

Net Care Norfolk Limited

Home Instead Senior Care

Inspection report

22-24 Windsor Road
Kings Lynn
Norfolk
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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?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Home Instead Senior Care provides personal care and, or a companionship service to mainly but not exclusively older people over the age of 65 in their own homes. At the time of our inspection they were providing support to over 100 people but only 27 people were receiving the regulated activity of personal care.

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

The service provided a bespoke service around people's individual needs and their extended families. Everyone we spoke with used the agency following personal recommendation. People told us service was exceptional and should be commended for its responsiveness and caring attitude. People received a minimum of an hours visit which was planned ahead and people given rotas, so they knew who to expect and the time of the visit.

Staff were referred to as caregivers, so we have used this term throughout our report. They had time to spend with people, establish a rapport and provide people with the support that had been identified as well as little 'extras' for people. Extended families had come to rely on the caregivers who were 'regulars.' Relatives saw them as part of their extended family.

Caregivers were well supported and had time to do their jobs properly without rushing because calls were spaced out and caregivers paid for travel time. The service clearly respected, rewarded and invested in its staff which helped them feel valued and encouraged good staff retention and commitment. Staff recruitment was extremely robust which helped ensure only people suited to this role were recruited and well supported through regular training and updates.

The service was extremely well organised with management staff in key positions ensuring every part of the business was well managed and oversight was in place. The service operated 365 days a year. Call scheduling was effective, and caregivers used apps on their phone to log in and out of calls. This helped ensure calls were delivered on time and for the right amount of time. Calls were electronically monitored and meant the service could respond quickly and reschedule calls if a call was running late. They had not had any missed calls and knew where their caregivers were which helped to promote their safety and the safety of people they were supporting. People told us the service was 100 percent reliable.

Care was always delivered to a high standard because staff were well recruited, well trained and there were robust observations of staff practice in place. Staff had regular opportunity to reflect on their practices. People were aware of the direct observations and were assured that staff practices were sufficiently monitored. The service sought and acted on feedback. Staff could be given 'carer of the month', or 'carer of the year' which was awarded based on feedback and in recognition of staff who went the 'extra mile.'

Care reviews were held as a minimum every six months, and communication was ongoing. Care records were robust and completed contemporaneously and considered people's needs and preferences. They demonstrated the involvement and consultation of people supported and where appropriate family members. Caregivers had time to read care plans ahead of the visit which meant they knew how the person

had been and made aware of any risk, changes in need.

The service was proactive in the community and acted as educators raising awareness of important issues affecting people. They linked to businesses and health care providers to raise awareness of dementia and its impact. They also advised and increased the uptake of benefits to ensure people were receiving what they were entitled to and could access services they needed. They worked with GP practices and had started to go into schools to help inform people about dementia and its impact.

Their aim was for Kings Lynn to be an accessible town. They were working with the major and the clinical commissioning group to create a dementia friendly town. They had won a series of awards for the best small business and held events and training across the town. They signposted other professionals to the resources and training they might need to best meet the needs of its customer. For example, they provided training on The Mental Capacity Act 2005 and the implications for people living with dementia.

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. Consent was sought before providing a service and every time staff provided supported. We observed some of the caregiving and staff were polite and courteous. Rating at last inspection
The last rating for this service was good (report published 28/10/2016)

Why we inspected

This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was very 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

An inspector and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was carried out over two days. The first day was announced and used to visit the office. The second day was to visit people who used the service and their extended families.

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

We gave a short period notice of the inspection because this is a small service and we wanted to ensure staff were in the office and could arrange for us to visit people who used the service.

What we did before the inspection

We reviewed information we already held about the service including previous inspection visit reports, share your experience which gives you feedback about the service and notifications which are important events the service is required to tell us about.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection.

We spoke with the registered manager, the operations director of west Norfolk, the call scheduler, four caregivers, and the caregiver coordinator. We also visited four people, three were supported by relatives who were spoken with and we met several caregivers and were able to observe their interactions. Whilst in the office we looked at records, training, recruitment, care plans and assessments.

After the inspection.

We continued to review information received and spoke with a further two people.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- Senior managers had received training to help them investigate and conduct safeguarding investigations when asked to or in cooperation with the police and local authority.
- Caregivers could describe situations which could amount to a safeguarding concern and knew what to do. Records were robust, and staff understood how to record and pass on sensitive information.
- The service used every opportunity to assess caregivers understanding of safeguarding. Their knowledge was explored at interview, during observations of practice and at staff meetings.
- Staff linked in with the local authority to find out about any scams in the local area and received training to help support people recognise a scam and protect people from it. The service produced scam awareness kits.

