

Maxcare Ltd

Home Instead Senior Care

Inspection report

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Good 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service

Home Instead Senior Care Farnborough was a privately-run domiciliary care agency, which was part of the national Home Instead franchise. It provided companionship and personal care to adults over twenty-five years of age, including people living with dementia or a cognitive impairment. At the time of the inspection it was providing the regulated activity of personal care to 55 people.

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

There was a very strong and visible person-centred culture. The registered manager and provider valued their staff. Staff were carefully matched to people's needs and preferences, to maximise the chance of them forming a strong bond. Staff were highly motivated to provide exceptionally caring and compassionate care. People unanimously told us of how important the staff were to them and how much they enjoyed their relationships with them. A relative said, "All staff, including the office staff, are extremely caring and I am left feeling that they really understand and wish to support my [loved one's] needs fully." Staff were skilled at involving people in decisions about their care and ensured their views were heard. People felt staff fully respected them and their personal care was provided with great sensitivity. Staff supported people to maximise and retain their independence, which enabled them to remain at home as per their wishes.

People told us the service was exceptionally well managed. There was a culture of one staff team committed to person centred care. Staff were developed and nurtured, to ensure the service was provided by motivated and skilled staff. There were rigorous governance processes and staff understood their responsibilities. There was a strong focus on innovation and development which had led to service improvements for people. There were strong and extensive relationships with the community which enabled people to access varied opportunities for social inclusion.

The provider ensured staff implemented and applied best practice guidance to improve outcomes for people. Staff's knowledge and skills had been nurtured to enable them to train their peers. Staff were provided with a range of learning opportunities which equipped them with the skills required to provide good care. There was a focus on encouraging people to eat and drink well. Staff were committed to working collaboratively and providing people with joined-up care, so their health needs were 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 were fully consulted and involved in planning their care. People's needs, history, preferences and planned outcomes were well understood by staff to enable them to deliver personalised care to people.

People told us the service was highly responsive to any changes in their care needs. People were well supported to attend activities of their preference. Staff ensured any issues people raised were responded to and investigated promptly. People were appropriately supported with end of life care.

People were protected from the risk of experiencing abuse as staff completed regular training and understood their responsibilities. Potential risks to people had been assessed and measures put in place to ensure their safe management. Any incidents were investigated and required changes or staff training took place. People received continuity of care from regular staff who had been recruited through rigorous recruitment procedures. People received their medicines safely from trained and competent staff. Staff ensured people were protected from the risk of acquiring an infection as they followed the provider's policies and procedures.

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 outstanding (published 22 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Home Instead Senior Care

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was completed 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. The Expert by Experience had experience of caring for older people and those living with dementia.

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

This inspection was announced. We gave the provider 48 hours' notice of our site visit as it was a domiciliary care service and we needed to be sure key staff members would be available.

Inspection activity started on 28 June 2019 with telephone calls to people and ended on 02 July 2019. We visited the office location on 01 and 02 July 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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 used all of this information to plan our inspection.

During the inspection

We spoke with or received email feedback from nine people who used the service and six relatives about their experience of the care provided. We spoke with eight members of staff including care staff, office staff, the recruitment/training manager, the general manager, the registered manager and the provider.

We reviewed a range of records. This included four people's care records and their 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 were reviewed.

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the care of staff. Their feedback included, "Yes, we have a very observant carer, who looks after us very well" and "[The person felt] Completely safe."
- The provider promoted the ethos safeguarding was, "everyone's business" and the whole staff team, including all office staff undertook safeguarding training annually. Staff told us they valued and understood the safeguarding training, a staff member told us it, "Made me more aware." Staff had access to relevant policies, procedures and information for reference.
- Staff had used their safeguarding knowledge and made referrals where appropriate to the lead agency for safeguarding, to enable them to take relevant action to keep people safe from the risk of abuse. Staff had been proactive in challenging situations and reporting incidents.

