

Belton Care Ltd

Home Instead Senior Care

Inspection report

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31 January 2019

01 February 2019

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service: Home Instead Senior Care is a domiciliary care agency (DCA) registered to provide personal care and support to people in their own homes. At the time of our inspection, 84 people were using the service. Of those 84 people, 39 received personal care and the remainder received help in the home or companionship services. We only looked at the service for people receiving personal care as this is the activity that is registered with the Care Quality Commission (CQC).

People's experience of using this service:

- People received an outstanding service. People, relatives and health and social care professionals were extremely positive about the service people received.
- There was an exceptional open and inclusive culture. The service was extremely well led by a strong and supportive management team. All staff fully embraced the registered provider's visions and values to deliver a high quality person centred service, helping people to continue living in their own home, maintain their independence and lead happy and fulfilled lives.
- Staff were highly motivated, felt valued and enjoyed working at the service. The culture of the service was fully embraced by all staff. The management team actively encouraged staff to be involved in the continuous improvement of the service.
- People told us they were extremely happy with the care they received from staff. Staff were exceptionally kind and caring, often going the 'extra mile' to meet people's individual care and support needs.
- Positive relationships had been formed between staff and people using the service. Staff knew people well and were kind and sensitive to their needs, ensuring people's privacy and dignity was respected at all times.
- People received a person centred service. A holistic approach was taken to assessing, planning and delivering care and support. Staff had access to up to date information and care and support was provided in line with people's preferences and needs.
- People and their relatives felt safe using the service. There were sufficient numbers of staff who had been safely recruited to meet people's needs. People were supported by a consistent care team who had been matched to people who shared the same interests. There had been no missed call visits and people did not receive visits from care staff who had not previously been introduced to them.
- Risks to people had been assessed and staff knew what to do to keep people safe from avoidable harm. Where required, people were supported to take their medicines in a safe way by staff who had been trained and assessed as competent.
- On-going training, supervision and observations of staff competence was undertaken to support staff and check they had the skills and knowledge to be competent in their job role and support people safely and effectively.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People's health was well managed. Staff had built positive links with professionals which promoted people's wellbeing.

- Systems were in place to respond to complaints and concerns which were managed appropriately and in a timely manner.
- Effective quality assurance systems were in place to monitor the quality of the service and understand the experiences of people using it.
- The service had forged strong links with the community. The senior management team were committed to promoting a culture of continuous improvement, both within the service and to others in the local community.

Rating at last inspection:

GOOD (the date last report published was 23 June 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service has improved to Outstanding.

Follow up:

Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Outstanding.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding ☆

Home Instead Senior Care

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection team consisted of one inspector and one Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Home Instead Senior Care is a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection as we needed to be sure managers would be available to facilitate the inspection.

Inspection site visit activity started on 30 January 2019 and ended on 1 February 2019. We visited the office location on 30 January 2019 to see the registered manager and office staff. On the 31 January 2019 and 1 February 2019, we made telephone calls to people and their relatives to gain feedback on their experience of the service.

What we did:

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection, we spoke with five people who used the service and eight relatives. When we visited the office on the 30 January 2019, we spoke with two members of staff, the registered manager and the registered provider. We received feedback to questionnaires from 17 care staff. We also received written feedback from two health and social care professionals.

We looked at four people's care records, policies and procedures, training records, four staff recruitment and supervision records, complaints and compliments and quality assurance information.

Is the service safe?

Our findings

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

Good: People continued to be safe and protected from avoidable harm. People told us that they felt safe and relatives trusted staff to do the right thing by their relatives when they were not there. There were systems and training in place that staff felt confident in using. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to protect people from the risk of harm and abuse. Staff had received training in how to safeguard people from abuse and understood their responsibilities to report any concerns.
- Electronic care recording systems had been implemented. These were accessed through a password protected 'App' on staff mobile phones. This enabled management to effectively monitor care visits; including the administration of medicines and to share important information with staff.
- People, and their relatives, told us they felt safe using the service. Comments included, "I would not leave [name] if I was not certain they were safe in the care of the staff. If I put a £1000 of cash on the table, it would not be touched not even if I was out." "I do feel safe when the carer is here, the carer is polite and pleasant and we have a laugh and joke." And, "I am absolutely sure [name] is safe with the carers. I am very happy with the care that is given and the carers use the key safe correctly. There is nothing missing from the care [name] is given."
- The service offered support and advice to people using the service, and to others in the local community, on 'scamming', including the delivery of Fraud workshops. A statement from one relative stated, "I'm extremely impressed with the level of service provided. My dad was potentially vulnerable to fraud this week. Carers were proactive about informing me and checking out the company. This took them several hours and some international phone calls which they did as their standard of care. This shows I can trust Home Instead completely. I'm very, very happy."