Assessing risk, safety monitoring and management

- The office provided a safe environment which was fully accessible.
- People's needs were assessed in relation to their care and the environment and risk assessments established mitigating actions.
- People told us they felt safe and caregivers gave them the support they needed. One person told us caregivers supported them to access their garden and always ensured they had their mobile phone and pendant when walking about.
- Management staff had completed positive risk taking training and supported people to manage risks as effectively as they could.
- The electronic monitoring system was used to plan, and record caregiving and tasks could be set for caregivers which they had to complete before going on to the next task. This included checking moving and handling equipment before using it and checking pendant alarms, and smoke detectors. The service issued fire safety advice and leaflets.
- Needs and risks were reviewed in an on-going way and changes to the care packages were instigated with immediate effect.

Staffing and recruitment

- One person told us they considered themselves to be lucky to be looked after by the staff. They said, "The carers have plenty of time, they are never rushed."
- A care giver told us, "I like the ethos of the company and the fact they always provide an hour of support as a minimum." The operational director told us this principle was established based on their family members poor experience of care which was rushed and fragmented.
- Staff were recruited in line with people's needs and the hours of support they required. The recruitment

process considered who they were supporting, for example one person was from Brazil so staff were recruited specifically who could speak Portuguese.

- The service had a very robust recruitment process by which to assess the person's suitability and aptitude for their role as, 'carer', The service went above and beyond to ensure they had thoroughly explored their background and took up four references and completed other background checks.
- The interview stage was equally robust, and notes demonstrated how the potential care giver had met the requirements of the personal specification and the requirements of the job description.

Using medicines safely

- People confirmed they either took medicines themselves or were supported by family but said caregivers would prompt them and ensure medicines had been taken.
- People received support to take their medicines as agreed as part of their support plan. The service had detailed audits and mechanisms to feedback any concerns. Notes and medication records were audited daily, and senior staff meetings highlighted any risks or unmet needs.
- The registered manager told us that they worked with family members and if family could not support with medicines they would do this and made it clear if the person needed prompting or if they needed to administer it.
- The registered manager said people were encouraged to be independent but when it was becoming clear that people were not managing they would review and complete a risk assessment and with the persons consent take over administering.

Preventing and controlling infection

- Caregivers received ongoing training and support. This included infection control and how to reduce the risks of cross infection. We observed caregivers offering support and they did so whilst observing good infection control practices and ensured they used the right personal protective equipment. People confirmed that staff practice was good, and caregivers always wore gloves and aprons.

Learning lessons when things go wrong

- The staff in the office regularly met and discussed any ongoing situation, change in need or incident and had a log of events which had occurred, and actions taken which were reviewed. The service had adequate on call procedures and good on-going monitoring which enabled them to review and change actions. Action plans demonstrated constant improvement.

Is the service effective?

Our findings

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

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

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

- The registered manager had both an academic background and relevant experience in care. They kept their knowledge up to date and were currently doing Level 5 Diploma in Leadership for Health & Social Care. They ensured all their staff had enough knowledge to provide safe, effective care. Care giving was linked to current best practice and evidence files linked to the key lines of enquiry that CQC inspect the service against.
- Policies were up to date and accessible and caregivers had regular opportunity for learning and development. All documentation was password protected and backed up, so it was secure, and people had given consent to share information.

Staff support: induction, training, skills and experience

- Caregivers could describe people's needs and people told us they anticipated their needs and were all very skilled.
- Caregivers completed the care certificate, which is a set of standards care workers should adhere to.
 - Caregivers had regular observations and support of their practice. Unannounced visits were carried out every three months to support caregivers and ensure they were completing safe care in line with people's care plans. A relative told us, "Practices are observed to ensure they don't slip."
- New caregivers were always accompanied by more experienced caregivers and introduced to people before working independently and this was at the caregiver's pace.
- The registered manager took into account caregivers individual learning styles and provided online and classroom-based training.
- Caregivers were encouraged to identify their own training and development needs which was discussed during regular supervision and annual appraisal.
 - Bespoke training courses were developed around people's needs. For example, they recently had training from a motor neuron charity to help them better support a person. One caregiver told us, "The training helps you to see things from the client's point of view." Another told us how recent first aid training helped them keep calm and deal with an emergency when they found a person collapsed.
- The service had a training and development officer. Training was sourced in-house and guest speakers attended team meetings. In-depth training on dementia care and palliative care had been provided to enable caregivers to work holistically with people and their extended family. A health care professional told us attendance was always very good and staff were attentive

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

- Assessments established what support people needed in respect to their dietary needs and fluids. Daily

notes clearly showed what support was provided and caregivers ensured people had enough to eat and drink and drinks to hand. People told us how the caregivers encouraged them to eat and brought them tasty snacks and food they fancied, such as one person said, "I fancied salmon one day and staff got this for me."

