

Hamble Valley Care Limited

Home Instead Senior Care - Fareham and Gosport

Inspection report

Unit 25b, Katana House
Fort Fareham Industrial Site, Newgate Lane
Fareham
Hampshire
PO14 1AH

Tel: 01329282469

Website: www.homeinstead.co.uk/farehamandgosport

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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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Home Instead Senior Care - Fareham and Gosport is a domiciliary care service providing personal care to 45 people at the time of the inspection.

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.

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

People consistently told us the service was exceptionally well-led. There was an excellent culture within the service which promoted clear values and a drive to provide high quality care. The high quality, compassionate culture was embedded through every part of the organisation and ensured every person received exceptionally person-centred care. This was driven by a highly organised service run by staff with the right values.

The registered manager and staff worked hard to ensure people were as engaged with their community as they would like to be. People and relatives were signposted to various events and organisations to support them. There was an exceptionally robust governance system in place to ensure there was appropriate oversight of the service to identify improvements needed.

People in the service told us that staff were exceptionally caring. Staff went above and beyond to create lasting meaningful relationships with people. Those relationships enabled staff to provide excellent care which achieved highly positive outcomes for people. The whole culture of the service demonstrated a caring approach and staff were also valued and cared about. People were encouraged to be as independent as possible and continue activities that were meaningful to them. Dignity and respect were always maintained.

People in the service told us they felt safe. Risks to people were thoroughly assessed and known by staff. People were supported by staff who had undergone appropriate recruitment checks. Medicines were managed appropriately, and incidents were thoroughly investigated.

People in the service told us that staff were effective. People experienced good outcomes because staff were skilled and involved the appropriate healthcare professionals at the right time. Staff experienced effective support by senior staff and the registered manager, this enabled them to provide high quality, effective care. People's hydration and nutritional needs were always met.

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's needs were holistically assessed and met by the care provided. Care records were person-centred and contained sufficient detail. The service was not providing any end of life care at the time of the inspection but had caring and compassionate examples of providing that support in the past. Complaints were well managed and responded to in a timely manner.

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

Rating at last inspection – The last rating for this service was good (published 5 October 2016).

Why we inspected - This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Home Instead Senior Care – Fareham and Gosport on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

Details are in our well-led findings below.

Home Instead Senior Care - Fareham and Gosport

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

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

Home Instead Senior Care – Fareham and Gosport is a domiciliary care agency. It provides personal care to older and younger people living with dementia, mental health conditions, physical disability or sensory impairment. It supports 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 48 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 to support the inspection.

Inspection activity started on 17 June 2019 and ended on 26 June 2018. We visited the office location on 19 June 2019 and 26 June 2019.

What we did before the inspection

We reviewed information we had received about the service since the last 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. We also contacted external healthcare professionals for feedback about the service during the inspection.

During the inspection

We spoke with nine people who used the service and four relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, business operations manager and care staff.

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

After the inspection

Following the inspection, we received further information from the registered manager about the service. We also received information about the service from an external professional.

Is the service safe?

Our findings

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

At the last inspection this key question was rated good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood the signs and types of abuse. They were confident in how to raise concerns to senior staff and which safeguarding authorities they could contact. There was information displayed in the office about safeguarding to remind staff of correct action to take. The registered manager understood their responsibilities in relation to safeguarding and had taken appropriate action where any concerns were received.
- The registered manager held an 'at risk' register where low-level safeguarding concerns were recorded and discussed with staff at daily and weekly meetings. This extended to concerns about the welfare of relatives who were providing care also. Staff worked preventatively to address the concerns and prevent people's circumstances from becoming less safe or reaching a 'crisis' point. The registered manager told us of an example where the service made a referral to the older persons mental health team (OPMH) and supported their relative to increase the person's care and prevent a deterioration in their condition.

Assessing risk, safety monitoring and management

- People told us that they felt safe being supported by the service, one person told us, "Yes I do feel safe because the carers are very trustworthy." Risks to people were known by staff and documented in the appropriate care records. For example, we saw detailed moving and handling risk assessments were in place. We also saw specific records in place to guide staff for example, pictures on how to position a person when they are sleeping to prevent possible complications from poor positioning.
- Staff were confident to raise concerns about people if they became unwell or in the case of an emergency. The service worked very hard to ensure that if people required an increase in care visits due to health needs that this would be arranged and met as soon as possible. A staff member talked about showing "due diligence" and working with people and their families to ensure the person was supported safely until the increased visits could be put in place formally. We observed feedback from a relative that demonstrated staff had raised concerns about a change in the family member's level of alertness which led to a medicines error by the pharmacy being found.
- A relative told us that staff were highly vigilant at monitoring people's skin for pressure or damage that may need treatment.

