

# Tavistock and Tamar Valley Home Care Limited

## 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 is a domiciliary care agency which provides care to people over the age of 65 within Tavistock and the surrounding areas. Home Instead Senior Care is a franchise of the national provider Home Instead Senior Care UK Limited.

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 supported 33 older people.

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

People were truly respected and valued as individuals, by an exceptional and distinctive service. People consistently told us how they were treated with the utmost kindness, compassion and respect.

The providers 'person-centred' values were reflected within the leadership, governance and culture of the service. All staff (referred to as CAREGiver's hereafter) showed a love for their jobs and a passion for the people they supported, keeping them at the very heart of the service.

There was very strong leadership of the service. There was a skilled and motivated registered manager in place, who role modelled the ethos of the service. The registered manager and provider were extremely passionate about delivering a high quality, compassionate and individually tailored service to people.

The service had a key role in the community and was actively involved in building links. CAREGiver's went the extra mile to ensure people were supported to avoid social isolation.

There was a transparent and open culture that encouraged creative thinking in relation to people's safety. The service actively sought out new technology and other solutions to make sure people and families were involved in their care, and lived with as few restrictions as possible, helping them to have an active and meaningful life.

The provider took a holistic approach to assessing, planning and delivering people's care and support, with people's overall wellbeing considered an essential part of their care.

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.

CAREGiver's were committed to working collaboratively and innovatively to deliver more joined up care and support to people and were complimentary of the training and support they received. Staff were very proud and motivated to work for the organisation.

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 (and update)

This service was registered with us on 19/10/2018 and this is the first inspection.

#### 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 team consisted of one inspector, and one expert by experience. An expert by experience is a person who has personal experience of using services or cares for someone who is older and/or has 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 unannounced.

#### What we did before the inspection

We looked at statutory notifications the provider had made to us about important events. In addition, we reviewed all other information sent to us from members of the public and stakeholders, such as the local authority.

We also 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 contacted Healthwatch Devon for feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all of this information to plan our inspection.

During the inspection

We spoke in detail with 11 people who used the service, and nine relatives. We also spoke with four CAREGiver's, two administrative staff, the registered manager and the provider.

We looked at two care plans for people who used the service, minutes of meetings, training records for all staff, four recruitment files, and auditing and monitoring checks.

We contacted six external health and social care professionals for their views about the service.

After the inspection

We continued to seek clarification from the registered manager and provider to validate evidence found.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- There was a strong, empowering approach to people's safety. CAREGiver's supported people to lead fulfilling lives and minimise restrictions on their freedom. They promoted people and families to be proactive and take preventative measures to reduce risks.
- The provider told us in their provider information return (PIR), "We are early adopters of '(...)', a sensor package which can be expertly fitted in client's homes to monitor movement, reassure family and keep clients safe". The provider told us, that after consultation with one person and their family, they decided to have it installed. It now gives them peace of mind of their loved one's ongoing safety.
- Learning of potential risks was based on analysis, investigation and then responsive action. For example, CAREGiver's had recognised that one person was becoming unsteady whilst mobilising. So, action was taken to seek the advice of an occupational therapist to provide additional equipment at their home. This had resulted in the person feeling safer and more independent.
- To help keep one person safe and visible when they went walking at night time, CAREGiver's sewed fluorescent material to the back of their coat and wound fluorescent material around their walking stick.
- The provider considered national initiatives and best practice in order to keep people safe. For example, one person was at risk of leaving their home unaccompanied. Therefore, the person and their family were supported to implement the Herbert Protocol. The Herbert Protocol is a national scheme introduced by the police in partnership with other agencies. It encourages carers to compile useful information which could be used in the event of a vulnerable person going missing.
- To promote fire safety, the Devon and Cornwall fire service trained CAREGiver's about how to identify people at increased risk of fire in their own homes. Where fire risks were identified, staff arranged for their local fire safety officer to undertake a visit. For example, CAREGiver's had noticed that three people's fire alarms were not working correctly, so arranged for the fire service to visit.
- The provider was proactive in preventing risks associated with unplanned hospital discharges and provided information to people about 'ways to help prevent senior hospitalisation'. When a person was admitted to hospital, they rang the hospital each day to check on the person and ask about discharge plans. CAREGiver's continued to visit the person while they were in hospital to maintain continuity and reassessment of their needs.
- Schemes such as the providers 'making homes safer for people', helped to support people to keep their home free from hazards and risks, which helped to reduce falls.

