

St Micheal Care Limited

St Micheal Care Limited t/a HomeInstead Senior Care

Inspection report


186 Sutton Court Road
Chiswick
London
W4 3HR

Tel: 02087461213
Website: www.homeinstead.co.uk

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Ratings

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

Summary of findings

Overall summary

About the service

St Micheal Care Limited t/a Home Instead Senior Care is a care agency providing personal care and support to people living in their own homes, mainly in the London borough of Hammersmith and Fulham. They provide care to a small number of people living in the neighbouring boroughs.

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 our inspection, the agency was providing personal care to 31 older people. Some people had live-in care workers. This meant they had a care worker who stayed with them during the day and night. Other people had regular visits throughout the day. The minimum visit was for 1 hour.

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

People received extremely good quality care which met their needs and reflected their preferences. The agency worked with others to help develop best practice. Their work had a significant impact for people and their overall experience. For example, work to improve people's diet and mental stimulation.

The agency took a holistic approach to care. They worked with families and health professionals to understand people's needs and suggest ways to improve people's lives and wellbeing. They used technology in innovative ways to help keep people safe and to educate staff to help them understand about people's sensory experiences.

The agency was an important contributor to the local community, providing opportunities for people to socialise. These events were open to all people living locally and not just those paying for their care. They worked with charities and universities to research and implement new ways of supporting people by learning about dementia, and other conditions associated with older age.

The staff were exceptionally well trained. Their training included immersive experiences, group analysis of their experiences as care professionals and learning from professionals.

The provider was forward thinking and had plans to develop the service in response to the needs of people and the local community. For example, they were in the process of recruiting a specialist dementia nurse to provide bespoke guidance and training for groups of staff working with individual people and they had already employed a nutritionist who was helping to improve people's diet and attitude towards food.

There were systems to monitor and audit the service. These included asking others for feedback, responding to, and learning from adverse events. The registered manager was well known by people using the service, their relatives, staff and the local community. They all found the registered manager

approachable and valued their views and input.

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.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 20 August 2019).

Why we inspected

We undertook this inspection based on the date of the last inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was exceptionally effective.

Details are in our effective findings below.

Outstanding 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

St Micheal Care Limited t/a HomeInstead 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 Health and Social Care Act 2008.

Inspection team

The inspection was conducted by 1 inspector. An Expert by Experience supported the inspection by making telephone calls to service users and their families. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period of notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started 27 June 2023 when we started to make telephone calls to people using the service. We visited the location's office on 27 July 2023.

What we did before the inspection

We looked at all the information we held about the provider. This included notifications of significant events and information from members of the public.

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

During the inspection

We spoke with 8 people who used the service and the relatives of 8 other people. We received written feedback from the relatives of 6 people, 8 external professionals and 9 members of staff. We met the registered manager, a supervisor, the training manager and 2 care workers (known by the agency as care professionals).

We looked at care records for people who used the service, the records for staff (including recruitment, training, and support records) and other records used by the provider for managing the service. These included records of meetings, complaints and audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to help safeguard people from the risk of abuse. The provider had clear policies and procedures. Staff undertook training in these. The staff had opportunities to discuss how they would recognise and report abuse in meetings with their managers.
- People using the service and their relatives told us they felt safely cared for. Some of their comments included, "[My relative] is very safe. [They] have the same familiar carers for 3 years", "I feel 100% safe and have no reason to doubt it" and "I feel very safe because of the quality of care and the experience I have had."
- The provider had responded appropriately to allegations of abuse. They had worked with others to investigate these and to help keep people safe from harm.
- Some people were supported with shopping and using money. There were systems to help safeguard them from financial abuse. The management team audited expenditure and records connected to this.
- The agency provided a 24 hour on call system for people using the service, relatives, and staff to contact if they had any concerns. This was run by the provider's own staff who knew the service well. People were provided with information about safeguarding and how to report abuse.

