

Cartmel Care Limited

Home Instead Senior Care

Inspection report

Meadowbank Business Park
Shap Road
Kendal
Cumbria
LA9 6NY

Date of inspection visit:
15 April 2019

Date of publication:
18 July 2019

Tel: 01539267220

Website: www.homeinstead.co.uk/southlakes

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?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service:

Home Instead Senior Care is a domiciliary care agency that provides personal care and support to people living in their own homes. Not everyone using the service received the regulated activity. CQC only inspects the service being received by people provided with 'personal care' [help with tasks related to personal hygiene and eating]. Where they do we also take into account any wider social care provided. When we inspected the service 15 people were receiving the regulated activity.

People's experience of using this service:

Audits checks were in place to monitor the quality of service provision and systems. However, some issues about recording changing needs and risk assessment had not been picked up. All these things were dealt with immediately and had not resulted in a negative impact for people but should have been identified by the systems in use.

Some staff supervision records retained personal client information after being used at supervision. We have made a recommendation the provider and manager consult and take advice from a reputable source to make sure any confidential details are managed in line with current legislation and best practice.

The service had a strong person centred and community based ethos. Everyone we spoke with who used the service was overwhelmingly positive about the compassionate and highly individualised care and support they received. People told us they felt "very safe" with the carers who visited. People told us, "I look forward to them coming in every day" and "Always on time, I can set my clock by them."

The provider had safeguarding systems to protect people from the risk of abuse or unsafe care. Staff were aware of the procedures, had received training on it and knew what action to take. The service was very involved in the local communities and provided 'scam awareness' talks in the communities they served to help inform and protect vulnerable people.

We saw, and people confirmed that staff treated them with kindness, compassion and respect and made sure their dignity was maintained. People spoke highly of the care and support they received from regular staff who knew them well and often "went the extra mile". There were many examples of staff going "over and above" to help and support the people they cared for.

Staff assessed and reviewed people's physical, mental health and social needs. Holistic care plans had been developed with the close involvement of the person and where appropriate their families and representatives to give a vivid picture of the person and their needs. People's communication needs were thoroughly assessed and understood by staff. This helped to support people's communication needs and the Accessible Information Standard (AIS). A relative noted, "A small team of wonderful carers gained [relatives] trust and built up fantastic relationships in a very short time."

There was a high staff to client ratio of suitably qualified and skilled staff to meet people's individual needs. Staff had received a range of training and developmental support to help them to carry out their role safely. People told us they received care and support from staff who were well trained and knowledgeable about them and what they needed. Only staff who had received training in safe medicine administration were able to give medicines.

People told us staff were often more like friends coming to visit were very reliable and had always responded very quickly if they needed any help, additional support or if they were feeling unwell. The service had a recruitment process to help make sure new staff were suitable to work with the people in their homes.

People received support to maintain good nutrition and hydration in line with their personal choice and preferences and their healthcare needs were well understood and met promptly. The service worked collaboratively with other agencies and professionals to support people's health and well-being.

Staff were supplied with personal protective equipment for use to prevent the spread of infections. Staff had received training in infection control.

The registered provider had procedures in place for assessing a person's mental capacity in line with the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

People and their relatives were aware of how to raise concerns or complaints and told us they would feel comfortable raising any matter. They and staff expressed confidence in the management to address any complaints or concerns raised quickly.

People's social and emotional needs were considered as part of the overall service and the risk of social isolation was recognised as an issue for some people. Staff actively promoted people's independence and social participation and respected their privacy.

The leadership of the service promoted a positive, open culture. People, family members and staff all described the provider and manager as supportive and approachable. People and their relatives were happy with how the service was managed and several said they would happily recommend it.

The registered manager and provider showed a clear desire to continue to develop and improve the service in a planned and managed way as it grew. They displayed knowledge and understanding around the importance of openness and working closely with other agencies and healthcare professionals to make sure people had good care.

Rating at last inspection: This is the first inspection of the service since their registration with us.

Why we inspected:

This inspection was part of our routine scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor intelligence we receive about the service and plan to inspect in line with our inspection schedule for those services rated good. If any concerning information is received we may inspect sooner.

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

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?

Outstanding ☆

The service was exceptionally responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was conducted by two adult social care inspectors 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 service.

Service and service type:

Home Instead Senior Care is a domiciliary care service providing support and personal care to people in their own homes.

