lump on the dog and told us about it" and "Even the dog gets his medication too [from the care staff]."
- Highly personalised care plans were reviewed and changed in consultation with people and their relatives as soon as people's needs changed; this happened during the inspection. A person was unable to continue attending art classes due to mobility issues, so staff supported them joining the lessons by video-call, enabling the person to continue with something they loved doing. A relative had complimented the service for organising additional support at very short notice when their family member's circumstances changed. Care workers explained how office staff were very responsive to concerns about people and "put in place pretty much straight away" any changes needed.
- There had been some simple but innovative reasonable adjustments to promote people's independence. The service had acquired a raiser chair to assist uninjured people who had fallen to the floor. The service's own trained nurse or paramedic would promptly attend the scene and assess whether it was safe to lift the person using the chair. This helped avoid inappropriate 999 calls, reliance on outside health professionals and long, uncomfortable, potentially detrimental waits on the floor for an ambulance. There had never been a missed visit due to icy weather, as the service had its own four-wheel drive car to enable staff to reach people. This gave people the best chance of remaining safe and well at home, through having their needs met.
- Staff know how to meet people's preferences and were innovative in suggesting additional ideas that they or their relatives might not have considered. A person was having difficulty distinguishing day and night but was reluctant ever to open the curtains, which made the problem worse for them. On the suggestion of staff, the person acquired a bird table so they could observe the birds through opened curtains and might be encouraged to go outside for some fresh air. Staff found another person boiling a dry kettle; they messaged

the relative with a picture of a one-cup water heater, which the relative put in place immediately, enabling the person to continue getting drinks for themselves.
● With the appropriate consent, relatives had access to their loved one's computerised care records. This helped relatives feel consulted, empowered and valued. Relatives told us, "There's electronic notes so we can access that to see what's happening every day" and "I've got an app/link that I can use to see if there's any issues."

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.
● Managers and staff understood the support people needed with communication.
● Communication needs were assessed and set out clearly in people's care plans. These included impaired hearing, vision or speech, or difficulty processing information due to impaired memory.
● Staff shared people's communication needs with ambulance crews and hospital staff, in the event people needed an ambulance or to go to hospital.

End of life care and support
● People were supported to plan for and have a dignified, comfortable death in their own home, if that was what they wanted. End of life care planning took account of their ability to understand and communicate their wishes for the end of their life and whether they wished for resuscitation if their heart stopped, and their previously known wishes if they no longer had the capacity to make decisions about this.
● The registered manager and staff worked proactively and closely with healthcare professionals as people approached their final days or hours, identifying and responding to signs that death might be approaching to help the person remain comfortable.
● The registered manager and some staff had the knowledge and skills to provide practical assistance to people and their families at the end of a person's life. Whilst most staff had training in end of life care, the registered manager and certain members of staff had an affinity for providing care at the very end of life, so this tended to fall to them. They had the specific skills and empathy to understand and meet people's and their families' needs at this time. During a person's final days and hours, by agreement these staff would be based in their home round the clock, to support them and their family.
● Staff supported a person who used the service when their spouse died, the registered manager assisting with the practicalities of registering the death and organising and attending the funeral. The registered manager also worked with the person to prepare a booklet celebrating their spouse's life. Another person had no immediate family. Staff stayed with them as their death approached and were present at their death. The registered manager organised the funeral.
● The registered manager and office team supported staff with empathy and understanding in relation to end of life care. A member of staff with little experience of death had struggled emotionally with a person they provided care for having a terminal illness. The registered manager spoke with them about whether they would prefer to be removed from this person's care; the worker opted to continue, feeling more positive about their role in helping the person have the best life possible during their remaining time.

Improving care quality in response to complaints or concerns
● People and relatives knew how they could raise concerns or complaints and would feel comfortable to do so. Comments included: "If I needed to complain, I'd speak to them but I feel comfortable raising anything before it gets to that stage", "I would know how to [complain]" and "I'd get in touch with management if needed."

● Those who had previously raised concerns said these had been addressed. Comments included: "I spoke to [registered manager] about the morning call being too late. She said they were short staffed [staff not available at that time to cover later calls] but did sort it" and "One day a new care worker came and didn't realise [person] was in bed asleep, she thought he was out but it's easily done if you don't know us. It was sorted."
● The service had a complaints procedure, which was included in its information pack for people. No complaints had been received since the last inspection.

