

Allenby Douglas Limited

# Allenby Douglas Ltd

## Inspection report

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Date of inspection visit:  
10 January 2018  
11 January 2018

Date of publication:  
11 April 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?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

This inspection was carried out on the 10 and 11 January 2018.

Allenby Douglas Ltd is a family run domiciliary care agency that provides personal care and support to people living in their own homes. It provides a service to older adults some of whom are living with dementia and younger disabled adults. Not everyone using Allenby Douglas Ltd receives a regulated activity. CQC only inspects the service received by people provided with 'personal care': for example, help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection 73 people were receiving personal care.

There was a registered manager in post who was present during our inspection. 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.

At the last inspection, the service was rated Good overall with Outstanding in the Caring key question. At this inspection we found that the provider had further developed the service and was now rated Outstanding overall.

People continued to receive a service which was highly caring. People and their relatives found staff to be extremely caring and kind. Relatives described the care and support their family members received at the end of their life as exceptional. People and their relatives felt staff often went 'above and beyond' what they expected of them.

The provider took care to ensure staff were compatible with people they supported to promote positive working relationships. People, and where appropriate their relatives, were fully involved in decisions about their care and felt listened to. Staff provided information to people in a way they could understand to enable them to make decisions for themselves.

Staff treated people with the utmost dignity and respect and supported them to remain as independent as possible to enable them to continue living in their own homes. People were supported to follow their interests and to maintain links with family and the local community.

People's received care and support that was personal to them and took into account their preferences and wishes. People were supported by staff that knew them very well, who worked flexibly and were able to respond to changes in their needs in a timely manner. Staff knew about people's personal histories and what was important to them, therefore care was tailored to meet their needs.

The provider and registered manager had a clear vision for the service that was shared by staff and

management alike.

People were supported by highly motivated staff who were passionate about their roles and making a difference to people's lives. Staff enjoyed a positive working culture and were involved in developments within the service. Staff felt well supported and valued by the management team and colleagues.

The registered manager and provider were committed to delivering excellent quality care and had a range of checks in place to monitor the quality and safety of the service. They used their findings to make continual improvements to the service, for the benefit of people who used it.

The registered manager and provider actively sought ways of engaging with the community. They worked with partner agencies to ensure current practice and effective care.

People felt safe and comfortable with the care and support provided by staff. People continued to be protected from the risk of abuse and avoidable harm by staff who were knowledgeable about the different types of abuse and knew how to report concerns of abuse or poor practice. Risks associated with people's needs and their environment were assessed and staff followed guidance put in place in order to minimise these.

People were supported by regular staff who they were familiar with and who were punctual and reliable. The provider followed safe recruitment procedures to ensure potential new staff were suitable to work with people in their own homes.

People received support to take their medicines safely. Only staff who had received training in the safe handling of medicine administered them. Staff monitored people's health and supported them to access healthcare as and when necessary.

People continued to be supported by staff who had the skills and knowledge to meet their individual needs. Staff were impressed by the range and quality of training available to them and were encouraged to further their careers in care. The provider arranged bespoke training tailored to people's specific needs.

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

Not everyone who used the service received support with meals or drinks but those that did were happy with the support they received.

Further information is in the detailed findings below

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People were protected against abuse, avoidable harm and discrimination by staff who knew how to identify and report any concerns.

People were supported to keep safe by staff who were aware of the risks associated with their needs and how to minimise these.

People received their medicine as prescribed to maintain good health.

The provider completed recruitment checks to ensure potential new staff were suitable to work with people in their own homes.

The provider had systems in place to prevent the risk of infection.

Good 

### Is the service effective?

The service was effective.

People were supported by staff who received training relevant to their roles and who felt well supported.

People were supported to make decisions about their own care where able. Staff sought people's consent before supporting them.

Staff monitored people's health and arranged access to healthcare services as required.

The provider worked with partner agencies to ensure people had the necessary equipment and support to meet their individual needs.

Good 

### Is the service caring?

The service was very caring.

People and their relatives were supported by staff who were extremely kind and care provided exceeded people's

Outstanding 

expectations.

Staff had formed positive working relationships with people and their relatives.

People were given choice and felt listened to in relation to all aspects of their care and support. People were encouraged to maintain their independence.

People were treated with the utmost dignity and respect.

### **Is the service responsive?**

The service was very responsive.

