

Happy at Home Ltd

# Home Instead Senior Care

## Inspection report

Room E12, Flook House  
Belvedere Road  
Taunton  
Somerset  
TA1 1BT

Tel: 01823211121

Website: [www.homeinstead.co.uk/tauntonwestsomerset](http://www.homeinstead.co.uk/tauntonwestsomerset)

Date of inspection visit:

20 June 2019

21 June 2019

Date of publication:

22 July 2019

## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

Home Instead Senior Care is a domiciliary care service covering Taunton and the surrounding areas. It is part of the Home Instead Senior Care franchise. Staff who provide direct care to people are called care givers and are referred to as such throughout this report.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection the agency was supporting between 60 and 70 people. This figure can change daily as people's needs change and new clients are accepted.

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

Without exception people praised the quality of service they received and told us they would definitely recommend it to other people who required this type of support.

The provider was committed to providing people with a safe service and worked in partnership with other organisations to help people to take positive risks and maintain control of their personal safety.

People were supported by small teams of care givers who they were able to build trusting relationships with. People told us they received consistent support from well trained care givers who knew them well. Many people referred to their care givers as more like friends or family.

The provider used imaginative approaches to make sure staff training was meaningful and led to positive changes in the care people received. The provider worked with other professionals and organisations to share training and promote positive outcomes for people.

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. Staff made sure people's legal rights were respected.

People received their support from a service where care and compassion were embedded into everything they did. This led to people receiving an extremely caring service. Many people told us staff often went over and above their job roles which demonstrated their kindness and consideration for the people they supported.

People's care was personalised to their wishes and preferences and took account of their individuality. The provider matched care givers to people to help them to build connections and share interests and hobbies. People were comfortable and relaxed with the care givers who visited them.

The provider and staff worked to reduce loneliness for people and ensured people had access to a range of social opportunities. People told us how social events and being able to follow their interests had enhanced their well-being.

People received a service from an agency which was exceptionally well led and continually looked for ways to expand and improve the care they provided. People were involved and consulted about their care and the service. Complaints and incidents were seen as opportunities to learn and improve. Changes were made to practice where it was felt this would benefit people.

Staff felt well supported and were highly motivated which gave them a commitment to providing high quality care. People praised the staff and told us they had helped them to remain independent in their own homes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection. Good (Report published 22 October 2016)

.

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 exceptionally effective.

Details are in our effective findings below.

Outstanding 

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding 

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

# Home Instead Senior Care

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience who made telephone calls to people who used the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

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 a short period of notice of the inspection site visit because this is a domiciliary care service and we needed to be sure arrangements could be made to meet with key staff and people who use the service.

Inspection site visit activity was carried out on 20 and 21 June 2019. We visited the office location to see the manager and office staff; and to review care records and policies and procedures. A deputy care manager supported us to visit people in their own homes.

### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also looked at other information we have received since the last inspection. We used all of this information to plan our inspection.

### During the inspection-

During the inspection we met with five people who used the service. The Expert by Experience spoke with 10 people on the telephone. We also spoke with seven members of staff. The registered manager and nominated individual were present throughout the inspection.

We looked at a selection of records which included;

Three care and support plans

Three staff files

Records of staff meetings

Quality monitoring audits

Records of complaints and compliments

# 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 now remained the same.

This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- The provider and staff were pro-active in identifying risks to people living in their own homes. Initial risk assessments were carried out with people when they began to use the service and care givers continually monitored safety in people's homes and took action to address any risks. For example, one person's key safe was broken and a care giver immediately sourced a replacement and ensured it was fitted without delay. In another situation a care giver noticed a fault with a piece of equipment and instantly took action. This helped to minimise risks to people.
- The provider worked with other organisations to promote people's independence and safety. For example, the provider arranged talks to community groups and visits to individuals from the local fire service. In one instance care givers were concerned about a person using their cooker. They liaised directly with the fire service who were able to supply advice and equipment which enabled the person to remain independent in a safe way.
- All care givers received training in spotting scams and how to help people stay safe online, on the telephone and via unsolicited mail. Because of this training, and the vigilance of staff, a number of scams had been stopped. For example, one care giver was present when a person received a call asking for money. The care giver was able to take over the call and give the details to office staff who did further investigation and identified it to be a scam. This enabled the person's family to take action to prevent re-occurrence.
- The provider supported people to take control and responsibility for their own safety. They provided safety checklists for people and reminders in newsletters about how to stay safe. Care givers were always introduced to people before they visited to provide care and wore photographic identification. One person told us, "They take safety very seriously."
- People were encouraged to take positive risks to enable them to retain control and independence. The provider actively sought out technology to enable people to manage their own risks. These had included supporting a person to self-medicate using a medication carousel. Also by helping a person living with dementia and their family to source a tracking device which enabled them to go out independently in their familiar area.