Assessing risk, safety monitoring and management

- Potential risks to people were identified and measures were implemented to manage them safely for the person. For example, staff were informed of any particular risks to people related to their health or medical condition and the need to report any changes to the office. Risk assessments took into account that risks to people could fluctuate, therefore staff needed to be responsive. For example, a person sometimes needed support from staff with their mobility but not always. People's risk assessments were 'live documents' which were regularly reviewed and updated, including following any incident, which ensured their accuracy.
- Staff underwent a thorough induction, which included moving and handling training, evidenced by assessments of their competency, to ensure they were safe to work alone with people. Staff told us they were provided with all relevant information about potential risks to people. They demonstrated a good understanding of the risks to individuals and their management and were aware of any equipment people needed to keep them safe.
- Relatives felt risks were well managed, they told us, "[Person] uses a walker and they are always behind her" and "[Person] is at risk of falls, they [staff] have good knowledge."

Staffing and recruitment

- The provider used an electronic care call planning system to ensure there were sufficient staff to provide people's care at their preferred times wherever possible. Office staff were able to monitor in 'live' time the delivery of people's care and take relevant action if any issues arose with the delivery of care calls. For example, if a call was going to be late office staff informed people. Office staff also ensured sufficient travel time was allowed between people's care calls, to ensure people's calls ran to time. A staff member confirmed, "We get sufficient time between visits."
- People and staff told us there was consistency in the staff provided. A relative told us, "We have had regular carers." A staff member confirmed, "I have been with one lady for four and a half years."

- The provider followed rigorous staff recruitment procedures and completed relevant pre-employment checks to ensure only suitable staff were recruited. These included the requirement for staff to complete a Disclosure and Barring Service check prior to commencing their role. This enabled the provider to check the applicants suitability for their role.

Using medicines safely

- People's medicines were managed safely by appropriately trained and competent staff. People confirmed they received their medicines safely, a person said, "They [staff] make sure I take the medication."
- The provider used an electronic system for staff to record people's medicines administration. This ensured any changes to people's medicines could be updated instantly. The system also reminded staff of the need to administer and sign for people's medicines. Office staff monitored the system constantly, which enabled them to immediately identify and address any medicines administration or recording issues with staff for people's safety.
- People's medicines needs were assessed and there was an up to date list of their medicines. Staff encouraged people to self-administer wherever possible. People's records noted for example, staff were to prompt a person with their medicines but on a bad day, they required their medicines to be administered. A relative confirmed, "They [staff] prompt and sometimes help with her inhalers as she has arthritis in her hands." Staff worked in continual partnership with people which enabled them to take maximum control over their medicines administration.

Preventing and controlling infection

- Staff completed infection control and food hygiene training during their induction and had access to relevant guidance. Staff updated their infection control training, through the provider's new electronic learning platform. Staff's adherence to the infection control guidance and policies was then monitored through regular spot checks of their practice. Staff told us there were plentiful supplies of personal protective equipment which they wore. This protected people from the risk of acquiring an infection.

Learning lessons when things go wrong

- There was an open culture where staff were encouraged to report any incidents without fear of blame. A staff member told us, "There is safe culture for reporting." Staff understood their responsibility for reporting, a staff member told us, "We ring in any incidents. Any resulting changes are done straight away."
- Incidents were used as an opportunity to learn and improve. For example, following an incident where a person fell, the staff member was retrained and an occupational therapist was asked to assess the person's walking, to reduce the likelihood of repetition.

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 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

- Processes were in place to ensure staff remained up to date with best practice guidance. The provider was able to demonstrate how they regularly read CQC inspection reports and reports on care and applied the recommendations. For example, having read one CQC inspection report, they worked in partnership with the company who supplied their electronic care planning system to incorporate a body map into the system to record for staff where topical creams should be applied for people. This supported best practice guidance. A staff member told us, "We are encouraged to share knowledge around the team. We had end of life care training recently. We talked about how to manage difficult conversations about end of life. We shared experiences." This sharing of knowledge ensured people are provided with even better care at the end of their lives.
- The provider had also developed their own internal best practice protocols for staff. For example, they had developed an out of hours protocol about how to deal with different situations which may arise, for staff to follow. This ensured different staff on duty dealt with incidents consistently and provided continuity of response for people.
- People had their needs holistically assessed to ensure they could be met prior to the provision of their care. The provision of people's care reflected national legislation, guidance and good practice.