People received person centred care and support that was individual to them, in line with their preferences.

Staff knew people very well, worked flexibly and were able to respond to changes in their needs in a prompt and effective manner.

People receiving end of life care and their relatives were treated with exceptional care and compassion both prior to and following the person's death.

Staff supported people to maintain their interests and enabled them to do things they enjoyed doing.

People and their relatives felt able to raise any concerns they had with staff or management.

**Outstanding** 

### **Is the service well-led?**

The service was very well-led

People, their relatives and healthcare professionals were consistently complimentary about the leadership of the service.

The provider and registered manager sought to enhance people's life experiences. Staff were inspired by the strong leadership and were highly motivated to deliver the aims of the service.

There was an open and inclusive culture at the service. People, their relatives and staff were asked their views on how to improve the service and these were acted upon.

The provider had a range of checks in place to monitor and

**Outstanding** 

improve the service.

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# Allenby Douglas Ltd

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 10 and 11 January 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because they provide care in people's homes and we needed to be sure that someone would be in the office.

The inspection was conducted by two inspectors 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.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We reviewed the Provider Information Record (PIR). The PIR is a form where we ask the provider to give some key information about the service, what the service does well and what improvements they plan to make. We also asked the local authority and Healthwatch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with four people who used the service and 14 relatives. We spoke with the provider and 10 staff which included the registered manager and the head of care, 7 care staff and one office staff member. We had also received feedback from 22 people, nine relatives, 12 staff and three community professionals from questionnaires we had sent prior to our inspection visit. We viewed three records which related to assessment of needs and risk. We also viewed other records which related to the management of the service such as medicine records, policies and procedures and two staff recruitment records.

## Is the service safe?

### Our findings

People continued to be protected from the risk of abuse and discrimination by staff who knew how to recognise and report any signs of abuse. Staff told us they would report any such concerns to the registered manager. Staff knew they could also report concerns to external agencies such as the local authority safeguarding team or the police. If they were uncertain about anything they would speak with the registered manager or refer to the safeguarding policy and procedures. The registered manager demonstrated they would take appropriate action in the event of any concerns of abuse or poor practice. We saw that the provider used their newsletter to alert people who used the service about potential risks posed by 'cold callers' and 'telephone scams'. They also provided guidance on how people could protect themselves from the risk of financial abuse.

People and relatives we spoke with told us people received care and support that made them feel safe in their own home. One told us, "I feel safe, I can trust them (staff), they ensure I take my pills and always lock up for me when they leave. I just have a walking stick and they make sure I am supported when they are here and I am walking about." A relative said, "I feel very safe and confident with them (staff). [Family member] has a walker with a chair and a walking stick to help them get around and they make sure [family member] is well supported. Also [family member's] needs have changed over the years and they (provider) have changed their support to accommodate them."

Risks to people continued to be managed in way that protected them from avoidable harm. This was confirmed by one person who told us, "I have full involvement about my needs and risks that I could incur and they (staff) always ensure my house is safe to get around." We saw that risk assessments in place protected people from risks associated with their needs and their environment. Staff told us that the provider made sure that they received training to ensure that they used equipment safely. As well as observing and reporting any changes in people needs, staff also looked out for any environment hazards such as, worn equipment or faulty electrical items during each visit. They reported all concerns to the office who took appropriate action to rectify the problem. Records we looked at confirmed this.

People and their relatives felt that there were enough staff employed and found that staff were punctual and reliable. One person said, "They (staff) are always on time and even came out to me in all that bad weather. They always stay their full time with me." A relative told us, "They (staff) are on time and quite often stay overtime with [family member] until all is done. They (staff) are very particular...excellent." Each week people were provided with a rota notifying them which staff would be visiting them which they appreciated. The head of care told us staff would let the office know if they were running late so that they could let the next person know or arrange for an alternative staff member to visit. They were committed to ensuring a safe and responsive service and considered it a "cardinal sin" to miss a call. The provider had contingency plans in place to ensure people received their calls as expected. This included the provision of a four wheel drive vehicle which had been used in recent inclement weather. They also ensured all office staff were appropriately trained to support people should they need to cover care calls in an emergency.

The provider continued to follow safe recruitment procedures. These included the receipt of satisfactory



references and checks with the Disclosure and Barring Service (DBS). The DBS service enables employees to make safer recruitment decisions.

