

Agracare Limited

Home Instead

Inspection report

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Date of inspection visit:
15 June 2021

Date of publication:
06 September 2021

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 is a domiciliary care agency providing personal care to adults in their own homes. Not everyone who used the service received the regulated activity of 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 this inspection, the service was providing personal care to 16 people.

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

People and their relatives benefitted from an exceptionally caring staff team and were supported by a dedicated staff team which meant they experienced continuity of care. People were involved in making decisions about their care and where necessary staff used different ways to communicate with people to help them make decisions and participate in their care.

People told us they felt safe and comfortable in the company of the staff who knew them well and were kind and caring. The feedback from people was overwhelmingly positive and demonstrated that a caring and empowering culture was well embedded across the organisation. Staff knew people they were supporting very well including their preferences, which helped to ensure a high level of personalised care was delivered.

There was an emphasis on respecting people's diverse needs, and those associated with communication. The provider had a system that considered careful matching of the staff with people they supported taking their mutual interests and individual personalities into account to make sure that appropriate and caring relationship can be built between care workers and people using the service

The caring approach was also visible in the way the provider supported their staff. There was an emphasis on recognising their achievements, contribution to the service, motivating them and empowering them. Staff were extremely complimentary about the provider and the feedback received showed the provider's aim to establish an open and inclusive culture that put people first was being achieved.

People were supported by regular staff who were safely recruited and who had the relevant training and qualifications to safely support them. There were sufficient staff to meet people's needs and ensure no care calls were missed.

Staff understood how to protect and safeguard people. Risks to people were assessed and mitigated, which reduced the risk of harm.

People's needs were assessed prior to the commencement of the service. The assessment included people's health, physical and emotional as well as communication needs. 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.

Where people required support with their personal care, health, dietary and with their medicines, this was carried out safely. Staff were provided with personal protective equipment (PPE) to protect people from the risks of cross infection.

Systems to monitor the quality and safety of the service were in place. Staff reported having a positive relationship with the provider and felt communication was effective. Quality monitoring systems allowed for the effective monitoring of the service by the provider.

The service was led by two directors who were also the owners of the company. Staff demonstrated a strong level of engagement, a real sense of pride of working for Home Instead and there was a high level of staff satisfaction. The provider had an ambition to be innovative and put people at the centre of the service delivery. They welcomed any form of external and internal auditing and feedback received was treated as an opportunity to reflect and further improve the quality of the service for people.

The team at Home Instead has worked well with various local health and social professionals. They were very complimentary about the service and the care the team provided to people.

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 25 November 2019 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 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

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was completed by an inspector, medicine inspector and an inspection manager. Following the visit to the location office, an Expert by Experience completed telephone calls to people and their relatives. 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 houses and flats.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office and available to support the inspection.

Inspection activity started on 15 June 2021 and ended on 18 June 2021. We visited the office location on 15 June 2021.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

During the inspection

We reviewed a range of records. This included three people's care records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three carers and two professionals who regularly visited the service. We looked at three care plans with medicines, medicine administration records (MARs) and medicine policy. We spoke with two people who used the service and seven relatives by telephone about their experience of the care provided.

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 for 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

- The provider had systems in place to protect people from risk of abuse. Staff demonstrated knowledge of the safeguarding processes in place to keep people safe. One staff member told us, "If there is any abuse taking place, I will contact the manager straightaway." Another staff member also said, "If there is any abuse, I will remove the abuser away from the victim, I will report it to the office and write up an incident log."
- People were further protected from abuse because all staff had received safeguarding training on how to recognise and report abuse appropriately. The staff members we spoke with could explain what action they would take if they suspected or witnessed abuse.
- People and their relatives told us they felt safe whilst being supported by staff. One person said, "I feel absolutely safe with them [staff]. I'm happy so far, they [staff] are nice and I trust them." A relative told us, "I'm very happy, they [staff] wouldn't be coming in if I thought they were not safe."
- Where safeguarding incidents had occurred, the manager had submitted the required CQC notification and safeguarding alerts without any delay and had worked in tandem with the health professionals to resolve any concerns they had.