Assessing risk, safety monitoring and management

- The provider had assessed the risks to people's safety and wellbeing. They had created plans to help minimise risks and keep people safe. Risk assessments considered people's different needs, including health needs, eating, and drinking, mobility and when they were outside of their homes.
- The provider had also assessed people's home environments and the equipment they used.
- Risk assessments were regularly reviewed and updated.
- The relatives of people using the service explained the staff took care to mitigate risks. One relative told us, "I have witnessed the carers being sympathetic and making sure [person] does not put [themselves] in danger. They balance this in a way to maintain [person's] dignity, safety and independence."
- The agency took extra steps to help minimise risks for some people where there was an identified need. For example, one person was at risk of falling and leaving their home at night. The provider helped source electronic sensors which were installed to alert the agency and family of any unexpected concerns at night. The sensors were agreed as the least restrictive way of keeping the person safe. Their family member wrote to the provider to say, "It gives me peace of mind as I go to sleep at night that we have a system in place which can alert me if [person] needs help."
- The provider had also taken steps to help protect lone workers, especially those working at night. They had systems to check overnight staff were safe and provided personal alarms and torches for those travelling at night.

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. People were cared for by the same regular care workers. They told us they were introduced to new care workers by the managers. Many of them had been cared for by the same care workers for several years. People and their relatives received a rota in advance, so they knew which care workers to expect.
- The provider matched staff to people according to a variety of factors, including cultural background, interests, language, professional backgrounds, and personalities. The registered manager told us this had helped increase job satisfaction for care workers as well as helping people who used the service to feel happier with their care.
- People told us visits usually took place on time and care workers stayed for the agreed length of time. People explained they did not feel visits were rushed.
- There were systems to help make sure only suitable staff were recruited. These included thorough checks during recruitment and an induction to the service. The managers assessed their skills, competencies, and attitude as part of the recruitment and induction.

Using medicines safely

- People received their medicines safely and as prescribed. There were policies and procedures for dealing with medicines. Staff received appropriate training and the managers assessed their knowledge and skills in handling medicines.
- The provider was in the process of reviewing their procedure regarding as required (PRN) medicines and they were running workshops for staff to help make sure this was being offered and administered to achieve the best outcomes for people.
- People using the service and their relatives told us they were happy with the support they received with medicines. One relative explained how medicines were time critical due to the person's condition. They told us, "The carers tightly control this, and they contact me if there are any issues." Other comments included, "The carers always ask if I have taken my medicines and they are very helpful" and "The care workers change [person's] medicated patch every day without fail, and there is never a missed dose with [their] tablets."
- The provider had created care plans relating to people's medicines and had assessed the risks for each individual. There was detailed information for the staff to explain when, how and why people took their medicines.
- The staff recorded when they had administered medicines and any discrepancies. The management team checked these records and responded to any concerns.

Preventing and controlling infection

- There were systems to help prevent and control infection. The provider had procedures regarding this, and these had been updated in line with changes in government guidance.
- Staff undertook training to understand about good infection prevention and control.
- Staff were provided with enough personal protective equipment (PPE) and people told us they wore this and disposed of it appropriately.
- Comments from people using the service and their relatives included, "They always wash their hands on arrival, wear gloves and change these if they need to". "All carers adhere to good hygiene" and "The house is kept immaculate, which is really beyond their remit."

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. The provider had systems for recording, investigating, and learning from accidents, incidents, and complaints.
- We saw that managers discussed areas of concern and shared their learning with staff so they could

improve care.

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 our last inspection we rated this key question good. At this inspection the rating has changed to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Staff support: induction, training, skills and experience

- People were cared for by staff who were exceptionally well trained and supported. One professional told us, "When you speak with any of their carers or staff there is a strong sense that they are valued and know the importance and high level of skill involved in caring for someone."
- The provider thought of innovative ways of training staff. They had virtual reality equipment to help staff experience how it felt to have sensory, dexterity and mobility impairments. Staff also spent time in an immersive interactive environment simulating some of the experiences people with dementia may feel.
- Staff undertook a wide range of training and told us additional training was available on request or when a person had a specific need. Feedback staff had given the provider about training they had undertaken included, "I think that it was a wonderful time to make your views heard and encounter new ideas from the group."
- The provider also organised learning opportunities outside of normal training courses. For example, they ran a book club where staff independently read, and then discussed as a group, books on key subjects, such as understanding dementia. They organised cooking workshops to help the staff with their cooking skills when preparing meals for people using the service. They created virtual and in person opportunities for staff to discuss key aspects of their work and share experiences. Staff told us training was useful and had increased their understanding.
- Staff were well supported. All staff who gave us feedback explained how managers were available, supportive, and created regular opportunities to meet and discuss their work. The provider organised additional benefits for staff including a reward point scheme where staff could earn points (which could be converted to money) for good work, compliments from people using the service and achievements. The provider had signed up to a discount scheme to support care workers with personal purchases and an employee assistance programme to offer confidential advice and support. One member of staff told us, "They care about the carers very much and treat us equally. I have grown professionally with them."