People were supported to take their medicines safely by staff who had received training in the safe administration of medicine. One person told us, "They (staff) make sure I have taken my medicines so I am safe in the knowledge that they check in case I forget." Another person told us, "My main risk is missing taking my tablets and they (staff) know this and always ensure when they come that I have taken them, if not, they see that I have them when they are here." A relative we spoke with said, "They (staff) give [family member] their medicines as they cannot see properly and can't read them. They (staff) give them with water and make sure [family member] swallows them safely." We found some inconsistency in recording the level of assistance people needed to take their medicine. The head of care showed us a new medicine training programme they had developed to ensure a consistent approach. They had already implemented a colour coded system to ensure safe support for people who were prescribed anticoagulants (blood thinning) medicines.

The provider had effective systems in place to reduce the risk of infection. One person told us, "They (staff) are good on hygiene and always wear gloves and aprons." This was confirmed by relatives we spoke with. The provider had an infection control policy and staff undertook infection control training as part of their induction. We spoke with a care worker who had received additional training in infection control and delivered training to other staff. Staff told us that there was always a supply of personal protective equipment such as gloves and aprons in each person's house.

Staff responded appropriately to accidents or incidents. One relative told us, "They (staff) found [family member] on the floor once and immediately called the lifeline centre and the office. They (staff) waited until an ambulance arrived and also informed me. They handled it extremely well." Staff confirmed that they reported all incidents and accidents to the office staff who took the necessary action. The registered manager and head of care reviewed all the reports to establish any patterns and actions required to prevent reoccurrence. Where they found people were at risk of falls they contacted the relevant health professionals such as the person's GP or the occupational therapist.

## Is the service effective?

### Our findings

People continued to receive a good and effective service. People's needs were assessed prior to the service commencing to ensure that their requirements and expectations could be met. One staff member told us, "I start by asking people what they would like us to do and what they would like to gain from our support." They went on to say they spent time talking with people to establish their preferences. This information was used to develop a holistic care plan that took account of their diversity and preferences for service delivery. The head of care told us they gained people's consent to contact their GP about their health needs. They found that this helped them better manage people's health conditions as they incorporated information of how to meet these needs in their care plans.

Where required staff referred people to other healthcare professionals to ensure they received support that was based on current practice. For example, the head of care told us they recently supported someone who was on renal dialysis and staff attended training at the hospital to better support this person in their own home. In another instance they had worked with an occupational therapist (OT) and obtained some diagrams so staff knew how to apply a person's splints correctly. Similarly staff completed an assessment of people's home environment and where required made recommendations to people to promote both their and staff member's safety. Where staff felt people would benefit from the provision of equipment, with the person's consent they worked in partnerships with the OT and physiotherapist to arrange this. Care records we looked at confirmed this.

Staff monitored people's health care and reported any concerns to the office staff or the person's relatives so that they could arrange the necessary healthcare. One relative told us, "On one occasion they (staff) called and found [family member] unwell and immediately called the doctor. They made a judgement call and I was so pleased about this. They then called me after they had done that which I thought was excellent, putting [family member] first." Another relative told us staff accompanied their family member to GP appointments as and when required.

People and their relatives continued to have confidence in staff's knowledge and skills to meet their individual needs. One person told us, "Their (staff) skills and knowledge are there for all to see when they come. They are obviously all well trained before they are allowed to come out." Another person said, "All of them (staff) are good and I never had an issue over anything. Even the new ones check what to do before they commence, yes very well skilled and trained in my opinion." A third person said, "They (staff) are all excellent. I get the impression [Allenby Douglas Ltd] would not employ anyone not properly trained or up to their high standards." These views were echoed by relatives we spoke with. One relative told us, "They're (staff) are very well trained. They pick up on things I don't with [family member] and will inform me of any concern at all."

Staff were extremely positive about the training opportunities available to them. One staff member said, "We have development plans which show progression." They went on to explain there was a commitment from management to meet staff aspirations. This was confirmed by another staff member who told us that staff were given opportunities to develop their interests through 'champion' roles. The provider arranged the

necessary training to enable staff to become experts in these roles. For example, one staff member told us they were an 'end of life' champion. They had accessed training at the local hospice and worked in partnership with the district nurse teams. They told us they used this knowledge to deliver training to other staff members. Another staff member told us they had a keen interest in dementia and were provided with additional training in this area and now delivered dementia training to other staff. We saw that the provider had systems in place to ensure staff received training necessary to their roles and to identify when refresher training was required.