### Staffing and recruitment

- People were kept at the heart of recruitment decisions. For example, CAREGiver's were suitably matched to people they supported, by taking account of each person's history, hobbies and interests. The provider told us, "We keep the consistency of staffing, ensuring that our staff work on a one-to-one basis with clients,

building a relationship of trust and friendship".

- Visit times were no less than one hour. People and CAREGiver's told us they never felt rushed and there was always time to sit and have a social chat. One CAREGiver told us, "You can actually spend time with people. We can take it nice and leisurely".
- Staffing arrangements were bespoke and tailored to people's individual needs, wants and wishes. The provider told us in their provider information return (PIR), "Our packages of care are flexible. ...We can provide extra care in the early days of returning home (from hospital) to allow a client to readjust to routines and regain their equilibrium....When (...) moved home from residential care we stayed overnight for the first few nights to monitor (...) around the home and help her settle".
- People told us CAREGiver's always turned up on time.
- CAREGiver's felt they had enough traveling time which they were paid for.
- The provider used a values-based recruitment approach. Ensuring their recruitment and selection process meant new staff were always recruited in line with the 'person-centred' values of the service.
- The providers recruitment policy meant new staff received thorough checks to ensure they were suitable to work with vulnerable people.
- The provider had signed up to the local authority Blue Badge parking permit scheme. This made accessing the local community safer and less stressful as people had less distance to travel from parking to their destination
- There was a contingency plan in place to help with staffing difficulties, in the event of sickness or adverse weather.
- Staffs personal safety was of paramount concern to the provider. CAREGiver's were protected by the providers lone working policy, and a robust computerised tracking system had a 'live' track of where they were.

Systems and processes to safeguard people from the risk of abuse

- CAREGiver's developed positive and trusting relationships with people which helped to keep them safe. The provider told us, "We have a no strangers policy". Meaning that all staff were introduced to people, prior to their package of support being implemented.
- Polices in respect of safeguarding were in place. The provider's bespoke safeguarding training meant staff had a very good knowledge about what action to take if they suspected some was being abused, mistreated or neglected.
- The agency worked in partnership with Devon and Cornwall Police to deliver 'scam awareness' sessions to vulnerable people. Staff were trained in recognising fraudulent scams. The provider told us in their provider information return (PIR), "Our CAREGiver's were present when a scam call came through on the phone and was able to intervene and prevent fraudulent activity... We are extending our scams awareness training across all staff and those who join...We aim to run a joint workshop with the police force and are in touch with the lead for cybercrime locally".
- The provider told us, "When safeguarding incidents do occur, we ensure that any lessons learned are shared within the team to improve our practice". For example, action had been taken to speak with one person's family and their solicitor to improve their care and support.

Using medicines safely

- People's independence and autonomy was always considered with regards to their medicines. For example, it was not just assumed CAREGiver's would manage people's medicines upon using the service. People's wishes, and choices were kept at the forefront when planning medicine support, and care plans and risk assessments were created as needed.
- Medicines systems were organised, and people received their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

- CAREGiver's received training in the administration of medicines, and an assessment of their ongoing competency.
- The recent implementation of an electronic medicines system had helped to reduce recording errors.

#### Preventing and controlling infection

- The staff employed were supplied with personal protective equipment for use to prevent the spread of infections.
- CAREGiver's had received training in infection control.