Staffing and recruitment

- People and relatives told us that staff arrived on time and they had not experienced missed care visits. One person told us staff were always on time, "Absolutely on the dot". The registered manager confirmed there had only been two missed calls so far in 2019. Calls were monitored closely by the registered manager and we observed information that demonstrated it was very unusual for staff to arrive late. Timeliness of calls was always discussed in reviews of people's care to check they were satisfied.

- Procedures were in place to prevent the employment of unsuitable staff. These included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of staff who may be unsuitable to work with people who use care services. Identity checks and references were obtained and candidates attended an interview to assess their suitability for the role. Applicants were asked to complete details of their full employment history.

- The registered manager told us, "We have a values-based recruitment system here." They were committed to recruiting the right staff who had the right values to be part of the organisation. The registered manager told us that having caring and compassionate staff was fundamental to the support they provided and that their care should be what they would want for their families. A staff member confirmed, "They are very particular about who they employ" and "This is one of the best services I've ever come across."

- Staff told us they were not overworked and that staffing levels were sufficient. The 2018 annual survey from staff also indicated that staff were not being given too many hours. Staff felt that only providing calls of an hour as a minimum gave them the time they needed to give people emotional and physical support. One staff member told us, "It genuinely gives people time and it gives us the time [we need]" and "colleagues have built real lasting trusting relationships."

Using medicines safely

- No medicine administration errors had taken place since the last inspection. There was a system in place to identify medicine recording errors which triggered staff performance processes to address this.

- Medicines records were completed accurately.

- The provider was planning to move to electronic medicine administration records. This started towards the end of our inspection and therefore was not reviewed during this inspection. The registered manager was positive about the benefits this system could bring for example, in triggering instant alerts to office staff if medicines had not been administered or recorded correctly.

Preventing and controlling infection

- People told us that staff cared for them in a clean and hygienic way. Staff wore personal protective equipment such as gloves and gowns whilst providing personal care.

Learning lessons when things go wrong

- There was a clear culture of learning lessons within the service. Incidents and accidents were thoroughly investigated. Staff had multiple opportunities through various meetings each week to problem solve any concerns and make improvements. One staff member told us that if they or a group of staff had concerns they could request a team meeting to find a solution. They told us, "We can bounce ideas off each other." The registered manager told us that they look for any patterns or similarities within incidents to find the cause and solution.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff working with other agencies to provide consistent, effective, timely care

- There were many examples of the service working with other agencies, for example, the hospitals, to discharge people home effectively. This involved extensive planning in cases where hospital staff did not feel it would be possible for the person to stay at home due to their level of need or specific needs for example behaviour that may challenge. The service ensured the discharge was successful and enabled people to stay at home much longer than anticipated. It also enabled some people to stay at home when they had not been successfully supported in residential services through building trusting relationships and meeting people's specific needs. Sometimes this involved starting with companionship care visits before providing personal care to ensure people were at ease with staff members.
- People consistently received the same care staff. One staff member told us, "I know each week who I'm going to be seeing, when I'm going to be seeing them so it's very much a family feeling." The service worked hard to ensure people received timely intervention from other services when required. We received feedback from one external professional who told us the service had supported a person to transition successfully to a new care provider, working in their interests and minimising disruption in care provision.
- Consistent care had resulted in positive outcomes for people for example, one person was declining care calls which were very varied in call time with their previous provider. The service worked with them to establish more consistent care which enabled them to have a better routine, take meals with their family at regular times and improved their social interaction.
- Visits were arranged for times that suited people and changes were made to care packages swiftly to enable people to be as independent as possible, people's needs were prioritised by the provider.

Supporting people to live healthier lives, access healthcare services and support

- Staff noted when people needed support from healthcare services and this led to positive outcomes for people. For example, a staff member visited a person due to concerns about their mobility. It was noted that pain may be having an impact so the person was supported to visit their GP for pain relief which in turn improved their mobility.
- The service was able to respond to people's mental health needs. One person had been unable to stay in two residential services due to behaviour that may challenge. They had a planned return home with the service and through support of staff no longer displayed these behaviours.
- Staff regularly contacted healthcare professionals to seek their support for people for example the GP, social services and the older persons mental health team. Staff worked hard to get this support and persisted where they had concerns that people were not receiving the right support.

