

Westmorland Homecare Limited

# Westmorland Homecare Office

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

**Outstanding** 

Is the service effective?

**Outstanding** 

Is the service caring?

**Outstanding** 

Is the service responsive?

**Outstanding** 

Is the service well-led?

**Outstanding** 

# Summary of findings

## Overall summary

The inspection took place between 21 November and 3 December 2018 and was announced. We gave the provider 48 hours' notice because the service is a domiciliary care agency and we wanted to make sure someone would be at the office to assist with the inspection.

Westmorland Healthcare is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to mostly older adults. Not everyone using the service receives the regulated activity personal care. The Care Quality Commission (CQC) only inspects the service being received by people provided with personal care such as help with tasks relating to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

At the time of this inspection, the service provided personal care to 96 people. The majority of the people that received care from the provider had made the choice to use the service as it was either privately funded or through the use of their direct payments. A small number of people were funded through adult social care or by NHS continuing healthcare funding.

The service registered with CQC in October 2017. This is the first inspection of the service.

The service had a registered manager who was also the nominated individual. A registered manager is a person who has registered with the 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.

The service was owned and run by three directors; two were medically trained and experienced doctors. One had previous experience of being the registered manager of a domiciliary care agency that had been rated as outstanding.

People and relatives were extremely positive about the caring nature of staff and the responsiveness and reliability of the service. Everyone we spoke to, without exception, told us how the service excelled in delivering a service that met their needs. One person told us, "They are passionate about giving great service and being the best carers. It's the whole package, they do everything right."

People were supported to continue to live independently within the community and through positive risk taking so that people could live fulfilling lives whilst still remaining safe. The service had set up a contract with an independent physiotherapist to help people maintain and regain skills to ensure they remained safe in their own homes.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff were skilled and proactive in recognising and reducing risks.

Reliability had been a key factor in people rating this service so highly. The service had an unbroken track record of no missed visits and guaranteed that no one would receive a visit from a care worker they had not met before. People told us they had a set team of care staff and that this was extremely important to feeling safe and well cared for.

Safeguarding had a high profile in the organisation and staff were highly skilled and trained in protecting vulnerable adults from abuse. The service had developed innovative training using drama students to act out scenarios to make the safeguarding training for staff come to life and to be more meaningful.

Staff were highly motivated and reflected pride in their work. The values and culture of the service was exemplified by all the staff who worked in the service. People using the service used the term "go the extra mile" frequently to describe staff support. Staff recruitment was robust and the selection process very competitive to ensure that staff had the right attributes, skills and experience.

A well-structured staff development programme resulted in a professional and highly-skilled workforce. The agency's own health and social care staff training academy had won regional and national awards and recognition. People and their relatives could access this training if they wished, and many described 'feeling part of the team'.

The service saw people as partners and they were consulted, listened to and valued. Staff used inclusive ways of communicating with people so they were supported to take ownership of their care. People were supported to be part of interview panels for new staff and to take part in the running of the service, such as through the provider's monthly Quality and Governance and Engagements meetings.

Healthcare professionals were highly complimentary of the service offered to people. Commenting on how well people's conditions were monitored, the skills of the staff team and how well the service communicated and linked with other services. One healthcare professional described the agency as "Leaders in their field, proactively changing the face of how social and healthcare is delivered."

The agency had pro-actively worked in partnership with local professionals and other organisations to improve the health and wellbeing of local people. The provider had led projects for more effective and safer hospital discharges for people by working with the hospital wards and community professionals.

The service was exceptionally well-led and had excellent links with the local community. They were proving to be a leader in the field and had won national and regional awards and recognition for their care, training and health projects.

There was a strong emphasis on continually striving to improve the quality and safety of the service and ensure that people were receiving excellent outcomes. Quality systems and checks were highly developed and were part and parcel of the working practices within the organisation.

## 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 exceptionally safe.

People were supported to live independently whilst staying safe through positive risk-taking. Staff were highly skilled in supporting people to manage and reduce their own risks.

Staff had received comprehensive and innovative training in safeguarding issues and people told us they felt very safe with the support of the staff.

Highly effective management systems were in place make sure the service was reliable and to monitor accidents, incidents and in responding to emergencies.

**Outstanding** 

### Is the service effective?

The service was extremely effective.

Staff recruitment was rigorous and thorough which meant only staff with the right aptitude and skills were employed by the agency.

People were supported by staff who were extremely well-trained, skilled and knowledgeable.

Prevention and promotion of health and well-being was central to the work of the agency. The agency worked pro-actively with other organisations in promoting people's well-being and health.

**Outstanding** 

### Is the service caring?

The service was outstandingly caring.

People who used the service were wholly positive and expressed a high degree of satisfaction with their care and compassion shown by the agency staff.

Respect for people and a desire to promote 'kindness' was at the heart of the service's culture and values.

**Outstanding** 

Staff displayed great empathy and worked with people and their relatives to understand how to best support them and promote their independence.

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

The service was exceptionally responsive.

The service was exceedingly flexible and responsive to people's individual needs and preferences.

People were actively encouraged to give their views and raise concerns or complaints. These were used to improve the service.

The care of people at the end stages of life was exemplary. People and their relatives were supported to develop end of life plans and to ensure their wishes were followed.

**Outstanding** 

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

The service was exceptionally well-led.