#### Learning lessons when things go wrong

- There was an open, transparent culture where by all safety concerns which were raised were highly valued and used as leaning and improvement. For example, medicine errors, no matter how minor, were acknowledged, with reflective practice taking place to help reduce re-occurrences or change current processes and practice.
- Data analysis was used to help identify useful themes and trends to minimise risks and reoccurrences.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care plans were detailed and individualised to ensure they received consistent support with their nutrition and hydration. One person's care plan detailed, "He likes a beer with his lunch...He likes a glass of wine with supper".
- The provider told us, "We ensure that we are aware of the food that a client likes and dislikes in addition to making sure the care plan reflects specific dietary needs such as vegetarian, gluten free or religious and cultural needs".
- CAREGiver's ate with people who were reluctant to eat, to help stimulate their appetite through socialisation.
- CAREGiver's were very vigilant when they felt people were not eating and drinking enough and had proactively contacted external professionals such as dieticians to seek their support and guidance. Because of this, people had gained weight.
- The provider told us in their provider information return (PIR), "If a risk associated with swallowing is identified, we encourage the client to seek a speech and language therapy assessment if one is not already in place. In order to ensure support is provided in a manner that safeguards the client and enables them to receive food and drink to maintain their health".

Staff support: induction, training, skills and experience

- People told us CAREGiver's had the right experience, skills and knowledge to be able to meet their individual needs. Comments included, "They (staff) seem to understand dementia", and "They sort of know when I need things before even I do!"
- Staff were complimentary of the training and support they received. Comprehensive checks of staff practice helped to ensure people received high quality care.
- Staff training was developed around individual needs, with people, their families and other carers involved in the planning and delivering of training.
- Staff completed the providers bespoke induction, learning and development programme, which was based on the principles of the care certificate. The care certificate is national set of induction standards for people working within the health and social care sector.

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

- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support was regularly reviewed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

- The provider worked closely with a consultant psychiatrist in respect of dementia care and support, and was a member of the UK Homecare Association. They used social media to share best practice with others.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People were encouraged to make decisions for themselves and were provided with sufficient information to enable this, in a format that met their needs. There was a strong emphasis on involving people and enabling them to make choices wherever possible.
- Care plans were developed with people. People had agreed with the content, had signed to receive care and treatment, and gave their consent.
- Staff had completed training in MCA and understood people's rights. Staff knew how best to support people who lacked capacity and encouraged them to make day to day decisions.
- Where people who used the service did not have capacity to make decisions, mental capacity assessments had been carried out and best interest decisions had been made and recorded.
- Representatives who held power of attorney, so they could make decisions about their loved one's care and support, was formally checked by the service with the Court of Protection and recorded.

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

- Staff were committed to working collaboratively to deliver more joined up care and support to people. The provider told us, "If you build the right relationship with people, you are more likely going to get the best outcome for the client".
- The provider told us how they were in regular contact with a cardiac nurse and GP to ensure one person's medicines dosage was correct to check their kidney function was not at risk. For people who were at risk of losing weight, discussions had been held with community nurses and dieticians, and as a result people had put on weight.
- An external professional told us, "They contacted me recently regarding a bed and equipment that was needed for a patient urgently. Because of this communication the bed and equipment were with the patient the same day".

Supporting people to live healthier lives, access healthcare services and support; Adapting service, design, decoration to meet people's needs

- People were supported to access external health and social care services as needed.
- CAREGiver's offered people healthy nutritional choices and encouraged fresh air and physical exercise.

- The providers office had access for people who used a wheelchair, and free parking for people and all staff.