The service is required to have 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. At the time of the inspection the service did not have a manager registered with us although a suitable manager had been recruited and was in the process of registering as the manager.

Notice of inspection:

We gave the service two days' notice of the inspection site visit because this is a small service and we needed to make sure that the appropriate people would be available and allow time for consent to be obtained for visits and telephone calls.

Inspection site visit activity started on 15 April 2019 and ended on 16 April 2019. We visited the office location on 15 April 2019 to see the manager and office staff, to review care records, policies and procedures and to visit people in their own homes. We made telephone calls to people who used the service and staff on 16 April 2019.

What we did before the inspection:

Our planning considered information we held about the service. This included information about events and incidents the provider must notify us about. We asked commissioners of services for their experiences of the service. We asked the service to complete a Provider Information Return (PIR). This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to plan our inspection

During the inspection

We spoke with five CAREGivers about their experiences of working for this service. [The provider uses the term CAREGiver when referring to care staff]. We spoke with the manager, the CAREGiver Operations Manager, the recruitment coordinator and both the organisation's directors. We reviewed care records and records relevant to the running and quality monitoring of the service. We looked at five care plans and a selection of records including, medication administration, quality monitoring records, training and recruitment records for ten staff employed in the last year. We spoke with two people in their own homes and looked at the records they kept at home. We telephoned and spoke to four people who used the service and six relatives to ask about their experience of the service and the care provided. We spoke with five care staff about their experiences of working for this service

After the inspection

We continued to seek clarification from the manager and provider to corroborate what we found. This included training information, feedback from clients and confirmation on actions taken by the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems, policies and procedures in line with local authority guidance to protect people from avoidable harm. Care staff received safeguarding training during induction. All the staff we spoke with understood the different forms abuse could take.
- People told us they felt very safe with the care staff who visited. They told us, "Oh definitely! Everything is perfectly safe" and "Indeed I do [feel safe]." Relatives told us, "They are excellent. I could go home confident that [relative] was alright."
- Care staff were given training in 'scam awareness' so they can look out for scams and rogue traders that could pose a risk to vulnerable people. The service had worked with families to install devices to help keep people safe. A CAREGiver told us, "We are all responsible for safeguarding and I would always call the office if I had any doubts."
- The provider had an unbroken record, in the last year, of not missing any visits so people had confidence in their reliability. The service also had a business continuity plan setting out measures to be taken in the event of foreseeable emergencies to help keep the service running effectively and safely.

Assessing risk, safety monitoring and management

- Systems were in place to assess potential risks to people. Staff completed assessments for each person that identified their needs, preferences and identified risks.
- We noted a risk assessment for the use of grab rails in a person's home was not included in their care plan. We discussed this with the manager who sought guidance from the occupational therapist to make sure care staff had the right information to carry out visual checks of the equipment and make sure it was secure.
- We noted a risk assessment had not been done for an over the counter medicine a person took. We discussed this with the manager and they took immediate steps to consult with those concerned and assess their understanding. An agreed plan was put in place to make sure a safe system was used that supported independence.

Staffing and recruitment

- Sufficient numbers of appropriately trained staff were employed to make sure people received the support they required. The provider made sure that a high carer to client ratio was maintained to ensure continuity of care and to provide additional support if someone needed it.
- People who used the service and relatives made positive comments about the staffing levels and the staff who supported them. A relative told us, "They can bring in extra carers to allow me to go away – even at short notice" and added, "As a company they are very flexible."
- We looked at staff recruitment records and noted one CAREGiver did not have a reference from a previous care employer. However, the manager explained how they had taken other steps to be able to satisfy

themselves on the fitness of this person to work with vulnerable people and on why they had left their previous post.

- A recruitment coordinator had recently joined the management team. They would be overseeing procedures to make sure they were followed and to develop staff recruitment and retention. The provider wanted to make sure they had enough suitable well trained staff available before taking on more clients.
- The provider used an electronic monitoring system to help keep staff safe and monitor if CAREGivers had arrived safely at their visits. If they had not arrived within 10 minutes of their expected arrival time an alert was raised so the office could take action. The service placed a high priority on making sure staff were safe and well supported in their work.