New staff received a structured induction into their roles. They spent time in the office undertaking training the provider deemed essential to provide effective care. They then worked alongside experienced staff members until they felt confident and were assessed as competent to work independently. One staff member went on to say that they could also work with other staff when they wanted to learn new skills or when attending a person who was new to the service. The registered manager confirmed that there were no time limits on the amount of 'shadow shifts' new staff completed with experienced staff members. They felt it was more important to ensure staff were competent and comfortable to undertake visits on their own. New staff who had no experience of working in care were supported to undertake the Care Certificate. This is a nationally recognised training programme which teaches staff about the standards of care expected of them.

Staff felt very well supported in their roles. They had regular one-to-one meetings with their line managers where they were able to discuss and receive feedback on their working practice. They were also able to discuss their training and development needs. In addition to these meetings staff members were able to access support as and when required. One staff member told us, "Whilst we have planned supervision you can come in and talk whenever you want."

Not all the people we spoke with required help with their meals. Those that did were satisfied with the support they received. One person told us, "They (staff) get me my lunch from the freezer and prepare it for me and also make me a drink." A relative we spoke with said, "They (staff) do food as required and also prompt [family member] to try to prepare it themselves which is very good." Another relative said, "They (staff) get [family member's] breakfast, they have cereal, and at lunch times a microwave meal. They will also prepare tea for [family member], whatever they want and always make sure they have a fresh drink with their food." Staff were aware of people's dietary needs and the support they required to eat and drink. One person had swallowing problems and had been seen by the speech and language therapist who had provided advice and guidance. We saw that this guidance was included in the person's care plan for staff to refer to.

One staff member told us they had a keen interest in nutrition and were going to provide training to other staff in nutritional awareness. As well as learning the nutritional value of different foods this would also provide staff advice on how to prepare and present food to encourage people to eat foods that promoted good health.

People were supported to have choice and control over their lives and staff supported them in the least restrictive way. One person told us, "They (staff) always ask me if I am ok and what I would like to have done first, they always also ask if there is anything more they can do before they leave." Another person said, "They (staff) always ask how I am and don't start anything without asking me if it is ok first." These views were echoed by relatives we spoke with. One relative said, "They (staff) wouldn't dream to do anything without talking to [family member] first." Another relative told us, "They (staff) always ask how [family member] is first and any preference of things to do before starting their care." Staff confirmed they always sought people's permission before supporting them and if they declined support they would respect their

wishes and often found they would accept support if they asked them later.

All the staff we spoke with had received training about the Mental Capacity Act 2005 and understood what this meant for their practice. One staff member told us, "I never assume they (people) don't have capacity. I support them to make choices for themselves in an informed way to protect them." They went on to explain that if they gave people information in a way they could understand so they could make their own decisions. This was a view shared by other staff members we spoke with who recognised that some people living with dementia could get overwhelmed if presented with too many choices. They therefore limited options to enable them to make their own decisions. Staff understood that where people lacked the capacity to make certain decisions these needed to be made in their best interest to protect their rights. Where relatives had Lasting Power of Attorney (LPA) for people, we saw that the provider retained a copy detailing what decisions the relative was authorised to make on behalf of the person. A LPA allows people to appoint one or more people to help them make decisions or make decisions on their behalf if they lose mental capacity to make certain decisions.

## Is the service caring?

### Our findings

People, their relatives and partner agencies felt that the staff and management at Allenby Douglas often went above and beyond what was required of them. A prime example of this was the efforts staff went to in the recent inclement weather. One person told us, "In all that bad weather and me living on a farm type place up a long drive they (staff) still walked to get to me." Another person said, "In the bad weather with all that snow they (staff) still called and went out specially to get me essential food as I couldn't get out and I have no family." A relative showed us a picture of a birthday cake a staff member had baked and decorated in a cricket theme for their family member who enjoyed cricket. They said the staff member would not accept anything in return for this kind gesture. We also saw correspondence from partner agencies thanking individual staff members for giving up their spare time to bake cakes and help them at fundraising events.