Staff support: induction, training, skills and experience

- Staff completed a comprehensive practical induction, which had been reviewed for robustness, prior to the offer of their role. It incorporated face to face training and shadowing's of more senior colleagues. Ongoing staff training and development was based around staff and people's individual needs, The provider had now made the completion of refresher training an annual requirement. This ensured staff regularly refreshed their skills.
- A member of staff who was hearing impaired ran the hearing impairment training session for staff. Another staff member had an interest in end of life care. They had been supported to attend 'Train the trainer' training, visited a local hospice and were being supported by the training manager, to now run 'bite size' end of life training sessions for staff.
- These staff's skills and abilities were recognized and nurtured, which made them feel valued. People benefited as staff were being trained by these impassioned peers who utilised their own experiences, interest and knowledge in the provision of face to face training. Staff had been upskilled and developed which resulted in a more skilled workforce and therefore a better service for people. A relative told us, "Well I think they are very well trained, they [staff] often impart training knowledge."

- The provider had also provided external face to face training opportunities for staff in areas such as blood glucose monitoring, to develop their skills in caring for people living with diabetes. Staff were now as a result able to support people in taking their own blood glucose readings.
- The provider had also developed 'webinars,' which are seminars held over the internet, to support self-directed learning, which suited some staff's learning styles.
- People's care was provided by staff who had received tailored learning, which met their individualised learning styles.
- Staff received regular supervision, spot checks, competency assessments and an annual appraisal of their work. The outcome of this for people was they received their care from skilled and knowledgeable staff. People told us, "They are very well trained" and "They know what they are doing."

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

- The provider placed a strong emphasis on the importance of people eating and drinking well. In addition to information in the care plans about people's dietary needs, preferences and cultural requirements. Staff were encouraged to make food more interesting and appealing for people.
- A staff member told us, "The devil is in the detail. I make sure I offer people variety. Position foods in their fridge at eye level so they will see. Leave sliced fruit prepared so they can help themselves. Ensuring we leave suitable foods for people. If they don't like crusts on the bread, we cut them off." Staff had made meals more appetising for people, so they were more likely to eat what was offered. A person told us, "They are very good at making meals."
- Staff ensured for another person who did not drink well, glasses of squash which are more visible than water were left in strategic positions around their property so when staff were not there they would see them, which had prompted them to drink.
- Staff had run a 'Cookery for fun' course last year, in conjunction with other local services, to raise awareness of the importance of nutrition amongst older people. Staff knew how important good nutrition was to people. A staff member told us, "I do all the cooking for a lady for the week ahead." This ensured the person was provided with homemade meals.
- A person confirmed, "They are very good at making meals" and a relative told us, "They make sure hot drinks are left in insulated cups, so they stay hot." Staff's attention to detail, ensured people received sufficient foods of their choice.

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

- The introduction of two new field care supervisor roles, one for people and one for staff had ensured clear responsibilities and routes for the communication of information. A staff member told us, "We have a field supervisor to support us. They are out there for most of the day. Never far away." Staff told us they felt supported by this initiative and people told us communication had improved.
- The provider's new electronic planning system meant information could be updated and visible to relevant staff instantly. Staff told us how the system sent them notifications of any changes for people. A relative told us, "The care plan is revised at appropriate times and office/ care staff are very diligent acknowledging and responding to these changes."
- Care was planned in accordance with people's other appointments. A relative confirmed, "Care calls are times to fit in with other visits." Staff were committed to working collaboratively and providing people with joined up care.

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

- People told us staff were proactive in identifying any health issues and supported them to attend appointments as required. Staff had access to relevant guidance to support them to meet people's healthcare needs, including their oral healthcare needs. There was evidence staff had promptly ensured any

relevant referrals were made to professionals for people's welfare. For example, staff had urgently referred a person to the occupational therapist for assessment when they noted they were struggling to get up unaided. They also ensured people were supported with any exercises prescribed by health care professionals for their welfare.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

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

- Staff including the office staff were provided with MCA training both face to face and as one of the providers webinars. They demonstrated a sound knowledge of its application with people. Staff were able to identify potential restrictions upon people's freedoms and ensured where these had been identified the correct processes had been followed to ensure they were in the persons best interests and legal requirements had been met. This action ensured people's human rights were recognised and upheld and any restrictions in place were required. Where people had a power of attorney in place to make decisions on their behalf where they lacked capacity, to make a specific decision. The provider ensured relevant checks had been completed, to check what decisions they had the authority to make for people.