### Staffing and recruitment

- Risks of abuse to people were minimised because the provider had a robust recruitment procedure which made sure all new staff were thoroughly checked before starting work. The provider had recently changed their advertising material to make sure it was fully inclusive and promoted their agency to people of all

origins, disabilities and sexual orientation. This helped to make sure the workforce was reflective of the people they supported and did not discriminate against any potential staff.

- The agency had adequate numbers of care givers to make sure people received their care and support from care givers they knew, at times of their choosing. One person told us, "All of the carers know me really well, they know my own funny little ways and how I like things done. They always take time with me, nothing is ever rushed, they stay for me as long as I need."
- People received their care from a small team of care givers who they knew well. One person said, "I have regular carers and I have got to know them really well, they come when I am expecting them, I like them all." Another person told us, "I have a group of carers, that I know well, I have used this agency for a year now, I know everyone that comes into my home."

#### Using medicines safely

- People were safely supported with their medicines. Staff received training in medication administration and had their competency assessed before being able to administer medicines. One person told us, "I have to have tablets every day, the carers always give them to me and make sure that I take them." Another person commented, "The carers don't give me any tablets, but they do apply my skin creams, this is always carried out correctly."
- The provider had introduced an electronic care plan and monitoring system which care givers operated from a smart phone. If people needed support with medicines this was listed as a task which had to be completed. If medicines were not signed as administered an alert went directly to office staff, and this was then followed up. During the inspection we heard office staff phoning care givers in response to any alerts received.

#### Systems and processes to safeguard people from the risk of abuse

- The provider was committed to ensuring people felt safe in their homes and with the staff who supported them. Comments from people showed this commitment was put into practice. One person said, "I feel completely safe and secure when they are here." Another person told us, "I feel really safe with the carers from this agency, the care that they provide is very good."
- Risks of abuse to people were minimised because all staff received training in how to recognise and report abuse. One member of staff was a nominated 'safeguarding champion' who made sure staff received up to date training and were reminded about their responsibilities in this area. One care giver told us, "I would definitely report any thing and I have no doubt at all that action would be taken to keep the person safe."

#### Preventing and controlling infection

- People were protected against the risk of the spread of infection because staff received training in good infection control practices.
- The provider made sure staff had access to personal protective equipment such as disposable gloves, aprons and alcohol gel and staff used these appropriately. One person said, "If I need help with care of a personal nature the carers always wear aprons and gloves. After use these are disposed of correctly, I never have to clean up after them."

#### Learning lessons when things go wrong

- People benefited from a provider and staff team who were open and approachable. They appreciated that at times things did not go right and used these situations to learn and improve. For example, in response to

a medication error, practice was changed and communicated to all staff to prevent the error happening again.

- The provider worked with other providers from the franchise to identify good practice and learn from errors in other situations. One care giver told us, "I wouldn't hesitate to contact the office if something went wrong. It's about keeping people safe and learning and improving all the time."

## 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 now improved to outstanding.

This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Staff support: induction, training, skills and experience

- Since the last inspection the provider had continued to provide improved training and support to staff. This ensured people befitted from a staff team who were competent, motivated and happy in their work. Staff were able to take part in a variety of training, which included experiential learning, which helped them to appreciate what people using the service may be experiencing. Experiential learning included staff having to carry out tasks with gloves stuffed with cotton wool to resemble how people do things when they have very limited movement or feeling in their fingers.
- People received their support from staff who felt well supported and had the skills necessary to meet their needs. Comments from people included, "I think the carers are really well trained, they all do their jobs very well" and "All of the carers know what they are doing, nothing seems to trouble them at all."
- The provider used innovative methods to make sure staff got the best from their training and their knowledge helped to improve people's care. For example, new staff completed a welcome week and the provider invited relatives and people using the service to speak with new care givers. One care giver told us, "Hearing stuff from the client's perspective is really powerful and you don't forget it."
- Staff had the skills to meet people's specialist needs. A number of people using the service were living with dementia and the provider ensured their care givers were skilled in meeting their needs. There was a 'dementia champion' who kept care givers up to date and recently the provider had organised a training session on a 'Virtual dementia bus.' All the staff who had attended this training told us how much it had changed how they worked. One care giver told us, "The dementia bus was a total immersion. It has really changed how I speak to people and showed me the power of facial expressions." Another care giver said, "I think the experience will stay with me forever. Such an eye opener, I feel I some way appreciate what people are going through. I will definitely make sure I always have a smile on my face."
- Learning from staff training had led to positive changes in people's well-being. For example, one care giver had concerns about a person's fluid intake. Following training in caring for people living with dementia they changed the colour of the cup the person used. This had led to a great improvement to how much the person drank.
- People received care which was appropriate to them because staff received bespoke training. For example, if a person had a specific piece of equipment then care givers who supported that person received individual training in the person's home environment. The provider told us this helped care givers not only

