

Coomber Care Company Limited

Home Instead Senior Care

Inspection report

Cambridge House
Gogmore Lane
Chertsey
KT16 9AP

Tel: 01784477854

Website: www.homeinstead.co.uk

Date of inspection visit:
19 September 2019

Date of publication:
28 January 2020

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?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service:

Home Instead Senior Care is a domiciliary care agency that was providing personal care to 56 people at the time of the inspection.

The service was exceptional in placing people at the heart of the service and its values. It had a strong person centred, community and partnership ethos and we saw multiple examples of this creating positive outcomes for people. Staff and the service's management told us how important the services' shared values were to them, and how they were passionate about providing outstanding person-centred care to people when they needed it. Many people that were being supported told us they thought of their carers as being like family members and friends, and told us they were highly compassionate, caring and flexible in their approach.

People's needs, and wishes were met by staff who knew them well. We saw and were told of many examples of staff going 'above and beyond' to help and support people they cared for. The service carefully matched people to carers which in turn contributed to creating a 'personal touch' and a strong, visible person centred approach. People were truly respected and valued as individuals; and empowered as partners in their care from an exceptional service. The staff and management team recognised and worked with people to reduce social isolation, they were particularly sensitive to times when people needed caring and compassionate support.

The provider had developed innovative and creative ways of training and developing their staff. This meant that the registered manager and provider supported staff to put their learning into practice to deliver outstanding care that meet people's individual needs. Home Instead Senior Care is an outward looking service which means it was continuously looking to work alongside and in partnership with healthcare professionals and other organisations to make sure staff received training which followed best practice and where possible, contribute to the development of best practice. Staff were supported to identify and complete a personalised Learning & Development Programme. The programme was designed to include face to face training, eLearning and workbooks to ensure the individual training needs of staff were included to ensure maximum learning. We saw an example of how Home Instead had developed Innovative ways of reinforcing staff learning.

The service was extremely well led and the management team's vision and values put people at the centre of the service. We saw these values had been integrated into the selection and training of staff and continued through day to day care ensuring people received a safe, caring and responsive service. There was a clear management structure in place that supported the registered manager in their role. Each staff members roles and responsibilities were clearly defined which helped to ensure that the service ran efficiently. Managers were encouraged to develop their leadership skills and those of others.

Staff were safely recruited. Staff were aware of how to report any concerns about neglect or

abuse and were confident they would be addressed. They felt they were listened to and were part of an organisation that cared for them and their wellbeing, as well as the people they were supporting.

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 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, one assistant inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of 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 and specialist housing. 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 the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight relatives and five people about their experience of the care provided. We spoke with five members of staff including the provider and registered manager.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the 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.

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

- People told us they were safe. One person said, "Oh yes, I feel very safe. I have fairly regular carers. A relative told us "We feel he is very safe with them. We have the same regular carers during the week".
- People were cared for by staff that knew how to raise and report safeguarding concerns. One staff member described the different types of abuse they may come across and what action they would take as a result.
- The provider had safeguarding policies in place and the operations manager worked with the local authorities' safeguarding teams and reported any concerns promptly. Staff knew how to report concerns externally. One staff member said, "I would bring to the attention of (registered manager), if I was ever worried at all then I would go straight to the safeguarding team, we all carry information on us for the different (safeguarding teams)".

Assessing risk, safety monitoring and management

- Risks to people's well-being were assessed, recorded and staff were aware of them. The risk assessments covered areas such as falls and pressure care. For example, one person was at risk of falling. Two staff were required to support this person to transfer, to ensure they remained safe. We saw two staff were consistently deployed to support this person.
- Staff had a good knowledge of people's risks. Staff were trained to meet each person's needs and to understand the risks involved.
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary.

Using medicines safely:

- People received their medicines safely and as prescribed. A relative said, "Yes, they give him medication, they do record in the folder what they've done with the medication".
- The register manager ensured people's medicine records were completed accurately.
- The register manager ensured people's medicine were administered by trained and competent staff.

