Smart Care Limited

Smart Care

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection of Smart Care Limited took place between 29 May and 7 June 2018.

In November 2017 we carried out a comprehensive inspection of Smart Care Limited. We identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the provider's management of people's medicines was not always safe. We identified that the provider's failure to operate effective quality assurance systems and processes to monitor and improve the quality and safety of the service for people was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection we found the provider had taken the required action to improve the service and was now meeting the regulations.

The service is a domiciliary care agency which provides personal care to people living in their own homes. It provides a service to older and younger adults, people living with dementia, autistic spectrum disorder, physical disability, mental health needs and sensory impairment. The service enabled people living in Fleet, Farnborough and the surrounding areas to maintain their independence at home. At the time of our inspection there were 91 people using the service, who had a range of health and social care needs which were met by 36 staff.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People were supported by staff who made them feel safe and experienced good continuity and consistency of care from regular staff, which reassured them. People were protected from avoidable harm, neglect, abuse and discrimination by staff who understood their responsibilities to safeguard people.

Risk assessments identified how potential risks should be managed to reduce the likelihood of harm occurring to people. Staff understood the risks to people and delivered safe care in accordance with their support plans.

Incidents and accidents were recorded appropriately and investigated where necessary. Learning from incidents or changes to support plans or support guidelines were discussed and action was taken to reduce the risk of further incidents and accidents.

The management ensured there were always sufficient staff deployed to meet people's needs. Staff underwent relevant pre-employment checks that assured they were suitable to care for people made vulnerable by circumstances in their own homes.

Staff had completed the required training to manage people's prescribed medicines safely and had their

competency to do so regularly assessed by the management team. Staff had received additional training to support people with risks associated with certain prescribed medicine. Community nurse specialists provided further guidance to staff in relation to the effective monitoring of people's blood glucose levels.

People were supported by staff who underwent the provider's training and understood their roles and responsibilities in relation to infection control and hygiene. Staff followed current national guidance to ensure people were protected from the risk of infections. People were supported by staff to maintain high standards of cleanliness and hygiene in their homes, which reduced the risk of infection.

Staff had the required skills and knowledge to provide the support people needed. Staff training was up to date, which ensured that staff had been enabled to gain the necessary skills required to meet people's needs and then to maintain them.

The provider and registered manager effectively operated a system of spot checks, supervision, appraisal and monthly meetings which supported staff to deliver care based on best practice.

Staff followed required standards of food safety and hygiene, when preparing or handling food. People were supported to have a healthy balanced diet and had access to the food and drink of their choice, when they wanted it.

Staff demonstrated concern for people's wellbeing in a meaningful way and responded to their healthcare needs quickly when required.

Whilst the service did not provide accommodation, staff effectively supported people with applications to achieve adaptations to their home environment to meet their individual care needs.

People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. The service was working within the principles of the Mental Capacity Act, 2005, which ensured people's human rights were recognised and protected.

People experienced caring relationships with staff who knew about their individual needs and how to support them to meet the challenges they faced. Staff understood people's care plans, people's life histories and the events that had informed them.

Staff treated people with dignity and respect and were sensitive to their needs regarding equality and diversity. People were encouraged and enabled to be involved, as much as possible, in making decisions about their care.

Staff understood people's different communication needs and ensured they followed the guidance provided in people's care plans to enable them to communicate their views.

People's needs had been assessed regularly, reviewed and updated. Their support plans were detailed and personalised to ensure their individual preferences were known. People's support plans promoted their independence and opportunities to maximise their potential.

People were supported to take part in activities that they enjoyed. Staff supported people to maintain relationships with those that mattered to them, which protected them from the risk of social isolation.

The management team sought feedback in quality assurance visits, satisfaction surveys and telephone calls.

The registered manager ensured this feedback was acted upon through staff meetings and supervisions.

Complaints and concerns formed part of the provider's quality auditing processes so that on-going learning and development of the service was achieved. People and relatives felt that staff listened to their concerns, which were quickly addressed.

The service provided good quality end of life care which ensured people experienced a comfortable, dignified and pain- free death. When people were nearing the end of their life they received kind and compassionate care.

The registered manager was highly visible and regularly went to see people if they were upset or had raised concerns. The registered manager provided clear and direct leadership to staff who had a good understanding of their roles and responsibilities.