People continued to receive outstanding care and attention from Allenby Douglas Ltd. People and their relatives told us staff and management had an extremely caring and compassionate approach. One person told us, "The carers I would say are lovely, nice, polite and friendly. They are, most certainly kind and considerate." Another person said, "They (staff) are all very caring and well trained, nothing is too much trouble for any of them, they are approachable and polite, I am very happy with it all." A relative we spoke with told us staff were, "Kind, compassionate, patient, caring, definitely."

People appreciated being supported by regular care staff who had built up positive working relationships with them and their relatives. They told us staff spent time getting to know them and enjoyed their company. A person said, "They (staff) are clean, polite, and friendly and like I say I enjoy them coming. No complaints at all." Another person said, "I am very happy with them (staff) all. They treat me very kindly and know my likes and dislikes and take time to chat with me which I like as well." Relatives told us, "They (staff) all care and are very kind and considerate there is no doubt about that, I even miss them myself at the weekends when they don't come!" Another relative said, "They (staff) have social interaction with [family member] which they need and I hear [family member] laughing with them. [Family member] likes them (staff) and looks forward to them coming."

Staff spoke about people with warmth and respect. They wanted to ensure people were well cared for and were proud that they played a role in enriching people's quality of life. One staff member told us, "The satisfaction of doing our job is everyone is safe and looked after." They went on to tell us they treated each person as they would want any of their relatives to be treated. Another staff member expressed the enjoyment they got from meeting new people and listening to their stories.

Staff we spoke with recognised every person was different and promoted their equality and individuality. One staff member told us, "It's our differences who make us who we are." They went on to say, that everyone had the same rights and everyone should be given opportunities to have fulfilled lives. To promote people's rights they told us they developed holistic care plans that covered people's cultural and social needs, as well as their personal care needs. Another staff member told us, "The majority of people are able to tell you their preferences. It's the little things that make them feel different." They adapted their approach based upon people's needs and preferences. For example, they said some people liked to chat and have a laugh while

others liked a more formal approach. The head of care told us they also included information about people's pets in their care plans as they recognised that they played an important part in people's lives.

The registered manager and provider prided themselves on matching people and staff to promote good working relationships and continuity of care. If, for any reason people found staff to be incompatible the provider would take action to remedy this. The provider also ensured that new staff were introduced to people before they started working with them. This was confirmed by people and relatives we spoke with. One person told us, "I usually have regular ones (staff members) but always get introduced to any new ones. They always send two together if a new one is starting." A relative told us, "[Family member] usually has regular ones (staff members) but new ones are introduced every time and spend half an hour with [family member] to get to know them."

People and their relatives were actively involved in making decisions about their care and support. One person told us, "I do my care plan with them (staff), a copy is here and it is reviewed as required." Another person told us they had completed their care plan with staff, they said, "I can do most things myself. They (staff) regularly check to see if all is ok and I have a copy (of care plan) here." A relative told us, "They (staff) did a programme of what we needed. It was lovely to have a voice, they (staff) would say we think this, what do you think?" As well as involvement in care planning staff checked with people what they wanted each time they visited. One person said, "They (staff) ask how I am feeling first of all and then we take things from there." This approach was confirmed by a relative who told us, "They (staff) never start doing anything without chatting to [family member] first, seeing how they are and what they want doing."

Staff were mindful of people's communication needs when providing care and support. One person told us they were partially sighted and, with their consent, staff would read their correspondence for them. A relative we spoke with explained that their family member was partially sighted and staff ensured they had everything to hand and where they wanted things. Staff demonstrated that they were aware of different people's communication needs and how to promote effective communication. One staff member explained if a person was hard of hearing they would face them when speaking with them or write things down for them. If a person had visual impairment they would always announce who they were and ask them how they wanted things done. The head of care showed us a large print shopping list they had prepared for a person who was visually impaired. This enabled the person to independently choose the shopping they wanted the staff to get them.

A staff member told us how they recognised the impact of interactions between people and staff, they said, "You don't realise how much happiness you can transpose on to a person." They went on to explain that they always went in to see people with a cheerful approach. They found people appreciated this and responded positively.