## Is the service caring?

### Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People and relatives overwhelmingly told us how wonderfully kind and compassionate the staff were. Comments included, "Wonderful carers", "Excellent...love their company", "They're lovely", "They keep me going" and "Just like friends, I look forward to the days the carer comes". And, "He has a very caring team who are always willing to listen and take the anxiety away from him when he finds it difficult to cope".
- CAREGiver's were suitably matched to people they supported, by taking account of each person's history, hobbies and interests. The provider told us, "We keep the consistency of staffing, ensuring that our staff work on a one-to-one basis with clients, building a relationship of trust and friendship". Because of this, we were told how one person who had been desperate to get back to baking, had formed a positive relationship with a member of staff which had given them the confidence to bake a lemon drizzle cake. One relative told us, "The quality of staff, especially picked for Mum. Mum used to like to sing...the carer sings with her, they have a wonderful time...I feel the carers are chosen personally".
- A comment on the independent website [homecare.co.uk](http://homecare.co.uk), read: "The team at Home Instead Tavistock were extremely helpful when we needed some care for Mum. They were very professional and spent a great deal of trouble trying to match their available staff with her personality and her needs. They did a really impressive job and we thank them for helping us when Mum was particularly vulnerable. I would definitely recommend them and will be using them again if or when the need arises".
- People were at the heart of the service, and staff were motivated to deliver exceptional care underpinned by the providers embedded 'person-centred' values. Staff told us, "It is a lot about attitude and the way you treat people and bring light and life into their visit. You go in there with personality and love and try and bring joy into their life". And, "It is about the person and not about doing the tasks. You are there for the client, the client comes first and what they need on that specific day. Not task focused, person focused".
- Staff vocalised their love and compassion for people. One member of staff commented, "I love the feeling of being able to look after people...I love going that extra mile they really appreciate it and there are a couple of clients that I go to that feel like I am part of their family".
- People were supported by staff who truly cared about them and went the extra mile to make sure they felt loved and were happy. For example, one person wanted to attend a family member's wedding for a week at a hotel in Cornwall. The service worked closely with the person and their family in order to successfully support them at the hotel prior to, and during the wedding celebrations. This support allowed the person to attend the celebrations and enabled the rest of their family to be reassured they were safe, and all their personal care needs were attended to.
- CAREGiver's were in tune with people's individual emotions and took action to help sooth people's anxiety. CAREGiver's had observed that sympathy cards on a notice board kept reminding one person, who was

living with dementia, of a new bereavement each time they saw them. Therefore, they removed the cards which immediately stopped the person's distress. One person was observed to find comfort from a doll. Therefore, staff supported the person to visit charity shops to purchase clothes for it. The caring for the doll greatly improved the person's emotional wellbeing.

- Views from external agencies were positive, with consistent comments about how caring and professional the staff were. One commented included, "I have been impressed by the genuine care the staff have shown, always seeing that our clients are feeling involved, supported and relaxed".
- There was an ethos of inclusion. We were told by the provider in their provider information return (PIR), "We provide a service in a diverse community, predominantly supporting older people. The care consultation process involves a holistic assessment and where a client requires specific support, for example as a member of the lesbian, gay, bisexual, transgender (LGBT) community, their care plan would be developed to ensure that needs are met". In talking to people and staff, we saw ethos was underpinned within the service. Staff told us, people's difference are celebrated, respected and valued.
- People's spiritual and religious beliefs were considered and respected. One member of staff told us, how they supported one person to attend Church on a Sunday, and being of the same religious faith, they both enjoyed having meaningful conversations about their beliefs.

Respecting and promoting people's privacy, dignity and independence

- The provider encouraged people to use technology as a way of helping to promote and maintain their ongoing independence. A sensor system was offered when a person returned from hospital to determine the amount of care that they required, providing peace and mind to families. The software learnt people's behaviours and could monitor movement in a person's home. At present, people using the service had chosen not to use the product. However, the provider had started to offer free trials, so people and their families could experience the benefits of it. There was one family in the process of commencing the use of it. In addition, a computer tablet/specialist software enabled welfare and wellbeing checks to be carried out via video conferencing. Whilst no one was currently using the system, the provider discussed the benefits of its use, on a frequent basis with people and their families.
- CAREGiver's told us how they promoted people's independence. CAREGiver's explained, "If you know they can do it, you always encourage them to do it, so they do not feel completely worthless". And, "For as long as he wants to and can, we will (promote his independence)".
- The provider worked with external professionals to protect people's independence as far as possible. For example, they had involved occupational therapist in the selection of suitable moving and handling equipment, so as not to reduce and/or impinge on a person's own abilities.
- Respect for privacy and dignity was at the heart of the service culture and values. People told us they were treated with the upmost respect, describing staff as, "Very nice people, very caring", "kind and helpful, we get on well together" and "Excellent, love their company".
- Staff were trained to apply human rights principles when providing care and support to people. Such as, ensuring personal care was carried out in a manner that maintained people's dignity, privacy and independence at all times. One person told us, "They (staff) allow me to do as much as possible myself".
- CAREGiver's did not wear uniforms, this had been decided by the provider, so the public would not know that a person was being supported by the agency.