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

- The service went above and beyond to ensure that people were able to be as independent as possible in eating and drinking. One person had a progressive neurological condition that was affecting their ability to eat independently. The service contacted a local neurological centre for support and the person had been attending the centre for therapy for over two years at the time of the inspection. The aim of this support was to maintain independence and quality of life and Home Instead Senior Care – Fareham and Gosport had demonstrated their commitment to ensuring people had access to all of the possible support available to them.
- People were appropriately supported to eat and drink according to their preferences, whilst being encouraged to have a balanced diet. Concerns about nutrition and hydration were clearly noted in the care plans.
- The service had identified they wanted to further address insufficient nutrition and hydration for people. They developed specific training for staff to develop their skills in identifying and supporting people at risk.

Staff support: induction, training, skills and experience

- Staff consistently told us that they thoroughly enjoyed their work and valued working within the team, one staff member told us, "It's the first time I've ever been able to say that I absolutely love my job." Another staff member told us, "It's been the making of me."
- People were assessed holistically and supported in a skilled way due to the high quality training provided to staff. The training and development manager told us that staff received a thorough training and induction program and that they sought guidance on what training to provide from Skills for Care.
- Staff received training in various appropriate subjects, one staff member told us that the training was "fabulous". Skills were taught in various training sessions so that learning overlapped and gave staff a greater opportunity to absorb learning. Among other training, staff completed the following modules: the aging process, safe client safe caregiver and building relationships. They also received more specific training in relation to specific needs, for example training in how to support people with a percutaneous endoscopic gastrostomy (peg) feeding tube. This is a tube placed through the abdomen into the stomach to support nutritional and fluid intake.
- All staff had completed City and Guilds accredited dementia awareness training and had other opportunities to complete external training. There was an emphasis on developing staff beyond the standard subjects to develop their skills. The registered manager was keen to develop staff and encourage a career in care, one staff member told us "I've got the opportunity to develop myself." This encouraged staff development and improved morale.
- Staff received a comprehensive induction for three months and ongoing training program when they joined the service. New staff completed the Care Certificate, the Care Certificate standards are nationally recognised standards of care which staff who are new to care are expected to adhere to in their daily working life to support them to deliver safe and effective care. Staff were observed and their competency assessed prior to supporting people alone and their competency continued to be checked on a regular basis. A senior staff member supported them with training and then carried out progress meetings to monitor development, this created consistency for staff through their learning. Staff felt well supported, prior to starting their employment one staff member told us, "[registered manager] invited me in for lunch to meet the rest of the team" and that this had helped them to feel supported.
- There was formal and informal support provided to staff throughout their employment. This included formal supervision sessions and opportunities to catch up informally. For example, the senior staff understood that staff can feel nervous about supporting people alone initially and often took them to a local coffee shop to discuss any concerns they may have in a relaxed environment. A staff member told us of the importance of supporting staff in this way to help identify concerns and options for support as early as possible.
- Staff had the opportunity to attend staff council meetings where they could raise concerns about people

or their employment. An action plan was then developed and shared with the whole staff team for their feedback and then this was further discussed at the next team meeting.

- Staff were always briefed by senior staff members about people's needs before they supported people.
- Staff were supported if they had any physical or mental health needs and had access to an employee assistance program if they required extra support.

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

- The service sought guidance on the care they were providing from organisations such as the NHS, the National Institute for Health and Care Excellence (NICE) and CQC.
- The service was developing materials for staff on safeguarding and the Mental Capacity Act (MCA) based on best practice guidance and information from the Social Care Institute for Excellence (SCIE). The service had also developed learning materials on hydration and nutrition using information from the charity Bapen and other guidance. A diabetes workbook had also been developed from the Diabetes Association and NHS guidance.

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.