Assessing risk, safety monitoring and management

- People's risk assessment detailed their key support needs such as personal care and risk of falls. Where risks were identified, the records detailed how staff should support the person safely. For example, there were risk assessments in place relating to risk of falls. Assessments provided clear instructions for staff to help minimise or eliminate the potential risk of harm or injury to people.
- The service had sought input from external healthcare professionals and where appropriate, advice on actions for staff to take, to mitigate risks and safely support people and reduce the risk of harm. One health professional said they completed a risk assessment relating to moving and handling. Assessments provided clear instructions for staff to help minimise or eliminate the potential risk of harm or injury to people's health.
- Individuals risk assessments and care plans were reviewed weekly to ensure they remained up to date and met the person's needs in reducing the risk.

Staffing and recruitment

- There were sufficient staff available with the right skills and experience to meet the individual needs of people who used the service.
- People and their relatives told us their care calls were reliable and usually on time. One person said, "I have three different carers, no strangers, the same carers on different days, they always turn up and are spot on with time." One relative said, "If my regular carer is off, they send someone else, who we've met before. If someone comes for the first time, they accompany them."

- Staff were recruited safely. The required pre-employment checks were completed to help ensure staff employed were suitable. These included conducting interview, completing a Disclosure and Barring Service (DBS) check and obtaining references. The DBS helps to prevent unsuitable staff from working with vulnerable people.
- We reviewed the staff rota, which confirmed there were enough suitably experienced, skilled and qualified staff deployed.

Using medicines safely

- People received their medicines as prescribed. People using the service had no concerns about medicines. One person told us, "They [staff] help me to put cream on where I cannot reach, my [relative] does all other medicines for me."
- Information regarding the support people needed with their medicines was recorded within their care plans, which was clear, up to date and accessible to staff.
- Staff received training in medicines management and records supported this.
- Medicines administration records (MAR) we reviewed were all signed with no gaps.
- Regular checks and audits of the medicines management and administration were carried out to ensure it continued to be managed in a safe way.

Preventing and controlling infection

- Staff had completed infection control training and had access to personal protective equipment (PPE), such as aprons, masks and gloves to help reduce cross infection risks.
- People and their relatives told us they felt confident with the infection control practice of staff who wore PPE to minimise the risk of the spread of infection. One person's relative said, "They [staff] always wear PPE when they come. They wear mask, apron and gloves."
- Staff received a weekly newsletter to remind them of the availability of testing kits and PPE. Staff had access to regular testing for Covid-19, where people wanted staff to test before they entered their home, the provider offered the rapid tests to offer assurance to people.
- The office staff completed spot checks where they checked on staff's infection prevention controls.

Learning lessons when things go wrong

- The provider had systems to ensure lessons were learnt from any incidents. Where incidents and accidents occurred, they were recorded with appropriate actions taken to reduce the risk of re-occurrence. Incident and accident records showed issues were recorded, investigated and addressed quickly. There was evidence of actions taken to mitigate future risks. For example, in relation to a fall, there were immediate actions outlined for staff to undertake. The provider updated the care plan and notified the carer to help mitigate future potential risks.

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

- The provider ensured pre-admission assessments of people's needs had been completed prior to admission. These included obtaining information from people and their relatives about their needs and preferences and how they would like to be supported. These plans reflected people's needs, including aspects of their life which were important to them. Staff were matched to people to ensure they received personalised care. For example, having similar interests, language and appropriate skills.
- Appropriate specialist services had been included in assessing and planning people's care.
- Staff had an electronic system where care plans and records were stored. This meant the management team and staff had access to up to date information on the day to day support people received.

Staff support: induction, training, skills and experience

- Staff were trained and skilled to support people. People and their relatives told us they felt that the care workers had the skills to meet their needs. A person's relative told us, "They [staff] are very professional and obliging."
- Staff were supported and completed a programme of on-line and face to face training sessions to effectively perform their roles. Staff confirmed they attended training and told us they found this useful. A staff member told us, "They [provider] enrolled me to complete my Level 3 in NVQ Health and Social Care, they [provider] are helping me to develop with my career."
- The provider had a clear overview of the training needs of all staff working at Home Instead. They had a spreadsheet which detailed the training staff had received. Records showed training provided included safeguarding, moving and handling, and infection control.
- Staff received regular one-to-one supervision as well as spot checks of their performance to offer both support and monitoring of their performance. Staff said the registered manager was approachable and they felt supported in their work. A staff member told us, "[Manager] is very caring and listens to your needs."