The registered manager effectively operated systems to assure the quality of the service and drive improvements. The provider ensured the service delivered high quality care by completing regular audits, site visits and reviewing the registered manager's weekly monitoring report, which detailed all significant events. People's and staff records were stored securely, protecting their confidential information from unauthorised persons.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had developed positive and trusting relationships with people that helped to keep them safe.

Staff supported people to manage risks to their safety, whilst promoting their independence.

There were enough suitably skilled staff deployed to meet people's needs safely.

People's medicines were managed safely by staff who had their competence to do so regularly assessed.

Is the service effective?

Good

The service was effective.

People's needs and choices had been assessed and staff delivered care and support in line with current legislation and guidance to achieve effective outcomes.

Staff received appropriate supervision and support to ensure they had the required skills and experience to enable them to meet people's needs effectively.

People were supported to make their own decisions and choices and their consent was always sought in line with legislation.

People were supported to eat a healthy, balanced diet of their choice, which met their dietary requirements.

Is the service caring?

Good

The service was caring.

People were consistently treated with kindness, respect and compassion, and were given emotional support when needed.

Staff supported people to express their views and be actively involved in making decisions about their care.

People were treated with dignity and respect at all times and without discrimination.

Is the service responsive?

Good

The service was responsive

People, their families and staff were involved in developing their care, support and treatment plans.

People knew how to complain and had access to provider's complaints procedure in a format which met their needs.

The service provided kind and compassionate end of life care which ensured people experienced a comfortable, dignified and pain-free death.

Is the service well-led?

Good

The service was well-led.

The manager promoted a positive culture that was person-centred, open, inclusive and empowering, which achieved good outcomes for people.

The registered manager operated effective quality assurance systems, which identified and managed risks safely.

The manager collaborated effectively with key organisations and agencies to support care provision, service development and joined-up care.

Smart Care

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.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports and statutory notifications. A notification is information about important events which providers are required to notify us by law. We did not request a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make. We gathered this information throughout our inspection.

The inspection took place between 29 May 2018 and 7 June 2018. It was conducted by one adult social care inspector. We gave the provider 48 hours' notice of our inspection as it was a domiciliary care service and we needed to be sure key staff members would be available.

In the course of our inspection we spoke with 18 staff, 15 people who use the service and five relatives of people who had limited verbal communication.

On 29 May and 1 June 2018, we visited the provider's office and spoke with three people who had invited us to see them in their homes at the time of their care visits. During the office visits we spoke with the registered manager, the nominated individual, the provider's area manager, the quality support supervisor, the service medicine's champion, the care coordinator, the office administrator and seven staff. Between 1 and 7 June 2018, we spoke with 12 people who use the service, four health and social care professionals who had engaged with the service and two commissioners of people's care.

We reviewed eight people's care plans, including daily records and medicines administration records. We looked at eight staff recruitment files, and reviewed the provider's computer training records. We reviewed the provider's policies, procedures and records relating to the management of the service, including quality

assurance audits and complaints. We considered how comments from people, staff and others, as well as quality assurance processes were used to drive improvements in the service.

Good

Is the service safe?

Our findings

During our last inspection in November 2017 we found a breach of Regulation 12 of the Health and Social Care Act 2008 Regulated Activities Regulations 2014. The provider's management of people's medicines was not always safe.

At this inspection we found the required improvements had been made to ensure people received their medicines safely. For example, the registered manager had appointed a 'Medicines Champion'. They had engaged with relevant pharmacies and health professionals and developed safe processes to ensure the service received information about changes in people's prescribed medicine doses at the earliest opportunity. We reviewed the provider's analysis, which confirmed that the appointment of the medicines champion, together with the provision of additional training, had led to a significant reduction in the number of medicine errors. Where medicine administration errors and recording errors had occurred, the registered manager had completed prompt investigations and implemented measures to prevent a further occurrence, for example by providing further training and supervision. Lessons learned from such incidents were effectively shared with all staff to ensure people received their medicines safely.

Since our last inspection staff had undergone additional medicines management training and had their competency to administer prescribed medicines reassessed, for example; staff had received additional training in relation to supporting people prescribed with Warfarin. This is used as a blood thinner and it is very important it is taken as prescribed. The medicines champion had completed spot checks to observe staff practice and audited medicine administration records to ensure people received their medicines safely.