- Staff were supporting people within the principles of the MCA. Staff understood the importance of supporting people to make their own decisions as much as possible.
- Prior to the inspection the service had identified a need to improve their records related to the MCA. This had improved but the service was still progressing this improvement and we identified some minor areas for improvement during the inspection. These were related to records and had no impact on the quality of care people received.
- Staff understood the principles of the MCA and ensured people were supported to make their own decisions as much as possible. They were also confident to raise any concerns about a person's mental capacity to senior staff or the registered manager.
- Where people held Power of Attorney for people the service supported, records of this were kept.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- The service was exceptionally caring and this was evident throughout the whole organisation. The caring culture was so embedded that people consistently received highly compassionate support. The registered manager knew people very well and demonstrated a caring and compassionate approach to the care being provided to people.
- People told us that all of the staff supporting them were exceptionally caring, including the registered manager. We asked a person if staff were caring towards them and they replied, "Yes very much so, kind and caring." Another person told us, "They are all nice to me. On my birthday one carer brought me a lovely bunch of flowers."
- Staff built such caring and trusting relationships with people that they could achieve outcomes that greatly improved the person's quality of life for example, one staff member started supporting a person who was reluctant to receive any support from the service and from any healthcare professionals. This meant they were malnourished, underweight and at risk of developing infections. The staff member told us that they worked hard over two years to become the person's friend, to develop rapport and encourage them to receive the support they needed. This resulted in a very positive outcome for the person who gained weight, was less at risk of developing an infection and was healthier as a result of intervention from the service and healthcare professionals. The person developed such a level of trust for the staff member that they would ask them to be present at healthcare appointments to provide caring reassurance and confidence.
- The service also supported couples both living with dementia to remain at home together through a well-executed care plan when this had not been thought possible. One couple was supported by staff to have dinner together at the kitchen table every evening as this was important to them but had become impossible without support.
- We received other examples where staff had demonstrated a very caring approach and gone above and beyond to help people. We observed information about one staff member who supported a person's family member beyond the call time to care for their relative under very difficult circumstances and demonstrated great compassion and professionalism. Staff supported one person who was devoted to their dogs outside of scheduled calls to walk the dogs as the person was unable to do so. Another person missed the plants they had in the garden at their previous home so staff went out of their way to purchase similar plants to go on their balcony. We were told of another example where staff noted that a person was experiencing anxiety due to low self-esteem, so staff would provide regular encouragement for example one staff member told us, "I always tell [them] that [they] look like a movie star". Another staff member noted that a person had run out of continence aids and went to purchase some outside of their call time to ensure the person did not go without.

- We observed numerous heartfelt compliments from relatives about the service that demonstrated the consistent compassionate care people received and the trusting relationships that had been built between staff and people. One relative told us, "[Registered manager] was wonderful" and "They're not just carers, they're family as well." People and relatives had built strong, lasting relationships with staff members and enjoyed spending time with them. One relative told us, "[Staff member] is an absolute hoot!"
- Relatives were also supported with compassionate care. The registered manager told us about one relative who they were supporting to involve the right healthcare professionals and understand the possible progression of their relative's condition which had been causing them great concern and distress. The registered manager told us, "The only people that can advocate for his support, is us." They were providing this support through an educational workshop attended by a small number of relatives, the registered manager told us this was "an opportunity for them to build their own network of support." The service also supported people and families through the process of considering moving into residential services and encouraged them to think about this in good time to prevent high levels of stress.
- Staff were involved in supporting local charities. For example, staff had been involved in the 'Be a Santa to a Senior' campaign at Christmas which involved helping a local supermarket to collect and wrap gifts for older people who would otherwise be alone at Christmas.
- We observed caring interactions between staff members and it was clear that a caring culture was present throughout the service. A relative told us they and their family member had received cards and presents from staff on their birthdays.

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

- People and their relatives were fully and appropriately involved in care planning. People received a call 24 hours after their care package started to check they were happy with the support they received. People and relatives confirmed that reviews of care plans were undertaken regularly and we observed records of reviews containing positive feedback from people and their families.
- People were always introduced to care staff prior to being supported by them. One staff member told us, "I think it's fantastic that prior to the visit we come in, read the care plan, have a briefing and go out and be introduced to the client." The briefing that staff received on people's needs ensured that they had a holistic understanding of the person and were able to build a caring relationship with them as quickly as possible. The opportunity for people to meet staff prior to being supported by them gave people the opportunity to make a decision about the people providing their care. If people were remotely unsure about the staff member provided, the staff member would sensitively be changed. Sometimes it was merely not an ideal personality match.