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

- The provider did exceptional work to help support people with their nutrition. They had employed a nutritionist who undertook thorough assessments of people's dietary habits, health and needs. They created bespoke plans for people to help make sure they were offered a balanced and suitable diet, adding food groups they were regularly missing out on.
- The assessments considered people's relationship with food and the nutritionist had created the plans to enhance people's positive memories of food and meals. For one person this included developing recipe plans for staff to create based on the person's travel experiences when they had enjoyed food from different

countries. The plans also included organising for staff to sit and eat with people as they recognised eating alone was often a barrier to good nutrition.

- The nutritionist undertook a survey with staff to understand their relationship with food and their involvement with shopping and cooking for people. From this they developed key goals to help involve the person, staff, and their family together in planning, shopping for and preparing meals. One person's family fed back how this was having a positive impact on the person's diet and variety of meals.
- Staff had taken part in workshops to learn about good nutrition and how to prepare healthy culturally appropriate meals. They had information on how to make healthy changes to recipes whilst still keeping the key cultural elements for people to enjoy. They were also taught to understand about food labelling and the impact of different food groups on people's health. One staff told us, "The nutritional workshop was an amazing opportunity to improve my knowledge about food, to provide a variety of healthy options and how to consider my clients' preferences."
- People using the service and their relatives were happy with the support they received. Their comments included, "They cook for me, I tell them what I want, and they are very good cooks", "They have worked out what [person] likes and they ask me [relative] to make sure they prepare the right food" and "They buy fresh food, not ready meals, they discuss what to make. They are good cooks." One relative described how the care worker had watched how they (the relative) had prepared food and recreated this to make sure it was appropriate and how the person liked.
- The provider was working with a university research project looking at understanding and improving the diet of older people. They incorporated learning from this into plans to develop nutritional support further.

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

- People's healthcare needs were assessed and recorded within care plans. Staff received training and had information to help them understand about different healthcare needs. The provider was recruiting a dementia specialist nurse to help improve staff training and knowledge of dementia related health conditions.
- Some people were supported to access healthcare appointments with staff. One relative described how the care worker regularly escorted the person to therapeutic sessions and had been pro-actively involved in these to help the person with their recovery from an injury.
- People also told us the staff responded appropriately when people became unwell. Comments from people using the service and their relatives included, "They take me to medical appointments. They are really good", "I had a fall once and the carer did everything to follow protocol afterwards and keep me safe", "They call the GP if there is a concern" and "They monitor [person's] health and contact the doctor if needed."
- Relatives also told us the management team and staff had offered advice and helped them to access other services. One relative told us, "They really helped with [person's] continence needs. They made recommendations and have been very supportive." An external healthcare professional explained, "The managers are very responsive and communicate well with [healthcare teams] when there are issues. They liaise with us about equipment and make referrals to other professionals when required."

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 MCA 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.

- The provider was acting within the principles of the MCA. They had assessed people's mental capacity and gained their consent for care and treatment. When people lacked the mental capacity to make specific decisions, they had liaised with their representatives to make these decisions in their best interests.
- The staff supported people to understand choices and be involved in their care when possible. One professional told us, "I have been very impressed at how they communicate with and anticipate needs for complex patients who lack capacity around certain decisions."

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

- People's needs and choices were assessed so their care could be planned. People were involved in their assessments, contributing their ideas about how they wanted to be cared for.
- One relative told us that the registered manager had visited them and the person in hospital with the care worker who would be caring for the person. They told us, "On arrival, they greeted us both and engaged in friendly conversation. They asked us if we had any concerns." An external professional who had attended another assessment explained, "Upon assessment the manager was very personable, professional, and competent. [They] showed compassion to the client, understanding that a positive rapport needed to be built. The assessment went well and there were positive outcomes."