At our last inspection people's care plans did not always reflect the care being provided or contain all of the relevant information about their changing needs, to enable staff to safely manage potential risks to people. For example, one person was being supported with stoma care, which was not recorded within their care plan. A stoma is a small surgically created opening on the surface of the abdomen to allow waste to be diverted out of a person's body.

At this inspection we found care plans had been updated to detail any changes in people's needs. We observed the care people now experienced was provided in accordance with the information and guidance contained within their care plans. For example, there was detailed information about how to support people with their individual stoma care. Where people lived with diabetes their care plans now contained detailed guidance concerning their normal blood glucose levels and the other required information, to enable staff to support the person safely.

People consistently told us they experienced good continuity of care, from regular staff who knew them well, which made them feel safe. One person told us, "The ladies are just wonderful. Everything they do is to make sure I am safe and well." A relative told us, "Yes their care is very safe. I don't think it could be improved." Social care professionals consistently provided positive feedback about the safety of the care provided by the service.

People were consistently protected from avoidable harm, neglect, abuse and discrimination. Staff had completed the required training to understand their role and responsibilities to safeguard people from abuse. When concerns had been raised, the management team carried out thorough investigations in partnership with local safeguarding bodies. Staff had access to the provider's safeguarding policies and procedures, local authority guidance and government legislation.

The management team completed needs and risk assessments, which promoted people's independence, while keeping them safe. Risk assessments gave staff clear guidance about how to support people safely. For example; risk assessments were specific to the individual person and not generic relating to their diagnosis.

People were supported to remain safe when walking and transferring from wheelchairs and beds, by staff who implemented thorough falls prevention and moving and positioning support plans. For example, risks to people in relation to their mobility identified the number of staff required to support them to mobilise safely, together with any specialised supportive equipment. People who were identified to be at risk from poor skin integrity had management plans to prevent the development of pressure sores.

The provider and registered manager had created an open culture within the service, where learning from mistakes, incidents and accidents was encouraged. Staff performance relating to unsafe care was recognised and responded to quickly.

There were always enough staff deployed with the right mix of skills to make sure that care and support was delivered safely and to respond to any unforeseen events, for example; staff absence due to sickness. People had not experienced any missed calls and received a telephone call if staff were going to be delayed. The coordinator ensured that people's preferred staff were available whenever possible, which people told us was reassuring and made them feel safe.

Staff underwent relevant pre-employment checks before they were employed by the service. These included the provision of suitable references, confirmation of their eligibility to work in the UK and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. References confirmed the details staff had provided and proof of their satisfactory conduct in previous health and social care employment. Selection interviews covered any gaps shown in staff employment histories and staff completed health questionnaires relevant to their role. The provider had assured that staff employed were of suitable character to support people whose circumstances had made them vulnerable in their own home.

The registered manager made referrals to relevant health professionals, such as the district nursing team, physiotherapists, occupational therapists, speech and language therapists and other healthcare specialists. This ensured that the person's changing needs were urgently reviewed and plans could be put in place to provide the most appropriate care and treatment to keep them safe.

People were supported by staff who underwent the provider's training and understood their roles and responsibilities in relation to infection control and hygiene. Staff followed current national guidance to ensure people were protected from the risk of infections. People were supported by staff to maintain high standards of cleanliness and hygiene in their homes, which reduced the risk of infection.

Good

Is the service effective?

Our findings

People and relatives spoke positively about the quality of care provided by staff, who knew them well and how they wished to be supported. One person with complex needs said, "The girls [staff] from Smart Care are all fantastic. They all know what they are doing and how I like things done." One relative told us, "The ladies have been very professional, they have all been trained how to care for [relative] which shows. I couldn't do it any better."

At our last inspection we identified the amount of detail contained in care plans was not always sufficient to provide a holistic assessment of the person's needs to enable staff to have access to important information necessary to promote the best outcomes for people.

At this inspection we found the registered manager and provider had reviewed and improved people's care plans. Care plans now detailed how people's individual care was to be provided, in a manner which promoted their independence and opportunities to maximise their potential. These care plans had been developed with people and their families where appropriate, on evidence based guidance and recognised best practice.