People were treated with the utmost dignity and respect. One person told us, "All the carers are lovely and know what I require to have done. They are aware of my problems and are very respectful toward me." A relative told us, "They (staff) are most respectful, making sure [family member] is kept warm when dressing and undressing them and ensuring they are covered when showering, with the blinds drawn." This was echoed by another relative who said, "When undressing [family member] getting them ready for bed they (staff) always make sure [family member] has some covering on them and are very respectful." Staff we spoke with appreciated that they were working in people's homes and that they should treat both the person and their home with respect. One staff member told us, "You have to adapt. You need to be aware of their holistic needs. It's not just about the person you have to consider their relatives and environmental issues too."

Staff supported people to remain as independent as possible to enable them to remain living in their own homes. One person told us, "They (staff) coax me to help myself, I can do quite a few things myself but them helping me out and taking me to my appointments helps me so much." Another person said, "I really appreciate the chats with them (staff), it gets me going. I am quite independent but they always ask what I am doing and whether I need any help with going anywhere." A relative told us, "They (staff) prompt [family member] to get their food ready, take them out, watch TV with them, play cards, chat in fact anything [family member] likes to support independence." A staff member told us, "When delivering care we give them (people) choice, encourage independence so people have control over their choices in life."

## Is the service responsive?

### Our findings

People received excellent care and support that was individual to them from staff who worked flexibly and knew their needs and preferences very well. One person told us, "They (staff) are caring, friendly and nice and all know my needs and what I require to have done. Another person said, "I would not be without them (staff). They are so friendly and nice and know my favourite things." A relative we spoke with told us, "[Family member] gets worse at night and becomes disorientated and they (staff) know this and stay with them and talk and engage so well with them."

Relatives found the care and support extended to both them and their family members when people were approaching end-of-life was exceptional. One person's relatives described the bond that both they and their family member had built with the staff that supported them during this sensitive time. They said, "[staff member's names] have been amazing. They've been brilliant and so supportive." They went on to tell us of how during visits staff lifted their spirit, staff would sit and have a cup of tea with them and have a laugh. They said staff came in and talked about everyday things rather than focussing on their family member's illness which they and their family member appreciated. The relatives explained that staff reviewed their care delivery day-by-day adapting to how their family member felt. For example, on days their family member did not feel so well, staff members were careful not to tire them out. On days they felt better they would do things like changing their bed. The relatives considered the staff's knowledge and experience invaluable. They said, "How they (staff) linked with the surgery and nurses was brilliant, they sorted everything." They went on to say, "We contacted [staff member's name] when we had any concerns and they took the worry away." They told us staff wanted them to have time to spend with family member 'while they (staff) got on with the rest'. This approach enabled them to enjoy quality time with their family member before they passed away.

Another relative we spoke with described the care and support their family member received from the service prior to their death as 'outstanding'. They went on to say nothing at all was too much trouble for staff, they were very sympathetic and did all they could to help and advise them. We saw that this was consistently messaged in 'thank you' cards received from the relatives of people who had received end of life care from the service. The relatives very much appreciated the kindness and compassion extended to their family members and them both prior to and after their family member's had passed away. For example one relative wrote, "My [family member] appreciated the kindness and compassion shown to them by you (registered manager) personally, by [staff member's name] and all the other carers involved in [family member's] care during the final stages of their life." They went on to explain how their family members was reluctant to accept 'strangers' into their house but was won over by the "genuine warmth and concern" they encountered and had come to consider staff as extended family. The provider recognised it was important to continue supporting relatives after a person's death and gave staff the time to attend funerals as a mark of respect.

The provider told us they strove to ensure people experienced positive end of life care, where they were pain free, retained their dignity and their choice was respected. Staff worked with people to establish their wishes and preferences for end of life care. The end of life 'champion' told us about a person who wanted their dog



with them at the time of their death and so staff arranged this for them and felt this made a positive difference. The person also liked listening to brass band music so they played this for them. Another person was cared for in bed, when their health deteriorated, staff ensured they were comfortable, took care to wash them, apply their favourite moisturiser and perfumes and styled their hair how they liked it. They found this made a difference to the person and was appreciated by the person's partner who told staff the person looked like themselves again.

