

IVYBRIDGE HOME CARE LIMITED

Home Instead Senior Care

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Home Instead Senior Care is a care agency providing the regulated activity of personal care to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 43 people receiving the regulated activity of personal care.

People's experience of using this service and what we found

People told us staff regularly exceeded their expectations and people described numerous examples where staff went above and beyond to help them achieve their goals and make them feel special. People were extremely complimentary about the care they received and told us they were supported by staff who were kind, caring, empathetic and compassionate. Staff spoke with compassion and genuine warmth when referring to the people they cared for.

People told us there were enough staff to support them, and they appreciated the continuity of care from the same care staff who were consistent and always attended. People said they looked forward to the staff visiting and enjoyed their company.

People's care was exceptionally person-centred and focused on providing high quality outcomes for people. The providers, registered manager and staff were extremely passionate and committed to making a positive difference to people's lives. The provider and staff understood the importance of forming positive relationships to reduce the risk of social isolation. Staff had established strong links with the local community which had benefitted the people who used the service.

Care plans were comprehensive with clear instructions for staff on how the person wanted to be cared for. There was a clear focus on providing person-centred care and staff understood the needs of people, their individual wishes and preferences. Daily visit records were extremely detailed, and focused on the person, rather than focusing on tasks. When people's needs changed, this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was promoted.

People received care that kept them safe from harm. Risks were assessed and reviewed. When needed, care records were updated to reflect the change in risk. People's medicines were managed safely. The provider had ensured people were protected from the risk of the spread of infection. Accidents and incidents were investigated, and actions taken to prevent the risk of recurrence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People and relatives told us they felt the service was flexible and responsive to their needs and they felt involved with decisions about their care.

The service was exceptionally well managed. People, relatives, staff and professionals all commented on the positive approach of the providers and registered manager. Effective systems were in place to assess, monitor and improve the quality and safety of the service and the providers and registered manager were constantly looking for areas of the service where further improvements could be made for people's benefit.

Staff were encouraged to develop their careers and there was a thorough training programme in place to aid continual development and improvement of staff knowledge. The providers and registered manager recognised when staff had gone the extra mile and had given outstanding care to people. Staff told us they felt extremely well supported and their achievements were celebrated. This encouraged continual high-quality performance from staff and improved outcomes for people.

People, relatives, and staff were encouraged to share their views and could speak to the registered manager or provider when they needed to. The provider used a range of quality monitoring tools such as surveys, telephone courtesy calls, care service reviews and customer feedback to engage and listen to people, relatives, and staffs' views of the service. Feedback was overwhelmingly positive.

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

Rating at last inspection

This service was registered with us on 21 April 2020, and this is the first inspection.

Why we inspected

This was the services' first inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

Home Instead Senior Care

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 4 October 2022 and ended on 6 October 2022. We visited the location's office on 4 October 2022.

What we did before the inspection

We received information we received about the service since they registered with us in April 2020. We sought

feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

During the inspection we met with the providers, the registered manager, office staff and eight care staff. We spoke with four people and two relatives in their homes, and with 11 people and three relatives by telephone in order to hear about their experiences of the care provided.

We reviewed a range of records. This included six people's care records, medication administration records and the daily notes recorded by care staff. We looked at staff files in relation to recruitment, supervision, and training. We also viewed a variety of records relating to the management of the service, including policies and procedures and training records.

Eight health and social care professionals gave us their views on the quality of the care provided. This included occupational therapists, community nurses and social workers.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported in a safe way and were protected from avoidable harm and abuse. People told us they felt safe with the staff that supported them. One person told us, "They always keep me safe, make sure the door is closed and locked and that I have everything I need until their next visit."
- The provider had systems in place to safeguard people from the risk of abuse. Their safeguarding policy set out staff's responsibilities to respond to abuse.
- Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm.

Assessing risk, safety monitoring and management

- Risks associated with people's care needs such as; risks relating to people's skin, mobility and medicines, were clearly assessed and recorded and provided staff with the information they needed to support people safely.
- Staff knew people they supported well and were aware of risks associated with people's care, how to monitor them and what action to take to reduce risks.
- Staff used an electronic care record system to record information which was monitored and audited daily by the management team. This helped to ensure people's care plans were updated in response to any change in their needs and any concerns or risks were identified and addressed promptly.
- Environmental risk assessments were undertaken of people's homes before staff started to supported the person to ensure any potential risks were identified and managed to keep people and staff safe.
- Risk assessments were updated regularly and reflected people's current support needs.