At our last inspection we identified staff cared for people with a variety of specific health conditions and care needs, including Parkinson's disease, motor neurone disease, diabetes and stoma care. At this time staff had not always completed the additional training in relation to the healthcare needs of the people, as required by national guidance on the delivery of home care. Therefore, there was a potential risk that they lacked sufficient up to date knowledge and training to deliver effective care and support to these people.

At this inspection we found that all staff supporting people with specific health conditions had completed additional training tailored to meet the individuals' needs. We spoke with community nursing specialists who confirmed they had delivered training in relation to the provision of stoma care and support to people living with diabetes.

People, relatives and health and social care professionals consistently made positive comments about the effectiveness of the service and told us that care staff had the necessary skills, knowledge and experience to provide the care and support people required. A supporting healthcare professional old us, "The manager is very good at seeking guidance as soon as there is a problem." Another professional said, "The registered manager is eager to learn and improve the service and is open to suggestions and guidance."

Professionals consistently made positive comments in relation to staff providing care in accordance with their instructions, which ensured people's changing health needs were met. People and relatives told us they experienced support from staff, in accordance with their support plans, which we observed in practice.

Professionals confirmed that staff worked effectively with external agencies to ensure people received the care they required when they moved between services, which records confirmed. For example, when people were either admitted or discharged from hospital, they were accompanied by the relevant information

required to meet their needs.

Staff had the required skills and knowledge to provide the support people needed. New staff had completed the provider's induction programme and did not work unsupervised until they were confident, and had been assessed as competent to do so by the registered manager. Staff had successfully completed the Care Certificate which was confirmed by staff records and the provider's training schedule. The Care Certificate sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve. This prepared them to meet people's needs safely and gave them the necessary skills and confidence to carry out their role effectively.

The registered manager had established an effective competency framework to ensure that the training and support provided to staff was being delivered in practice. Staff consistently told us they had received regular supervision, spot checks and appraisals, in accordance with the provider's policy, which records confirmed. Staff had received effective training and supervision to maintain and develop their skills and knowledge, which enabled them to support people and meet their needs effectively.

People were supported to eat a healthy diet of their choice by staff who had completed training in relation to food hygiene and safety. Care plans detailed people's specific dietary requirements, preferences and any food allergies. Staff knew people's food and drink preferences and understood what action to take if they identified a person to be at risk of malnutrition. Staff were able to describe the support they provided, which was consistent with the information provided in people's nutrition support plans. Staff training enabled them to support people to eat and drink sufficient amounts to protect them from risks associated with malnutrition. Staff consistently emphasised the importance of encouraging and supporting people to drink enough, for example; to promote good skin care. We observed people were protected from the risks of dehydration by staff who encouraged them to drink and ensured drinks were readily available. People were supported to eat and drink sufficient amounts to maintain their health.

The Mental Capacity Act (MCA) 2005 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 in the least restrictive way possible.

We confirmed that the service was working within the principles of the MCA. For example, the registered manager ensured a best interest process was followed regarding a decision surrounding medicine to support a person to manage their diabetes.

Staff demonstrated a clear understanding of the principles of the MCA and described how they supported people to make decisions. People told us staff always sought their consent before delivering any support. People were supported by staff who understood the need to seek people's consent and effectively applied the guidance and legislation of the MCA in relation to people's daily care.

Whilst the service did not provide accommodation, the quality support supervisor effectively supported people to ensure their individual needs were met by the adaptation, design and decoration of their homes. For example; they supported people to have specialist equipment installed which supported their ability to move and transfer and undertake their personal care.

Good

Is the service caring?

Our findings

Staff were highly motivated and demonstrated a real passion to care for the people living in their own homes. People, relatives and professionals told us that staff consistently provided care that exceeded their expectations.

People and relatives said staff were kind and friendly and spent time building meaningful relationships with them. Regular staff always found time to have a chat with people, which they told us, made them feel valued. One person told us, "It is the best part of my day when the girls come to see me. I know they have a job to do but it's just like being visited by your family or friends." A relative told us, "You only have to watch them together to see how much [their family member] loves them [staff] and how much staff care for her." Another person told us, "I didn't want them at first if I'm honest but now I wouldn't be without them. They have made my life worth living again."