People received a flexible service that was responsive to their needs. One person told us, "I am poorly sighted but they (staff) always ask if I need anything collecting and anything reading and most importantly, make sure that I have things where I know I can touch or get them." Another person said, "They (staff) treat me very well and do the things that I can't do for myself." A relative we spoke with told us, "They (staff) are very skilled. They pick up on things that need attention very quickly and take appropriate action. I was there when two new carers came, I watched them, they checked what was required and carried it out perfectly." Another relative said, "They (staff) are all excellent. They look after [family member] well and if anything is not right they address it immediately." A further relative told us, "They (staff) are very pro-active with [family member]. They will say let's go in the garden and take them out, [family member] likes that, and watch TV with them. They also help [family member] make sandwiches and cakes for when I call. [Family member] needs to be focused and they (staff) do that well."

Relatives were also impressed with how staff dealt with environmental issues in an efficient and timely manner. One relative told us, "Two weeks before Christmas [family member's] heating failed. They (staff) got the gas engineers out to fix it for them, I didn't even know! How good is that!" Another relative said, "What is valuable is that they (staff) do things that need attention. Recently the carer found that [family member's] outside tap was leaking and flooding the carport. They (staff) went and got a plumber out to fix it."

Staff told us they always read people's care plans to ensure they knew people's needs and preferences before they supported them. They recognised people's needs and wishes could change on a daily basis therefore, they always asked people what they wanted doing and how they wanted things done each time they visited them. Staff were informed of any changes in people's needs by the office staff. Likewise they reported any changes so that office staff could update people's care plans to ensure safe and consistent care. The registered manager and head of care encouraged feedback from care staff as they recognised they were best placed to identify and report changes. The head of care said, "They (care staff) are our eyes and ears, without them we don't get feedback about changes in people's needs." They went on to say they ensured that any feedback was acted upon. A staff member responsible for scheduling care calls told us it was also important to consider staff skills and were careful to match staff to the needs of the person. They went on to give an example, they said, "We have some fantastic carers who are good with people who have dementia." We saw that staff had access to individualised care plans and that they were also provided with tutorials to inform them how to meet the needs of people with specific illnesses or complex needs.

People were encouraged to follow their interests and maintain contact with the wider community. One person told us that staff took them to the hairdressers. A relative we spoke with said, "The carer takes [family member] to their luncheon club and any appointments and also help them to the garden to help feed the birds in the feeder which they like to do. The social interaction is very good and [family member] loves that as well." Another relative told us, "[Family member] loves the social activity and it is great to hear them laughing and joking with them and getting on so well and the carers helping [family member] get about and enjoying things." The registered manager told us they provided people with information about local groups and events so that they could attend if they wished.

People and relatives we spoke with had not had cause to raise any complaints but felt able to raise any

concern with staff or management should they arise. Staff were aware of the procedure to follow should people raise concerns with them. The provider had a complaints process that was issued to people in the information pack they received when they commenced the service. We saw that complaints that had been received had been appropriately responded to.

# Is the service well-led?

## Our findings

People and their relatives were very impressed with the care and support they received from Allenby Douglas and said they would recommend them to others. They described the service as, "Excellent throughout"; "Brilliant! Could not ask for better"; Very, very good, they are all excellent."

At the last inspection, the service was rated Good overall with Outstanding in the Caring key question. At this inspection we found that the provider had further developed the service and was now rated Outstanding overall.

People were at the heart of the service. The provider sought to enhance people's life experiences and delivered bespoke training to meet their specific needs. They invested in staff development and had supported staff to access additional training to take on champion roles. These were staff who had been shown an interest in a particular area of care such as dementia and end of life care. These roles were firmly embedded and had produced positive benefits for people who used the service, by improving the quality of their lives.

People and their relatives found the service to have strong and effective leadership. When asked if they felt the service was well managed, one person told us, "Definitely. It could not be any better." Another person said, "I have been with them (Allenby Douglas Ltd) several years had no complaints, so that says it all." Relatives we spoke were equally as complementary. One relative told us, "Nothing is too much trouble, exceptionally well-led and managed." Another relative said, "Absolutely brilliant service. They have cared for my relatives for some years. They keep us well informed and work with the family to provide my relative with the very best care. Strong, caring management ensures a well-run caring team who treat my relative as if they were their own."

People and their relatives knew the registered manager well and found them easy to talk with. One person said of the registered manager, "They are very approachable and co-operative." Another person told us, "[Registered manager's name] is very charming and seems to know their job well." Relatives we spoke with held similar opinions of the registered manager. One relative told us, "[Registered manager's name] is very patient and always makes time to listen." Another relative said, "They (staff) are all very caring and thorough even the manager who keeps in contact is nice and very approachable."