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

- People and/or their representatives had created their own care plans and were regularly asked for their views about their care plans and the delivery of their service.
- The providers electronic care planning system meant people, and/or their families could access their care plan and consistently review the content, making sure it was in line with their wishes and preferences. The provider told us in the provider information return (PIR), "Families have access to the care planning app,

enabling them to monitor their loved one even if they live some distance away".

- A member of staff expressed, "It is not just about that we have been in, and we have just done, and then said goodbye. But for them to know, they are not forgotten, thereafter".

## Is the service responsive?

### Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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's care and support was personalised and tailored to their individual needs. The provider told us, "We have some very complex clients, some with severe dementia, still able to live on their own". One relative told us, "The whole team, have just made such a difference to her life".
- People had comprehensive care plans in place. The provider told us in their provider information return (PIR), "Our care plans are completed with the client and, where appropriate, their representative in order to ensure their expressed needs and wishes are clearly documented. The care plan reflects the care and support the client wants, along with detail about how they wish it to be provided to ensure that their preferences and routines are respected by the staff".
- The service focused on providing 'person-centred' care and support and achieved exceptional results. One person's family had contacted the service when their loved one was in hospital with concern about them returning home and not being able to cope on their own. The service worked closely and sensitively with the person and their family to create and implement a gentle programme of confidence building. As a result of the individualised package of care and staff working in a 'person-centred' way, the person's confidence grew, which meant they no longer needed to use the service.
- One person's family contacted the service as they wanted their loved one moved from a residential care home back into the community. This was because they had observed a decline in their independence and overall wellbeing. So, the service worked closely with the person, the local authority, occupational therapy team and their family. The agency created a bespoke care package to meet the individual needs of the person. Because of the extensive and high-quality package of care being offered by the agency, the person was able to move back into the community. Since staff have been supporting this person, their social engagement and overall wellbeing has greatly improved. They are now able to spend quality time with their family and engage with the local community.
- One person was becoming overwhelmed by the number of medical appointments they had to attend, so the agency established a schedule for them, so they were able to take, accompany and support them at all their appointments. A recent hospital appointment meant a trusted member of staff was there to support the person when they received some distressing news.
- The service actively sought out new technology to make sure people continued to have choice and control over their own lives, helping them to live an active and meaningful life. For example, the service had introduced the option of a global positioning system (GPS) for one person. This meant the person could continue to access the community whilst feeling confident that should they get lost, staff would know where they were, and could support them home safely. As a result, the person's overall independence and wellbeing had improved.
- Creative ways were used to personalise people's care and support. For example, a 'nagging bottle' had

been humorously named by one person, which was used to describe a bottle which had been sectioned off to show how many millilitres they had drunk throughout their day. This helped staff monitor how much the person was drinking, whilst fully involving them in their care and support.