Learning lessons when things go wrong:

- There was a system in place to report, review and analyse accidents and incidents.
- Staff knew how to report accidents and incidents and told us they received feedback about changes and learning as a result of incidents at group supervision and on an individual basis.
- The registered manager ensured they reflected on occurrences where a lesson could be learnt, and the team used this as an opportunity to improve the experience for people. For example, following two minor medicines mistakes the registered manager took the time to ensure that important information relating to

medicines were shared with staff as well as supporting staff to re visit their training.

Staffing levels:

- People were supported by consistent, reliable, punctual staff and praised the continuity of care received. One person said, "We've been with them since (date), and they do come on time. If they are ever late, traffic's the reason. They do let us know. Never missed a visit".
- There were enough staff deployed to meet people's needs.
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Preventing and controlling infection:

- People told us staff washed their hands and used disposable gloves and aprons where required. One relative said "Very happy with (infection control). They wear gloves".
- Staff were trained in infection control and had access to protective personal equipment such as gloves.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Staff support: induction, training, skills and experience

- Since the last inspection the provider had developed innovative and creative ways of training and developing their staff. For example the provider had introduced a training programme which was specifically designed to look at 'the aging process', alongside modules which enabled staff to identify the problems people face with conditions such as deteriorating eyesight and arthritis, the registered manager and provider sought additional advice from professionals which they then used to develop practical learning tools, such as a 'sensitivity kit' which when worn by staff replicated the barriers and obstacles that people face when they have deteriorating eyesight or arthritis. We saw examples of where staff had used this to understand the individual barriers that the people they supported faced. This meant that the registered manager and provider supported staff to put their learning into practice to deliver outstanding care that met people's individual needs.
- Home Instead was an outward looking service and continuously worked alongside and in partnership with healthcare professionals and other organisations to make sure staff received training which followed best practice and where possible, contributed to the development of best practice. For example, we saw evidence of how the service had worked with 'City and Guilds' to ensure that its dementia training course for staff was inclusive of the needs of the LGBT community. We spoke to a member of staff who described this addition to the training as "I didn't realise how important this was until I did the training, dementia is such a debilitating condition, treating people equally doesn't mean treating people the same, the training reminds you of the additional barriers that people from the LGBT community face for instance like the fact that older people now come from a generation when same sex relationships were illegal, or dementia may bring out things that families aren't aware of. I feel comfortable about talking about this topic, its certainly increased my awareness and confidence".
- Home Instead recognised the needs of relatives as well as staff in relation to understanding conditions such as dementia. We saw evidence of how the service had developed dementia specific training for relatives of people living with dementia. The relatives we spoke with described the positive impact this had on them, they told us "It helped me understand what was going on for dad, I said after the training that I thought my family could benefit from it and asked if we could have the materials, (provider) instead arranged a training session for the whole of our family. It helped us an awful lot. Everyone came away saying they had a better understanding this made our onward journey easier".
- The service had worked alongside an occupational therapist from a local NHS Trust to support staff in understanding the behavioural, psychological and cognitive challenges that face people living with dementia. This meant that there was a proactive support system in place for staff to develop their knowledge and skills, staff described how this motivated them to provide a high quality service. Comments

included; "We just want to provide the best service we can and this is driven, encouraged and supported by [registered manager] and [provider]. They are great at providing direction".

- Staff were supported to complete a personalised Learning & Development Programme. The programme was designed to include face to face training, eLearning and workbooks to ensure the individual training needs of staff were met to ensure maximum learning. Each staff member had a mentor assigned to them to ensure any barriers were overcome and training could be tailored to their learning styles. The programme also included the care certificate, which is an identified set of standards which social care workers must adhere to in their daily working life. One staff member described this approach to learning as "The fact that training is matched to your individual needs means that it focuses on you and your needs, it is personalised and fitted to you. I think this approach is absolutely amazing I always come away knowing I have learnt something". "