People and their relatives felt that there was excellent communication with staff and management. One person told us, "I leave them (staff) notes sometimes asking them to look at certain things and they always do and always put down they have done it for me in the book." A relative we spoke with said, "I have found the agency communicates well. I am always contacted about any concerns about my [family member]. I find this very reassuring." People and their relatives were asked the opinion on the quality of the service through annual surveys and during care plan reviews. We saw that where they had suggested changes of improvements these were acted upon. For example; one person had asked for better identity badges for staff and these had been provided.

The registered manager and provider had a clear vision for the service which was to provide holistic care that enabled people to lead fulfilled lives and to remain happy and safe in their own homes. This vision was shared and worked towards by staff who were motivated by a management team who lead by example. One staff member told us, "[Registered manager's name] knows the job back to front and inside out. They do their best for people." Another staff member explained that all managers were 'hands on', as well as doing office work and they helped out with care calls as required. They felt this really helped the culture of the team as the management team knew the people and worked alongside staff. The registered manager told us it was important that everyone worked together and had an understanding and appreciation of each other's roles. As well as office staff covering care calls the provider gave care staff the opportunity to work in the office on a short term basis. This provided staff with the knowledge and experience to cover for each other in the event of sickness or leave and to further develop their career. The provider was keen to give staff recognition for their efforts. Staff who worked through the inclement weather were each given a shopping voucher as a 'thank you and well done'. They also operated a 'carer of the year' award where people and their relatives voted for the care staff member they felt most worthy. The winning staff member was able to choose which charity the proceeds of a fund raising raffle were given to.

There was a clear management structure in place where the registered manager was supported by the provider and a management team. The provider had an 'on call' service that people, their relatives or staff could contact outside office hours should they need to. Staff told us the registered manager had an open door policy and they could approach them at any time should they need support or guidance.

Staff described an open and inclusive culture and enjoyed working for the service. One staff member told us, "It's brilliant. I love working here. It is all good." We got a similar response when we asked another member of staff if they felt valued, they said, "Absolutely no doubt at all. I always get positive feedback, nothing but support and encouragement for everything. I love working here." Staff also showed mutual respect for their colleagues. One staff member told us, "The staff all work really hard and go above and beyond." Staff described a real sense of teamwork where they would cover for each other in the event of holidays and sickness and listened to and offered each other support as necessary. One staff member told us how the provider arranged for them and a member of their family, who also worked for them to work opposite shifts to help them share child care which they really appreciated.

Staff were provided with opportunities to share ideas for service improvement through staff meetings and felt listened to. Staff felt these were open forums where they felt comfortable and able to put their views forward. One staff member said they had suggested that they ran the Care Certificate programme 'in house' and this had been implemented and was more effective. Staff said they also had meetings to share ideas about how best to support people and limit any risks.

The registered manager kept abreast of best practice through subscribing to care journals; through local training resources and health and social care websites such as Skills for Care and the CQC. They also organised and chaired the Registered Manager's network meeting where they were able to share best practice with other registered managers in the county.

The registered manager and provider had systems in place to monitor the quality and safety of the service. These included 'spot checks' on staff practice to ensure they put their training into practice and upheld the values of the service. They also completed checks on medicine administration records and of daily records. They used results to deliver continual improvements in the service.

The provider had established links with community groups and partner agencies. The registered manager was a member of the Patient Participation Group at a local medical centre. This enabled them to keep up to

date with changes in the community and adapt their service to suit, for the benefit of those who lived locally and beyond. Staff participated in fundraising events to raise monies for charity. Each year the provider purchased poppies for each of the staff and laid a wreath in memory of those that had given their lives for their country. The provider was also looking towards offering their office base as a place of safety in the community.

The registered manager and head of care had forged effective links with partner agencies. They encouraged joint working and worked closely with the district nurse team and the local pharmacy. One health professional told us the provider often contacted them for support and advice. They found that they followed advice given and where they had supplied specific equipment for people the provider had ensured staff members attended the training on how to use this. Another professional told us, "They (staff) have always been courteous with good knowledge of their clients and respond well to advice I have offered."

The provider and registered manager was aware of their regulatory responsibilities. They had ensured the ratings from the previous inspection were conspicuously displayed at the premises and on their website. The provider had a history of compliance with regulations.