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 our last inspection we rated this key question good. The rating for this key question has remained good. 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 using the service were well treated and supported. People were cared for by the same regular care workers who knew them well. They had good relationships with them and spoke about this. Comments from people using the service and their relatives included, "They are all caring and conscientious", "Attentive, kind, gentle and just hands on", "The carers treat the patient with care and sensitivity" and "They engage in a nice way."
- People spoke about the special treatment they had received and how important this had been to them. One person told us the care worker had organised a birthday party for them and another person explained that when they had received some upsetting news from a doctor, the care worker bought them flowers. A third person's circumstances had changed where they could no longer look after their dog. One of the office staff adopted the dog. They continued to make sure person and their dog regularly saw each other.
- People and their relatives told us that care workers always engaged with them well, talking about things that interested the person and sharing a sense of humour.
- Staff spoke positively and fondly about the people they cared for and supported. One staff member told us, "Each individual is unique for us" and another said, "I would absolutely recommend this agency to look after my loved ones."

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

- People were able to make decisions about their own care. They were involved in developing and reviewing care plans. They explained staff offered them choices at each visit and these were respected.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. The staff had training to understand why this was important. People told us they had been given a choice about the gender of their care workers. Care workers were introduced to them before they started supporting them. They told us care workers addressed them respectfully and maintained their privacy. Their comments included, "They always cover me up where they can", "When I go to the bathroom, they wait outside the door and tell me they are there if I need them" and "I don't feel in any way invaded, they are just chatty and friendly, they put me at ease."
- People were supported to maintain their independence. They explained they could do things for themselves if they were able and this was encouraged. Some of their comments included, "I am independent, and I want to retain it" and "They balance it well if I need help and if I want to do things for myself."
- The agency had started to work with people to encourage them to be more involved with important

aspects of their lives, such as shopping for food and being involved in meal preparation where they could be. This was part of their work to help improve people's nutrition and they recognised that empowering and involving them led to people eating better.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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

- People received exceptionally personalised care which met their needs and reflected their preferences. There were examples of how the care provided by the agency had improved people's quality of life. For example, one person used to be a piano teacher. When the service started, they no longer engaged in music. Their care worker tried to encourage the person to regain their interest by attempting to play the piano in the person's house. This resulted in the person correcting the care worker and teaching them how to play. The registered manager told us, the person "now plays their piano again each day". Their relative explained, "It has been very moving and special for [person] and is indicative of the loving support [they have] received from Home Instead."
- People using the service and their relatives told us they were involved in planning and reviewing their care. They were able to request changes and they felt respected. One person told us, "They are extremely flexible and are able to accommodate my needs right up to the last minute. They are quick to respond, friendly and helpful." Another person commented, "They listen to what I want and need and provide the perfect response."
- Relatives explained care workers knew what was important to the person and did their best to reflect this in the care they provided. Their comments included, "They have been incredibly responsive to what [person] needs, not just the practical care. The agency matches the carer well. The carer does [person's] hair and make-up so beautifully and consistently" and "The care worker takes pride in [person's] appearance. [They] pick out clothes beautifully, do [person's] nails every week and [person] looks amazing."
- The professionals we spoke with told us they felt the agency provided personalised care which reflected best practice for people with dementia. Their comments included, "They manage in a combination of ways to understand the issues relating to dementia", "The care is very well matched to the person and is holistic" and "[The agency] has transformed the care of a patient who has complex needs due to dementia. They communicate in an empathetic and sensitive way, there is a great continuity of care and the care workers escalate changes to the health care teams.

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 provider aimed to support people with social activities both through part of their paid for care packages and by offering events in the community which were open to everyone.
- People who received support with leisure and social needs spoke positively about this. Their relatives comments included, "[Care worker] takes [person] into town and introduces [them] to the shopkeepers. [Care worker] has extended [person's] community in this way", "They anticipate [person's] needs and really

think about factors such as social isolation and access to outdoors" and "They take [person] out to the park which is lovely." Staff also supported people at home with activities of their choice such as games and puzzles.