to know how the equipment worked, but also how to use it with a specific person in their personal space.

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

- Staff worked with other professionals to make sure people received the care and support they required. Following on from some poor hospital discharges, the agency had formed closer relationships with hospital staff and changed their practices. This included ensuring no one was discharged from hospital without a full re-assessment of their needs. The provider told us this had enabled them to adjust care and make sure the person had all the equipment they required to promote their independence when returning home.
- People received co-ordinated care because the provider worked in partnership with other professionals. For example, the provider had a good working relationship with the local helpline. This meant they often responded to calls to the helpline to ensure people were promptly supported by a familiar care giver when they needed help quickly.
- People were helped to access healthcare services and care givers supported people with recommendations given. For example, assisting people with rehabilitation exercises.
- Care givers monitored people's on-going health conditions and responded appropriately when they were unwell. One person told us, "Nothing is ever done without me being consulted, for example one day I was feeling poorly, the care staff asked if they could call my doctor, they rang the surgery for me and the doctor came straight away, then they popped to the shops to get the tablets."
- People benefitted from a provider who communicated with other agencies to promote high quality effective care for people. Some training, such as the 'Virtual dementia bus', had been opened up to staff from the emergency services such as the police and fire service. We saw feedback from some of these professionals saying how valuable they had found the experience and how it would change how they worked.

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.

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

- Staff knew how to support people who lacked capacity to make decisions about some aspects of their care and support. All staff received training in this area and a Mental Capacity Act 'champion' ensured any changes in best practice or legislation were communicated with care givers and other staff.
- People told us they only received care and support with their consent. One person told us, "They always ask if I am okay with what needs to be done, they help with personal care, they always check that I am happy to have the help I need." Another person said, "They do exactly what I want them to do. Always my choice."
- Where there were concerns about a person's capacity to give consent or make a choice the staff worked in accordance with the Mental Capacity Act. This included consulting with people, carrying out assessments of capacity and acting in their best interests. Records for one person showed they had fluctuating capacity and the provider had ensured they consulted with them about an aspect of their care when they were able to discuss the issue. This had enabled them to make their wishes known about the support they would like at times they lacked capacity.

- People's legal representatives were consulted with, where appropriate, to make sure decisions were made in a person's best interests. The provider had contacted the Office of the Public Guardian to make sure all lasting power of attorneys were correctly registered. This ensured people's legal rights were protected.

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

- People told us the standard of care they received was exceptional. One person said, "The care I receive is second to none. They treat me like gold and I feel so well cared for." Another person commented, "They know exactly what I need and that's what I get, and more."
- People had their needs and choices assessed and met. A member of the management team carried out assessments with people wishing to use the service to make sure they were able to meet their needs and expectations.
- People received care in accordance with their preferences and needs because care givers had access to personalised care plans which had information about the support people needed. One person told us, "The staff attendance is planned to coincide with my daily routine, the staff always seek my agreement first before any care is carried out."
- People received their support in accordance with up to date best practice guidelines. The provider kept themselves up to date with changes and made sure staff received refresher training to keep their practice up to date. The agency had a number of 'champions' who also made sure staff were kept up to date. For example, by sending emails to all staff when any guidance or policy in their area of interest changed.

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

- Care givers supported some people with shopping and preparing meals. One person said, "The carers prepare my breakfast every morning, and always make sure that I have a flask of hot water beside me before they go, just in case I fancy a cup of tea during the day before they come back." Another person commented, "I am very independent, and I like to try and get my own food, but I have a very bad back, and if it hurts so much that I have to stop, the carers take over from me."
- Care givers always made sure people had access to food and drink. One's person's care plan said care givers needed to make sure the person had particular cake and drink beside them. When we visited this person, we saw the cake and drink were within easy reach. When we visited people in their own homes the member of staff accompanying us always checked if people wanted a hot drink or snack made before we left.