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

- Where people needed support to access health care, staff went above and beyond people's expectations to ensure they had effective support and remained well. For example, one person was unwell and needed to go to hospital following a fall. The person became anxious about the treatment they needed to improve their wellbeing and refused it. Staff visited the person in hospital and supported them to understand the treatment needs and how they would benefit from them. The person decided to accept the treatment and as a result the person recovered well. A healthcare professional who was involved in this described the impact on this person, they told us "They made such an effort to support us in developing personalised care for this person. The care they provided was consistent, and continuously re-assessed. What they do is a combination of getting people well, getting people home, whilst ensuring care is personalised. This increases people's treatment outcomes. This is certainly what we witnessed with regards to [person]". By visiting the person and ensuring the appropriate consent was in place the service built further trust, which led to an effective treatment outcome.
- The provider developed many excellent relationships with social care professionals, NHS staff, GP's and District Nurses. Health and social care professionals told us the partnership working with Home Instead meant that people received appropriate personalised and consistent care whilst moving between the services. This was because staff informed professionals of the support people needed and involved the right professionals in their care.

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

- People received personalised care to meet their healthcare needs, which achieved positive outcomes for them.
- People had regular health check-ups and staff worked very closely with healthcare services to ensure people's needs were met and they received high-quality, joined up, effective care. This included supporting people who needed to receive care in hospital. One healthcare professional we spoke with described the positive impact their joined up work had. They told us "Before or during an admission they contact me, they outline the level of care and what we need to do to achieve this, it's a very proactive approach that it is really effective. They make such an effort to develop personalised care which is consistent and continuously assessed".
- Health and social care professionals we spoke with praised the service for being innovative and having a positive impact on people's health and well-being. This was evidenced by the length of time that people spent in hospital, because the service helped to ensure they were discharged promptly. The service worked alongside professionals whilst people were in hospital to ensure their needs were met and understood so they could be discharged in an appropriate and timely manner. When people's needs changed the service had the flexibility to respond quickly to ensure their needs could be met immediately and meet those

needs immediately. This prevented people being re admitted to hospital or admitted to care homes. One healthcare professional told us "The carers are full of empathy and care, whatever the discharge plan or strategy is for a person they follow it to the letter".

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

- People's nutritional needs were met in a personalised way.
- Two healthcare professionals described the positive impact of the service acting on recommendations made by dieticians surrounding one person's ongoing nutritional needs. They told us "Familiarity and unfamiliarity can have such an impact on things like eating and drinking, we have seen how the continuity and rapport that staff have had with (person) has had a major influence on the persons support plan and encouraged them to eat and drink more. Their approach compliments the effectiveness of the treatment that we can offer" and "This was a team effort by all the staff involved (at Home Instead). They followed the advice of the dieticians which had positive results".
- People were supported with eating and drinking. Care plans gave detailed guidance on people's needs, including their preferences and special dietary needs.
- People were supported by staff to choose what meals and drinks they would like. A relative said "They get all the meals. They leave sandwiches, coffee and tea etc and sometimes cook something up. Left to his own devices, he wouldn't eat. It nice for my dad, they do the shopping, making sure there is always food in the fridge".

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

- There was a very holistic approach to providing care to meet people's physical, mental and social needs. Personalised care and support plans were tailored and delivered in line with legislation, standards and evidence-based guidance. People told us they were very much involved in their care.
- People and relatives told us staff were very attentive and followed the guidance in people's care plans to ensure people's needs were fully met.
- Staff were not just following nationally recognised best practice guidelines when supporting people, but also contributed to the development of best practice within the NHS. For example, the provider and registered manager contributed to the development of the local NHS trusts dementia strategy. We spoke with a professional from the trust who told us "They helped us in the development of the 'dementia action alliance' this included input around bereavement". This meant that the service contributed professionals understanding the needs of those people living with dementia.

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 told us staff always asked for their consent before they carried out any aspects of their care. One person said,
- Staff were passionate in supporting people to exercise their human rights and be heard. For example, a person wanted to take a decision which was seen as an unwise decision by others. Staff went to exceptional lengths to ensure the person's rights were protected and that the person was supported to continue with their decision in a safe way which was aligned to their best interests.
- Healthcare professionals described how the service always held people's best interests to heart. One healthcare professional told us "We need background information to support people effectively. They always volunteer it with the appropriate consent. This means that people receive an individualised experience from the word go, it helps to reassure people and get things right so people can get back to a place they want to be. They have the best interests of the people they support at the heart of what they do".
- People were supported by staff that understood the principles of The Mental Capacity Act 2005. One staff member said, "If a person is able to make their own decisions then we must respect this. Just because a person may lack capacity in one thing then it doesn't mean they lack capacity in everything".