Using medicines safely

- Staff told us, and records confirmed, they had undertaken medication training and competency checks to help ensure they had the skills to administer medicines safely.
- People told us they were happy with how they were supported with their medicines. One person told us, "I take my own medication but they [staff] ask if I have taken them." Staff prompted people or administered the medicines when the person needed help with this. We discussed with the manager the need for carers to always record the level of support given with medicines.
- The provider was in the process of implementing electronic medication recording [e-MARS]. When this has been done it would help to reduce the risk of any mistakes and alert the office to any errors for swift action.

Preventing and controlling infection

- People were being protected against the risk of infection. The registered provider had a policy on the control of infections and staff were given training on infection control and food hygiene.
- People told us that CAREGivers always wore gloves and aprons when providing care. Care staff confirmed they had access to personal protective equipment such as disposable gloves and aprons. Staff told us they could restock this equipment whenever they needed.

Learning lessons when things go wrong

- The service acted upon the issues people raised with them to try to make sure lessons were learned and service improvements made.
- The manager and provider acted immediately on any issues raised at inspection to make sure they could not happen again.
- Medication errors had been acted upon appropriately and used to learn from and improve systems.

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.

People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. Where people are deprived of their liberty in their own homes applications must be made directly to the Court of Protection.

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

- The provider had systems in place to assess capacity so they could act in the person's best interests if required.
- People confirmed staff asked their permission for the care and support given at each visit. We were told, "They never rush me, and they always ask for permission before they start."
- Staff had received MCA training and understood the principles and assumed people had the capacity to make decisions, unless they had been assessed otherwise.

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

- Senior staff assessed people's physical, mental health and social needs and provided support in line with their expressed preferences and chosen lifestyles. They used recognised assessment tools and evidence-based guidance and developed care plans with people ready for when they received the service.
- Staff had regularly reviewed people's care plans. One care plan we saw had been reviewed by staff but had not updated with it with changes in a person's level of need to make sure the information was current. We discussed this with the manager who showed us how they would improve management monitoring at review meetings with people to make sure it would not reoccur.

Staff support: induction, training, skills and experience

- Staff had received training relevant to their roles and the support they provided. They confirmed they received regular supervision from the senior staff and said they could contact the office for advice at any time.
- We received only positive feedback about the staff skills. People said they felt the carers understood their needs and what was important to them. One person said, "Oh yes! Very knowledgeable and make some useful suggestions."

- Staff induction was very thorough to make sure staff were prepared for their roles. Staff told us, "I had four days induction training. I could not believe how good it was." All the staff said that the induction training they received from Home Instead Senior Care Kendal was the best they had ever received.
- Staff completed the service's own learning and development programme which included learning requirements for the nationally recognised Care Certificate. Additional training had been provided for staff by other agencies to meet specific clinical needs when supporting people.
- The service looked for opportunities to improve understanding and raise staff awareness. For example, plans were in place to implement a new training programme focussing on frailty. This used virtual reality headsets to help staff empathise with people's experiences and see it from their perspective.
- The provider was introducing an on-line learning platform to staff to make sure they had quick access to e-learning, the service's policies and procedures and the latest guidance. These improvements would help ensure staff had up to date training that was easily accessible.

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

- The service supported people to have a balanced diet. Staff assessed people's nutritional and hydration needs. Where people were identified as being at risk of poor nutrition and dehydration staff had sought professional input and advice.
- People told us they were happy with the support staff gave them with meals. We were told, "They make anything I want for breakfast" and "They [staff] always ask me what I want to eat.". A relative told us, "They do make [relative] meals but they choose what they want and is enjoying it! [Relative] is eating too well, I am having to go to the shop every day."

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

- The service provided consistent care and treatment. People and relatives spoke positively about the support and care staff provided in helping them stay well. People told us staff did not miss calls, were "very reliable" and acted quickly if they needed any help or were feeling unwell.
- We found evidence in people's care plans that they had access to external health care professionals, community services and they were supported to attend appointments. People were confident that the care staff who supported them would contact their district nurse or doctor if they were unwell or asked for this.

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.