People and their relatives were consistently positive about the service and how it had made a difference to their lives.

There was a strong emphasis on continually striving to improve. Checks were carried out to monitor the quality and safety of the service to make sure people were receiving excellent outcomes.

The senior team were highly motivated and demonstrated a clear commitment to providing dignified and compassionate care and support based on proven best practice.

**Outstanding** 

# Westmorland Homecare Office

## **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 between 21 November & 3 December 2018 and was announced. This was to ensure someone would be available at the office to speak with and show us records. An adult social care inspector and an Expert by Experience formed the inspection team. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We visited the office on the 22 & 23 November and carried out telephone interviews between 21 November and 3 December. We spoke with 10 people who used the service and four family members at a day service. The Expert by Experience spoke with 15 people and five of their family members by telephone. We spoke with the registered manager, senior care coordinators, human resources (HR) manager, scheduling coordinators and training coordinators, and with six care staff; and observed staff meetings. We checked the care records of six people who used the service and the files for six members of staff. We looked at key policies and procedures and the systems for managing the service.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to us by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the

service does well and improvements they plan to make. We had the latest provider survey from people using the service and their relatives; 92 surveys were sent out 56 were returned. This gave a 61% response rate.

All this information was used in a planning tool to inform the inspection process.

## Is the service safe?

### Our findings

People and family members we spoke with told us the staff at Westmorland Homecare provided exceptionally safe care. Everyone we spoke with repeatedly told us how their care staff and the procedures put in place by the agency made them feel safe. People told us, "I feel very safe indeed knowing I have this agency. I wished I'd found them sooner." Another person told us, "I cannot begin to tell you how reassured I am now I have this agency. They sorted so much out for me when I came out of hospital. Everything I needed to feel safe: staff team, agreed hours, equipment, it was all sorted."

This was confirmed by relatives whose comments included, "Westmorland have made such a huge difference to our lives. I feel safe to leave [relative name] in their care. I am so much more rested and completely trust them." Another relative said, "They make her [relative] the priority. My [relative] has been allocated a specific team of carers and there was a two days introductory event to meet the care team. They know [relative] so well and this means [relative] can go back to leading their life again, which has been amazing to see."

The Provider Information Return (PIR) states: "We are committed to ensuring our service is robustly safe. We want to be a national leader in safety and be outstandingly safe. We have worked hard to build a culture of safety, transparency and learning into our service. Every client is empowered to make their own choices around risk and safety." We found that the provider was meeting these aims and the information set out below demonstrated how they were doing this.

People were encouraged to take the lead on making safe decisions on risk by skilful and trained staff. People told us that the risk and options were clearly discussed with them and this allowed them to make informed choices. Risk assessments were very detailed in people's care plans with clear steps set out to minimise these risks.

The provider used innovative ways to support people to stay safe in their own homes and to lead fulfilling lives while minimising restrictions on their freedom. The providers' falls prevention strategy had led to people being safer at home and in the community. The service had a setup a contract with an independent qualified physiotherapist (physio) to help people regain skills and have on-going support to increase mobility while reducing the risk of falls. One person told us, "The agency sent a physio out. She has made a huge difference to us. She came out and looked at our situation and made lots of suggestions. We were given exercises that my husband had to follow and his confidence has grown tremendously. He now feels a lot safer and we don't worry as much about falls now."

Technology was used so that risks were well managed to enable people to live full lives whilst remaining safe. The provider risk assessed people's homes and provided individual solutions. This had included: the installation of smart home hub technology, temperature control alerts and fire alerts to the office on-call phone manned 24/7; and door cameras for added security. The registered manager told us, "Without this technology many clients may suffer harm from a drop in body temperature, crime or fire without anybody being alerted. For those who want this technology but cannot afford it we purchase this for them at our expense because we want them to feel safe."



People felt safe by these measures. This was backed up not only by our findings but also in the Client Survey 2018 conducted by the provider the Safe section had a combined 100% score of Good (14%) and Outstanding (86%). With 100% saying 'Yes' to 'Do you feel safe with your healthcare assistant?'

Safeguarding people from harm had a very high profile across the organisation with safeguarding policies embedded across all working practices. Staff told us they were empowered and encouraged to keep safeguarding as a key priority; several staff at various levels were 'champions' to promote good practice across the organisation. One staff member told us, "We all know that safeguarding is everyone's responsibility. We are very vigilant and will always act to keep people safe."

Staff were highly skilled and trained in protecting vulnerable adults from abuse and discrimination. Staff received an individualised safeguarding training passport and were trained to a particularly high level. The training and case studies used had been based on current good practice and checked against the local authority protocols. The training had been recognised as cutting edge good practice in national awards. This heightened awareness had led to staff raising more safeguarding alerts. These had been passed to the local authority for investigation.

The actions of the agency had led to not only people in receipt of care from the agency being better protected but this had also led to a greater degree of protection for vulnerable people in the wider community. We were told by the provider, "We created our own guidance around scams and financial abuse for clients. We arranged for the police to deliver training to our staff on doorstep crime, financial abuse and crimes that target the elderly." As a result, staff had raised concerns about 'rogue' traders and safeguarding alerts were sent to the local authority. These had initially been dismissed but the provider was insistent this did constitute abuse. This led to improvements to the systems of the local authority and training given to the local authority staff as a result.