Assessing risk, safety monitoring and management

- Accidents and incidents were recorded and reported by care staff to the office. These were discussed at management meetings to identify any actions required to ensure the safety of people and staff.
- Systems were in place to identify risks to people. Where appropriate, management plans had been put in place which were regularly reviewed.
- Where appropriate, people were signposted to other agencies such as the fire service for additional support relating to home safety.

Staffing and recruitment

- There were sufficient numbers of staff who had been recruited safely.
- People told us they were supported by a consistent team of staff and had experienced no missed call visits. Feedback included, "The care worker is the same person, they are 100% reliable, and very punctual. They are to be here for an hour and, if there is time spare, they will sit and have a cup of tea with me and see how I am doing. The care worker never leaves early." And, "We have used the agency for over a year now and

they are brilliant. Always on time 99% of time and, if not, the office call to let me know. The reason for lateness is always valid. I have no complaints about this at all."

Using medicines safely

- There were systems in place for the safe administration of medicines. A new electronic system of recording medicine administration had been introduced which provided a safe and effective means of monitoring that people were receiving their medicines safely and as prescribed.

Preventing and controlling infection

- People were protected from the risk associated with infection control. Staff had received training and provided with personal protective equipment (PPE).

Learning lessons when things go wrong

- No significant incidents had happened since our last inspection. The registered manager informed us all incidents were looked at by the management team and lessons learned shared with staff to help improve the service provided.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were holistically assessed in accordance with best practice guidance. The assessments were completed face to face prior to referrals being accepted.
- The registered provider had oversight of equality legislation and embedded equality into the core delivery of the service. At a recent team meeting a video had been shown to staff reminding them about the importance of recognising equality and diversity.
- People's care plans contained information about their diverse needs, including their preferences in relation to culture, religion, diet and preference of gender of care worker.

Staff support: induction, training, skills and experience

- Staff spoke positively of their induction to the service. The induction ensured they were well trained in the areas the registered provider had identified as relevant to their roles.
- Staff received on-going training, support and supervision to ensure the individual care and support needs of people were effectively met. People and relatives told us they considered staff to be well trained. Feedback included, "I used to be in care so I know what I am looking for and I am happy that the carer knows what they are doing." And, "Well I would think so. Certainly the carer has considerable experience of working with people. The [staff member] who comes here is exceptional, even brings in things of her own to motivate [name]."

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

- Where required, people were supported to eat and drink enough. People's dietary likes and dislikes were clearly recorded in their care plans. Records showed staff had worked with health care professionals to ensure people's nutritional needs were met. A relative told us, "The carer always asks what [name] would like from the food I have put in the fridge and freezer. If they are running short of any food the carer contacts me immediately."
- A health care professional told us, "[Name of person living with dementia] had lost a lot of weight as they didn't think to eat the food which had been left out for them by the previous care agency. Home Instead put together a care package which understood this. They ensured the same care worker visited throughout the week for the breakfast and lunch time call. The carer would then bring their own breakfast and lunch with them and together they would eat their meals. This simple but effective change ensured [name] was eating and drinking well, was enjoying having a social meal with someone, and ensured their emotional and psychological well being was being well maintained."

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

- The service worked in partnership with other professionals; for example occupational therapists,

palliative nurses, GP, hospital consultants and social workers to achieve good outcomes for people.

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

- Where people required support to manage their health, information was recorded in their care plan. This helped staff to understand what they needed to do to help people maintain their health and well being. Records showed the service had made appropriate referrals to enable people to lead healthier lives and remain living in their own homes.
- People were supported to access health care services. One person told us, "The carer will sometimes make the appointment and someone will take me." A relative told us, "The carers make the appointments as they know when they will be there to support [name] to attend. The family are kept informed of any outcomes."
- The service had received feedback from a health care professional which stated, 'As a care manager it is really important to find carers who have the skills and experience to ensure my clients who have complex health conditions have their care needs met on a daily basis. Home Instead go over and above their role as carers. They show patience, kindness and compassion at every visit and are proactive in identifying and managing new issues. I have no doubt that the clients' health and well being have been enhanced as a result of this input'.
- The service had supported people to obtain a disabled parking badge to enable them to continue accessing the community and to attend health care appointments.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.
- Staff had received training and had a good understanding of the MCA. People reported to us their choices were always respected by staff.

Is the service caring?