We reviewed compliment letters and cards sent with flowers to the service consistently thanking the registered manager and staff for the "kindness and love" they showed to the writer's loved one. The provider supported staff to attend the funerals of people, with whom they had developed close bonds and wished to pay their respects.

People praised the attentive nature of the staff providing their care, and relatives made positive comments in relation to the way staff also supported people's extended family during visits. The relative of a person who had complex needs following a life changing event told us, "They are always there for me when it's all getting too much. They are so kind and care for me as much as [their loved one]. One relative told us, "All of the ladies [more mature staff] are excellent which rubs off on the young ones. The younger ones [staff] are all so kind and a credit to their generation."

We observed staff engage with people in two-way conversations about things that were important to them, such as their families and hobbies, and did not just focus on people's support needs. Staff spoke with fondness, affection and in-depth knowledge about people, their life stories, their likes and dislikes, as well as their care and support needs.

People and relatives told us the staff were calm and unhurried whilst delivering their care, which inspired confidence and reassured them. People and their families consistently told us that regular staff always found time to have a chat with them and were never rushing to get to their next visit, which made them feel valued.

People and relatives told us that the office staff welcomed their calls and were always helpful, responding effectively to any concerns they had with positive action. One person told us, "The thing I like about Smart Care compared to other care companies is they really listen to you and want to help you if you are worried or unhappy."

Staff had the time, information and support they needed to provide care and support in a compassionate

and person-centred way. People had as much choice and control as possible in their lives, including the choice of staff who provided their personal care and support.

Staff consistently demonstrated in their day to day support of people that respect for privacy and dignity was at the heart of the home's culture and values. Staff told us it was important to enable people to remain independent and clearly understood people's individual needs around privacy and dignity, which we observed in practice.

People's care records included an assessment of their needs in relation to equality and diversity. One person who lived with Parkinson's disease told us how staff understood the fluctuating nature of their condition, and adjusted their care to meet their needs at the time, in accordance with their care plan. Staff understood their role to ensure people's diverse needs and right to equality were met, through care which respected their privacy and dignity, whilst protecting their human rights.

The quality support supervisor told us they focused on the person's description of how they wanted their care provided. People's care plans noted their preferred method of communication and detailed what information they should give the person to support them. People were able to make choices about their day to day lives and staff respected those choices. People and their representatives were involved in their care planning.

Where people had specific or complex requirements, in relation to their individual communication needs, these were embraced and delivered by staff in a caring manner. Where people had limited verbal communication staff ensured they were provided with explanations in accordance with their support plans, which we observed in practice. For example, when required, staff spoke slowly and clearly, allowing people time to understand what was happening and to make decisions. Relatives described how staff often used gentle touch and got down to their level to enable people to focus on what was being discussed, which we observed in practice.

Information was kept confidentially and this was supported by policies and procedures which were readily accessible to people and staff. Staff told us it was important to maintain people's privacy and protect their personal information. Staff told us it had been impressed upon them by the management team not to discuss people's care in front of others. Personal information about people was respected by staff and treated confidentially, in accordance with the provider's policy.

Good

Is the service responsive?

Our findings

People experienced person-centred care that was flexible and responsive to their needs, which was focussed on them rather than the requirements of the service. One person told us, "The girls [staff] know what to do to look after me and always get me help if I am poorly." Another person told us, "They talk to me all the time about what I want and if there is anything I would like changed or done differently." One relative told us, "They [staff] are very good at keeping us informed and letting us know if things have changed." One family told us, "Whenever we have concerns or are worried about anything the manager comes out to see us as soon as she can and is very good at sorting things out."

People and their relatives consistently told us staff ensured that support was provided and tailored to meet their loved ones' individual needs, for example; people living with Parkinson's disease. Staff had been enabled to support people with complex needs through the provision of additional learning and development. One relative told us, "The manager has arranged all of the staff to receive the right training so they know what to do to support [their loved one]."

People and relatives who had experienced other care services consistently reported that the communication from the coordinator and office staff was much better than other services they had experienced. People and relatives told us that the office staff were attentive and responded effectively to any concerns they had with positive action. One person told us, "I always call [the office administrator] my 'knightess in shining armour' because she is so good at sorting things out for me." Another person commented, "The office staff are always polite and helpful if you need to make different arrangements or need some extra help."