People's medicines were very well-managed by a highly trained and competent staff team. The two directors who were doctors took a lead in ensuring robust systems were in place to manage medicines safely and effectively. People told us the agency took an active role in ensuring people's well-being in this area. One person said, "They are very knowledgeable on medication and sorted out a full review from the GP because they felt the tablets weren't quite right with too many side effects. It's made a huge difference as [relative] is now much more alert and more active around the house."

Medicines were managed in line with National Institute for Clinical Excellence (NICE) for people receiving social care in the community. Continuing compliance was monitored by the provider and a recent update to record the 'formulation' of medicines as well as the strength and frequency had been actioned. The registered manager had set up meetings with local GPs and pharmacists to check the NICE guidance for a community setting, and updates, were being adhered to. This had led to improvements and changes to the way information was passed between the GP, pharmacist and the agency making it less likely for errors to occur.

Reliability had been a key factor in people rating this service so highly. People told us this was a really important factor to feeling safe. We saw that there were more than enough staff to support people to stay safe and meet their needs. The service over recruited to what was currently required and had never had to use agency staff. Staff recruitment measures were extremely robust and included requesting four references from potential candidates.

The service guaranteed never to send staff that had not been introduced face to face. Staff were carefully selected for each person and set teams gave continuity and consistency of care. People told us that this

allowed for trusted relationships to develop. One person told us, "I know 100% that my staff would never let me down."

The service had well-developed business and emergency protocols to ensure effective delivery of the service. In the event of emergencies such as flooding or snow the service had a contract and service agreement with the Mountain Trauma Rescue Services. In extreme weather conditions mountain rescue staff used 4x4 vehicles to ensure that agency staff and medical supplies could still be delivered to people's homes. This had been used several times in the more rural areas over the past two winters. One person told us, "I never imagined that they would be able to get through to us, it was incredible really. We were really badly snowed in but it was business as usual for this agency." The agency also had a number of stand alone heaters in case of boiler breakdown over winter and these had been loaned out to people. People were provided with a list of vetted trades people from the Chamber of Commerce. One person used one of these trades people, that the agency also used as their handyman, to repair a burst pipe.

The provider was knowledgeable about risks and safety within the organisation, had good control over them and used risk to drive improvement. A risk register, devised by the leadership team, had a colour coded rating with actions required, who was responsible and deadlines. Two examples of the risks register that led to improvement were: a change to medicines record keeping and re-training of staff that had led to a significant decrease in errors. And another was the identified risk to the company's IT system crashing and loss of data rectified by an IT company employed to upgrade and ensure the systems were safe and reliable.

Highly effective management systems were in place to monitor accidents and incidents to reduce the likelihood of reoccurrences. An example being, the IT system alerted that a staff member had not arrived to a visit and staff in the office immediately made alternative arrangements. The provider carried out a 'near miss' investigation and as a result an additional safeguarding measure was put in place. Staff were to acknowledge receipt of their daily schedule with a digital application (App) on their mobile phone used to communicate important messages between care staff and office staff. And a 'live' staff tracking system had been installed to monitor staff and visits in real time, with additional protocols for remote geographical areas with poor mobile signals.

## Is the service effective?

### Our findings

People were all very enthusiastic about how the staff and agency had made a "huge difference" to their lives and were particularly complimentary about the skills of the care staff. Comments included, "The care I receive is already excellent, yet the staff are continuously training to make it better." Another person told us, "They (care staff) are definitely well-trained. They know how to look for UTI's (urinary tract infection) they spotted [relative's] problem with kidney function and [relative] was admitted to hospital for treatment as a result. They have provided my [relative] with an interactive cup which reminds her to drink. They came up with the idea. They have training to ensure they stimulate interaction with my [relative]."

Another relative told us, "It has been absolutely crucial to have people in our home that understand dementia and the type of support that is needed. The staff have been absolutely excellent and are always looking to improve. I know they have regular training updates and this keeps them on the ball."

Staff recruitment was very rigorous and thorough which meant only staff with the right aptitude and skills were employed by the agency. People using the service told us, "They employ exceptionally high-quality staff, some have degrees and others are just very caring and professional." Another person told us, "Staff are very good. At least two are former hospital sisters and some have been teachers. They don't employ any Tom, Dick or Harry. They are very careful about who they employ."

People using the service were actively recruited to be part of the second stage selection panels and were asked to help devise questions for candidates. The provider had developed an attractive package to attract, retain, and promote a high-quality work force.

We found that this organisation was particularly effective in delivering consistently high-quality care because of the emphasis it placed on building a really strong staff development programme. There was a focus on a learning culture within the service. Staff induction was very robust and ensured that staff were well-equipped for their role. New staff received a full week face to face classroom training and a minimum of two weeks shadowing more experienced staff prior to working in people's homes. All staff were given a mentor, had weekly face to face supervisions in the first few months and staff were encouraged to make use of a face to face independent confidential counselling service. This was paid for by the agency to support staff well-being. Staff had used this service after the death of a person they supported and for personal issues. Staff reported being very well supported and this better equipped them to do their job well.

The agency employed two full-time staff development coordinators (trainers) and paid for them to attend the local college one day per week to complete a level 4 diploma in Education and Training. The registered manager told us, "This was to improve the quality of our training and as such ensure our clients have the best trained and skilled staff possible. We have developed our own induction and training programme and have been short-listed for a national training award."