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 Outstanding. At this inspection this key question has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Home Instead ensured close matching of the staff to individual people to create a real 'personal touch' and a strong personalised approach.
- The strong emphasis on promoting person-centred care was at the very heart of what this service did. For example, the detailed personal preferences, likes and dislikes of both the staff and people who use the service were carefully matched. This ensured people and staff always shared 'common ground' which in turn promoted free flowing conversations, which were both meaningful and stimulating. One person's first language was not English and due to early onset dementia, the person was not able to maintain their use of this language and as a result kept reverting back to their first language. To ensure that the person's individual needs were always met the service matched the person to a staff member of the same heritage, who spoke the person's first language. In addition, the staff member also shared other interests in common with the person. This careful matching meant that the person always had access to free flowing conversation, a more fulfilled quality of life, and was able to communicate all aspects of their care needs quickly and effectively.
- The service had identified innovative and creative ways for people to stay in touch with loved ones and friends. We saw an example of where a member of staff spent time with one person to develop a map of the world, so they could keep up to date with their grandson who was travelling the world. Each time the person received a postcard from their Grandson, they attached it to the appropriate part of the world it related to, alongside pictures they had sourced with the support of the staff member, which related to each visited country. This level of interaction between Grandmother and Grandson would not have been possible without the exceptional support of the service's staff.
- Where required, information was provided to people in a format that was accessible to them, for example, one person had hearing difficulties. This person's care records clearly stated how to communicate with the person effectively and this care plan was followed by all staff at all times. This meant that the person always understood the important information that was being said to them. This fully supported them to express their views on all important information about their care needs.

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

- People repeatedly told us they saw staff as being friends or like family members, and we were told about many instances where the service had gone above and beyond expectation to treat people with high quality compassion and support, during difficult times. We were told and saw evidence of how people commonly referred to staff when speaking to other professionals or members of the community as 'Their friends'. For example, one person was matched with, and was supported by, a staff member because they both shared a

love for walking, dancing, cooking, reading and singing, and so could build on these common interests to form a strong relationship. This person said "(Staff member) is a very good friend". The relationship between the staff member and the person had become so strong, that in order to support this person's love for cooking homemade pies, the staff member had chosen to take them out foraging for fruit in the hedgerows locally. This demonstrated that staff often went 'the extra mile' not only to meet people's needs but to support them to have a more fulfilled quality of life.

- Without exception, people were extremely complimentary about the support they received from staff. Feedback from people reflected how people could form meaningful and caring relationships with staff.
- The service respected people's diversity. Staff were open to people of all faiths and belief systems, and the rights of all people with characteristics protected under the Equality Act were protected. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. For example one person was looking forward to a special festival event where they were going to practice their faith. Unfortunately, due to unforeseen circumstances the person was not going to be able to go because of a lack of their personally arranged support. So to make sure that the person could still practice their faith and enjoy the festival a staff member went to the person's house specially and supported them to, support them there, and get back from the event. This was obviously done outside of the person's normal care visit, and through the personal choice of their staff member to be with the person during this special time.