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

- CAREGivers supported people to live their chosen lifestyles, treating them with dignity and respect and giving them emotional as well as personal support to improve their quality of life. People's feedback was overwhelmingly positive and appreciative, and they told us they received consistently compassionate care. People's comments included, "It really is an excellent service, truly decent people who want to help you, not just turn up and dash off" and "Service with a smile, always" also, "They are all kindness itself and "They are a really such a nice bunch." Underpinning these appreciative individual comments, we noted that the service provision had been rated 10/10 on a homecare website. This was based on people's reviews and was the highest rating possible.
- Relatives we spoke with were overwhelmingly positive and praised the company and staff commitment. They told us, "We are very happy. I would have no reservation in recommending them to anyone" and "They [staff] are genuinely interested in what [relative] is doing" and "They are truly caring and genuine, they happily go above and beyond the call of duty and made such a difference to us all."
- We were given many practical examples of the commitment of CAREGivers who "went the extra mile", visiting people in hospital when they had no family locally and taking chocolates and flowers on special occasions. We heard of CAREGivers who worked extra time to be with people who would be alone on Christmas Day to help make the day a special one for them and improve their sense of well-being. Evidence of the support and commitment to a truly caring ethos, included the service stepping in to provide 24 hour support for a person at short notice. This was to avoid them having to go into hospital as that was something the service knew they did not want.
- We were told of CAREGivers exceeding the expectations of people and their families in the many letters and cards expressing thanks and appreciation about the high level of personal support people had received. Relatives had contacted the service to say what a positive impact it had for their relatives and themselves. Comments included, "The company ensured the needs/preferences of my [relative] were matched with the most appropriate CAREGivers. They introduced each so [relative] was never faced with somebody turning up they hadn't been introduced to." Considerable effort went into matching the right staff to clients so there were common points of interest to promote the development of positive and supportive relationships.
- Relatives told us, "They have really tried to match their personalities", "A small team of wonderful carers gained [relatives] trust and built up fantastic relationships in a very short time" and "The office staff and caregivers are all very kind, friendly and approachable. We have quickly built up a very strong relationship with all at Home Instead. We have used them for less than a month and already they are like part of the family. The peace of mind they provide to me is enormous".

The manager explained that they tried to remove any barriers that might prevent positive relationships being forged with clients. To foster informality and equality staff did not wear uniforms and this helped to

level the relationship, removing the clinical image.

- CAREGivers were trained in equality and diversity and on respecting human rights and those we spoke with were clear on valuing everyone for their individuality. Case studies were also used in supervision to encourage reflective practice and help staff empathise with people and relate to their perspective. Staff were overwhelmingly positive about the caring culture at the service that allowed them the time and resources to give people the support they needed in the way they wanted and to discuss and explore their thoughts and feelings. We were told, "They are one of the best companies I have worked for – they have the care in them, it is not just the money."

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

- Comments we received from people, staff and families praised the time given to promoting constructive communication. People said, "They [care staff] come and have a good long chat" and "They [staff] will sit and talk, but they also chat to me as they go along to make sure I am happy." Staff told us "This is the first company I have worked for that says if people want to sit and chat then just do it."

- CAREGivers had supported people to work on a 'life journal' to capture their stories and memories that were special to them, including about much loved pets. Staff used this information as well as their daily interactions, to get to know them, to chat and engage them in meaningful conversations. We heard about CAREGivers using this inclusive approach in working with a family to identify the reason a person living with dementia became distressed and wanted to go out alone. By talking with and understanding the person's previous life experiences staff found the person really wanted to go to visit family graves. CAREGivers organised time to take them to lay flowers and pay their respects to fulfil their wish and reduce their distress.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. The comments we received were all positive. We were told, "They do indeed [respect my privacy], they never overstep the mark" and "They always knock on the door first. They are very good like that."

- Caregivers actively promoted people's independence to the extent that people had regained skills they thought they had lost. People told us support offered was set at their own pace and visits and activities were never rushed. CAREGivers allowed people the time to do things for themselves and that mattered to them like putting on their own makeup. This had a positive impact as it helped people regain their confidence and self-esteem to improve their overall well-being.

- People told us being given choice and control over their daily lives this helped to maintain their independence. A family member commented on line, "We are extremely pleased with the service Home Instead provides. We live away from our relative and without them, they [relative] would not be able to live an independent life anymore."