The staff development coordinators demonstrated how the induction and training programmes had been developed by mapping them to Skill for Care standards, CQC key lines of enquires and best practice

guidance, such as NICE Falls strategy guidance. Innovative methods were devised to deliver training that was particularly effective: such as the use of drama students to act out scenarios; staff writing care plans based on how they would want to be supported if they had a life changing accident; and interactive frailty suits worn by staff to mimic the effects of old age.

Staff told us the training had been "excellent" and "fantastic" and given them confidence to deliver safe and effective care. They spoke of being given a professional status; being valued as a care worker with a real desire to learn and inspired to make a career in the care sector. One staff member told us, "The training where we had to imagine being paralysed was a real eye opener. Just a small thing like not having your nose wiped really hit home. And the safeguarding training brought us all to tears. It certainly makes you view things from the clients' perspective."

People's needs were being well met because staff had training that was designed around each person's needs. An example of this had been using a specialist trainer on the use of a nebuliser and suction training for one person with complex swallowing difficulties. The provider had developed links with local GPs to provide training for staff; these had included: understanding anti-coagulation and monitoring; blood results – what are we looking for; diabetes awareness encouraging compliance with diet; and how to use of a defibrillator.

People using the service had been included in training sessions and some people had been part of delivering the training to share with staff their experience of living with various health conditions. One relative told us, "It was so helpful to have additional support and training in using equipment." Another relative said, "I know the importance of following the care plan now, I follow it like the staff do. It's teamwork! My [relative] will never be cured but her overall health is so much better now."

We received this comment from a senior lecture from a local college that provided additional training to staff. "Staff are extremely well trained and knowledgeable about the fundamentals of care delivery. Just one example of this is recently I trained six new staff members on the implementation of the Mental Capacity Act. The knowledge in the room before I even started was exemplary. The care staff had received induction training to a standard that I rarely see in our sector and they confidently and competently discussed scenarios where capacity was assessed, reported and respected."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

The staff we spoke with were very confident on the application of the MCA and were using best interest principles in their day to day work with people. We saw how people were being supported by skilful staff to make informed decisions about all aspects of their life. Where decisions were made on people's behalf capacity had been assessed and the best interests process followed with all the relevant people and professionals involved.

People's needs were thoroughly assessed and care and support was delivered in line with best practice guidance. The provider told us, "We assess people's needs holistically and write care plans in a way that encourages them to be empowered and have choices. Every care package is highly individual and tailor-made for that person." Senior staff often visited a person two or three times to ensure that correct

assessment had been carried out prior to plans being developed and to go at the person's pace. One relative told us, "We feel very lucky to have the assistance of some highly experienced people and some younger assistants who have developed to become excellent carers. The management of [relatives' name] care package has been brilliant. All their needs were worked out with [name] and us to come up with the ideal care package."

Prevention had a high priority within the work of the organisation. The agency pro-actively worked in partnership with local professionals and other organisations to develop joined up, innovative, flexible services and sustainable models of care that improved the health and wellbeing of local people. This could be seen in the providers' falls prevention strategy. The agency kept figures that showed how the number of people falling had reduced since this project started.

Another project, Collaborative Joint Working, set up and led by the registered manager, had helped to alleviate unnecessary prolonged stays in hospital by identifying 'blocks in the system'. People were now able to safely go home in a more timely manner with a more effective multi-disciplinary discharge plan as a result of this scheme. A good example of this was one person who was supported to be 'fast tracked' back home on this scheme, and by the next day was walking up the street with their care worker to get fish and chips; and the following day care staff took them to a family re-union get together at a local pub. This persons' family told us, "We never imagined [relative] would be home so soon. We had been told it could be weeks by the hospital as he wouldn't be safe at home on his own. But the agency stepped in and got it all sorted. Everything was put in place and he was home the next day."

The Chief Nursing Officer of the local hospital Trust described this as "A wonderful example of true partnership working with the patient in the centre." Due to the success of this pilot plans were in place to roll this out to another hospital.

The service prompted the use of new technologies to promote people's health and well-being. For some people the use of sensor monitors was used as part of the agency's falls reduction strategy. With people living with dementia the agency had researched latest best practice. Initiatives included: digital drinking cups and water pastels to encourage people to drink and stay hydrated; the use of digital applications (Apps) and communication aids to support people to make choices; and the use of memory aids using smell to prompt memories and conversation.

To promote good nutrition and hydration a nationally recognised good practice tool "water drops scheme" had been adopted to encourage people living with dementia to drink more. Small pieces of equipment and aids were purchased by the provider for people to use to make eating easier for them, such as plate guards and adapted cutlery.

Staff were very well-trained and skilled in supporting people to eat well to promote their well-being. One person told us that staff help to reduce symptoms related to their health condition through eating more healthily. They told us, "Staff encourage me with my diet and this controls my diabetes. Staff have brought in alternatives for me and porridge is one of the best things for this and I love it now."

People were very well supported to access healthcare services. When people started to receive a service from Westmorland Homecare, the registered manager sent a letter to the GP informing them of this and with the persons' permission had developed strong links with their GPs. The staff team had close working relationships with other health care professionals such as occupational therapists (OTs), physiotherapists, hospital staff and district nurses. We received positive feedback from health professionals on communication and working in partnership. One GP commented, "They have a very holistic approach to

their clients and have promoted joined up ways of working."