Staffing and recruitment

- The provider had robust recruitment processes in place to ensure candidates were suitable to work with adults in a care setting. This included obtaining a candidate's full employment history, checking and verifying references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. These checks help employers make safer recruitment decisions.
- People and their relatives told us there were enough staff to support people. There were no missed visits, staff arrived on time and stayed for the time agreed and sometimes longer if needed. One person said, "I have found them to be absolutely excellent. The carers are usually prompt and punctual, but if they are held up, they ring to let us know and they make sure we are never left without a visit."
- People told us they were supported by a consistent staff team who knew them well and could recognise any deterioration in their health.

Using medicines safely

- Medicines were managed safely, and people told us they received their medicines when they needed them.
- The provider implemented an electronic system for recording medicines and all medicines administered were recorded on people's medicines administration records. There were regular checks and audits to ensure medicines had been correctly administered and recorded.
- Staff completed training to administer medications and competency assessments of their practice were completed to confirm they did so safely.

Preventing and controlling infection

- People told us, and we saw staff followed correct infection control procedures, washed their hands and wore personal protective equipment (PPE) when providing personal care.
- Staff told us they had received infection prevention and control training and were supplied with sufficient stocks of PPE.

Learning lessons when things go wrong

- Systems were in place to effectively record and monitor accidents and incidents. Accidents or incidents were analysed to help identify any trends or themes and was used as a learning opportunity. For example, following two incidents related to anti-biotic medicines not completing their full course, the service created a stock checking system to ensure this did not happen again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to their care and support commencing with the service. From this assessment detailed person-centred care plans were written and were immediately made available to staff. This ensured staff had the information necessary to provide care and support in a way that met people's needs and wishes when they visited them for the first time.
- People's protected characteristics such as their age, gender, religion, culture, ethnicity, and sexual orientation were recorded to ensure the service met their individual lifestyle choices effectively.
- Records showed that regular reviews took place to ensure people using the service had their needs assessed in line with current legislation and guidance.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to meet their needs safely. People and their relatives told us staff had the skills to carry out their roles effectively. One person told us, "The carers certainly know what they need to do, and they are very experienced."
- The provider had a comprehensive training programme in place which covered a range of core topics such as moving and handling, medicines management, safeguarding, food safety and The Mental Capacity Act 2005 (MCA). Where people had specific health needs, training was provided to staff to meet those needs, for example, to meet the needs of people living with epilepsy and multiple sclerosis.
- People were supported by staff who had completed a programme of induction training, including shadowing of experienced staff and competence assessments, before starting to work with people. Staff were also supported to complete The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they felt supported and valued in their roles. One staff member told us, "I feel well supported and the training certainly fills in all the gaps." Staff had regular opportunities to meet with the registered manager or senior staff, at planned staff meetings and staff supervisions.

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

- People were supported to eat, and drink based on their individual preferences and needs.
- Where people required support with eating and drinking, people's likes and dislikes, support needs and dietary requirements were recorded in their care plan.
- Staff knew people's needs well and described the role they played when supporting people with their meals. One staff member told us, "I always ensure that I leave people with any food they want me to make for them and make sure they have drinks available."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care plans contained key information about their physical health and wellbeing to inform staff and guide them on how best to support each person.
- Staff supporting people were required to access a range of health care professionals to enable them to live healthier lives. This included their GP, physiotherapist, occupational therapist, dietitian and speech and language therapist (SALT).
- The providers electronic care system enabled staff to record any changes in people's needs and report these to senior staff, where referrals were made to appropriate professionals for input.