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

- The service took a key role in the local community and encouraged people to have contact with other community resources and support networks to help avoid social isolation. For example, as part of the comprehensive care assessment planning process, social engagement and wellbeing was discussed and considered with people. For those who told staff they felt isolated or wanted to make new friendships, staff sign posted people to local services. Such as, the local memory cafe, and the "music mends minds" local singing scheme. Staff told us, as a result of attending they had seen positive outcomes to people's confidence, health and wellbeing. One relative told us, "A friend said that they had seen her looking so well, and so happy... they (the staff) do way above and beyond".
- People had been helped to access the local mobile library service. To help ensure people received an understanding and empathetic service, the provider had taken action to contact the library service to share knowledge and experience of what living with dementia may feel like and how people could be supported differently, so their library experience could be less stressful. As a result, people had been better supported and assisted on their arrival.
- CAREGiver's supported people with activities and found ways to enhance people's quality of life, and to avoid social isolation. For example, a family contacted the service about their loved one, as they were concerned they were becoming depressed through lack of stimulation. So, the agency worked with the person and their son to find out what they enjoyed doing and/or if there was anything new they wanted to experience. The person, along with staff created a programme of activities that they wanted to do. This included attending an exercise class, a lunch club, visits to National Trust properties, and the seaside. As a result of this the person became more talkative and less withdrawn.
- One person had expressed to CAREGiver's they wanted help to create their own 'bucket list'. A list of things they particularly wanted to do and achieve. The person was supported to create and write their list, and with staffs support and guidance the person had started to 'tick things off' and achieve things that they had always want to do, such as visit the zoo. CAREGiver's helped the person to achieve their goals by assisting and supporting them to research where they were going, book tickets, arrange transport and accompany them, as required.
- The use of technology helped relatives who lived further afield stay connected with their loved ones. Where consent had been given, pictures were shared on social media sites so families could see what their relatives had been getting up to. People were supported by CAREGiver's to use their tablet computer to make videos calls, and mobile phone 'apps' (applications) to send photographs. One person told us when, asked what the best thing was about the service, commented "... (the application to communicate with others)".
- Scrap books were being introduced to help record and reflect a person's 'life journey' with the agency. To help remind a person of what they had done and achieved. Electronic versions were also being considered, such as a tablet computer 'book of you', whereby video diaries would be created, and pictures uploaded. One scrap book was in the process of being created with one person, to help capture their experiences and memories of their recent visit to research historical family graves.

End of life care and support

- People were supported at the end of their life to have a comfortable, dignified and pain free death. People's wishes were discussed with them, and their families where appropriate.
- People were at the forefront of decisions at the end of their life and had their views respected. For

example, one person did not want any palliative hospice involvement. Their decision was respected. So instead, the provider told us, "By carefully selecting staff, we were able to build up a solid relationship of trust, where they knew we wouldn't step over the boundaries (...) had articulated. ... she did it her own way". The provider worked in collaboration with the hospice team, behind the scenes to ensure staff were confident and skilled to deliver the care and support the person deserved and needed, by arranging regular phone calls and training.

- People's end of life care was carefully and sensitively personalised to their wishes and preferences, to ensure their final weeks and days of their life were how they wanted them to be. For example, one person had requested staff who they held a special and trusting bond with. Their care and support package was specially adapted to ensure only these staff were present throughout their last weeks of their life. The person was supported to continue to enjoy their love of the countryside and fish and chips, as staff took time to take the person to places of their choice and to bring them their favourite meals. The person's family expressed their utmost gratitude by inviting staff to a personal family gathering and by asking a member of staff to be part of their loved one's funeral".
- The provider told us in their provider information return (PIR), "We will work closely with district nurses, GPs and family members to ensure the spiritual and cultural needs of the client are met. Throughout this process, the care plan is adapted to include the process to be followed for all at the final stages of life. Our care planning app and office system allows us to assess a client's condition and give feedback in almost real-time to family and medical professionals".
- The provider worked in close partnership with the local hospice, to ensure people's end of life care was of the highest standard. For example, CAREGiver's participated in 'Compassionate friend's sessions' with hospice staff. These workshops helped to equip staff with the skills needed to deal with difficult conversations.

#### 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 assessed, recorded and highlighted in care plans, and shared appropriately amongst staff.
- CAREGiver's adjusted their own approach, depending on people's individual needs. One member of staff told us for someone with poor sight, "I would always walk in front of them, and tell them to take my hands, step by step, there is no rush".
- One person struggled to speak after having a stroke, therefore staff used a family name board and photos to help with expressing their communication needs.
- For some people, picture boards were used to help remind people of which staff would be coming to visit them next. One person had been helped to order large print television magazines.
- Records were produced in different formats, such as large print.