## Is the service caring?

### Our findings

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

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

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- The providers led by example to create a culture which was incredibly caring and supportive to people who used the service and staff. Since the last inspection they had implemented a number of initiatives to combat isolation and to make people felt valued and special. One person told us, "I would be very lonely without them [care givers]. They are always so happy and full of life they make me happy too."
- People were supported by a provider and staff who were kind and thoughtful. Each Friday morning, office staff held a 'Huddle of love.' We attended this meeting during the inspection and found that people who were unwell, staff who were experiencing difficulties and people in hospital were all discussed. Following the discussions, the provider carried out actions, such as sending flowers or visiting a person in hospital, to show people they were being thought about.
- People and staff were valued by the provider. One care giver told us, "They really do care. You get recognised if you have done well. We visit people in hospital and there are flowers and chocolates often to show they care about you as a person."
- The provider helped people to celebrate special occasions and national days with small acts of kindness. For example, on national cat day, a cat cup-cake was delivered to everyone who used the service. On Remembrance Day staff knitted poppies for everyone and we saw photos of people wearing their poppies with big smiles.
- The relationship between the care giver and the person receiving care was considered as important as the physical care provided. The minimum time slot the agency provided was one hour as they felt this time enabled relationships to be formed. People told us they had formed extremely trusting relationships and spoke affectionately about the care givers who supported them. One person told us, "They are more than just carers. I love them. I feel so secure when they are around." Another person said, "I totally trust my carer. They are more like family now." One person commented, "They look after me so well. More like friends."
- People were matched to care givers who shared their interests and values. For example, one person told us they enjoyed singing and their care giver took them to a weekly singing session. They said, "We go singing together on a Wednesday. We both enjoy ourselves." Another person liked gardening and had been matched to a care giver who shared their interest.
- There were numerous examples of where staff had gone above and beyond their job role to promote people's well-being and happiness. When we phoned one person to ask for their views they told us, "I have a carer here with me now, they are sweeping up the leaves from the trees that have come down in the bad

weather, so I won't slip over if I go outside." In another example a person talked to the care giver about the house they had lived in many years ago. The care giver located the house and took the person to see it. They also communicated with the current owner and arranged for the person to have a tour. The provider recognised where care givers had gone 'The extra mile' and made sure they were rewarded with small gifts.

- The provider was respectful of people as individuals and had taken steps to make sure people felt included and valued. This included carrying out risk assessments for care givers with disabilities and changing their recruitment advertising and social media page to show they welcomed people from all backgrounds and sexual orientations. The provider said they were planning to contact the head office of Home Instead Senior Care to ask for their advertising brochures to be made more inclusive.

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

- People were visited by a member of the management team before they began to use the service. This enabled them to express their wishes about the support they would like to receive and who they would like to be supported by. Following the first visit to a new person a telephone call was made by the management team to see if there were any initial changes which needed to be made.

- People were fully involved in all decisions about the care and support they received. One person said, "I have been involved in planning my care, I have got better over time, so I need less and less help now, the care plan has been reviewed to reflect this." Another person told us, "I was involved heavily with the development of my care plan, in fact I wrote 80% of it myself, I used to be [occupation] so I know what a good care plan looks like"

- People received their care and support from a service which was flexible and able to respond to individual requests and changes. One person told us, "They are really flexible which means I stay in control and can still live my life."

- People's representatives could be involved in monitoring people's care if people wanted them to be. The care plan system could be accessed via an app if people wanted their families to be able to view their day to day care and support. We heard how one person had given their permission for a family member who lived abroad to access their records. The provider told us this enabled the family member to be reassured their relative was well and being supported to remain independent.

Respecting and promoting people's privacy, dignity and independence

- People told us they were always treated with total respect and their independence was promoted. One person told us, "I just couldn't cope without them. They give me such confidence to do things independently." Another person said, "The carers, every one of them appears to be a kind person, they are very supportive of me and are very respectful towards me and my home."

- Staff were respectful of people they cared for. Discussions with care givers demonstrated they had formed professional and respectful relationships with people. One care giver said, "Because we have a minimum of an hour with people it's not just about tasks. We have time to talk, time to help people to be independent." Another care giver said, "I love my job. It's all about companionship and independence. We are in the person's home and I never forget that, they are the ones in charge."