Ensuring consent to care and treatment in line with law and guidance

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

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

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

- People were involved in decisions about their care and support and staff supported them to have maximum control of their lives.
- The registered manager and staff team were trained and knowledgeable about the MCA and what this meant in practice.
- Mental capacity assessments and best interests' decisions had been completed for decisions people were unable to make for themselves.
- Staff told us they always sought people's consent when they supported them.
- People confirmed that staff asked for their consent and respected their choices. One person told us, "They listen to what I need and do as I ask them."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were extremely positive about the service and were exceptionally complimentary about how caring the staff were. One person told us, "I have found Home Instead to be wonderful, the best carers I have ever had." Another person said, "I have found them to be absolutely excellent. The carers are all very nice and helpful." A relative commented that Home Instead were a "Shining example of what care should be."
- The provider and staff demonstrated a strong commitment to providing quality care that met people's needs. Staff knew people well and had a good understanding of how best to support them. One staff member told us, "I love people and I want to make their lives enriched and make them feel worthy." Another said, "I love to help people and if I can make them smile then it makes my day."
- People were supported by a provider and staff who were kind, caring, empathetic and compassionate. They regularly exceeded expectations providing people with an exceptionally caring service. We were told about numerous examples where staff showed great empathy for people and looked for creative solutions to ease people's anxiety. For example, staff took one person's pet to the vet when it was unwell as the person was not able to go out and take the pet themselves. Staff supported them during this difficult time.
- The registered manager told us the team worked hard to ensure people received consistency of staff visiting them. This had a positive impact on people's wellbeing, reduced their anxiety levels and provided stability. One person told us, "What we do like is the continuity, they try and keep to the same carers as much as possible and if they are sending new carers, they are shadowing the regulars, so they know what to do and they introduce them rather than a stranger turning up." Another person told us, "I really value having the same staff coming to see me. It makes me feel safe and I look forward to their visits."
- Visits to people were a minimum of one hour which meant staff had time to ensure people felt valued and did not feel rushed. One person told us, "They've always got time to sit and chat and we do have a laugh and giggle. I never feel rushed."
- The provider carefully matched people with staff that had similar interests and personalities. This supported people to build strong, meaningful, and trusting relationships with the staff. For example, the provider matched one staff member and person because of their shared love of music. The staff member told us how lovely it was that they could talk about their shared interest and described singing sessions they had with the person during their visits.
- Staff embraced technology and used it to improve people's experience of care and their quality of life. For example, a staff member supporting one person with sight loss, recognised that due to their sight loss the person was unable to read, something they had always loved doing before they lost their sight. Staff contacted the person's family and suggested using a virtual assistant technology device to access audio books, crossword puzzles and newspaper articles. Staff supported the person to set up the device, which is

used daily by the person. The person's relative told us that this had a positive impact on their life, the relative said, "They take enormous trouble to help him with his physical disabilities and assist him in countless small ways. With kindness, good humour and sensitivity they bolster his morale and help him accept his very constrained existence."

Supporting people to express their views and be involved in making decisions about their care

- The provider and staff placed people fully at the centre of their care and respected the decisions they made. They supported people to express their views about what was important to them, and people received care in a way they wanted. One person told us, "I have found the company to be very flexible, if I decide I don't want or need something doing on a certain day, they are happy to do it on another day. I know the best way to care for me and they have worked with me to give me that care."
- People and relatives told us they felt listened to and they played a full and active role in the decisions relating to their or their relatives care and support needs. One person told us, "The office calls me and asks me if I am happy with the care and if I feel I need anything more. They listen to what I need and do as I ask them." A relative told us, "If there is anything that concerns them then I am contacted. I also have the app which provides me with information from the visits so I can see how dad has been. Nothing is too much trouble."

Respecting and promoting people's privacy, dignity and independence

- The provider's aims and objectives were to provide supportive care and compassion to enable and encourage people to remain independent, in their own homes for as long as possible. This vision was supported and reflected by the whole of the staff team. One staff member told us, "I try to find ways to help people remain independent. For example, I help them to write lists to help them feel in control."
- People were supported by staff to maintain and increase their independence wherever possible. For example, staff supported one person to regain their independence to such an extent that they no longer felt they needed support from Home Instead. We saw in a compliment the provider received from the person's relative, they felt the person had "taken on a new lease of life" because of the support received from staff at Home Instead.
- Care plans were clear about what people could do for themselves and where assistance was needed.
- Respect for privacy and dignity was embedded in the service and the care its staff delivered. Staff used language that was enabling, person centred and respected people. People told us they felt respected and listened to.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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