- Referrals were made to the speech and language department and dieticians when necessary and the registered manager had a good awareness and links to other health care professionals. In some instances, care givers had identified the need for adapted cutlery which helped support people's independence.
- The service had supported people where they required feeding through a tube in to their stomach called a PEG.. Training for this was bespoke and provided through the relevant professional.
- Caregivers had recently had training which covered nutrition and hydration. Caregivers encouraged people to eat and drink well and take control of their dietary needs. The service provided catalogues for companies who delivered meals which included meals suitable for people's individual dietary requirements.
- The aim of the service was to keep people doing what they enjoyed doing and this included helping people to plan and prepare meals for themselves. In some instances, caregivers joined the person to eat with them at mealtimes as it helped the person to eat. In another example a caregiver purchased ingredients and supported a person who was blind to regain their confidence in the kitchen and prepare a meal.

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

- We contacted other health care professionals who had provided support to the service to ensure people's needs were met as holistically as possible. Everyone we spoke with told us they would or had recommended the service to others as they felt they met people's needs exceedingly well and they had every confidence in the service.

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

- Caregivers built up a good rapport with people and were able to recognise changes in the persons needs and responded accordingly. They did this by either by increasing support or supporting the person to access different services and advisory services. All the family members we spoke with praised the communication between themselves and the service at all levels of staffing.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

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

- Caregivers received training on relevant legislation in regard to capacity and consent and this was established at the beginning of the service delivery. People were confident in their caregivers and said they always established consent and we observed this in practice.

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 remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they felt cared about. One person told us how much they trusted the caregivers and valued their support, seeing them as extended members of their family and described the friendship which had been developed.
- One person told us carers looked after their wife. They said, "When carers are helping my wife I hear them chatting all of the time the girls are so kind. I hear them telling her what they are going to do, and they reassure her all the time."
- People told us the caregivers would often do things without asking with were thoughtful and considerate. For example, 'pick up a pint of milk or if they were buying a cake/chocolate would pick one up for the person as they thought they might like it. One person said, "They fetch me up fish and chips when I ask. "
- Caregivers considered the well -being of the person and how they wished to use their support, offering to take people out so they could continue to engage in their communities and see their friends and family. They knew what was important to the person and this was reflected in the care plan. For example, one person loved to paint, and access their garden with help and care for their pet.
- The service treated its caregivers well and valued their contribution. This helped them feel empowered and loyal to the company. By building confidence and prompting a caring ethos, caregivers felt valued and happy in their work
- Each assessment included person centred information which helped caregivers to establish meaningful relationships with people based on shared experiences, interests and personalities.
- The service was relied upon and described as completely dependable which enabled families to forward plan knowing that their loved ones were truly supported. We met relatives who had used the service for a number of their family members.
- The service was an equal opportunities employer and kept statistical data to demonstrate how they complied with legislation relating to equality and diversity. They were developing a champion for lesbian gay bisexual and transgender, (LGBT) issues to promote awareness and improve equality of access to services. They were also developing a domestic abuse champion looking at the prevalence of domestic abuse and how it could be prevented.
- They provided benefits to the caregivers and access to counselling should they feel they might benefit from it. Caregivers told us about the impact of bereavement on their own lives and how they had been supported and given time to heal and remembered by receiving flowers and cards.
- The service participated in coffee morning which raised money for charity bringing together its caregivers, people using the service and other members of the community. Each year they looked to see what charities they could support.