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 outstanding. At this inspection this key question has remained the same 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

- At the last inspection the provider was providing highly personalised and compassionate care and a high standard of staff training. All attributes they have developed and built upon, as described below.
- The provider and registered manager jointly created a visibly person centred, caring and nurturing culture. They appreciated staff were their greatest asset and that recruiting the right staff who were highly motivated was key to people's experience of the care provided. One of their principles stated, "We put our staff and clients at the heart of every decision we make" and their manifesto said, "The most important resource we have is our staff and we intend to hire, train and retain the right people with the right values and attitudes who are committed to delivering highest quality care."
- The provider was also arranging some of the staff refresher training sessions to be held in the evenings and at weekends to accommodate those who had second jobs. Staff were exceptionally well thought of and cared for. This created a culture where they felt valued and in turn valued people. A staff member told us, "It has been my privilege working with these people."
- People's feedback was unanimously positive. They told us, "I can't do without them really, I love [staff]. They are all wonderful and I am very happy" and "[staff] and [staff] will always go the extra mile." People told us how staff had come in to see them even on their days off. Another person said, "Well I had a birthday a while ago and one of them left me a bunch of roses." A relative told us, their loved one had required an ambulance and, "The carer went above and beyond that day and stayed way longer than she needed to." People were cared for by staff who were highly motivated to offer exceptionally kind and compassionate care.
- There was a strong focus on building quality relationships with people and their families. This started with a focus on matching the right staff to people. There was a culturally diverse staff team and office staff endeavoured to match people with staff who had similar interests and personalities to them. A person had fed back to the service, "[Person] loves his carers and looks forward to their visits with enthusiasm. The carers are varied in their backgrounds, interests and experiences. The key to their success is that they are all positive, enthusiastic and loving which brings the world to my otherwise housebound [relative]."
- A staff member told us, how they were matched with a client as they both had shared experiences, of living through war. Another told us, "One person is very exact and so am I, we are a perfect match." The impact of this attention to detail in matching staff meant only five out of 60 staff introductions to date this year had not been compatible.
- The focus on building honest, transparent and open relationships with people and their families included enabling people and their relatives to access their electronic notes with consent, on the provider's new electronic care planning system. By reviewing the notes relatives had the security of knowing they could stay

in touch with their loved ones' care wherever they were in the world. They could also check-up upon their loved ones' welfare and identify any issues instantly which they wanted followed up. A relative had reported to the provider, "The [Name] app is great. I look at it twice a day after each visit."

- People's calls were never less than one hour. This enabled staff to spend quality time with people getting to know them and their routines and preferences. Staff had excellent knowledge of people. A staff member said, "I know exactly what they [people] need and want."

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

- People felt very involved in decisions about their care. A relative told us, "Yes, they do talk to her about it and also suggest things that might help like she had an elbow problem and the suggested a cream that I got her, and it worked well." Staff understood how to communicate with people and support them to be involved in decisions. A staff member told us, "I show people options." A relative confirmed, "Everything is discussed and decided jointly."

- The provider paid great attention to people's cultural background and language needs. A person could not speak English. They had been matched with staff who understood their cultural requirements and who spoke their language. Their relative told us they felt very assured by the companionship the staff member provided to their loved one, they said, "It is also ensured that she has a carer who speaks her language, so the choice is personalised to her individual circumstances. This is a special feature that [person] and I are so happy about." The matching of this staff member with the relevant language skills enabled the person to experience companionship and conversation and to be able to be involved in decisions about their care.

- Staff were skilled at supporting and advocating for people, where required, to ensure they received the support they needed. There was evidence staff had taken the initiative and supported a person through their preparation for an operation. They had proactively contacted other professionals involved, to ensure everyone worked together to support the person, who had complex healthcare needs. The outcome for the person was that through staff's close working with other professionals a date for their operation was booked.