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

- Where staff supported people to prepare meals, their dietary needs were highlighted in their care plans. One relative said, "They [staff] attend to me, I don't have much breakfast. I enjoy lunch, I have frozen meals, they ask and show me what I have got so I can choose."
- Information was documented in people's care records which provided guidance for staff on how to meet individual needs and preferences. Within each person's care plan there was information about any allergies to food which were to be avoided.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The provider ensured that people's care plans and risk assessment contained information relating to different medical needs, and there was evidence people's health and wellbeing was regularly assessed.
- Where necessary, the service worked with other services to deliver effective care and support.
- People had access to health care services and the registered manager gave an example of this. One person struggled to swallow their food, the service contacted the person's GP for them to be referred to a Speech and Language Therapist (SALT).

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

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were fully involved in decisions about their care and their capacity to do so was respected.
- People and their relatives told us the staff consistently sought their consent before providing any care or support. One relative said, "They [staff] always ask for our permission."
- Staff received training on the Mental Capacity Act which covered obtaining people's consent prior to delivering any care and the principles of the MCA.

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

- The provider and the staff team ensured people were well treated and demonstrated an inclusive and caring approach when dealing with people using the service, relatives or with each other. The provider told us they decided to run the organisation because they wanted to 'give back' following a personal experience of a loved one receiving care. The registered manager said, "We had the experience of caring for elderly people and we saw the importance of home care." They said this foundation meant they created a strong person-centred culture that put people first and advocated the level of support one would wish for their family.
- The registered manager knew people's day to day needs and had developed good relationships with people and their family members. There was an emphasis on ensuring the person receiving care and support was appropriately matched to a care worker to make sure they could establish a caring relationship. In order to do so staff carried out an individual assessment called 'This is me' outlining their areas of interest, experiences and hobbies. This information was carefully matched with the information gathered about people during their initial needs' assessments. Where the provider did not have a member of staff to fully match a person, they carried out a recruitment process to recruit such a member of staff. For example, one staff member had been successfully matched with a person who was able to speak Punjabi. Another person's package of care only started when the provider could recruit a member of staff to match the person. This helped people and care workers develop excellent and rewarding caring relationship.
- One relative said "Mum and [care worker] had the most unique and wonderful rapport - my mum's eyes lit up whenever [care worker] arrived, they shared jokes and laughter and the mutual affection and respect was very genuine. It gives me great comfort to know mum was able to experience such fun and joy from those visits.
- People had developed positive relationships with staff who knew them well. Feedback from people and relatives and records we saw confirmed people were comfortable and relaxed with the staff that were supporting them. One relative feedback said, "Your [staff] willingness to always go to the extra mile and did not go un-noticed particularly when [person] came home from hospital the last time and her needs had changed; you were able to respond and adapt [person's] care accordingly giving both [person] and [relative] confidence."
- In one case the care worker had gone above and beyond staying with a person who needed hospitalisation for a number of hours while their relative travel to see them, so the person was not on their own and were in the company of a familiar face. In another case a care worker promptly visited a person who had not been well on the day, in addition to their normal visiting times, to support them. This meant the care worker was able to care for the person when they were not well and supported them to stay safe