#### Improving care quality in response to complaints or concerns

- People knew about the complaints systems and procedures in place and felt very comfortable to complain. One person told us, "They sent a male carer, I explained that my Mother did not like a male carer, and he was changed to a female carer".
- We saw evidence that complaints received were taken seriously, and used to help improve the service where possible, with appropriate actions and records in place.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The provider's vision and values were imaginative and kept people at the heart of the service. The provider had personal experience of supporting a relative with their care journey through to the end of their life and had used this event to base their values and ethos of the organisation around.
- All new staff were inducted to the ethos and values, with the providers relative being talked about at each training and induction session. This was to help new employees understand the reason for why the service existed, the 'person-centred' values of the provider, and the essential requirement for them to be underpinned in practice.
- We saw the positive impact of the values, threaded throughout the service. For example, the provider undertook value-based recruitment. People told us, "People (the staff) they choose, they have chosen the right ones". Staff told us, "The ethos is excellent, I think it starts from when we were very first interviewed", and "They have just got it right!". They are both very dedicated, they live the values and ethos of organisation", and "She (the registered manager) is incredibly motivated and has heaps of energy".
- The providers governance framework reinforced the values, for example they were talked about at training, meetings and staff one to one supervision.
- Staff were incredibly positive and motivated by the management and leadership of the service. Telling us, "They are both very dedicated, they live the values and ethos of organisation", and "She (the registered manager) is incredibly motivated and has heaps of energy. She is approachable and kind, and very effective and very understanding". A recent staff survey showed that 100% of staff were proud to work for the provider, with 94% of staff expressing a very strong motivation to carry out their role.
- The provider told us they were proud to be an accredited living wage employer, telling us "I am really passionate about staff getting paid enough". Staff were encouraged with their career progression and empowered to gain qualifications.
- The service had initiatives to show staff they were valued, to promote staff wellbeing and retention. For example, one member of staff, had been put forward for a national Home Instead Senior Care award; 'CAREGiver of the year'.
- A free confidential counselling service was available to all staff, with one member of staff telling us, "It's phenomenal. It shows that the company understands and respects it's employees". The provider told us, they were in the process of converting some of the office space, into a wellbeing area. So, staff could come and relax in between visits.

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

regulatory requirements

- People benefited from an exceptionally well led service. Without exception everyone we spoke with told us they were extremely happy with the high quality and standard of the service. Commenting, "The quality of care is outstanding both by carers and management", and "All seem so very caring and pleasant". A recent client satisfaction survey detailed 100% of people felt office staff were responsive to queries and requests. 100% of people would recommend the service to others.
- The provider had a top rating on the independent website [homecare.co.uk](http://homecare.co.uk), with people stating they would be 'extremely likely' to recommend the service to others. Comments included, "I am so relieved to have been introduced to this company. They provide just the service I was looking for so that I am able to leave my elderly mother for some rest and relaxation, knowing that she is in the hands of expert carers". And, "At first, I was very reluctant to use the service, but I have been very pleased with the difference it has made to my daily life".
- The provider and registered manager planned and promoted person-centred, high-quality care and good outcomes for people. They provided opportunities for people to enhance their physical ability and wellbeing through exercise and maintaining links with their local community. For example, people were signposted to the new 'cycling without age' scheme, 'music mends minds' and local dementia memory cafes. Staff told us, how they had observed people who attended 'music mends minds', how their "confidence had grown" and isolation diminish.
- Staff were aware of their responsibilities. Quality checks of staff practice helped to ensure care and support was of a high standard, and that risks and regulatory requirements were understood and being met. Staff felt so well supported and listened to, they looked for opportunities to develop their role and take on extra responsibilities. Their roles and responsibilities were all focused on people and the quality and safety of care and support. For example, becoming expert champions in oral health care, nutrition and wellbeing.
- Governance processes were well-embedded into the running of the service. The registered manager and provider had a very robust oversight of the service.
- The provider had used technology to help develop, sustain and protect the service for the future. For example, the use of global positioning system (GPS), the environmental sensors and the tablet computers had all helped to promote and maintain people's ongoing safety and independence.