- The registered manager explained they tried to have a holistic approach to planning activities, particularly when people were reluctant. The staff worked with the person and their families to identify why people were reluctant to go out or do certain things. They then tried to support the person with reassurance and/or offering alternatives.
- The provider arranged a number of regular community events including a Community Café, well-being talks, events with singers and dancers and talks from groups such as the fire brigade and police. These events were open to older people, their families, paid and unpaid carers in the local community. Feedback about the dancing group had been extremely positive with people requesting more regular events. The staff took their time to support and encourage people to participate at the level they wanted. One staff member told us about a person who used a mobility aid to walk, who had danced with them. This was the first time they had danced for 20 years, and the person had explained how happy this had made them.
- The registered manager was in the process of working with a local artist to provide a 12-week art course for people with dementia and their family carers to create art together in a social setting. Staff were also planning other events including chair-based exercises.

End of life care and support

- People were provided with sensitive and personalised care at the end of their lives. The registered manager explained how they had matched care workers from the same country of origin to one person at the end of their life. This helped because the care workers could provide specialist cultural food to fit around swallowing difficulties, listen to religious recordings together and speak in the same language as each other when the person lost their ability to communicate in English.
- The staff discussed any wishes people had or specific needs during the initial assessment so they could make sure end of life care was appropriately planned and delivered if needed. Following one person's death, their relative wrote to the agency. Their comments included, "We simply could not have managed without [care workers]. They were brilliant and made such a difference to [us] knowing [person] was in safe hands. Their sensitivity, skill, dedication, and compassion were second to none."
- The provider had trained staff to enable them to understand about good end of life care. At the time of our inspection, the provider was not caring for anyone in this situation.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were considered and met. The provider had worked with staff to help them understand how people's age, health condition and/or dementia could impact on their communication and cognition. They encouraged staff to use alternative ways to provide reassurance and to communicate with people. Care plans included information about how people communicated and any additional support they needed.
- Staff who spoke a range of languages were employed and the registered manager told us they tried to match staff if someone could not speak English as a first language.
- People's relatives and professionals told us the agency and staff made good efforts to enhance communication. One relative commented, "[Staff] listen to [person], even when [person] found it hard to

communicate. The carers took close note of what [person] was trying to say both verbally and non-verbally. They always put [person] at the centre and adjusted care to maximise independence and allow [person] to make choices."

- The provider was able to produce documents in a range of different languages or formats if needed.

Improving care quality in response to complaints or concerns

- There were systems for responding to complaints and concerns. People using the service and their relatives knew how to make a complaint and felt confident these would be dealt with appropriately. One person told us, "If anything isn't working, I talk to them, and they respond. I have no complaints about the service."
- The provider kept a record of complaints and concerns. We could see they had taken appropriate action to investigate these. They had learnt from complaints and made improvements for the individuals involved in the situation and to the service in general.

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 our last inspection we rated this key question good. At this inspection the rating has changed 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

- People received an exceptionally person-centred service with good outcomes. The agency considered people's holistic needs and involved them in planning and developing care. Feedback from people using the service, their families and external professionals was extremely positive, and people felt empowered, listened to and happy with their care.
- Comments from people using the service and their relatives included, "The service is like an extended family", "They have professional expertise, kind and polite carers and they could not have been better", "Our carer goes above the call of duty all the time, [they are] an exceptional individual" and "They provide consistently high-quality care. Really excellent carers are willing and able to support the whole family. They trouble shoot and their whole ethos is inspiring."
- External professionals spoke highly of the service, telling us they would recommend the agency. Their comments included, "They advocate for patients with health and social care needs, ensuring they get the input they need", "If all agencies were like Home Instead it would be much easier for older people to stay well in their own homes", "The carers are so kind, compassionate and go the extra mile" and "I am always very impressed, the level of care and passion of the carers is admirable."
- A senior social care manager for the local authority gave their feedback about the agency. This included, "[The agency has] been a proactive partner in Hammersmith and Fulham's journey to becoming a dementia friendly borough."
- Staff were motivated by and proud of the service. Feedback from staff showed they were happy in their roles and working for the agency. Some of their comments included, "I am proud to be part of a dedicated service making a difference to people's lives" and "This is a lovely company to work for and customers are extremely happy."

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

- The provider consistently engaged with people using the service and other stakeholders. They ran workshops for local community members to provide information and advice. These included sessions about aging, dementia, and wellbeing. The immersive interactive dementia training they ran for staff was also open for members of the public to experience and participate in.
- The provider was a founding member and key leader in a local dementia alliance helping to provide information to local businesses, shops and healthcare professionals. The aim of this was to increase awareness and acceptance of dementia so local people with this condition could receive a better service

and understanding locally.