- Relatives provided complimentary feedback about the service and the staff. One relative said, "I would just like to say, I'm so pleased with [staff], she is absolutely fantastic and [people] loves her as well." Another compliment recorded via a care review website stated, "My mother has had many carers in the past but nothing at all compares to this excellent service, this 5-star service. They truly go above and beyond, and the care is sincere. And the kindness and thoughtfulness is consistent - no request is ever too big."
- Staff ensured they treated people as individuals, sought their consent and cared for them at a pace acceptable to the person. They explained what they were doing so people understood this. One staff said, "I will knock on their [people's] door before I enter their room. I will seek their [people's] permission before I start on personal care. I will close the doors and curtains to maintain their privacy and dignity." We saw that people's care plans and records used appropriate and respectful language to describe people's care and the support received during care visits.
- The service regularly sought the views of, and feedback from people and their relatives and acted on any feedback, where necessary, to improve people's experiences of their care and the quality of service provided.
- The staff appreciated the importance of involving people in their care so people had the opportunity to share information about their life history and care preferences, as part of the assessment of their needs so person centred care plans can be developed.
- People's relatives told us that their family member was involved in the decisions about their care and support. One relative said, "We [relative and a person] were part of the planning and asked [person] what support they need."
- One person with dementia was able to use picture cards to communicate with staff. Staff developed trusted relationships with people so were well equipped to develop strategies with people to help them understand what was required of them. The provider gave the example of a service user who found it difficult to trust and engage with new people and to receive personal care from others. The care worker was able by being patient and caring, develop a trusting relationship with the person which then led to better communication and the person accepting care. The relatives described this achievement as a 'milestone'
- Relatives held people's electronic care plans on their own mobile phone, where they had consent from people so they could access the care records and check them for the latest and 'real-time' information and updates about their family members' care. There was also information on the care records about who to contact outside of the planned visits and office hours in case of emergency, so this was easily available.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- The provider ensured people's confidentiality was respected at all times. Staff received training in data protection. Any records containing people's personal information were secured and each staff member had their own login details to any information stored electronically. Staff understood how to maintain confidentiality. Information was protected in line with General Data Protection Regulations (GDPR).
- People were treated with respect and their privacy was maintained. For example, staff told us they ensured doors and curtains were closed before providing personal care to people.
- Staff knew people well including their preferences for how they liked their care and their personal life histories and their families.

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

- People and their relatives were very involved in developing their care plans and their care was delivered in exceptional and innovative ways to meet their needs. They had the opportunity to share information about the person's life history and care preferences through a comprehensive needs assessment process which was then used to develop exceptionally good person centred care plans and to identify the appropriate care worker to work with the person.
- The provider chose every occasions to involve people or their relatives in the care planning process and to review people's care. They were very flexible and visited people and their relatives at a convenient time to them, even if this involved unsocial hours such as the weekends or the evenings. One relative said, "My [relative] has no children. My family and I live at a distance and it is vital that we collaborate with a proactive team with excellent communication and attention to detail".
- People's needs were identified, and their choices and preferences were recorded and well known by staff. There was a password protected application that staff used on their phone so they could access people's care plans and records that they could read. Staff told us they were informed about people's needs and any changes. A staff member told us, "Everything is online, we will get notification of any changes to a [person] I will read about it. If anything is changed, it will get updated."
- Staff could also update the daily records using the application so the provider and relatives would have live information about the person's care on the day. Where the provider had noted a deterioration in a person's condition either through the live records or when staff had called the office, they had taken prompt action to address these situations such as making the necessary referrals to health and social care professionals.
- The application also enabled staff to 'log-in' and 'log-out' of their calls so the provider could monitor if the calls were completed and take action if the care worker could not attend. In many cases the provider themselves attended calls, to make sure people had a familiar face rather than a care worker who was not too familiar with the person's care and support.
- Staff observed people's condition and took appropriate action when people's needs changed or if they notice changes in a person's condition. A care worker noted a change in a person's physical condition and they encouraged the person to discuss it with their relatives so they could seek medical advice. A medical condition was diagnosed and action was taken to treat the condition which might have been delayed, had the care worker not identified the concern and not encouraged the person to talk to their relatives.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to

follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met the requirement of the AIS. Staff had developed innovative ways of communicating with people who could not communicate verbally, so they could express their views and be involved in their care.
- Care plans included information about people's methods of communication and/or preferred language. For example, for one person who could not communicate verbally, the provider asked care workers to write everything on a whiteboard to communicate with the person so they could understand what was happening and for them to be involved in their care and to also express themselves, where possible.
- The provider had an accessible information standard policy which detailed possible solutions to consider when trying to communicate with people. For example, provider to email people with weekly newsletter giving updates events taking place during the week.