- Staff had realised some people required support to identify and explore additional sources of help. The general manager told us how they had made links with reputable local companies, so if people requested information on local services, this could be provided. For example, a person had needed to access specialist footwear. Their relative had thanked the provider for the recommendation and for supporting the person to attend the appointment. Another person had wanted a recommendation for a podiatrist and been provided with relevant details. People could be assured of being able to source reliable information from the provider, which had assisted them in their decision making.

Respecting and promoting people's privacy, dignity and independence

- Staff completed training on equality, diversity and human rights during their induction. They were non-judgemental about people. A staff member said, "We break barriers by accepting all a person is, we see them for who they are without judging them." People were accepted for who they were.

- Staff received face to face training during their induction on how to deliver people's personal care. This ensured they had the required skills, knowledge, sensitivity and understanding. A staff member told us, "I ask people how they like to be supported with personal care. I can monitor people without watching them directly during personal care." They understood people's right to be consulted about how they wanted their personal care provided and for support not to be intrusive.

- Staff also appreciated the provision of personal care could cause anxiety to people and described how they ensured people were not embarrassed. People told us their care was provided with great consideration for their privacy and comfort. Their feedback included, "Yes, they are extremely respectful at all times" and "Yes, they are very kind and they will warm up the bathroom for me."

- Staff recognised the importance of people's independence. A staff member told us how important it was

to support people to do what they could, and for them to feel they could do things. A person confirmed, "Yes, when I hurt my elbow they put the food on the fork for me instead of feeding me and I liked that because they know how independent I am." A relative said, "[Person] likes her collars ironed in a certain way they [staff] will take out the iron and board and will sit beside her while she does that." A relative told us, "The support enables her to stay at home. She is very independent at 92 and wants to stay at home. They are fantastic." Staff respected and supported people's right to independence and as a result people experienced supportive and empowering care, which enabled them to remain at home.

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 remained the same good. This meant people's needs were met through good organisation and delivery.

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

- People were fully consulted and involved in planning their care. A relative told us, "Yes, they [staff] do talk to her about it and also suggest things that might help." People's care plans were person centred and addressed all of their care needs including their rights under the Equality Act. A relative had fed back, "We are really happy with [staff] because she understands our culture and she is providing excellent care." Another relative told us, "Care staff are thoroughly briefed." Professionals confirmed staff provided very person-centred care. People's needs, history, preferences and planned outcomes were well understood by staff to enable them to deliver personalised care to people.
- Staff had a good understanding of each person's needs, including those of people living with dementia. Staff received the provider's approved dementia training, in addition to 'bite size' dementia training. This ensured they had the knowledge and skills to enable them to respond to people's behaviours which could be challenging.
- A staff member told us, "People all have different needs and need to be treated differently. Working with people where they are at with their dementia. If they want to look for mum let them get ready to go out and then distract them." They understood how to respond to this person's behaviours in a non-confrontational way that acknowledged their reality.
- People told us the service was highly responsive to any changes in their care needs. A relative told us, "Yes, [person] had a short hospital stay and they gave us care every single morning to help her get up and dressed." Another relative told us, "The care plan is revised at appropriate times and office/ care staff are very diligent acknowledging and responding to these changes." Staff used the providers electronic planning system to enable them to be flexible in responding to requests for changes in care and ensured these were communicated to staff.
- People's care was reviewed regularly with them. This ensured it remained relevant and enabled staff to monitor how well outcomes were being met. A relative told us, "[Person's] care plan is regularly reviewed and adjusted. It is also checked that the care plan objectives are on track or fulfilled. This is really good to see and to be asked so specifically."
- Staff ensured where commissioned to provide companionship or to reduce a person's social isolation this support was provided. The general manager ensured staff were regularly updated with information about activities, groups and clubs operating in the local community they could take people to participate in and meet others. People were well supported to attend activities of their preference.

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.