People and their relatives, when appropriate, had been involved in planning and reviewing their care on a regular basis. The quality support supervisor told us they ensured people and their nominated representatives where required, were involved in making all decisions about their care, which records confirmed. Relatives consistently told us they were involved in decision-making about their loved one's care and support needs, when required. One relative told us, "She [their loved one] can make all her decisions but likes us to be there to jog her memory sometimes." Care plans and risk assessments were up to date and reviewed quarterly or more frequently when required.

People were involved in planning how they wanted their care to be delivered. One person told, "Yes, they went through all of my needs and spent a long time with me to find out how I wanted them [staff] to look after me." Staff consistently told us they had been provided with relevant information about people's needs, choices and preferences which enabled them to be responsive to their wishes.

People's care plans provided information about what was important to the person, such as their interests, likes and dislikes, daily routines, previous occupations and important people in their life. During our last inspection we observed there were significant differences in the amount of information these contained. At this inspection we found the registered manager had reviewed people's life stories and updated them with as much detail as possible. This meant staff were enabled to know the person and not just the care tasks

they had to carry out. One staff member told us, "The care plans are getting better because the information in people's life stories brings them to life and helps you get to know them."

Since our last inspection the registered manager and quality support supervisor had reviewed people's communication support plans to ensure they provided sufficient information to enable staff to communicate effectively with individuals. For example, where people experienced living with Parkinson's disease or dementia, staff were provided with clear and specific instructions about how to support individual needs. People's communication needs were being clearly recorded and met during their day to day care, which we observed in practice.

The service was complying with the Accessible Information Standard, which is a framework making it a legal requirement for all publicly funded providers to ensure people with a disability or sensory loss can access and understand information they are given. Staff had clearly documented if people were registered blind or hard of hearing, and how to support them, for example; where people were visually impaired they were provided with the office contact details in large print or in a format which met their needs, such as braille. Staff provided other support, for example; ensuring the office contact number was input into their telephones to enable them to dial it easily.

People and their relatives told us staff responded to their needs and wishes in a prompt manner. Staff were alert to people's non-verbal communication methods and identified and responded to their needs quickly. Staff responded immediately where required, before people became distressed, for example; we observed staff supporting a person by responding promptly to their need to communicate and their wish to be repositioned.

Prompt interventions initiated by staff had consistently resulted in positive outcomes for people, for example; referrals to district nurses, speech and language therapists, occupational therapists, and mental health services.

Staff understood how to support people to promote their independence and maximise the opportunity to do things of their choice, for example; supporting people to try new experiences and allowing people to do everything they were capable or had the potential to do. People were supported to take part in activities that they enjoyed. Staff supported people to maintain relationships with those that mattered to them, which protected them from the risk of social isolation.

The registered manager and management team sought feedback in various ways such as quality assurance visits and telephone calls. The registered manager ensured this feedback was analysed and acted upon through staff meetings and supervisions and was shared with people by staff and newsletters.

Complaints and concerns formed part of the provider's quality auditing processes so that on-going learning and development of the service was achieved. We observed people had been provided with a copy of the provider's complaints procedure in a format which met their needs. People and relatives consistently felt that staff listened to their ideas and concerns, which were quickly addressed. The registered manager had a system in place to analyse the learning from complaints and where appropriate address any issues with relevant staff in supervisions or staff meetings.

The service provided good quality end of life care which ensured people experienced a comfortable, dignified and pain- free death. We spoke with a relative who praised the compassion shown by staff to their loved and their family. They told us, "I don't know how I would have coped without them." When people were nearing the end of their life they received kind and compassionate care.

Good

Is the service well-led?

Our findings

At our last inspection the provider's failure to operate effective quality assurance systems and processes to monitor and improve the quality and safety of the service for people was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made the required improvements to meet the regulations. We found the registered manager, provider and designated staff were operating effective quality assurance systems, which had improved the quality and safety of the care people experienced. For example, robust auditing of medicines management had ensured there had been a significant improvement in relation to the number of medicine administration and recording errors.

Quality assurance processes completed by the medicines champion identified communication with hospital discharge teams required to be improved. We found the medicines champion and registered manager had worked with relevant partners to implement an effective process. This ensured people's prescribed medicines were clearly understood when they were discharged, and assured the safe administration of their prescribed medicines.