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 had robust arrangements to support people with social activities and to prevent social isolation. They had developed an activity book containing crosswords, puzzles, sudoku etc.. during the pandemic for each person using the service so they could enjoy and keep busy
- The provider was supporting people to engage in the community again and to do things that they had not been able to do during the pandemic. As an example they had arranged a trip to a theatre for four people along with four staff to attend, at the provider's expenses. The show was a dementia friendly show and was well appreciated by people. The provider said they would arrange this outing monthly for people because it gave people an opportunity to engage again with the wider community and also because it was a good way to involve the staff in something that also entertained them.
- The provider looked for various opportunities for people to engage in meaningful activities. They have made enquiries and referrals to various day centres so people could start joining in activities that they enjoyed. One person was a keen Jazz singer. During lockdown they were unable to attend a local Jazz club so the provider arranged for them to join and watch a free Jazz singer/dancing via zoom, to enjoy. The person was able to enjoy the show in the comfort of their own home.
- Staff knew what mattered and what was important to people. For example, one person who got anxious at times, used music to help calm them down. The person did not want to attend any Zoom sessions, arranged as an activity with other people, so the provider matched them with a care worker who loved singing. The care worker regularly played music on their phone and sang for the person, which brought the person great joy.
- We saw a wall full of pictures in the provider's offices where people were enjoying range of a activities that was provided by the service. For example, there were photos of people enjoying various activities/events such as a knitting session, birthday celebrations, valentines' day, a sunflower race, and many other activities.
- People were actively encouraged to maintain relationships with family and friends. One person was very proud of their achievement in maintaining their relationship with a family member who lived a long distance away, they planned and organised regular times to meet online to maintain a long-distance relationship.
- Another person felt isolated at home and wanted to engage with new activities and go out more in the community. The person had a condition which affected their mobility, but the provider contacted healthcare professionals to review the person's medicines and to identify a wheelchair so they could go out in the community. While the referral for the wheelchair was being made and addressed, the provider sourced a wheelchair so the person could go out while they wait for their own wheelchair to be provided. This provided a lot of happiness for the person. The provider also provided information to the person's relatives so they could access support and information about their family member's condition.

- The provider and staff always made a point to remember and celebrate people's special days such as birthdays. For example during Easter they delivered Easter treats and cakes to people and staff. For hydration and nutrition week, the provider arranged a fruit basket to be delivered to all their people who were using Home Instead service. The provider then took pictures of people receiving the fruit basket to keep a memory of the event and to put it on their board/newsletter.
- There was a book of compliments where relatives gave feedback. One relative feedback said, "We just received my valentine's present. A hug, that is great! It was very kind of you! Thank you very much." Another relative said, "Thank you so much to you and the team for the beautiful bouquet that arrived today. We were very touched by such a kind gesture."

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place. The registered manager reviewed all complaints to spot ongoing concerns and put actions in place to resolve these.
- The complaints record showed any concerns that had been raised had been responded to appropriately detailing actions and outcomes. The service had received one complaint this year. The complaint was in relation of a missed visit. The missed visit was an IT issue which had been dealt with in accordance with the provider's procedures. The complaint was also appropriately dealt with and responded to.
- The registered manager told us, and people confirmed that the registered manager made regular telephone calls to ask if they were satisfied with the service they were receiving and if they had any concerns. This meant the provider was proactive in addressing arising issues so these could be addressed promptly.

End of life care and support

- While at the time of the inspection there were no people receiving end of life care, one person whose care was transferred to another provider for commissioning reasons continued to use the service for companionship and medicines support and because they were familiar with their regular care worker. Where service users have passed away staff attended the funerals to support people's relatives who they have got to know well and as a sign of respect."
- The registered manager said if they supported someone with end of life care they would develop a care plan to discuss the person's wishes, and would ensure staff were adequately trained to meet the person's needs. They confirmed they had received training in end of life care and were a train the trainer on that topic and they could support staff with that training.
- Where in the past people had developed end of life care needs, the provider was able to plan and deliver good quality care. We saw feedback from a relative about the care their family member had received, "My family and I cannot thank [care worker] enough and the team of staff who helped us. The office would call us for updates on my [relative] and showed a real interest for [their] well-being and [their partner's] which meant a lot to them. We are extremely glad we chose Home Instead. They made those last few months so much easier for us.