## Is the service caring?

### Our findings

People were overwhelmingly positive about the service they received and said the service was exceptionally caring. People told us, "They are superb. All staff are exceptionally kind and do anything I ask them to. I wish we had found you sooner." People also spoke a lot about staff and the agency going the "extra mile" and "frequently going beyond call of duty."

Relatives we spoke with confirmed this very positive view on the caring nature of the organisation as a whole. One told us, "They are competent, efficient, always smiling, caring and knowledgeable. I think the carers are superb because they personally care that my husband is getting better." Another relative told us, "Our carers have offered encouragement at every turn, there is a real sense that they feel personally involved in the healing process."

In the Client Survey 2018 conducted by the provider the section on caring asked the question "Would you say your homecare assistants go the extra mile?" with the response being 100%. A local GP told us, "They appear to care deeply and value each person." Another healthcare professional told us, "I have worked as a community physiotherapist (physio) for more than 20 years and come across carers from many different agencies. Westmorland Homecare staff do have a particular outlook towards ensuring the well-being of their clients. They display sensitivity and a real depth of knowledge of the client's needs and likes/dislikes and work to promote individual choice."

People's quality of life was enhanced by agency through a strong, visible person-centred culture. The PIR stated, "We actively encourage personal relationship building and have seen some wonderful practice. One of our core values is kindness. We chose this because we felt it was a powerful and meaningful word. To be considered kind is something we wanted to build into the service. We actively recruit around this value and have a values based emotionally focused recruitment process." We saw how this was demonstrated by the provider's value based approach to staff recruitment and in the measures outlined below.

People's independence was actively promoted giving people greater confidence and boosting self-esteem. People expressed how their independence had been promoted by the input of the agency to the extent that many had regained skills they thought they had lost. Where people were recovering after an operation or following a stay in hospital staff worked with people to discuss the help they needed to regain their independence. This was supported by the agency's contract with an independent physiotherapist. One relative told us, "I couldn't believe we didn't have to pay. It's been a fantastic service. She [physio] came three times a week. It made all the difference so we don't need her now." Another person spoke of the physio's input helping them to regain confidence and giving them back their self-respect.

Staff were actively encouraged to focus on building and maintaining meaningful relationships with people and their relatives. Staff did not wear uniforms. The registered manager explained that this was so staff appeared less clinical and formal and to reduce any potential barriers to working with people. However, staff used personal protective clothing (PPE) such as aprons and gloves for delivering personal care. Great care and attention was taken to match people with care staff of similar interests and personalities. The

senior coordinators told us, "We make strenuous efforts to match our clients with their carers so our clients develop a strong relationship with the staff, feel safe and secure and are encouraged to tell us exactly what they want, when and how they want it." This was confirmed by people, staff and our own observations. One person told us, "We have a set team of carers. We have built up a great rapport. They all have an unfailing good humour and temperament. Confidence boosting, encouragement, they provide this and much more, nothings too much trouble." And another person told us, "We are going to get a male carer who is coming to see my [relative] next Monday. We only happened to mention that it would be nice to have a man on the team. So that's really good of them."

People were given support that was set at their own pace and visits were not rushed. The provider told us the importance they placed on having time to care for people in an unhurried manner. To ensure this all visits were a minimum of half an hour with the majority being an hour. People told us, "They do spend a lot of time with me. They don't rush off." A relative told us, "They don't herd her into the bathroom. They are very respectful. That is the main reason we went to Westmorland because they could guarantee a dedicated team who have time to care and talk. We know we can always change things that aren't right."

People were actively empowered to take control of their care packages and to lead the lives of their choosing. One person was given support to carry on working and advice on how to make them be safer in the work environment through fitting a door camera and using a wrist alarm. This person had been delighted and commented on how thoughtful staff had been in making these suggestions. All the people we spoke with said they had been made to feel very comfortable about requesting changes to their care packages. One person told us the agency had been very accommodating changing one staff member who they described as an excellent carer but they "didn't quite gel with them."

Staff demonstrated real empathy and compassion for the people they cared for. We observed kind, caring and thoughtful interactions between people throughout our inspection. We heard how one person who loved playing the piano had stopped using it as it was in need of tuning. Staff told us, "We knew it was really important to them and for their well-being and stimulation. The agency paid for the piano to be retuned and they were delighted." This was something that made a significant difference to his quality of life and wellbeing. Another person who was terminally ill was taken by staff to the zoo as it was on their bucket list of things to do while they were still well enough.

We heard of staff doing shopping errands, buying people special treats or things they knew they liked, such as puzzle and colouring books. One person told us, "They even look after the dog when I'm not well. And one staff bought me some fingerless gloves because they thought this would be a help to me." A member of staff was a qualified aromatherapist and masseur and the agency offered sessions to people who they thought would benefit from it as part of the service.

People told us that staff were very thoughtful, considerate and showed compassion. People repeatedly told us that sometimes it was the small things and actions that made a difference. We saw many Thank You cards and letters of appreciation that the agency had received. One person summed this up by saying, "The caring part of your name is true (Westmorland Homecare) for you bought me a lovely gift of Thornton's chocolates. Thank you all so very much for this and for everything you do for our happiness and care. Your thoughtfulness is appreciated so very much." Another small action that demonstrated how thoughtful staff were was bringing home-made cakes to the day club set up by the provider to combat loneliness and making sure the 'office dog' was also taken to the club. People really enjoyed seeing the dog and staff said this had proved to be a great ice breaker for getting people chatting.