- The provider helped people to source and use equipment and technology which promoted their independence. When we visited one person they commented on the dementia friendly clock which showed the time, day and season to help them to orientate themselves. The person said, "I'd be lost without the clock, I wouldn't even know what day it is. They help you to not feel like an invalid just because you forget things."

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now Outstanding.

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

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

- People were treated as individuals. Their needs, choices and preferences were fully explored at the initial assessment to make sure any package of care was tailored to their wishes and needs. Since the last inspection the care plans had been changed to a smart phone system which ensured staff always had access to up to date information about how people wanted to be supported. Care plans were adjusted whenever people's needs changed, or they wished to make changes. One person told us, "They are totally flexible to fit in with me."
- The agency placed a high emphasis on matching care givers to people using the service. The provider took account of people's life histories, personalities, values, age and beliefs when matching people. This had resulted in people building trusting relationships with the care givers who supported them. One person told us, "The staff are very kind caring people, I regard them as my mates as opposed to my carers who are paid to do a job"
- Care givers worked slowly and gently with people using their skills and interests to make connections. This had resulted in very successful care for a number of people who had been extremely resistant to accept help. One care giver told us about a person they supported who initially refused all assistance with personal care. Through gentleness and sensitivity, they gradually built trust with the person and were able to fully support them. When we met this person they told us, "I feel so comfortable with them now. We get on like friends."

End of life care and support

- People could be confident that at the end of their lives they would receive high quality compassionate care from skilled staff. One member of staff had a lead role for ensuring care givers had the training and support required to effectively care for people at this time. Staff said they felt well supported when they provided care to people at this stage in their lives. One care giver told us, "I do feel competent. It's a privilege to look after someone at the end of their lives."
- People had confidence in the care givers who supported them and said they would be comfortable to be cared for by their team at the end of their life. One person told us, "When I'm really poorly I won't have anyone else. They accept me as I am each day and I trust them implicitly to do what's needed."
- The provider and staff tried to make people feel loved and valued at the end of their lives. They operated a

'special wishes' initiative for people, including people receiving palliative care. This had included trips out and helping people reconnect with previous occupations. One person told us, "Sometimes they do things which make me want to cry. One day they bought me a bag of goodies with all my favourite things in. They say they will take me to the seaside for fish and chips if I feel well enough."

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

- People were supported to follow their interests and hobbies and to keep in touch with family and friends to develop a sense of social well-being. Although the service was a domiciliary care agency, the provider had enhanced the social opportunities available to people since the last inspection. This helped reduce social isolation. Changes included appointing 'creative champions' who were able to access and support people with craft activities and making links with other local organisations. They were also in the process of moving to a new office base which would include a social space for people to meet up.
- The provider ensured people were fully involved in celebrations and enabled people to attend functions even when they had difficulty leaving their homes. The provider had hosted Christmas events and a large party to celebrate the agencies five-year anniversary. People we met said how much they had enjoyed these parties.
- People were helped to stay in touch with friends and families. For example, one person talked to their care giver about a friend they kept in touch with by phone but had not seen for a long time. The care giver arranged for the two to meet up and photographs showed how happy they both were to be together.
- Care givers told us they helped people to make new friendships with people who shared their interests. One care giver told us about two people who shared similar interests and how they had arranged for them to sit together at a social function. Apparently, they were now both looking forward to meeting up again.
- The provider had made links with a number of local groups to enhance people's opportunities to follow their interests. These included, links with local schools, a riding centre, reminiscence learning, an art class and a craft centre. One person had written to the agency about their care giver saying, "Their encouragement and guidance have helped me live and laugh again."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider ensured information was available to staff and people in formats which met their individual needs. For example, the newsletter was supplied in different formats for different people. In one instance a member of staff was allocated to a person to read the newsletter as this was their preferred method.
- A number of people liked to have a weekly rota of who was visiting them. For some people living with dementia the rota had been accompanied of pictures of care givers to enable people to match the name to the face.
- Staff training was adapted to meet the needs of individual staff to ensure they were able to benefit from all training. One care giver told us how the provider had sourced specific training for them due to their learning needs.