Our findings

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

Outstanding: People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; equality and diversity

- □ People received outstanding care. The service promoted a strong person-centred culture and was committed to making a positive difference to people's lives. Staff were recruited based on values and did not necessarily need to have previous experience of working in health and social care. They received training to gain the skills and knowledge they needed to help care for people in their own homes, including how to provide care with dignity and respect. Call visits were a minimum of one hour. This approach provided plenty of time to deliver high quality care and allowed people and staff to build up trusting and meaningful relationships.
- □ Staff morale was high. They were passionate and committed to providing exceptional care and support and enhancing people's lives. This included supporting people in their own time and 'going the extra' mile to enable people to have meaningful lives, and reduce the risk of social isolation. They knew the things which really mattered to people and gave consideration to this as part of the support they provided. For example, one person's partner had sadly passed away and they missed having fish and chips with them at weekends. Staff now purchased fish and chips on their way over to the person to enable them to sit down and eat together, providing a social occasion. For another person who was receiving palliative care and had no close family living nearby, staff attended their home to set up a bedroom area downstairs so they were able to be discharged from hospital. Staff made sure the bed was placed adjacent to a window to enable the person to continue enjoying their garden.
- □ Staff celebrated people's birthdays and special occasions. One person was supported to go to the cinema on their birthday, an excursion they thought they would never be able to enjoy again. The registered manager said staff deeply cared for the person and had wanted to celebrate the person's birthday in their own time.
- □ People and their relatives were extremely complimentary about the caring attitude of all staff. One person told us, "The carers are amazing and it is a shame that all care agencies do not adopt the same standards of care." We also saw many other compliments, including, "My carers are very kind and helpful. They provide me with all the support I need. I look forward to their visits. Home Instead is a brilliant company." And, "Home Instead provide me with all the care I need and are very happy and friendly company. I enjoy having a laugh and a joke with my carers."
- □ Many compliments had been received by the service regarding the excellent standard of care. This included, "[Staff member] has always provided the highest care, given exceptional consideration to mum and her well-being and a source of reassurance for me. [Staff member] visited mum in hospital and she instantly brightened when she saw her. This consideration is above and beyond the expectation of her work and we are very grateful mum was able to see her."
- □ When people were admitted to hospital, staff stayed with them until relatives arrived. The registered

manager told us it was important for people to have their care staff with them to reduce anxiety.

- People's cultural needs were recorded and guidance provided to staff.

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

- The service promoted an inclusive and open culture. Significant emphasis was placed on ensuring people and relatives were at the heart of care planning.
- Care plans were detailed and contained information about people, their life history, as well as clear information about their specific needs, personal preferences, routines and how staff should best support them to live happy, contented lives. People's care plans were regularly reviewed and, where appropriate, updated to reflect their changing needs.
- People, and where appropriate relatives, were involved in decisions around their care and support. During the initial assessment and, at reviews of their care, people's views were sought and documented in their care records. One person told us, "I helped write the care plan. The staff write in it every day and I am happy with what is written." A relative said, "I was involved in the process of writing the care plan for [name]. The manager spoke directly to [name] to see what they wanted and there was a very thorough assessment of what was needed."
- People reported senior management regularly visited people and, where appropriate, their relatives to monitor the care provided. Relatives confirmed they received regular contact by phone, email and text and were kept informed at all times. We noted a recent review of the service on an independent website stated, "I am overwhelmed by the care and support given to my mother who now needs help due to her Alzheimer's. All of the team are outstanding, My mum is now safe, secure and happy in her own home with the support of this fantastic company. Living some distance away, I am no longer worried that my mum is on her own as I know she is so well looked after by the team who treat her with genuine kindness and dignity and are quick to contact me with any concerns. I cannot recommend [the service] highly enough."
- People's communication needs were recorded to help staff understand how to talk to people in ways they could understand.
- Where required, the service signposted people and their relatives to sources of advice and support, including advocacy services.