Staff were highly motivated and passionate about the care they provided. They were proud of the ways they



had built relationships with the people they supported, and their relatives. One relative told us of being helped out in a crisis. "Recently, my dad, who had the care package, was ill and the quickest way was for me to take him to hospital. When the carer arrived for the evening visit they covered sitting with my [another relative] instead while I took my [relative] to the hospital. They stayed well beyond the time they should. It was so reassuring they stepped in and kept my [another relative] safe. I've never had this level of support before. They were so understanding and said ring anytime I need help like this. I can't begin to tell you what a weight this has taken off me."

The agency offers a "Caring after Caring" service whereby they continue to offer emotional support for families after their loved ones have died; either by phone calls, visits or through inviting them to the agency's social club. One person said they had really appreciated being included in events after their relative had passed away. They told us, "They kept in touch and recently asked if I would like to attend a World War One (WW1) memorial in the town. They arranged transport and I was with a few other people who used the agency, which was nice as I had company. I wouldn't have been able to go otherwise. This meant a lot to me to be able to go and pay my respects."

People's rights were respected and protected with established links with advocacy services and support for people to use these. The organisation also had a well-developed human rights approach to supporting people with staff members trained and with 'champion' roles in Human Rights and lesbian, gay, bisexual and transgender (LGBT) rights. The provider told us, "We celebrate diversity within our service and encourage people to be proud of their individual needs and characteristic. We work to ensure all our clients are treated the way that they want to be treated."

## Is the service responsive?

### Our findings

People overwhelmingly told us that the service was flexible and developed with them to meet their needs; and that they were made to feel in control. People told us, "Nothing is too big or small, they are willing to help, be flexible and believe the carer or relative knows best. They are very client led and fit into our routine." And another person said, "The supervisors really took their time to get to know me, put me at my ease and find out what I wanted. The assessment of my needs was a very positive experience. To start with we, the agency and myself, tinkered around with the plan, timings and the staff team until we had things just right. And now any changes that are needed are responded to straight away."

The provider told us in their PIR, "Assessment are outcome focussed and the service person centred rather than task focussed". Staff told us that this meant, "We focus on the person and not just the chores and tasks, anyone could do those. It's how you do the care and support that matters."

The service went the extra mile to find out about people and their needs and wishes. Care plans were extremely detailed and had been written collaboratively with people. One person told us, "It is because of the in-depth time the staff spend in the first place that it works so well." One relative told us of how detailed and how personalised the plan was. They told us, "My [relative] is particular about how the bed is made and they have even taken that on board. They have taken time to ensure my [relative's] hearing aids are removed before [relative] goes in the shower. They have put up a laminated note because I have forgotten and the hearing aids are very expensive. They also check back to ensure things are okay and always act when things need to be done."

People told us of the lengths staff went to ensure that care plans were tailored to each person. Comments from relatives included, "There were certain targets for my mum such as washing herself. This was following her hip operations." and "I was very involved in setting up the care plan during the initial meetings but [relative] was made to feel the one leading. The main aim was to make her more independent with help from the carer and the family. I know this has given her a great sense of achievement and its been a massive confidence boost. It's so easy to take over and the older person feel helpless. We are also made feel that we are all part of a team but [relative] has the final say."

A healthcare professional told us, "Westmorland Homecare have a holistic approach to care provision. Having read the care plans of the clients I have been involved with I find that their whole approach is "person centred", focused on the individuals wishes, preferences and outlook on life. Plans reflect the personality instead of being simply a collection of facts and figures about someone."

There were well developed systems to make sure care and support plans continued to meet people's changing needs. The agency trained care staff in the importance of monitoring and reporting changes to people's needs; this being particularly well-embedded in checking people's healthcare needs. An electronic incident protocol was in place and care staff used this to immediately flag up changes via their mobile phones to the office. This allowed supervisors to act quickly by seeking advice from healthcare professionals, setting up appointments or making changes to care plans. The incident reporting system

flagged up messages from care staff to all key senior people within the agency so that none were missed and to see that these had been responded to appropriately. One staff member said, "The training we have had means we know what to look for. We've had a number of GP led sessions about links with falls and UTI's leading to confusion. We covered areas such as why GPs ask for blood and urine tests and what they were looking for. So we know how important it is to take action."

The agency provided exemplary end of life care to people. They did this by working in close partnership with the integrated care and community NHS teams and with voluntary sector, such as the local hospice and McMillan nurses. Staff received thorough end of life training and were given the opportunity if they wished to specialise in this area. This meant staff were skilled at advance care planning and could sensitively support people and their families during these stages. We saw a letter from the local hospice staff sent to the provider to share with care staff the good practice they had seen given to people at the end of their life.

One person who's relative had been supported by the agency at the end of their life told us, "Westmorland were incredible. The carers were remarkable and every single one treated him with respect, compassionate and dignity. They made sure the right equipment was in place and arranged for everyone involved, including the nurses to meet at the house and agree who was doing what. This was very comforting as I knew if things started to get worse there were plans in place that we had agreed to. My [relative] passed away peacefully at home."