- The provider involved people using the service and their representatives in planning and reviewing their care. One relative told us, "I am in partnership with [the agency] in the care of [person]. There is always someone at the end of the phone and they are responsive."
- The agency recognised people's cultural needs and tried to ensure these were met. The registered manager explained how they matched staff according to people's interests, culture and needs. For example, when people had a specific language need. They also developed recipe cards and information about cultural diets to help staff provide traditional meals.
- The provider had taken part in Pride month to celebrate LGBT (Lesbian, Gay, Bisexual and Transgender) rights and to help show stakeholders they had an inclusive culture.

Working in partnership with others

- The provider worked with local charities and organisations to facilitate and run social events. These included a local football club and a private members club. These had a positive impact on people's lives and helped reach members of the community who were not receiving care at the time.
- Comments from professionals who worked with the agency included, "We have had a really wonderful experience working with [the agency] and value the support they have given our dementia programme. They support us free of charge allowing members of the community to attend", "They have passed on a lot of their knowledge to other partners and volunteers who do not work for them which is so good for the community" and "The registered manager and staff provide fantastic presentations to our beneficiaries at the community centre."
- The agency worked in partnership with a number of local and national organisations. They had developed a partnership with leading charities for dementia and Parkinson's disease. Through this work they had improved their training and guidance for staff and offered their experiences to help develop the charities' work.
- The agency was proactive in celebrating national awareness days and months to help increase awareness for staff and the local community. For example, during Parkinson's awareness month they asked care workers to share their experiences of working with people with Parkinson's, looking specifically at challenges they faced, loss and also at what worked well. They used this information to help improve everyone's knowledge and develop the care they provided.

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

- The registered manager was also the director of the company. They were a qualified nurse and had undertaken management in care qualifications. They had a range of experience and had been running the agency since 2011. People using the service, staff and other stakeholders spoke positively about the registered manager. Their comments included, "They are easily contactable and deal with concerns", "[Registered manager] is a wonderful person. [They] are so understanding and caring", "[Registered manager] always has time to listen and help with any issues" and "The registered manager always discusses the clients and puts them first, you always feel [they want] to make sure clients are ok, putting their needs above those of the business."
- The provider had a range of policies and procedures, which reflected national guidance and legislation. These were regularly reviewed and updated. Staff had access to information about these.
- The provider also made sure staff were aware about best practice by involving them in research projects and implementing best practice guidance about good oral care. They worked with families to help increase their understanding to achieve the best outcomes for people. For example, exploring why people did not access dental care and looking at ways to improve this based on a recent CQC report about oral care in care homes. The registered manager told us they felt learning from this could be transferred to supporting older

people in the community.

- There were regular meetings for all staff to help keep them involved and updated about good practice and regulatory requirements. Office staff met every morning to discuss the service, any concerns and any actions for the day.

Continuous learning and improving care

- There were systems to monitor and improve the service. These included regular audits. The management team had a good overview of the service and the individuals they supported.
- The registered manager demonstrated ways in which they were monitoring and improving the service according to the needs of stakeholders. They had recognised how the impact of COVID-19 had changed people's care requirements and they had tried to adapt the service they offered to reflect this. For example, helping people reconnect with the community and spending time outside.
- They told us that they wanted to improve their understanding and specialist care of people living with the experience of dementia. They were in the process of recruiting a dementia specialist nurse who would provide guidance and support for families, assess individual needs and provide bespoke training for staff based on these individual needs. The organisation had partnered with a leading dementia charity and the local authority to help develop this role.
- The agency was part of 2 independent research projects looking at nutrition for older people and dementia care, run by universities in the UK. The staff had taken part in focus groups, sharing information, helping the study and also increasing their own knowledge.
- The registered manager told us they had recognised the changing dynamics of people needing care and support needed to be reflected in their own values and statement of purpose. They were in the process of reviewing these to make sure their values reflected what people in the local community wanted.

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 registered manager understood their responsibilities under the duty of candour. They notified CQC and others of significant events. They investigated, learnt from and apologised to stakeholders when things went wrong.