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

- Surveys were used to gain people's feedback. Each year surveys were reviewed, and results analysed and compared with the year before to show progress made. Service development plans were put in place to address any concerns or to improve upon the feedback year on year.
- Surveys included open ended questions and gave people a free text box to share their experiences. We viewed the surveys and feedback was almost at 100 percent positive. Communication with the client scored just over 85 percent last year. A client newsletter was introduced, and the service developed their electronic records system further, so communication was more adept.
- Surveys were also used to gain feedback from caregivers and professionals and analysed and actions set.
- A family member told us, "The care provided is thoroughly reviewed every six months and changes are implemented immediately." In addition to the six-monthly reviews, and an initial assessment there were regular supportive visits to ensure the caregivers were performing well and meeting the needs of the person. We saw complimentary letters and cards reconfirming the service were doing a good job.

Respecting and promoting people's privacy, dignity and independence

- Caregivers provided timely, respectful care which was considerate of people's needs. One person told us how hesitant they had been to be helped with personal care and the embarrassment they had felt. They told us the caregivers had put them at complete ease and helped them feel comfortable in this situation. They told us they were given every opportunity to be self-sufficient and staff were mindful of their privacy and independence. Another person told us they were treated with respect and carers showed empathy. Another said, "Staff are very gentle and approachable."
- A relative told us how carers went, "The extra mile and said they get her chatting and know her well." They said, "They are all really nice people, alert and get on with the job."
- A person whose wife used the service told us, "The carers always ask her what clothes she would like to wear, it's nice of them because it makes her feel cared about. I know the carers always uphold her dignity as if I ever go in the bedroom she is always covered, and the curtains are always drawn. "

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 requires improvement. At this inspection this key question has improved to 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.

- At the last inspection in 2016 care plans did not contain enough person- centred information, although caregivers were familiar with people's needs. The service had since transferred all their paper care plans to electronic records and these were clear, concise, and focussed on people's preferences and abilities. They made it clear what support the person wanted and what outcomes they hoped to achieve by receiving the support.
- The service carried out its duties professionally and holistically. Only a few caregivers were assigned to each person which helped them build up strong relationships and provide continuity of care. One person told us, "I have the support in place my family can stop worrying, the carers are very good, they are able to anticipate my needs, they will do anything for me personally and we get on very well. . . yes I think they are outstanding." Another person told us, "The carers are very obliging, they do all I want them to do and they are very nice."
- A caregiver told us, "You can give people quality time without being distracted." Another said, "You can build up a rapport with the person and gain their trust." They told us about a person who was living with dementia and required support with personal care. They said it took four weeks to do this but through providing the continuity of support and having enough time they were able to develop a relationship with them and for the person to trust them to provide the support.
- The service invested in their staff, which helped with staff retention and ensured all staff had the necessary attitude, competencies and shared values.
- We spoke with the care givers who told us their calls were regular, well-spaced out, scheduled well in advance with minimal change unless there was unplanned sickness or holiday. They told us the electronic call monitoring system would flag up if they were running late and meant office staff could ring the person, reassure them or realign the call if necessary. Everyone we spoke with described the service as completely dependable and flexible around their needs.
- By carefully selecting, recruiting and matching care givers to people being supported the service ensured the right foundations were in place from the beginning. They tried hard to take into account people's personalities and preferences when finding suitable caregivers
- At the point of referral, introductory meetings were held with the person and their family or representative. These were informal, and the purpose was to give the person information about the service and what they could provide and give people time to decide what was right for them.
- Care plans were devised later following assessment. Care plans included information about the persons past, present and future. It also asked them about their expectations and goals and what was important to them and what activities they wanted to do. These were kept under regular review to ascertain the persons

progress and satisfaction with the service.

- A person told us their daughter accessed the care plans and notes on their phone and was happy they could see the care being given and had no concerns.
- A health care professional told us, "They have a person-centred approach, are dynamic and work in partnership the whole family. They are good at what they do."

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 service quickly developed a rapport with the person and established lines of communication giving people the opportunity to view records on line or print them out at the family's request.
- Each situation was different. Some families had requested photographs of caregivers visiting to help the person recognise who was coming and everyone had a schedule of calls. Some people had a white board or diary, so messages could be left for the person and, or their relative.
- Care plans gave specific information about what might inhibit someone's communication and what might help. For example, by ensuring someone had their glasses and hearing aid in and by not overwhelming people with too much information particularly when they might have a cognitive impairment.
- Information was made accessible. For example, audio books, talking newspapers and large font.
- Caregivers were taught how each person's communication needs were specific to them and how some people with dementia might find touch distressing. This did not stop caregivers showing affection to people but meant they were mindful of peoples' individual needs. Training had been given to caregivers about how people communicated their emotions and how to support people to self-regulate.
- Caregivers communicated with families, shared photographs and held regular reviews.