Good

Is the service well-led?

Our findings

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

The rating for this key question has remained good. This means 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives praised the quality and leadership of the service in terms such as, "I would give them 100% all the way. I think they're excellent plus", "The whole deal, there's no area they lack in" and "It's all very good." Staff were similarly positive: "One of the best care companies I have ever worked for", "[Registered manager] is absolutely fabulous… completely and utterly fabulous" and "If ever I were in a situation to need care, I would definitely choose Better Care at Home East."
- People and relatives said the management team were "very nice and friendly" and "absolutely approachable". They knew who the registered manager was and felt they could easily get in touch with her and the rest of the management team. Comments included: "You can always chat to [registered manager]. My husband chats to her a lot… We chat as if we've been friends for years", "I've got contact details of the main and field managers… I text and they phone me straight back" and "[Registered manager] is happy to talk anytime."
- Staff felt valued and supported by the management team and their colleagues. Comments included: "Such a friendly, understanding environment", "[Having contact with managers and colleagues] feels just like going into a friendly family", "[regarding teamwork] I feel like I'm part of the loop and part of the coordination", "[Registered manager] gave me the opportunity to develop my skills… she believed in me and supported me" and "[Registered manager is] good to work with and for, looks after the staff."
- Staff told us they were treated fairly in respect of their protected equality characteristics, such as disability, and their personal circumstances. A member of staff commented that the office team had been "extremely flexible and very understanding" in this regard.
- People and relatives were encouraged to give feedback and suggestions about the service during informal conversations with managers, during spot check observations of care and during meetings such as care reviews, and through a well-known feedback website. This information was used to highlight good practice and to improve the service further. People and relatives mentioned: "I talk to them most months. I think a review will come up soon", "[Registered manager] has a chat with me" and "Speaking to her [a manager] reassures me."
- There were team meetings every couple of months, where staff discussed current issues for the service and were able to give their views. A member of staff told us, "[Registered manager] is very open to feedback."

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

- The registered manager recognised their responsibility to be open and honest with people and their

relatives if things went wrong.
● There had been no circumstances since the last inspection in which the service had needed to exercise the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
● The registered manager and staff were clear about their responsibilities and the high standards expected, which were discussed and reinforced during staff supervision, annual appraisals, at staff meetings and through regular communication between these.
● Staff had confidence the registered manager and office team would take appropriate action if they raised any concerns, which they felt comfortable to do. A member of staff told us, "If something [an issue] is recognised, it's dealt with well." In response to a suggestion in the staff suggestion box, and in consultation with a person using the service and their spouse, staff working in Highcliffe could pick up their PPE more locally from the couple's home; the couple enjoyed having the regular contact from staff, who would often have a cuppa with them while collecting their kit.
● The registered manager had clear oversight of the quality of care through regular unannounced spot checks, where one of the management team would work alongside staff or observe them at work. Staff saw this as a routine, supportive and worthwhile process. A member of staff commented, "We keep on top of it [people's welfare] and they [managers] keep on top of us keeping on top of it."
● Whilst the small size of the service enabled the registered manager to know what was happening in all aspects of the service, there were audits to help provide assurance that people were receiving a high-quality service and to identify any areas for improvement. Any shortfalls found were promptly addressed. Audits covered a range of aspects of the service, such as medicines, infection control and care records. The computerised care recording system assisted the management team to monitor quality by alerting them to care that was due but had not been recorded.
● The registered manager understood the requirement to notify CQC of significant incidents and events that occurred within the service, as required by law. They also acted on their responsibility for ensuring the service kept people's and staff's confidential personal information secure.

Working in partnership with others
● The service had effective, trusting working relationships with local health and social care professionals, which helped people get the all-round care they needed with the minimum of fuss. The service had received compliments from professionals.
● The registered manager kept abreast of current best practice to ensure the service continued to deliver high quality care. They subscribed to provider and registered manager organisations and forums, and received updates from the local authority, for this purpose.
● The service held a 'community care hub' on a weekly stall at a local market, where people came for free hand sanitiser and to ask questions about how the care sector works or for information about supporting someone who lives with dementia.
● The registered manager had just given an interview to a television station about recruitment and work-life balance, and how the two were not mutually exclusive. The producer had found the service through positive comments on a care review website.