Respecting and promoting people's privacy, dignity and independence

- Staff always recognised the importance of maintaining and improving people's independence. A member of staff confirmed they say to people "let's see how much you can do for yourself" and work with them to improve their independence. Staff worked to problem solve issues and find a solution that maintained independence instead of restricting people.
- People and relatives were always treated with dignity and respect. One relative told us, "When carers take mum to the bathroom or toilet they always respect her dignity by providing privacy."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

End of life care and support

- The service was not providing end of life care at the time of the inspection. However, the registered manager told us examples of how they had supported people in the past and demonstrated a caring and compassionate approach to end of life care for people and their families. For example, the registered manager told us, "We arranged for the local RAF association and the local branch of the British Legion to attend [their] funeral with standard bearers as feedback was that [they] would like that". Other examples included, staff stayed with one person in hospital as they were fearful of passing away in hospital alone. Staff stayed to ensure they were not alone or distressed in an unfamiliar environment at the end of their life. For another person, the service contacted the people in their address book after they had passed away to inform their friends and family of the person's death and funeral arrangements as they did not have a next of kin who was able to do so.
- The service had worked with palliative care professionals in the past. They had introduced a dignity in care award in memory of one person who had passed away that was awarded to staff. A senior member of staff had completed a train the trainer course in palliative care and was due to pass on this training to the staff team.

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

- People were encouraged to be as independent in activities as possible. One relative told us, "Carers take [person] swimming twice a week which helps her keep some independence." A person told us, "[Staff] give me confidence" and another person told us, "Carers help me to do things and encourage me to do things, like attend a knit and natter club held in the local library."
- The registered manager told us, "We run a series of tea dances every year" and these events helped people to meet new people and feel part of a wider social group. A relative told us they and their family member were going to attend the next tea dance held by the service and that they found the list of local activities helpful.
- Following the last inspection people continued to be matched to those staff members who would be able to build strong rapport due to similar personalities or interests. For example, one person was matched with a staff member because they both served in the Royal Navy. A relative told us it appeared to them staff had been matched to their family member according to their interests and hobbies.
- The registered manager told us that staff are personally briefed on people's needs prior to supporting them. The person is then given "a personal introduction" to the staff member to check that the person and staff member are both comfortable with each other. The registered manager checked that staff had "the right skills, knowledge and fit with the client".

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.

- Staff told us examples where they had adapted their care to support people with different communication needs. For example, one person sometimes needed to communicate through blinking. Staff were familiar with this and able to interpret the blinking whilst communicating with the person. Another person had difficulty correctly articulating yes and no. Staff were advised to check the person's understanding and response and also to use laminated cue cards with pictures and words. The registered manager informed us that they would refer people to speech and language therapy if they had any concerns about communication support. Staff were given guidance on how to interpret and consider unmet needs for people who were unable to communicate.

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

- Care records were detailed and contained information about people's personal histories, hobbies, likes and dislikes. The records demonstrated that care was planned according to what was important to people. There was evidence of pre-assessment records used to assess people's needs prior to the start of their care package.
- People were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 which included age, disability, gender, marital status, race, religion and sexual orientation. For example, the service supported people living with a physical disability to continue swimming with support from staff. People were also supported to attend religious services. For one person it was identified that they used to attend church and this was an unexpressed need. Staff supported the person to attend church again and they responded positively. All people supported by the service were respected and there was no evidence of any discrimination in the service. The service actively challenged any discrimination towards the people they supported, for example from members of the public.

Improving care quality in response to complaints or concerns

- People and relatives we spoke to told us they had not raised a complaint. We reviewed any complaints that had been received by the service since the last inspection and found all complaints had been appropriately responded to in a timely manner. Any complaints or concerns raised were taken seriously and resolved compassionately.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to 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

- It was exceptional that there was such a strong culture in the service of developing trusting, meaningful relationships between staff and people. The provider and registered manager allowed staff and people the time to develop these relationships and this led to highly positive outcomes for people. The excellent caring culture was embedded by the provider and registered manager through every element of the service including: governance, recruitment, staffing, training, supervision, care planning and care delivery. Systems were so embedded and organised that outstanding care was provided across the board to every person being supported. We received consistently excellent feedback about the leadership of the service. One person told us, "[The service] is run marvellously".
- Staff told us they were proud to work in the service and the registered manager confirmed, "We absolutely take pride in what we do here" and "There are people here who are absolutely committed to doing the best that they can do." We received excellent feedback about the registered manager. One staff member told us, "[Registered manager] is always really nice, they put me at ease" and another staff member told us, "In my long working history they're one of the best companies I've worked for."
- Staff were supported and valued and every week a staff member was identified and recognised for providing excellent support or going the extra mile. Senior staff would then send them a thank you card. This demonstrated a caring approach towards staff and one staff member confirmed, "[registered manager] gave me a lovely card to say thank you for all my efforts". One staff member told us, "I've never been in a job where I've been so welcomed and so supported" and "I'm hoping for a job for life."
- The excellent culture in the service was driven by the values of the service that were a consistent theme throughout the inspection. It was clear that the values were at the heart of all of the work carried out by staff and the management. Three annual awards had been introduced in regard to each of the three core values and were awarded to staff as recognition for excellent practice.