Respecting and promoting people's privacy, dignity and independence

- The service recognised and worked with people to maintain their independence, they were particularly sensitive to times when people's needs changed and approached this in a caring and compassionate manner.
- People's personal files were kept totally secure with only designated staff having access to them which ensured complete confidentiality. Staff had to use individual logins to access all electronic records.
- People told us their privacy was always respected. One person told us " Yes, certainly. They don't pull the curtains back, and things like that". A relative said "Yes, absolutely (they always) give her privacy and dignity".
- Health and social care professionals told us, that staff helped people re-gain their independence within agreed time frames after being discharged from hospital. Staff actively supported people to get mobile again having been in hospital, so they were both safely discharged and successfully returned to living independently in their own homes.
- The service was extremely caring towards people's independence and staff worked flexibly to ensure people lived as full a life as possible. For example, one person was living with a chronic life changing illness which severely affected their ability to do things independently. This person's daily routine was exceptionally important to them and they always wanted to have a shower and to brush their teeth every day. As the illness progressed staff had to support with more of what the person could no longer manage. However, the staff worked hard to always support the person to be fully involved in, and to retain, every possible part of their personal care routine. This meant that people could carry on doing what was important to them despite declining conditions and health needs.
- Another person was both registered blind and was continuing to maintain an extremely high level of independence with the planned, detailed and considered support of the staff. We saw evidence of how staff carefully supported the person to choose their clothing. The staff ensured that every element of the meal preparation process was carefully considered so that the person was always supported to maintain their independence. This included staff taking the time to discuss meal choices and leaving the person's chosen meals in the correctly set microwave, so that all the person had to do was close the door to prepare their meal. The kettle was left full and the person's chosen favourite drink was prepared in a cup next to it, to make sure the person could make their drink safely and as they wanted. This level of person centred care

meant that the person could still carry out tasks that were important to them as they wanted them to be done, and by doing so retain their independence.

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 Outstanding. At this inspection 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 that meets their needs and preferences.

- Care was personalised to meet the needs of individuals. People remained at the centre of care planning and were actively involved in the process. Staff had a clear focus on how to overcome barriers to ensure activities and care were truly individualised. For example, one member of staff had gone to exceptional lengths to work collaboratively with a person to produce a 100 page detailed journal about the person's life, personal histories, hobbies, interests and significant places, people and events. As part of this journal the person had expressed a wish to include their old school within it, and so the staff member and the person went to visit the area where the school was previously located. The person's old school was no longer there, so the staff member then went to great lengths to contact local historians to find out more, and as a result they received historic photographs and information from these sources which they used extensively to reminisce with the person and add to their journal.
- Staff were responsive to people's health and wellbeing needs. Staff understood people so well that they could identify even the slightest change in their mood enabling them to respond in a timely way. For example, staff noticed a decline in a person's eating, they reported this immediately to the office, and the staff member then worked with the person to turn lunch times into a social 'event' based around the sensory stimulation of the food's aromas and tastes. The person really enjoyed this social activity, finding it more stimulating, which helped them both to eat well and improve their nutrition. The staff member told us, "I picked up on the fact that the better the food smelt, the better (the person) was eating it, this improved the person's wellbeing". Their relative told us "Dads needs changed suddenly, they (the service) have always been able to adapt quickly, they will do their absolute utmost to get things sorted quickly, they never make you feel like an inconvenience".
- People received a service that was flexible and responsive to individual needs and preferences. Staff enabled people to live life as fully as possible. Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans and all staff we spoke with knew the needs of each person well.
- Staff were dedicated to ensuring people received personalised support and changed their plans to accommodate people's urgent needs.

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.

- During people's initial assessments, Home Instead established if people had specific communication or sensory needs to ensure that the needs of people were highlighted immediately, and so people would always receive high quality person centred information and care. For example, where people had difficulties hearing information it was always made available into an audio format, and staffing rotas were made fully available to all through the use of IT technology. Where people had sight and / or speech impairments information was given to these people in different formats that ensured this important information was received directly by people. We also saw staff use non-conventional sign language which they had learned from the person themselves, was thoroughly recognised and noted by the service, and was used consistently with the involvement and support of their relatives.

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

- People were supported and encouraged to be involved in a wide variety of activities which offered them a range of opportunities, specific to their personal histories and interests. Staff recognised that meaningful activities were essential to people's quality of life. Since the last inspection, staff had further increased their focus on ensuring that people's access to activities was led by people's choices, centred around their individual interests and preferences. For example, one person who regularly went to the gym prior to becoming unwell expressed an interest in getting back into their previous routine of going to the gym, following this person feedback the service matched the person with a staff member who also enjoyed working out. This person was supported by the staff member to attend the gym on a regular basis and get back into their chosen activity. Some people had expressed an interest in their love for singing and dancing, as a result the service organised a monthly 'sing along and dance event'. We saw photographs of people getting involved and truly enjoying these events.