The provider had instigated a piece of work meeting with local GPs, the ambulance service and themselves to ensure that people's end of life wishes were kept to by; making sure that 'do not resuscitate' (DNACPRs) plans were in place, where appropriate, and up to date, easily accessible within the person's care plan and all staff knew where these were stored within the persons' home. This meant people's end of life wishes were clear to all professionals involved and that people were not subject to unnecessary interventions that could be distressing. For example, where DNACPRs paperwork cannot be found then ambulance crews have to attempt to revive the person, which may be against the person's wishes.

People's social and emotional needs were being well met by the actions of the agency. People were very positive about the support to carry on interests and hobbies. Comments included, "Staff go out of their way to make sure my [relative] is stimulated. They came up with the idea of taking [relative] to a 'Singing for the brain' club and out for afternoon tea groups. Another person said, "The carers took my parents to the WW1 memorial service." And one person who the agency had supported to have an earlier hospital discharge had been able to attend the latest production of the Operatic Society, with whom they that they had previously played an active role.

The service took a key role in the local community and was actively involved in building further links. To combat loneliness and social isolation the provider had set up a social group for people using the service and other people in the community to meet up. They hired a church hall in the town centre and arranged transport, provided refreshments, cakes, activities, bingo and arts and crafts. Staff had researched dementia friendly activities and equipment had purchased so that everyone had the opportunity to join in and not be excluded. One person told us, "I really look forward to meeting up with folk, my carer brings me down. I won the raffle last time. It's a chance to make new friends. "

The service had a positive approach to handling concerns and complaints which they viewed as a part of driving improvement. A complaints policy and procedure was in place and people had copies of this in their homes. All complaints were tracked with outcomes and dealt with in a timely manner in line with policy. Detailed records were available to show what action had been taken to resolve the issues raised.

People told us that they were actively encouraged to speak up and make suggestions and formal complaints. One person told us, "I had a relatively minor small issue with timing of visits. It was sorted immediately. But the manager asked if this could be recorded as a complaint so that lessons could be learnt to prevent it happening again or to other people. I was a bit reluctant but he was so keen that I agreed. I received feedback and he asked if they could share this at a quality meeting." Another person told us, "At the start they said if something is not right please let us know. My [relative] doesn't like making complaints so they changed the word to 'observations'. to make it easier for him to comment. They are very good at trying to help."

The service was meeting the Accessible Information Standard. Care plans contained details of people's communication needs and how to meet them. Documents were available in large print, braille, audio books, DVDs and key documents had been translated into other languages, such as Polish. The provider had used a national validation scheme to check that they were meeting all the required standards.

## Is the service well-led?

### Our findings

People, relatives and healthcare professionals consistently praised the exceptionally high standards of care and services provided by the agency.

The provider's website stated its aim as, "To provide only the highest quality care, centred around each person as an individual, through our core values of kindness, trust, innovation and enrichment." People using the service confirmed that staff clearly displayed the provider's values and vision. They were exceptionally positive about the service and how it was managed. We received very positive comments across all areas. The comments included: "Everything is done well, care, communication and respect. Top rate care provider." "As an organisation communication is excellent, easy and two way." "Employ exceptional high-quality staff." "Westmorland have made such a huge different to our lives."

Relatives were also very complimentary, comments included, "As an organisation they are lovely, wonderful, fantastic and so helpful. The managers are knowledgeable and they have a passion to make sure they have a good company that gives really good care to older people. They are a role model for other companies. Yes, they are more expensive but I feel we are getting value for money."

Feedback about the service from other professionals was overwhelmingly positive and complimentary. A GP told us, "My overall feedback is very positive and we see them as aspiring to deliver high quality care that puts the patient at the centre." Another professional told us, "I can confidently say that they pass the 'mum test' in my personal and professional opinion."

The provider's ethos and vision of a person-centred values service was driven by the exceptional leadership of the registered manager, directors and senior staff. This led to an exceptionally high-quality service given to people by care staff. The service was set up and led by three directors; two of the directors had been doctors within the NHS. The registered manager (also Operations director and one of the doctors) had previously been a registered manager of a domiciliary care agency, in another part of the country, that had been awarded an outstanding CQC rating. The registered manager told us that this previous experience had enabled them to "hit the ground running" in setting up this agency. There was a wealth of experience, qualifications and skills across the whole staff team. The senior care team had previously held roles as registered managers; and within the care team some staff had been registered nurses.

There was a commitment to developing innovative, flexible services and to developing sustainable models of care that improved the health and wellbeing of not only people using the service but also of the wider community. The registered manager had set up a 'Collaborative Working pilot' to challenge current working practices and look for ways to help relieve pressures in the social care and health system. This involved liaising and presenting to the local NHS board of Directors, speaking of a "risk adverse culture giving citizens poorer outcomes and slowing discharges." The registered manager's presentation to the board laid out the benefits of engaging with Westmorland Healthcare for more effective discharges, stating these as: "less admissions, earlier discharges, more beds available, less unnecessary interventions, shared responsibility, less deconditioning, less hospital acquired infections, happier empowered patients, better outcomes for

patients and it costs nothing."