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

- The service promoted a strong person-centred culture and was committed to making a positive difference to people's lives. The providers, registered manager and staff were extremely passionate about providing person centred care in line with people's preferences and wishes.
- People and relatives told us they felt the service was flexible and responsive to their needs. People confirmed they were involved in their care planning and met with staff prior to receiving support in order to understand their needs.
- Following the initial assessment; care plans were developed and were written in a personalised way. Care plans included details about people's background, their interests and preferences and how they wished to be supported. One relative told us how thorough the assessment had been, they said, "They really took time to learn about and understand my husband and what he had done in his life, what he liked to do and what was important to him."
- Systems were in place to review care being provided. The service had an electronic care planning system which was available to staff, people and their relatives. This meant that any changes to people's care and support needs could be recorded immediately to ensure continuity of care.
- Daily visit records were extremely detailed, and focused on the person, how they were, what they had been doing, what happened during the visit, rather than just focusing on tasks 'done to them'. The provider told us they had introduced comprehensive case notes training into their training programme, induction, and good practice workshops to give staff a greater understanding of the importance of good quality notes to reflect person centred care rather than a task orientated approach. Improving the quality of visit notes recorded had a positive effect on people's quality of life. For example, staff had recorded that some aspects of one person's Parkinson's symptoms were affecting the person more. Following the staff member's excellent recording and reporting in the daily notes, the registered manager contacted the Parkinson's team at the local hospital who arranged for the person to receive a home visit from the consultant and regular contact from the Parkinson's nurse.
- Detailed daily notes also helped relative's feel connected to the person receiving care. With the permission of the person receiving care, relatives could see on the app what happened during their relative's care visits and how they were feeling. We were told that this was a great comfort to relatives who lived away from the person or were not able to see them often. One relative said, "Being so far away, it gives me reassurance that [person's name] is in good hands."
- When people's needs changed, this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected. For example, when caring for one person staff noticed that although the person had been assessed as able to take their medicines independently, they were at times;

forgetting to take them. This was discussed with the person and their relatives, and they decided to increase their call visits so that staff could support the person to take their medicines safely and as prescribed for them.

- We saw numerous examples where staff responded quickly and appropriately to people's changing needs including emergency situations. For example, when staff were alerted that one person was feeling low, helpless and was talking about ending their life, staff immediately responded by contacting the crisis mental health team to support them. When one person had fallen and was waiting for an ambulance to take them to hospital, the office team rearranged and covered the staff member's visits for that day so that they could wait with the person until the ambulance arrived. When another person had to be taken to hospital following a fall, a staff member went with them and stayed with them in the ambulance overnight as they did not want to leave them alone.
- A relative told us about how the service had gone out of their way to provide care for their elderly parents at short notice. They said, "Home Instead didn't cover Plymouth at the time, but we discussed their needs in detail and within a few days we had support going in three times a day. Since that time Home Instead have been very responsive to their changing needs, including with their increasing dementia."
- People told us staff went that extra mile for them. This included being personally involved in people's lives. For example, staff visited people on their birthdays, taking cards and presents to celebrate. One person told us, "I called into the office this morning to see [registered manager's name], we had a little sing of a song in Welsh. It's my birthday today and I went in to thank them for the gift they bought me."
- Another relative told us about how staff went above and beyond for their relative's birthday. Whilst supporting and getting to know the person, staff discovered they used to be a police officer and had keen love of boats and had happy memories of sailing. Staff wanted to do something special for this person for their birthday and contacted the military police to arrange a boat trip. Their relative told us, "They've always been so thoughtful. I felt really pleased for [person's name] as I thought he would love it. Home Instead bought him a picture frame so we could display a picture of our memories of that day. They do think outside of the box."
- The provider was committed to providing excellent dementia care. Staff were receiving dementia training designed with Home Instead and the University of Bradford to ensure they would have the skills and knowledge to support people living with dementia lead full and meaningful lives. A health professional commended Home Instead's engagement with people living with advanced dementia. They said, "I have found Home Instead to have strengths in supporting individuals in varying stages of dementia and some associated challenging behaviours by building trust, a good rapport, and a skilful approach to the fluctuations in care delivery at each intervention."
- Other health care professionals we contacted were also highly complementary. Comments included, "I have found them to be very skilled in the way that they approach situations and work with individuals. They are very person centred and are able to adapt to the needs of different service users as required", "They are responsive to the client's needs but putting in extra visits when required" and "Home Instead Ivybridge have demonstrated implementation of flexibility and are adaptive in individualised bespoke care planning to meet the needs of these individuals and their carers/families to deliver their care and support."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Communication was part of the individual assessment tool completed for each person. Any needs

identified to facilitate communication were recorded and responded to. For example, staff supported people to use hearing aids and glasses when needed.