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

- The registered manager was very keen to signpost people to services that could provide extra support to them for example, the Royal British Legion. The registered manager told us, "We want clients and families to see us as a resource."
- The service ran various community groups for people using the service and the general public, particularly for people living with dementia. Staff helped people to get to these events as much as possible. This included dementia friendly tea dances, five friendship and memory cafes and singing to remember groups.

The cafes included other activities such as curling, seated yoga and playing musical instruments. We observed feedback from a relative that the memory café, singing groups and tea dances they attended, run by the service, had enabled both them and their family member to make great friends, feel immensely well supported, be less isolated and thoroughly enjoy their time at the events. We observed feedback from other relatives that the memory cafes provided a great social and emotional support to people and their families. A staff member told us that these events were positive experiences for people and told us, "It gives people something to look forward to."

- The service produced a 'What's on Where' guide to signpost people about numerous local events and support groups that they and their families could attend.
- Staff provided talks to relatives on subjects such as dementia to support them to improve their understanding of the impact this condition may have on their family member. This also gave relatives the opportunity to meet other relatives in similar situations which provided a further opportunity for support.
- The service sent annual feedback surveys to people and staff who confirmed to us that they had received them. We reviewed the survey from 2018 which was positive. Staff were encouraged to participate in feedback surveys and we observed posters about the survey throughout the office during the inspection.

Working in partnership with others

- The service had worked with other local organisations to advise them on how to become dementia friendly for example, a local supermarket. Dementia friends training was also delivered to health and social care students at a local college to further their understanding of living with dementia and promote a career working in care. The registered manager informed us that the service had trained over 800 Dementia Friends in the past five years.
- The service had links and made referrals to local charities for example, Alzheimer's Society and Admirals Nurses. The registered manager was keen to encourage people to access any organisations that could support them and encouraged them to do so. Staff had links to local dementia action groups where information about supporting people living with dementia is shared.
- The service was also involved in fundraising events for charity. For example, some members of staff had participated in a sky dive to raise money for Alzheimer's Research UK.
- The service delivered sessions to the local community in partnership with National Trading Standards to promote awareness of scams targeting older people and how people can protect themselves. The registered manager informed us that this is provided to people in various settings including community groups, volunteer groups and people living in independent living facilities. They informed us they had delivered these sessions to over 1000 people.

Continuous learning and improving care

- The registered manager had a robust system in place to analyse the service, identify any concerns and make improvements. For example, there were regular audits of the care visit logs and medicine administration records completed by staff members to ensure they contained sufficient and accurate information. The Home Instead Senior Care National Office also carried out audits of the service and actions identified were completed robustly and used to drive improvement within the service.
- The business operations manager told us that the service was supporting a similar number of people to a few years ago but staff were much busier due to an increased focus on quality and governance. This was evident from the changes to the organisational structure in the service and robust processes such as supervision and induction.
- The culture of learning was present throughout the service. A staff member told us that there was, "a continual focus and effort to improve things".
- The service held regular team meetings where information was shared to recognise good achievements of staff and identify any areas where the service was driving improvement.

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

- The registered manager informed us that the office team had undergone extensive restructuring with the introduction of some new roles. This had led to an improvement in understanding the needs of people using the service and identified areas for improvement. The restructuring was ongoing in response to needs being identified by the service. For example, it was identified that having a separate staff member responsible for rotas was less effective as they did not know people directly and understood their needs less than other office staff members. The restructuring had led to an increased oversight of the service with clearly defined roles.
- There were several meetings throughout the week that assisted in the planning and delivery of care.
- The registered person must notify the Commission without delay of certain types of incidents for example abuse or allegations of abuse. The service had notified us of any relevant incidents or concerns.
- The rating awarded at the last inspection was clearly displayed in the office and online.

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 registered manager was aware of their responsibilities in relation to the duty of candour and had acted with openness, transparency and candour when things had gone wrong.
- Duty of candour was considered immediately after any incident and any action taken was recorded on the accident report form.
- The registered manager told us that they only provided care for people whose needs they could meet. This helped to reduce incidents as staff were skilled to provide the support people required.