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans had been carefully developed with people and families and were written in a way that reflected individual personalities, life stories, important people, events and memories. People confirmed their plans were agreed with them, felt in control of their care and could make changes to it as they wanted at any time. We were told, "I have read it [plan] and when I responded with changes they updated it straight away" and "I have only recently sorted out a care package. They have been able to provide everything I have asked for and more" and also, "They [CAREGivers] are always quick to respond to my requests." Relatives were overwhelmingly positive about the time and detail given to assessment, planning support and understanding the person as an individual. We were told, "The care is tailored to meet [relatives] specific needs and what they want for themselves" and "They [CAREGivers] have slotted in where no-one else could, other than a close family member, and have delivered in spades, and I'm pleased to say still do. I'm so very grateful."
- Relatives frequently commented on the flexibility, quick response and excellent communication within the service at all levels, including. They liked the detailed weekly updates they received to keep them involved in their loved one's care and ongoing support, especially those living away. We were told, "It's so useful to us both to get such detailed reports on how things are going" and "Communication is very important to me and this was also excellent. Nothing was too much trouble for the office staff or carers (even trips to A&E when needed), and great communication and record keeping among the staff meant that everyone knew what was needed. " The service had a 24- hours on-call service to give access to a senior team member for a rapid response in an emergency. For example, in the early hours of the morning a family member, living away, had reported their relative's alarm had gone off. A senior team member immediately responded, went to the client's house to make sure they were kept safe, meet paramedics and keep the family informed.
- Social isolation was recognised as a major issue for some people using the service. People told us CAREGivers spent time talking with them about their interests and personal goals, offering companionship and facilitating activities that held meaning for them. Staff used technology and electronic systems for care recording and training to provide 'real time' information and help the service pick up changes and respond. Staff 'What's Ap' groups helped communication about people's changing emotional states and needs throughout the day so staff could respond. A group highlighted one person's increasing anxiety over feelings of loneliness. The service had the flexibility and perception to act quickly to restructure visits, develop strategies to engage with and distract the person from their negative feelings. Extra time for trips out and support at different times of the day was planned into the package and led by the needs of the person, with staff spending more time giving emotional support if the person was having a "bad week".
- CAREGivers displayed enthusiasm about empowering and supporting people to find ways to achieve their personal goals no matter how small these may seem to others. For example, going on shopping trips, having lunch out, going to their own hairdresser and rediscovering skills. People told us that it was "ordinary"

enjoyable activities, like trips out in the car or feeding the ducks in the park that helped combat feelings of being cut off from the rest of the community. We were told "It has felt so good to get out and about again" and "I had forgotten how good it was to get out in the fresh air and see people, it just lifts you." A person living with dementia was supported to make Christmas cakes and visit friends to deliver them, as they had always done. Doing this was very important for them, not letting their condition take over their life and maintaining their baking skills. Going out into the community in the way they wanted and making the most of their skills helped people exercise their choice, the feeling they had control in daily life and promoted their well-being.

- The service had close links with local community support organisations. As part of its 'fraud and scam awareness' initiative the service held workshops and gave talks to community groups and took advice from Cumbria police about any specific local issues affecting vulnerable people. CAREGivers trained in 'scam awareness' also looked out for things that posed a risk to vulnerable people. The service had responded quickly when risks were identified, for example, getting call blocking devices to reduce telephone scam risks.

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.

We checked that the service was supporting the AIS to make sure people with a disability or sensory loss can access and understand information they are given.

- People's communication needs were thoroughly assessed, made clear in care plans, shared at team meetings and understood by staff. People had access to a wide range of useful information including about complaints, health care, support organisations and their rights available in a format that best suited their needs, such as large print and easy read. Appropriate aids were used to promote communication, such as dementia friendly clocks to help those living with dementia or sensory impairment process information more clearly.

Improving care quality in response to complaints or concerns

- People said they knew how to raise a complaint and had been given a copy of the procedure when they started to use the service. Everyone said they would be confident making a complaint and telling a member of staff if they were not happy. They told us, "They are such nice people they would want me to say something," and "I don't feel ill at ease with any of them. I am sure I could speak to them [staff] but have not had to." Relatives told us the service responded quickly to any comments or concerns. We were told, "There were a couple of things I raised and got a really good response right away."

- The provider told us they welcomed feedback and regular contact and good communication with clients and families was central to making sure there was an open and constructive working relationship. This openness meant that any issues were resolved early and quickly so they did not escalate to a complaint. People told us they could contact the office at any time to speak with someone and felt comfortable in expressing their views. Staff we spoke with were clear about the importance placed on listening to people and the process for registering any complaint.