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

- People, relatives and staff were at the forefront of the development of the service. Regular calls, home visits and questionnaires were completed to continually gauge how people felt about the quality of the service. The provider and registered manager told us, "There is so much we can learn from them... and there are always areas for us to improve". They explained how people's care and support had been adapted and changed to ensure it met with their wishes and preferences. For example, one person liked her meal trays to be presented in a particular way, but it was causing her anxiety and annoyance that staff all did it differently. So, action was taken to photograph each meal tray, so all staff would know just how the person wanted it to be. This had resulted in the person becoming less distressed.
- People and/or their relatives were a valuable part of the recruitment process of new staff, by being part of the interview panel.
- People were empowered and encouraged to give feedback at any time, with people and their families able to contact the service 24 hours a day, to change their visit times and/or ask for general advice. There were a variety of ways for people to share their views, depending on which communication method best suited them. For example, emails, phone calls or face to face discussions.
- People and relatives told us how technology such as the electronic care planning system and mobile phone apps helped them feel involved and in control of their care and support.
- The service was an important part of its community. It developed links to reflect the changing needs and

preferences of people who used it. The provider told us in their provider information return (PIR), "Home Instead focusses on changing the face of ageing".

- The provider worked in partnership with the local memory café to provide staff to assist with a 'care and share group' which gave respite to carers. The owner of the memory café told us, "(The provider), was known to the memory café as a lady, passionate about good dementia care, which is why we chose to work with her and Home Instead. (The provider) could see the benefit that carers and cared for alike would gain from our monthly sessions, and was supportive, helpful and professional in all aspects of the setting up of the contract".
- The service ran a 'Be a Santa to a senior project', which in 2018 saw over 150 presents donated to older people. It gained substantial media coverage. Presents were distributed via social services, the Police, the Rotary Club and the local community.
- The provider was passionate about sharing knowledge and best practice with others. For example, they had given talks and held workshops at a variety of memory café's across Cornwall and Devon, and engaged with local carers and support groups, about issues affecting older people. They also supplied articles for local newspapers and magazines.

Continuous learning and improving care; 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 passionate about keeping their knowledge and practice up to date. Best practice was always referred to and used to help improve the quality of people's lives. For example, two families had been supported to implement and initiate the Herbert Protocol for their loved one. The Herbert Protocol is a national scheme introduced by the police in partnership with other agencies. It encourages carers to compile useful information which could be used in the event of a vulnerable person going missing.
- The service had received the "Think Big Home Instead" national award for three quarters in a row, in recognition of delivering continuous high-quality care and support for people.
- The provider had been entered into the 'Telegraph, Heropreneur Awards' for 2019 for their contribution, success and entrepreneurial spirit in starting a new business, and at the time of inspection, was waiting to hear if they had been shortlisted.
- The provider and registered manager understood and demonstrated the requirements of the Duty of Candour (DoC); to be open, honest and transparent when things have gone wrong.

Working in partnership with others

- The provider and registered manager were highly respected within the health and social care sector, and within their local community.
- An external professional told us, "The management style of (the provider) has been exemplary. (The provider) is dedicated to keeping the needs of the person absolutely central".
- The provider was the leader and founder of 'music mends minds', the first of its kind in UK for those with neurological conditions, such as people living with dementia and Parkinsons. People using the agency, had benefited from attending, for example by reducing social isolation and improving people's overall wellbeing.
- The provider was a trustee of the local Dementia Alliance Group and was an integral part of gaining funding for an Admiral Nurse for Tavistock. In doing so, the provider had tackled their local MP, on the issue and gained his unreserved support. An Admiral nurse provides specialist dementia information and support to people and their families. The Admiral nurse was a valuable resource within the agency. Staff could sign post people and families to them, in times of anxiety and difficulty.
- Under the guise of the Dementia Alliance Group, the provider successfully applied for lottery funding for a specialist electronic games table which was due to be installed in the local library. The games table, had been proven to help stimulate both physical and cognitive activity and encouraged social interaction.

- The provider was a trustee of the new charity 'cycling without age', for West Devon and East Cornwall which was formed to provide voluntary rides on specially designed trio-bikes for those less mobile. People using the agency were signed posted to the service.