At our last inspection there were no audits concerning the overall management of complaints, incidents or accidents, infection control, training, supervision, staff sickness, notifications to the CQC, medicines or safeguarding referrals. Therefore, the provider was unable to demonstrate the effectiveness and safety of the service in these areas.

At this inspection the registered manager was able to demonstrate robust audit processes in relation to the management of all of these areas. Analysis of these audits had led to the improvement of the in relation to infection control, complaints and safeguarding referrals. Analysis of audits was also used to formulate agenda items for staff supervisions and meetings, for example; medicines management and staff understanding of the main principles of the MCA.

The registered manager had established procedures which ensured all accidents and incidents were thoroughly audited, to identify themes, trends and areas to improve staff care practice. For example; the detailed analysis of circumstances relating to a missing person ensured they were found safely and communication processes with relevant partners was improved.

Analysis of staff supervisions and meetings had led to further training being provided by the community nursing specialists in relation to pressure area management and compression management. Compression management provides stretch bandaging to prevent people experiencing swelling and ulceration of their limbs.

The provider, who was also the managing director, carried out quality visits and spoke with people and staff. One person told us, "I think it speaks volumes about the service when the managing director comes to see you in person and spends time to find out what they can do to improve things." One person told us the

provider's visit had a significant impact on their well-being, when they found they had sporting interests in common. Similar comments were consistently made by people and their relatives about the provider's passionate commitment to provide the best care possible for them.

Since our last inspection the registered manager had developed an audit tool and reporting process to assess and monitor the quality of the service at the provider level, which generated action plans to drive improvements, where required.

People and their families consistently praised the quality of the support they received and told us the service was well-managed by the registered manager, who led by example and provided clear and direct leadership. The provider and management team had created an inclusive, person-centred culture, which achieved good outcomes for people, based on the provider's values. These values focussed on treating people with dignity and respect. One person told us, "The manager always comes to see you if you are worried about anything." A family member told us, "She [registered manager] is very friendly and genuinely wants you to tell her if something isn't working so she can do something about it. She is passionate about the care her staff are providing."

The registered manager operated an effective competency framework which consistently monitored the support provided against these values, to ensure they were embedded in staff practice. People and relatives told us that staff delivered their care in accordance with the provider's published values, which we observed in practice.

People, staff and health and social care professionals told us the service was well-led by the registered manager who was effectively supported by their management team. Staff told us the new care coordinator was experienced at delivering care, which meant they understood how to schedule visits effectively and support staff.

People, relatives and staff told us all of the management team were approachable, willing to listen and readily available. People and staff particularly praised the registered manager for being a good listener, who took action to address their concerns.

Professionals consistently made positive comments about the registered manager's openness to constructive criticism and willingness to seek advice and guidance. Community nursing specialists were impressed with the registered manager's implementation of their guidance. The community specialist matron confirmed the registered manager had positively engaged with regular forums they had established to support the providers of care in the community.

The registered manager had developed an open and honest environment within the service, which encouraged and supported staff learning from mistakes. Staff told us they had received constructive feedback from the registered manager and training to improve their performance, where required. For example, in relation to identified medicine errors and improved infection control practices.

Staff consistently told us the provider and registered manager made them feel their work and opinions were valued and respected. The provider was focused on the development of staff, who were supported to achieve accredited qualifications to continually improve the service people received.

Staff had completed or were in the process of completing external qualifications relevant to their role, for example; the medicines champion was being supported to develop their knowledge and skills relevant to their role. The registered manager was able to demonstrate their future plans to develop other champions in

relation to other areas of their service delivery, for example; equality and dignity.

Staff told us the provider encouraged them when they had performed well and exceptional work was readily praised and recognised, for example, during staff meetings and supervisions. The provider had implemented a bonus scheme to recognise the consistency and continuity of care provided by staff. The registered manager promoted the link between people's positive experiences of their care and recognition of staff good practice.

The registered manager demonstrated good management, for example; staff told us the registered manager was very approachable and encouraged staff to discuss any concerns with them. Two staff members disclosed details about the sensitive support provided the registered manager when they were experiencing personal difficulties.

The registered manager collaborated effectively with key organisations and agencies to support care provision, service development and joined-up care. For example, the close liaison with hospital discharge teams, respective community health care specialists and people's social workers to support individuals' complex care needs.