- People's communication needs were identified during their initial consultation and noted. The provider was able to supply information for people in different formats depending on their needs.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and felt if they raised any issues they would be appropriately investigated. A relative told us, "My experience leaves me satisfied that if I did have a complaint it would be taken very seriously." Records demonstrated any complaints or concerns received had been thoroughly investigated and relevant action taken to rectify the situation. Any issues raised by people were seen as an opportunity to learn.

End of life care and support

- No-one currently receiving the service required end of life care. However, two staff had completed training to enable them to facilitate end of life care training for staff. The two staff had also attended end of life care planning training at a local hospice to ensure they had the required skills. Those staff who had been involved in the provision of end of life care told us they felt well supported. A staff member said, "When people pass away we get fantastic support for us as workers checking if we are alright." People received appropriate support at the end of their lives.

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 outstanding. At this inspection this key question has remained the same 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

- At the last inspection the service was found to be exceptionally well-led with dynamic partnerships with other organisations which they have built upon.
- People told us the service was exceptionally well managed. Their feedback included, "Yes, it is well-led, he [registered manager] is brilliant he is easy to talk to and responds to issues quickly." "I can so far only praise this service. Very well managed" and "As far as I am concerned excellently."
- The service had a strategy and objectives that were challenging, but achievable. These were clearly laid out in their statement of purpose, and manifesto. Their vision was encapsulated in their mission statement, which was, "To help our clients live well in their own homes and in their own way as needs arise and grow. Our dream is to bring people (CAREGivers and Clients) together to create beautiful long-term relationships enriching their lives and of those around them." People's overwhelmingly positive feedback about the service demonstrated this goal was being achieved. A person said, "I can't do without them really. They are all wonderful and I am very happy." These values were demonstrated in the exceptionally caring attitudes and behaviours displayed by the staff team.
- The provider's strong, clear leadership had led to the improvements in processes and training, that had led to people receiving outstanding care.
- The provider and registered manager had worked together to create a culture of one team working across both the office and field care staff for people's benefit. Care staff felt very welcome in the office and valued. A staff member told us of the provider, "His approach is open and welcoming" and "He is here and available." This resulted in collaborative staff working and people's positive, coherent experience of the service provided. As one person said, "I'm very impressed with all staff, including office staff."
- The provider was committed to inclusion and equality across the workforce. A staff member told us how at a recent party, the provider had ensured food was provided which met their cultural needs. This made them feel welcome and included. The provider was a Disability Confident Committed employer. This is a government scheme, whereby businesses are supported to be more inclusive to the needs of staff with disabilities. This recognition, inclusion and attention to detail, was reflected in how the service was provided. A relative told us, "A lot of thought goes into the care." People had benefited from the choices of staff they had with such a diverse and inclusive workforce. For example, a person was matched with a worker who shared their language.
- Staff were highly motivated to work for the provider. Staff's feedback included, "It's a fantastic team," "It's the best company I have worked for" and "Nothing would make me want to leave here." This motivation resulted in people receiving an exceptional service from committed staff.

- The provider had a strong commercial background. However, they recognised the need to develop their skills in leading a team in social care and had attended a leadership course. This had enabled them to better understand how to lead a social care service. They had transferred their skills and led a raft of changes in the service to drive improvements, such as the introduction of the new service structure and the new electronic care planning system to improve performance for people.
- There was a strong focus on identifying and developing staff and the leaders of the future. Both the registered manager and one of the field care supervisors had been promoted internally and were attending leadership courses. People benefited from a strong, motivated leadership team within a culture where staff's talents were identified, nurtured and developed.

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

- The provider and registered manager had a clear understanding of their responsibilities under the duty of candour and fostered a culture of openness and honesty where staff were not afraid to admit to mistakes as these were viewed as an opportunity to learn. For example, as a result of any medicine errors. Staff told us, "We had a query about medicines and discussed and researched it."