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 service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The provider's culture was open and inclusive which helped to develop a very positive atmosphere placing people at the centre of the service. People were included in decisions about how their care and support were provided so their wishes and preferences were respected. They received person-centred care that met their needs and promoted positive outcomes. The registered manager and director knew people well and demonstrated an extremely caring and knowledgeable attitude throughout the inspection.
- Staff confirmed they were happy working for the service. Their feedback demonstrated how the provider's enabling culture had a positive impact on their wellbeing. One staff member said, "When you visit the office, they [provider] are approachable, very caring and they [provider] will listen [to] our needs." Another said, "I'm honestly so grateful and already feel part of the family, I can't even describe or put into words especially since it's only been my second day and I feel so welcomed".
- It was clear that the provider's values of integrity, trust, kindness, dignity, compassion, and respect and the their organisational culture was well embedded at every level of the organisation and in the way people were supported by their care workers. These were explained to staff during their induction and revisited at staff meetings. The feedback from staff confirmed this. One staff member said, "Their dedication and commitment to our client base is second to none and this continues through to us as employees. Management are always there, supporting you 100% and I feel truly matched to my own personal client base. I look forward, every day, to visiting my clients and helping, in a small way, to make a difference"
- People and relatives praised the service and confirmed they received an exceptional service and were at the heart of the service delivery. Relatives told us they were very satisfied with the care their family members received and would recommend the service to other people. One relative said, "I'd recommend them, [staff] came to see us, and they have phoned about two weeks back and asked how things were. I think I'd feel fairly confident they [staff] would sort any problems." Another relative said, "I think you and everyone in the office are also due a Well Done, doing a fantastic job which helps ensure that things go well and smoothly with clients. Great teamwork!"
- We saw several examples where the service worked tirelessly to deliver better outcomes for people. Nothing was too much trouble. For example, a person wanted to change their visit time at short notice and the provider was able to make an adjustment for the person as they had wanted, in a timely manner.

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 was aware of their duty of candour responsibility. They had been open and transparent with

people when incidents occurred where the duty of candour applied.

- Notifiable events had been reported to CQC as required and the provider was aware of their responsibilities around this.
- The provider understood their responsibility to be open and honest if something went wrong. Apologies were given to people, where needed, and lessons were learnt.
- The management team ensured there was open and good communication between people and their relatives based on their informed preferences. For example, relatives were given access to the electronic system staff used to record the live care notes of people with their consent, so they can have access to this information. Where necessary the provider also gave training and guidance to relatives on how to use it.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider and registered manager were clear about their role and responsibilities. They ensured they were appropriately trained and kept abreast of developments in the domiciliary care sector. They understood the regulatory requirements of their role and had notified the CQC when required of events and incidents that had occurred at the service.
- The registered manager and director were very involved in the running of the service. All people using the service and their relatives knew who they were and how to contact them. For example, care records showed that both visited people during public holidays where required, weekends and out of hours to assess and review people's needs, do spot checks on care staff or to check progress in regard to people's care. They also carried out spot checks of staff's practices regularly to monitor the quality of care provided to people.
- The provider had a robust system to monitor, assess and drive improvements to the quality of their service. The daily audits included medicine management, visit notes, and, financial transaction. Six monthly audits included accidents and incidents, complaints and safeguarding. Where actions had been identified this informed an action plan to help make the necessary improvements. For example, from the complaints audits the provider identified the IT and telephone system was not syncing at the same time, and a few repairs were needed. This was completed by the office team.
- The provider was supported by their head office compliance team who completed regular quarterly checks on the service. Where any concerns were found, an action plan was produced, and concerns addressed. We saw the last audit had found no concerns with the service.