- Staff used their skills, experiences, and empathy to support people with their communication needs and sensory loss. For example, when one person was experiencing difficulties with their new hearing aids, a staff member shared their own experience of wearing hearing aids, reassuring them, and offering guidance and support.
- Where people were living with sight loss, staff made suggestions to make life easier for them. For example, suggesting aids such as magnifying equipment and where people could buy them.
- Printed care plans were available for people and relatives who chose not to use the provider's electronic care recording system.
- The registered manager told us that all documents and information could be provided to people in different formats if needed such as large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider and staff understood the importance of forming positive relationships to reduce the risk of social isolation and of people becoming withdrawn.
- Staff had gone the extra mile to find out what people had done in the past and tried to ensure people could continue to enjoy their hobbies, social activities and things that were important to them. For example, staff found out one person enjoyed cooking, such as, making jams, and fruit crumbles. The staff member went out looking for and picked blackberries so that they could make jam and crumble together.
- One staff member told us about arranging a trip for the person they were supporting to visit the place where their husbands' ashes were scattered.
- We heard of other examples where staff supported people to go out shopping, lunches and attend events such as the Age Concern lunch.
- The service was proactive at ensuring people at risk of social isolation were provided with opportunities to meet other people. Staff had established strong links with the local community which had benefitted the people who used the service. For example, the service worked with a community organisation, 'Thriving Ivybridge' to organise and host a seated dance event to encourage and promote community wellbeing for people over 50. The service encouraged and supported people receiving care from Home Instead to attend with their care staff.
- Staff approached a local school to ask if they would like "a chance to light up an elderly person's day in your local community" by contributing and creating a Christmas Card that the service would send out to the people they supported. They also included in the invitation, lesson plans and activities for the children to complete that would make them a Dementia Friend with the Alzheimer's society.
- People were supported to celebrate important events in their lives, such as their birthdays and world events. For example, Home Instead were one of the main sponsors of the jubilee celebrations in the local community and sent out cream teas to the people they supported for them to enjoy.

End of life care and support

- At the time of the inspection, no one received end of life care from the service, however the service had previously provided end of life care for people.
- When people approached the end of their lives, staff worked closely with people and healthcare professionals to support and provide outstanding end of life care that enabled people to experience a comfortable, dignified and pain-free death. For example, when one person's admission into the local hospice was looking likely to be delayed because of staffing issues, the service provided staff support in the hospice working alongside the hospice team. This enabled the person to receive the hospice care they needed, whilst having familiar faces and staff that could explain their choices and preferences.

- The provider recognised the impact for staff of caring for a person at the end of their lives. They offered support and debrief sessions/meetings to discuss staffs' feelings. Staff were also supported to access the services' employee assistance programme where they could access free and independent support.
- The registered manager told us that they were rolling out end of life training for all staff.

Improving care quality in response to complaints or concerns

- People told us they had no reason to complain but if they did, they would not hesitate to raise any concerns and were confident they would be taken seriously.
- The service had an effective complaints policy and systems to ensure complaints would be documented, investigated and responded to within clear timeframes. People were provided copies of these when they started receiving care from the service.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The providers and registered manager had put into daily practice clear passion and strong commitment to ensure people received the best service. It was clear that the provider's values and ethos of putting people at the heart of the service was embedded and was reflected in everything staff did. This ensured people received care which was highly personalised and flexible to meet their needs. One person told us, "They've (Home Instead) got the quality of care right. The carers are dedicated, and I am forever grateful for that." A relative told us, "I have found everyone that works for Home Instead to be so lovely, I have walked in the office, and they will stop and chat, everyone seems genuinely caring and friendly."
- As described in the caring and responsive sections of this report, staff consistently went above and beyond people's expectations, resulting in consistently high outcomes for people.
- Staff were empowered, supported and encouraged by the providers and registered manager to go the extra mile for people, to spend time with them and provide care which made a difference and achieved positive outcomes.
- People's quality of life improved because of the support from staff. They received high quality, consistent and meaningful care because staff were highly motivated by and proud of the service. Staff were overwhelmingly positive about the management of the service and felt supported, valued and felt their contributions were appreciated and celebrated. Comments from staff included, "They are the best in terms of listening and taking on what staff are saying. It makes you feel really valued and appreciated", "It's just a very friendly supportive company" and "I feel really important to the company."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- This service was led by an exceptional management team who had clearly defined roles and together they developed and embedded robust governance procedures.
- The provider ensured staff of all levels had a clear understanding of their role and how they contributed to the success of the service. The providers and registered manager recognised when staff had gone the extra mile and had given outstanding care to people. The achievement of staff and the service were celebrated with appreciation gifts and awards. This encouraged continual high-quality performance from staff and improved outcomes for people.
- Staff were encouraged to develop their careers and there was a thorough training programme in place to aid continual development and improvement of staff knowledge. Staff received additional dementia training which was bespoke to the needs of people and the needs of the service. This was designed in