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

- The provider and registered manager were both highly skilled, motivated and inspirational leaders. They combined and utilised their respective skills in social care and business to continue to improve performance for people.
- Both appreciated the need for clear governance, to ensure effective outcomes for people. The provider had made changes to the team structure, both within the office and the field, with the introduction of clearly defined roles and responsibilities. This had led to clearer lines of accountability and authority for decision making for people.
- Although there were clearly defined lines of accountability. Staff felt the management team were accessible. One staff told us, "There is no hierarchy. We say we work for [provider] and we work with [provider]." This was illustrated by the two workshops the provider and registered manager held for staff on, "How to remain outstanding" which raised the importance of risk management, person-centred care planning and governance for all staff. This ensured staff had a shared understanding of these issues for people.

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

- People and staff were engaged and involved with the service. People's views were sought through their regular service reviews and quality assurance reviews. In addition to the annual survey. Staff's views were sought constantly through their communications with the office and more formally through their supervisions, staff meetings and the annual survey.
- People's and staff's views were sought and acted upon. For example, the increase in staff mileage rates was as a result of feedback from the last staff survey. People had benefited from staff feeling motivated by being listened to.
- The service was an integral part of its local community. The general manager had responsibility for building local community-based relationships and informing staff of what opportunities there were for people to attend local activities or to access local services. The local Clinical Commissioning Group (CCG), told us the service was very supportive of their work. In addition to supporting the CCG at events, they told us they shared ideas for good practice they had come across. For example, testing people for urinary tract infections during visits to their surgery, to identify and treat them.

- Staff's links with and knowledge of the local community opened up a range of opportunities for people. For example, they had worked with a local specialist transport service to enable a person to go swimming, an activity which they enjoyed. Another service ran a social club at the weekend and staff took people along to socialise and reduce their isolation. The general manager also maintained links with the local job clubs, to encourage jobseekers to consider social care as a career. People had a wider range of opportunities for social contact, activities, staffing and to access advice due to staff's work with the community.
- Staff had run a community cookery group last year, in conjunction with local services. A professional told us how impressed they were with how the group had been run and people's experience. However, the provider realised they could support a greater number of people. Having identified the need for a dementia café in the local area, they were working in collaboration with another provider to establish this. They were using their links with existing dementia cafes, to enable them to research and set up the project. This will benefit people who use the service, by providing an opportunity to socialise with others who use the service and people from the local community.

Continuous learning and improving care

- There was a particularly strong emphasis on continuous improvement. The provider's title was, 'Director of continuous improvement.' Their manifesto stated, "Change is our friend. We embrace change, we strive to be the best and that comes with changing what doesn't work and protecting what does." They had created an inquisitive culture where each process, system, action and incident was reviewed, to identify any ways to improve.
- The provider had identified they lost more new staff in their first year, which they wanted to address. Therefore, the recruitment manager had placed more emphasis on recruiting the right staff, improving the induction process for staff and making the induction part of the recruitment process, in order to fully assess applicant's suitability. This work had resulted in a decrease in the number of staff who left the service in the first half of this year compared to last year. People now experienced higher consistency of care, as staff turnover had decreased.
- The provider's investment in a digital visit management system, to replace the existing paper-based system, had increased the responsiveness of the care planning process. Staff had the ability to instantly update people's care plans with any changes. All medication and call monitoring was completed in real time, so any issues could be followed up for people immediately. The administration of people's medicines was safer, as staff were alerted to missed medicines before they left the person.
- Staff had instant access to people's care records. A staff member told us, "I love it. I can check the notes from the day before, I can check the care plan, familiarise myself with new people." It was more discreet for people as they did not have a folder of paper notes left in their home. People received more responsive care as a result.
- The provider still ensured the electronic care logs were audited monthly, in order to monitor the quality of record keeping, check how people's outcomes were being met and to analyse any incidents. This ensured any areas that required action were identified and acted upon.
- Local and national audits were used as opportunities to identify areas for improvement, such as the need to strengthen governance of the service which had taken place for people.

Working in partnership with others

- The service was an excellent role model for other services. The provider and registered manager strove for excellence. The service worked closely with the statutory, non-statutory and voluntary sectors in the local area. The provider has worked with local services and professionals to provide training opportunities for staff, such as how to monitor people's blood sugars. They had also run workshops with other Home Instead Senior Care franchises to develop best practice in the recruitment, retention and training of staff. People benefited from these links, through the sharing of ideas, which enabled staff to reflect upon and improve

their practice.