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

- The provider sought feedback from people, staff and stakeholders to get their views about the quality of the service so they can improve the service. People, relatives and staff were asked to complete the provider's six-monthly survey, operated by an independent research company, to enable the provider to learn from feedback and find ways to continuously develop the service. For example, from people feedback at the last survey the provider realised they needed to improve the way they kept people and relatives updated and informed about any changes and the pandemic. During the inspection we saw the actions that the provider took to make improvements in this area. For example, people wanted to have a weekly update from the provider about news and activities. This was completed by the provider.
- The provider supported staff by making sure they received annual reviews, regular supervision and there were virtual staff meeting that covered priorities such as COVID-19 and PPE, activities, and safeguarding.
- Staff told us they are happy working at the service. Records confirmed that staff had regular team meetings that allowed them the opportunity to input suggestions regarding the service. One care worker commented, "Home Instead Romford not only thinks about its clients' needs and wants but they also think about its employees too."
- In addition to the above and to ensure staff's involvement in the way the service was managed and

provided, there were regular staff newsletters and team meetings. The registered manager and director understood the staff were the foundation of the service and their contributions were appreciated and celebrated. The provider also understood and ensured staff's diverse needs were met, for example when they needed to be off to celebrate culturally important days to them.

- Staff training was delivered in a way that supported individual staff learning methods. This included supporting staff on a one to one basis to ensure everyone had access to the training they needed and wanted. Staff were supported to gain recognised certificates in health and social care so they could, not only develop their career, but also provide best quality care to people. Without exception, staff praised the training they received and said any training they requested was provided. This included specialised dementia training which enabled staff to provide good quality care and support to people living with dementia safely and appropriately.
- The provider invested in the development of their staff to help motivate them in their roles. For example, one staff member told us they had been enrolled in Level 3 in Health and Social Care. In addition, the registered manager recently completed and been awarded a level 5 in Health and Social Care diploma.
- The registered manager and provider recognised the importance of ensuring all staff were valued. Staff received emails and letters of recognition for the support they gave to people. They also demonstrated this by recognising important days and events to staff, such as birthdays, Christmas and Valentine's day and also presented staff with gifts and pamper baskets.
- The provider understood how critical it was to have clear and transparent communication with people and relatives throughout the COVID-19 pandemic. Newsletters were regularly written and shared with people and relatives. These included updates about the service and how the service would help keep people safe.

Continuous learning and improving care

- The provider improved care through continuous learning. There were policies and procedures regarding how to continually improve and work in co-operation with other service providers.
- The provider emailed staff a weekly newsletter which contained information and updates, such as guidance on keeping safe, guidance and good PPE practice, upcoming events or activities, and any changes to the electronic care plan.
- Quality support report contained action plans to address any performance shortfalls that were required to be addressed and progress made towards them. The internal quality visits that reported on performance based on checking employee files, updating care plans and other documents.

Working in partnership with others

- The provider had good links with community-based health services where needed to meet people's needs. For example, places of worship, GPs, hospice service, occupational therapists, and other health care professionals. This was underpinned by a policy or relevant information being shared with appropriate services within the community or elsewhere.
- Health professionals told us that Home Instead was welcoming and friendly. One said, "The manager takes a leading role in all care at Home Instead," and "I like [this] about their service, as they put patient safety first, and they have the same goal as us."
- The registered manager attended various social care and health conferences to maintain and develop their own learning which they shared with staff. They took pride in sharing their knowledge and experience, promoting the service at the local events which helped other professionals to gain a better understanding of what people with the right support could achieve.
- The provider was passionate about raising the local community's awareness of dementia. The provider is part of the Havering Dementia Action Alliance. The Alliance aimed to raise awareness of dementia and make the local area more dementia friendly. People benefited from the management's commitment and understanding around supporting people with dementia.

- The provider as part of their commitment to the local community took part in fund raising for local organisations such as The St Francis Hospice and prior to the pandemic was involved in other local projects and run Dementia Community workshops for people living in the local community. This help to promote the service but also the wellbeing of the local community.