We spoke with people who had benefited from an earlier discharge through the pilot scheme and this was now being rolled out to other wards and a nearby hospital. One of the trust's board of directors said of the work, "This a wonderful example of true partnership working with the patient in the centre."

We saw numerous examples of the provider leading on, promoting and adopting good practice that was evidenced based. These included; implementing a falls prevention strategy with links to GPs, OT's, NHS physiotherapist and physiotherapist provided by the service; the GP led training sessions for care staff; and the DNACPRs pilot with the ambulance service. The provider also proactively worked with other providers and organisations in sharing good practice. They had been instrumental in setting up a domiciliary care engagement forum to share good practice in the local area. This had also allowed other services to be included in the Collaborative Working pilot with the NHS trust so that competitive advantage was not exclusive to Westmorland Healthcare.

The provider demonstrated they were a positive agent for change and leaders in the field of community care provision. The agency had won good practice awards and received recognition for this and other areas of its operations. The training programme with its innovative ways of engaging with staff had been recognised in national training awards and staff had been finalist in Great British Care Awards. One of their care staff won the Care Show 2018 national carer of the month. Westmorland Homecare won Best Homecare provider in Cumbria Enterprise Awards 2018. In a press article the judging panel commented, "Westmorland Homecare stood out because of their clear commitment to change the way care is delivered to ensure that the people they look after are happy, independent and active." Other awards included: The Best Start Up in the Rural Business Awards 2018 and the refurbishment of the organisations offices within a historic area was rated the most improved building by Kendal Civic Society.

The provider was instrumental in helping to make positive improvements within the local community for older people and those living with dementia. The directors were dementia champions and delivered workshops on dementia to local businesses and organisations. A social club had been set up to combat loneliness, with transport, refreshments and activities offered free of charge. This was promoted through links with Age Concern and open to everyone in the local community.

The agency and staff were very actively involved in the local community. Staff had carried out fundraising events for local charities, including Hospice at Home. Staff had taken part in the local candle light parade and had won a prize for their carnival float. Staff told us how much fun this was and how everyone had pulled together to make it. One said, "It just shows how amazing the management is here. We had a brilliant time making it in the office, all the materials were given by the agency and we got as many clients as possible involved and took them to the event. It was a fantastic team effort."

Staff were extremely motivated and demonstrated a clear commitment to providing dignified and compassionate care. Staff told us, "This is the best place I've worked. The directors and managers are so approachable. It's a joy to come to work! It really does make you want to do your very best." Another staff member said, "The support I have had has been fantastic. They are a very caring organisation to both clients and staff. I was given a lot of support through a difficulty family time and with health issues. Now I'm getting lots of retraining and I'm back on track. The buzz and enthusiasm at work is truly amazing. It's a 'can do' culture!"

The leadership team had high expectations of staff, they led by example and encouraged staff to continually learn and try new things. The registered manager frequently spoke at national conferences on meeting the

challenges of providing effective care to older people. Care staff were encouraged to attend national conferences to promote awareness and their professional development.

Care staff were recruited for their compassion and empathy through an extensive value based pre-employment programme. The provider had an award scheme that recognised, reinforced and rewarded positive staff values, attitudes and behaviours. One such measure that demonstrated that the work force was valued was the gesture by the directors who on Christmas Day went out and gave each staff member working that day a bunch of flowers and a thank you card.

The Client Survey 2018 conducted by the provider gave a 100% satisfaction rating for the service being well-led and 100% of people surveyed would recommend the service to family and friends.

Improvement and innovation was a central driving force in the organisation. The service had excellent systems in place to ensure the management team had robust oversight of their dispersed work force and the quality of the service. A 'risk register' gave greater scrutiny and ensured that improvements were sustained and lessons learnt. Communication systems were extremely effective to drive improvements, such as the providers monthly 'Quality Matters' meeting. At this meeting stakeholders, people using the service, their relatives and health professionals, were encouraged to speak up and give feedback. Incident, safeguarding's and complaints were anonymised and the meetings' participants were asked for their suggestions on how to make improvements.

The service had an open and dynamic culture. External professionals told us that the service was open to challenge and actively sought out ideas to make improvements. A senior lecturer from the local college told us, "The managers welcome input and feedback on care standards and practices following training delivered to their staff. The training managers search for opportunities to develop their staff and do not focus on the cost of training but the quality of the training they need. Each staff member receives support to develop which has resulted in an open and honest reflection of practice and responsibilities within the organisation."

Staff meetings had a very clear focus on improvement and reflections on practice. In each of the providers 'Quality and Governance' meetings two recently published CQC inspection reports were shared with staff to measure themselves against to gain ideas on how to improve their practice. We observed one of these meetings and found that staff of all levels spoke confidently and knowledgably, including on the CQC key lines of enquiry. There was a lively debate and discussion. Ideas were taken up and staff volunteered to take on responsibilities, such as to develop a clearer communication strategy with staff being keen to offer to form a working group to research the topic and to take a lead.

Human Rights and equality and diversity had a high profile being well embedded within an all areas of the organisation. The provider had conducted a mapping exercise using tools from the Equality and Human Rights Commission. This had led to the creation of a Human Rights champion and a LGBT champion role. Further work was carried out in relation to protected characteristics using an assessment tool devised by Middlesex University with care plans changed as a result. More male staff had been employed and a commitment made in the agency's business plan to employ more staff who had disabilities.