End of life care and support

- People's preferences about their care and support should their condition deteriorate or alter was very clearly stated in their care plans so staff were fully aware of them. Specific wishes, cultural needs, expectations and directives were planned for well in advance. A relative told us, "We do have a care plan

including an end of life care plan should it be needed." The service had established collaborative working with local GPs, district and specialist nurses to help provide seamless care at the end of life. Staff worked under their direction and guidance when a person was coming to the end of their life to make sure care and pain management plans were followed.

- CAREGivers had a holistic and empathic approach to caring for people at the end of life and recognised that people dealt with loss in different ways and so had supported people in a personalised way. We saw examples of staff engagement and highly developed communication skills and empathy. For example, supporting a person who wanted their care delivered in a highly individual way that reflected and upheld their deep religious beliefs and practices. The person's faith was explored with them allowing them the freedom to share what their beliefs meant to them and how they wanted staff to respond. Their advanced care plan highlighted what they wanted and how CAREGivers followed their wishes. This meant they could be in control of their care throughout and approach the end of their life with peace and in mutual respect.

- The provider had a broad end of life training programme. City and Guilds level accredited training in end of life care was available for all staff. The manager told us that as the service grew bigger more of the care staff would undertake this level of training to make sure a consistently high level of end of life care could be maintained.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We found in staff supervision records there was some personal client information being retained when it was no longer relevant following reflective practice at supervision. If no longer relevant this should be removed or redacted for confidentiality.

We recommend the provider and manager consult and take advice from a reputable source on ensuring confidential details are always managed in line with current legislation and best practice.

- A range of audits and spot checks were in place to help monitor quality and best practice. However, these had not always identified issues, such as monitoring personal information, records not updated with changes, and an unassessed risk. All these things were dealt with immediately when raised and had not resulted in a negative impact for people but should ideally have been identified by the monitoring systems in use. Audits had been effective in identifying other areas for improvement that had been addressed.

- The planned introduction of an electronic system for care plans, medication charts and daily logs should support more effective quality assurance. The manager told us this transition was imminent.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The directors and manager demonstrated supportive leadership, a daily involvement in the service and had a clear vision for the service they were developing.

- People spoke very positively about the way the service was run. We were told, "They are very good! I don't know what they could do better" and I am more than happy with everything."

- Staff met regularly to discuss work and team issues and we observed they had great confidence in the management team. Staff told us, "We have a staff meeting once every two months. It is in an open office, we have a cup of tea and there is always someone there to talk to." All staff we spoke with said the provider and manager were supportive and approachable. The organisation had as a principle the need to treat staff well and reward them properly for the work they did and had systems to reward achievement and extensive support systems including additional safety measures when the weather was bad.

- The management team understood the importance of an open culture and encouraged feedback from staff, people they supported and families. Staff understood the importance of reporting any accidents and incidents and changes in people's health to the appropriate professionals and agencies and of keeping families informed. This indicated that the principles behind a duty of candour were recognised within the service's culture.

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

- People told us they were asked for their views about the support they received. They had been given quality questionnaires regularly to give their views and share their experiences with the management team.
- A recent review given by a relative was, "The experience of Home Instead from the manager, office staff and caregivers is one of a well-run, organised and joined up service. My [relative] is very content with the care and looks forward to the daily visits."
- The service was also actively supporting community projects and had started offering free talks and workshops to families and community groups to give information about the nutritional wellbeing of older people, preventing falls and best practice in supporting people living with dementia. They also gave talks to local community groups to help increase general 'scam awareness' to protect vulnerable people.

Working in partnership with others

- The service worked well with local organisations and relevant health and social care professionals to support positive outcomes for people. We were told by other agencies and health professionals that the service worked positively with outside agencies.
- The provider told us they were continuing to work to improve collaborative working with other professionals. Projects such as writing to people's GPs to explain how they could help support routines, medication, monitoring and well-being and, if needed, help with effective hospital discharges. This project has started with gaining consent from clients to contact their GPs.
- The service has started networking meetings in the local area with stake holders and agencies. Such meetings helped regular communication with professionals such as the community mental health team and the memory nurse who supported those using the service living with dementia.
- The service provided us with information about working closely with Cumbria Police Fraud Investigation Team to identify local trends in frauds and scams that could be included in the many community talks the service gave to help support and keep people informed in the local community. The resources for these talks were provided by the service's head office but they personalised them to reflect issues within the local community.