Improving care quality in response to complaints or concerns

- Everyone we spoke with said they would be very comfortable to make a complaint if they needed to. One person said, "I have a copy of the complaints policy here, but nothing to complain about at all, everything is really good about this agency, everything is done to make sure that I am always happy."
- People could be confident that any complaints made would be fully investigated and responded to. Where the provider felt people had not received the high standard of care they required they apologised and made improvements. In a number of instances, the provider visited people following a complaint to personally offer their apologies, often accompanied by flowers or chocolates.
- The provider analysed all complaints and looked for trends which may indicate a widespread issue which needed to be addressed. For example, there had been some complaints regarding the scheduling of visits. In response to this the care manager had meet with the scheduling team to make sure improvements were made and they continued to monitor the situation.

## Is the service well-led?

### Our findings

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

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was extremely committed to creating a culture which put people who used the service at the centre of everything they did. They had a number of initiatives which demonstrated this. These included; combatting loneliness for people by offering companionship and social opportunities, working with the emergency services to promote people's safety, providing scam training for all staff to help people stay safe, creating staff champions to make sure all staff were working in accordance with up to date best practice and experiential learning for staff.
- The providers' mission statement was 'To improve the lives and well-being of our community and become the most admired provider and employer in the Taunton area.' All staff worked enthusiastically to this statement and feedback from people showed how it was put into practice. Everyone we asked said they would recommend the agency. One person said, "I think that this care agency provides a very good service, I have used other agencies in Taunton and I would say this is really the best one. I not only think this is the best agency in Taunton, it's the best in Somerset, I would recommend it to anyone, I have told everyone I know how good it is, nothing could ever be done better by anyone else."
- All staff were highly valued by the provider and were proud of the roles they performed. This meant they were strongly motivated to provide a high-quality service. One care giver said, "The support is remarkable. I can come to the office any time and one of the managers will always make you a coffee. It's as if we are the most important people." In recognition of the support provided to staff, the agency had been awarded a 'Best Employer' award by an independent company which conducted surveys with staff.
- The provider was open and approachable. They were honest about shortfalls, or when things had gone wrong. They met with people to discuss concerns and offered apologies where needed. The provider saw mistakes and feedback as an opportunity to learn and make improvements.

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

- Since the last inspection the agency had grown, and the staff and management team had increased to ensure they continued to provide high quality support to people. The management team all had specific areas of responsibility but met regularly to make sure people received a seamless service. The provider had ensured all management roles could be carried out by a minimum of two people to ensure consistency for people using the service.
- People received their care from a provider who continually monitored standards and constantly looked at how improvements could be made. The governance and improvement agenda were firmly embedded into all areas. The provider carried out a number of checks and audits to monitor the quality of care provided and ensure any shortfalls were addressed promptly. This included spot checks, individual supervision of staff and appraisals.
- All audits and checks fed into a continuous improvement plan. This made sure the service continually moved forward and challenged itself, and staff, to provide the best care and support possible to people. The team met fortnightly to discuss the continuous improvement plan and monitor progress. This helped to make sure improvements and new initiatives had been put into practice and were benefitting people who used the service.
- The provider used incidents which occurred with people using the agency and other services to learn and improve. Following a specific incident, the agency had adopted the 'Herbert Protocol.' (The Herbert Protocol is a national scheme introduced by the police in partnership with other agencies which encourages carers to compile useful information which could be used in the event of a vulnerable person going missing.)
- People received a service from an agency where risks were identified and mitigated to make sure care was delivered and received safely. These included risk assessments for staff with disabilities and a plan to be put in place in the event of severe bad weather.
- People described the management of the service as, "Very, very good" and "Brilliant." One person commented, "I think this care agency provides an excellent caring service."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider worked in partnership with other agencies and with people who used the service. People who used the service and relatives had been invited to take part in staff induction training to give their perspective of how care should be provided. They also worked with community groups, such as people living in supported housing to share information about keeping safe and social activities available.
- People benefitted from a provider who had made good links with other professionals, such as hospital staff, to make sure people received joined up care. In some instances, the provider worked alongside other agencies, such as the hospice and we were informed communication was excellent. In one instance a member of staff from the hospice wrote thanking them for the "Great support and great job you are doing to support [person's name.]"
- To promote people's safety in their own homes the provider shared training and information with other services such as the emergency services and the helpline. The contact with emergency services had proved beneficial in not only increasing their knowledge but arranging home fire safety visits for a number of people.
- People were cared for by a provider who was committed to providing an inclusive service. The care manager had recently met with a relevant organisation to make sure their recruitment material was appropriate and inclusive of the Lesbian Gay Bisexual and Transgender (LGBT) community. In response to advice given changes had been made to some marketing material and further changes were planned.