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records showed any issues received were recorded, fully investigated and responded to quickly and in line with the provider's policy.
- People told us they knew how to make a complaint. People and their relatives told us any concerns were dealt with immediately and did not need to be managed as a formal complaint. One person told us "I would probably discuss with my family first if I felt I needed to complain. I feel confident the agency would deal with it". A relative said, "My first port of call would be to phone. I have confidence we could sort it out between us".
- People told us their care records which were kept at their homes contained information on the company's complaint procedure. The complaints procedures were available in different formats to support people who had communication needs.

End of life care and support

- At the time of the inspection no-one was receiving end of life care from the service, however they had previously provided this care, in conjunction with community healthcare professionals. The service had very strong relationships with local health professionals which meant that should they need to provide end of life care this could be put in place quickly and effectively.
- Staff and the service's management talked passionately about this aspect of their role and the care and support they had previously delivered to people. They told us they understood how important it was to people and their families. We saw many compliments thanking the service for all their compassion and hard work in supporting people and their families through difficult times such as these.

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 improved to Outstanding. Not only had the service maintained all of the excellent practice that was being delivered at the time of our last inspection, but the leadership of the service continued to be exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The service had a clear, positive and open culture that was shared both amongst the management team and care staff. Everyone we spoke with described how people were very much at the heart of the service. One person told us, "The culture is very good, you never hear anyone saying anything bad about the management, and the staff have been there for years". Without exception staff were enthusiastic and passionate about providing a high quality and personalised service to people, and people and staff told us they would very much recommend the service to others needing care.
- The outstanding practice we have reported on under the effective key question was due to the excellent running of the service. For example, the systems in place to gather information about people supported exceptionally personalised care, and comprehensive planning and communication to enable people to be quickly discharged from hospital and return home.

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

- The registered manager and provider had a very visible daily presence in the service and led very much by example. The provider told us, "I always think about who my best previous managers were, and it was always those who were visible. You can't have a grasp of what's going on if you are sat behind a closed door in an office" and "By being visible I can relate to the barriers and challenges that staff face on a daily basis". The provider described to us how one of the organisation's priorities was the importance of always treating staff well, and compensating them with good pay and conditions.
- Staff regularly told us how positive they felt to be working with an organisation that shared their personal values about what outstanding personalised care should look like. Staff were highly motivated, and proud of working for the organisation. Staff told us, "We really care, from (provider) to (registered manager) down to the staff, I feel our strength is in the recruitment and matching, every time I go the extra mile the time is never questioned, this enables you to deliver some great additional work". We saw many examples of how the service encouraged staff to exceed expectation by reimbursing time they used to support people outside of care calls.
- The registered manager was clear about the role of the Duty of Candour in improving the sharing of information and development of high quality services.
- Risks that may impact on the running of the service were well thought through and were included in contingency plans.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care.