conjunction with an organisation who are leaders in the care of people with dementia.

- Effective systems were in place to assess, monitor and improve the quality and safety of the service. The providers and registered manager were constantly looking for areas of the service where further improvements could be made for people's benefit. For example, improvements were made to their visit booking system following an incident where a staff sickness was not added to the system resulting in a missed visit. Following this staff set up an alert system that was triggered ten minutes after the start time of the visit if a staff member had not logged their arrival on the system. This improvement made sure that no visit was missed and people were informed of any delay.
- The registered manager had a thorough understanding of the regulatory requirements of their role. They ensured relevant agencies were notified immediately of any incidents that could affect people's safety and well-being. Learning outcomes from complaints, incidents and safeguarding concerns were used as an opportunity to drive improvement. Changes to recommended best practice guidance and standards were implemented quickly.

Working in partnership with others

- The provider was involved in numerous community initiatives, which was based around supporting people to feel part of the societies they lived in. For example, working with a community organisation to arrange afternoon tea and dance at the leisure centre for older people in the community and people they supported. Arranging coffee morning and cake bake fund raisers for the local hospice. Working with a local school to help children understand dementia and create a Christmas card the service could send out to local elderly residents. And involving the local community in making knitted 'fiddle muffs' they donated to local care homes and people living in the community living with dementia, that might benefit from using them.
- Health and social care professionals were very positive about partnership working with staff and the management team. Comments included, "I believe that based on my experience of this agency, they are very good, they are caring and understanding of the client's needs and are willing to work with professionals to meet these needs", "I have always found them more than willing to work with me to try and resolve any complex issue with service users to enable them to stay within their own homes" and "The management team are absolutely amazing, they have always been responsive to requests and even when it has been difficult for them to fulfil those requests they have given rationale and have done their absolute best to accommodate. Home Instead is an agency that I would have no hesitations in recommending."
- The service worked in partnership with Devon and Somerset Fire Service to help to ensure people they supported had access to fire and safety advice and if eligible, fire and safety equipment. The Local Partnership and Community Engagement Lead for the fire service told us, "Home Instead refer those who are at increased risk of a fire by being able to identify someone at risk of a fire. Through numerous emails and a review meeting it was evident that [registered manager] was responsive and enthusiastic to reconnect and accepted our offer to continue our partnership."
- The service also offered support to local businesses. For example, the service offered advice and guidance to a local business developing medicines lockable boxes for people to keep their medicines secure. The service also offered advice and guidance to a local hotel when one of their guests had fallen and there was a delay waiting for the ambulance.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives, and staff were encouraged to share their views and could speak to the registered manager or provider when they needed to.
- People told us they felt involved and informed about the service they received and felt confident and able to contact the management team for support when needed.

- The provider used a range of quality monitoring tools such as surveys, telephone courtesy calls, care service reviews and customer feedback to engage and listen to people, their relative's, and staffs' views of the service. Feedback was overwhelmingly positive and included, "We are so pleased to have found your wonderful caring service", "I have been very impressed with the service we've had from you and the Home Instead team. It's been a great relief to find help that we can have confidence in" and "I wanted to sincerely thank you for the professional care you have given and the kindness you have shown to mum and dad. They are both extremely fond of you and look forward to their daily care visits."
- All of the people and relatives we spoke with told us they would recommend this service to others.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their responsibilities under the duty of candour. They were aware of the need to be open and transparent with people if incidents occurred where the duty of candour applied.
- People and their relatives told us they were aware of how to make a complaint and felt able to raise concerns if something was not right.