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 was regulated to provide personal care but did in all instances provide and support companionship and friendship by lessening the pressures on family members and being able to step in at short notice and respond to people's changing needs.
- The service aimed to be inclusive and had developed newsletters for caregivers and for people using the service. These helped advertise what was happening within the service and documented local events
- Care and support was holistic and addressed not only people's physical care needs but also their emotional and social needs. Caregivers organised and supported people to undertake activities in line with their individual preferences. Care givers were happy to take people out in line with their interests, for example last year some people attended the Sandringham flower show and people had individual interests like yoga.
- The service launched a new activities library including books, CDS, puzzles and games that could help with care, companionship and cognitive development when visiting people being supported.

Improving care quality in response to complaints or concerns

- The service took feedback very seriously and was open and responsive. They provided many different forums for feedback giving people the opportunity to raise issues about their support or the wider organisation.
- A complaints procedure was in place and accessible, people had a copy, no complaints had been made but we viewed compliments.

End of life care and support

- The service was designed around the persons individual needs and could be adapted to take into account changing, unmet need. Staff received ongoing support and training to help them meet people's needs in a holistic way and recognise the emotional stresses illness put on the individual and the family.
- Where appropriate the service could advice people on matters to do with benefits, advanced care planning and access to service. They produced easy to read guides and had developed key contacts with other services.
- The service ensured that if someone came to the service requiring end of life care they would be matched with an experienced caregiver.
- The service had a City and Guilds accredited End of Life training which they offered but this was optional depending on the caregiver. Some were signed up and had already had support from the local hospice staff on meeting the psychological needs of the dying
- The registered manager told us caregivers were encouraged to attend funerals when invited and the office team also attended funerals where possible. They told us they continued to hear from some family members regularly. One relative had the service care for their family member and after their death joined as a caregiver.
- The registered manager said they send flowers and a condolence message to the relative of the client who had passed away and said caregivers kept in touch with relatives for many years.

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

- The service was exceptionally well led because it invested in its staff and in the community, which helped to grow the business and encouraged joint working, and networking.
- The service invested in its customers by ensuring it set out to do what it promised by being consistent, inclusive and reliable. One of its values was giving people sufficient time in line with their needs and wishes. It put people first to ensure they received the outcomes they wanted.
- Caregivers genuinely enjoyed their role and felt valued and happy. They described the registered manager as, 'approachable', 'genuine' and 'appreciative.'
 - All the families we visited said the care spoke for itself, all had used the service following personal recommendation. All thought it was outstanding. Professionals told us they always recommended this service to self-funders.
 - Everyone confirmed they knew all their caregivers and got to know them well and said they worked in line with their wishes and the wishes of their extended families.
 - People told us the service was well managed and planned. Any change to their rota was clearly communicated and they never received a call from someone they did not know. This continuity helped people feel confident and safe. Care givers were described as 'members of the family.'
 - One relative told us, "I have no worries about the agency whatsoever, they are all lovely, caring people. They must have good recruitment processes. It's like having friends coming in."
 - A relative told us that they had managed their family members care but had realised they needed some support. They said the agency had told them when approached, "You can stop being a carer now and be her daughter again." They said this worked well, the caregivers were resourceful and worked in partnership. For example, they would keep a list passing over what they had done or what needed to be done.
 - The service had initiatives like carers week in which people received a free hour of care, caregivers make mince pies for everyone at Christmas and people received cards on their birthday. Good news stories were covered as part of the regular newsletter and there had been events bringing people together like coffee mornings and attendance at local events which meant the service was inclusive.
 - Caregivers described the whole team in positive terms, saying they each took responsibility for their learning, development and pride in their work. A caregiver committee had been set up to act as the voice for the caregiver teams and decide the frame of reference and areas for development to be discussed at team meetings.
 - Professionals described the organisational as non-hierarchical which meant all staff were involved in

consensual decision making and took ownership for the standards of care provided.

- Caregivers were supported through robust employment schemes, fair pay and support from occupational services and human resources. They were given regular acknowledgement of their role and rewarded periodically through nominations of good practice. People using the service were aware of this. One person told us, "They won a heart of gold, much deserved."

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 service provided was open and transparent and the registered manager clearly communicated when things went wrong and reflected on this to see how the service could be improved upon. They worked very hard to get things right from the beginning to reduce the risk of things going wrong, but professionals told us they were not afraid to challenge, learn and seek advice.