- Organisational arrangements, quality audits and assessments of risk were detailed and thorough and reflected people's views and experiences through a series of questionnaires. Relatives told us, "They always absolutely listened to anything I have to say, I never get passed on and feel that any feedback I have is taken seriously" and "there are multiple ways to raise feedback including surveys".
- Opportunities for learning and making improvements were taken at every opportunity including reviews and audits of the service, and the office told us they really welcomed people's feedback at any time both positive and to support further improvement of the service. People told us it was always easy to contact the office, and someone was always there at any time to sort out any problems, make changes or just to give support. Staff told us, "During work hours the phone is always answered, with on call someone always gets back to you. I've never rung the office, and no one has answered. I love it, it means if I'm in doubt I can discuss it, its great reassurance". Staff we spoke with also described how their feedback was always taken seriously and actioned by the service. For example, due to the small geographical area in which the service operates, staff often walked between visits instead of driving. With the short days coming in and dark nights getting earlier the staff feedback that this could sometimes give them a feeling of vulnerability. To help the staff feel more confident the leadership team arranged for all the staff to have self-defence classes. A staff member we spoke with told us "It was excellent, it made me feel more confident going about my business". This showed the service listened to their staff and addressed their needs, to enable them to meet peoples' needs effectively.
- Plans for the further development of the service were well considered and resourced, with good governance an integral part of their development strategy. This helped ensure service continuity, and that future developments were aligned to best practice and the diverse needs of people who used the service. For example, we saw evidence of how the provider had researched the barriers that people from the LGBT community faced when accessing care. The provider identified that the research indicated noticeable barriers for people from the LGBT community due to homophobia, assumptions of heterosexuality, lack of knowledge, misunderstanding and over-caution. The provider used these findings to develop their wider strategy with a view to breaking down these barriers. Staff had been informed and had developed skills to recognise the needs of people from the LGBT community so that every person's needs were met in a truly person centred manner.
- There was a strong emphasis on continuous improvement. We saw how the service had recently adopted a new innovative way to reinforce staff knowledge about safeguarding. Following a review of its safeguarding training the provider and registered manager had with the support of staff transformed their safeguarding knowledge, experience and nationally recognised good practice, into an interactive game. The staff enjoyed taking part in this game which helped them to absorb the safeguarding messages within this training. This innovative practice came from a well-established effective quality assurance system which helped to identify where further improvements to this exceptional service could be made. The staff team used this new knowledge to recognise any safeguarding issues in the community and to help ensure vulnerable adults are kept safe from abuse.
- The service engaged with staff as part of their quality monitoring and assurance arrangements. The registered provider and registered manager encouraged a positive and open culture and embraced the input of staff. A new IT Online closed messaging system had been initiated to communicate with staff about ideas such as preventing accidents, improving the quality of the service, making best use of time, and increasing the quality of care. We saw how this had been used to further speed up communication of peoples' changed needs, particularly by further improving support for peoples' frequently changing medication administration and care needs. For example, one person had ongoing multiple changing health and care needs. We saw how staff and the management team used this new IT messaging system to learn about this person's changed needs, immediately update staff on the person's changed condition, and

ensure the correct number of staff then arrived with the person that day to ensure their changed care needs were always met, no matter how recently changes had taken place.

Accountability within the organisational structure and staff roles was well understood.

- Staff told us they felt listened to and involved with the provider organisation. A staff member told us, "I love this company, you are valued and listened to. I love coming to work, the provider and RM always want to listen".
- The provider recognised that staff working in the community could feel isolated at times and that the welfare of staff was paramount to the continued delivery of high quality person centred care for all the people that used their service. To support this the leadership team set up regular wellbeing events for staff which included, wine and cheese nights, manicure and pampering sessions. These events were well attended and from the pictures we saw staff were clearly enjoying themselves. In addition the provider had employed an external consultant to deliver independent annual wellbeing seminars for staff. We saw evidence of how the service had also recently won an award for being an employer of the year.
- The registered provider ensured resources were available and were working effectively to support high quality care delivery through the skilled and compassionate abilities of the staff. Part of this support was the appointment of a full time 'community relations manager'. This role had further improved the services recruitment practices, community engagement, and had improved communication both within and outside the organisation, including within induction. These improvements ensured better quality support from staff particularly in ensuring that there was good continuity of the service's high quality care. We saw evidence of how staff were supported to set up their own focus group to support the development of further improved care practices. One staff member said "Being in the focus group allows me to discuss problems so we can all work together to come up with solutions. It allows the office to know whats going on in our minds as it increases communication between us all". We saw evidence that that this focus group had specifically driven the improvements in digital communication through the effective use of social media, messaging services and email.

Working in partnership with others

- The service was 'outward facing' with a strong community involvement approach. They were supportive of, and involved with, innovative community projects and services to improve treatment outcomes for people living in the community. For example, the service was integral to setting up a dementia group, memory walks and drop in coffee locations in the local community.
- The service was involved in learning about initiatives in developing good care practice and had active links with the dementia alliance and other organisations supporting best practice initiatives. We saw one example of where the service was working effectively with a local NHS trust to reduce the amount of time that people needed to spend in hospitals. The service was integral to people getting home quickly from hospital and went the extra mile to support wherever possible, to assist people to move from hospital and support them once they were home. One professional from the Hospital Trust said, "They are dedicated to getting everyone to work together, we have a great relationship with them".