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

- The registered manager was well organised and had files to evidence how they were meeting regulatory requirements and running a service in line with people's needs. External audits were completed and were robust focussing on compliance and quality improvement.

- A health care professional told us the registered manager had linked into GP practices and they had observed them providing training, which was responsive to local need. They said they did a lot of community outreach work, were positive in their outlook and were always looking for new opportunities, innovation and technology to keep people in their homes safer and longer.

- People using the service and their extended families found the service accessible and said information was clearly shared with them. Caregivers used an electronic monitoring system in which they signed in and out of people's property using an app. Records were kept electronically and people confirmed care plans and notes were in place and accessed regularly by the caregiver. Relatives and people could access their records at any time and this was explained to them, but realistically most people told us they trusted the care givers to do their jobs.

- Staff told us they always had enough information for each person and had time to familiarise themselves with what needed to be done before each visit and had time to do the extras which were important to people.

- Staff and professionals told us this was an inclusive service which valued its staff and consulted them at every stage to ensure they understood the business, the ethos and service values and were able to demonstrate these in action. Staff told us how they loved their job.

- Roles were clearly clarified, and the office worked in a seamless way to ensure all calls were scheduled and the service had no missed calls. Any late calls were noted immediately, and the person informed. The service operated a two week notice period for the cancellation of calls. This did mean that should a person go into hospital they would retain their caregiver and they could continue to visit the person in hospital which could help to alleviate some of the anxiety the person might feel. People were aware of this and there was some scope for flexibility.

- Assessments and care-plans were relevant and updated when necessary. Live electronic monitoring meant staff in the office knew what was happening at any time and knew people's needs well.

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

- The service had developed strong links with the wider community and put people at the heart of all they did. The service promoted good care and practice and were instrumental in providing work shops and training to community groups and working alongside other health care professionals to promote best

practice.

- From January the service launched its strategy to create a dementia friendly town, working with the Mayor, the NHS Clinical Commissioning Group and other businesses including professionals and the commercial sectors. Their aim was to raise awareness of the prevalence and impact living with dementia has on individuals, families and communities and developing strategies starting with education to make the town of Kings Lynn more accessible.
- The service had developed a user-friendly resource guide to help people navigate through the care system and be able to access services relevant to them. In particular they were proactive in telling people what benefits they could claim to help them access the services they needed.
- Their target audience were potential customers of the future such as people receiving care in sheltered housing complexes and predominantly older people attending their GP surgeries and their family members and carers. Talks were aimed at increasing awareness of dementia, mental capacity and power of attorney. The service worked in partnership with other voluntary groups who organised the participation groups.
- In addition, the service targeted businesses to see what changes they could make to help support the local community to be more inclusive.
- The service supported and trained its staff and others to be dementia friends. This is an initiative run by the Alzheimer's Association who provide free training and resources and in return those receiving the training can pass this on to others.
- The service held its first information road show last year with over 40 stands which was intended to promote the ideas of a dementia, inclusive town, which was good for business. The service won the Mayors Award for customer care last year as well as other business awards in care.

Continuous learning and improving care

- The service was constantly developing and was a learning organisation which developed its practice in line with people's experiences, action on their feedback and feedback from the wider community and its staff.
- The service told us they were one of the first to embrace technologies designed to increase the effectiveness of service delivery through live monitoring. The service was continuing to review the role of technology and how this could increase people's independence in their own homes and reduce the level of care they needed. Through sensors in people's homes they could monitor people's level of activity and be alerted when the patterns of activity changed. For example, if a person had not walked around for a few hours. Remote monitoring could support a person in their own home and set alerts to family member living away of early problems detected. The service already used technology as a way of keeping in touch such as email, skype and making notes available electronically.
- Staff training, and development was ongoing and there was continuous self-assessment. Each month a different topic was discussed with the team to help update and refresh their knowledge, recent examples were safeguarding, nutrition and hydration and oral health care. As a training organisation caregiver had opportunities to engage with the community and other services to give and receive information. Career progression was also possible throughout the service and had been the case for a number of its caregivers.

Working in partnership with others

- The service worked closely with the media in a positive way highlighting current issues in care and how through partnership working what could be achieved. The media ran a recent news story about the service and how it provided a 'real wage' to its workers in recognition of the job they did.
- The service worked in the community they served and did a lot of training and publicity bringing people and services together.