Respecting and promoting people's privacy, dignity and independence

- When people started using the service they were 'matched' with staff who shared the same interests and values. This had a positive impact on people. For example, one person with an acquired brain injury following an accident had, through the support of their care staff, been supported to acquire the skills and confidence to enable them to move on into more independent accommodation.
- People consistently told us they were treated with dignity and respect and their privacy was upheld at all times.
- Staff recognised the importance of supporting people to maintain their independence. This included making appropriate referrals to other organisations. For example, one person was supported to have adaptations made to their home to enable them to access their garden which was very important to them. Another person enjoyed reading and missed being able to visit their local library. Staff recognised the importance this activity meant to the person. They made appropriate referrals to support them to get a wheelchair. This enabled them to support the person to visit their local library and continue enjoying reading, as well as integrating with the local community and promoting their independence.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received person centred support. Care plans were reviewed regularly and reflected people's current care and support needs. People and, where appropriate, their relatives were actively encouraged with the planning and review of their care. A relative told us, "The senior staff review the care package about every four to six weeks and that impresses me. The agency is providing a service we want."
- We saw a high number of compliments about the responsiveness and flexibility of the service which enabled people to remain living at home. This included, "Mum had two regular carers, both of whom cared for her as if she were their own. Mum was initially reluctant to accept personal care but over a fairly short period she became comfortable enough to ask for help and actively looked forward to her bath. Carers brought their breakfast with them as this encouraged mum to eat. They had many coping strategies which made life so much more pleasant for mum. Office staff are very responsive and happy to make changes to the care package as and when needed. I would recommend this agency with complete confidence."
- Staff recognised the importance of social inclusion and people following their interests and hobbies. Information on what was available in the local community had been put together by staff. Where required, people were supported to access taster sessions at local day centres. The service also held client event forums to bring people together. The registered manager informed us friendships had been made as a result of people attending the events, thereby reducing the risk of social isolation. Feedback from one relative stated, "Mum is a completely different person. Extremely happy and engaged and has some of her old life back, going to hair and beauty appointments, yoga, trips to the cinema and eating out every day. The change in her is amazing. The carers I have met are all really good with her and happy to accommodate all the appointments."
- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. There are five steps to AIS: identify; record; flag; share; and meet. The service had taken steps to meet the AIS requirements. The registered manager assured us no one would be discriminated from accessing the service and information would be made available to ensure people's communication needs were met.

Improving care quality in response to complaints or concerns

- The service was committed to providing a high quality care service where people were happy with the service they received. Complaints were seen as positive to help drive improvements to the service.
- Systems were in place to respond to complaints and concerns. People were provided with a service user guide which included information on how to make a complaint.
- Since our last inspection two complaints had been received. Records showed these had been dealt with in a timely manner in line with the registered provider's policy.

End of life care and support

- ☐ People were supported with end of life care. The service worked closely with the palliative nursing team to ensure people's needs were met.
- ☐ People were supported with the grieving process following the loss of family or friends. One person was unable to attend a close relative's funeral. Staff purchased lanterns and, on the day of the funeral, let off the lanterns with the person, which provided closure and allowed them to celebrate the life of their loved one.
- ☐ The service had a designated end of life trainer who had completed accredited City & Guilds end of life training. They were in the process of rolling out end of life training to all staff.

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Working in partnership with others

- □ The service was consistently well managed and well-led. Management, and the culture they created, promoted an exceptional person-centred service which was open, inclusive and empowering.
- □ There was a values-based culture within the service. Senior management were visible and operated an 'open door' policy. Their leadership motivated and inspired staff to deliver positive outcomes for people.
- □ Staff repeatedly told us they felt well supported in their roles and all spoke about the service being a good place to work. One member of staff told us, "I think the manager is supportive and caring. They have gone above and beyond to help me when I really need it even if it's just for a little chat in the office if I'm feeling a bit down. I've had support visits and there are team meetings if things need to be discussed about a client. If client packages change we are always informed and updated. I feel very comfortable speaking to my manager and can always feel that I can raise any concerns at any time."
- □ Employee recognition awards had been introduced which recognised staff who had 'gone the extra mile'. For example, one person missed having family to spend Christmas Day with. A member of staff discussed this with management and it was agreed they could be invited to spend Christmas Day with the staff member's family which they had thoroughly enjoyed.
- □ One member of staff told us, "I feel valued by the whole of Home Instead and I know my role and my responsibilities. We get rewarded at team meetings, like 'caregiver of the month' and 'caregiver of the year'. We get a small gift for getting that."
- □ The service was committed to working closely with the local community and organisations to improve the lives of older people. A variety of on-going campaigns and workshops were delivered. These were free to attend and accessible to everyone, including other people living in the community and organisations. Topics included Alzheimer's, fraud and staying well nourished.
- □ The dementia workshops were delivered by staff who had completed a specialist accredited dementia training programme. They enabled people to learn about the condition and provided support on effective techniques for managing challenging behaviours associated with dementia.
- □ Following a recent workshop, the service received the following feedback, "The Alzheimer's workshop that my sister and I went to was very informative. We have been caring for our mum over the last two and a half years and there has been a noticeable decline in the last six to eight months. We both felt that we gained a lot of information from it and it gave us more of an insight into some of mum's behaviours, which gave us ideas and information on possible ways to deal with it. In addition, it provided us with organisations and resources in the community for extra support. The more we can understand the condition the better. We would definitely like to attend other workshops that may be available in the future."

- The registered provider was a member of the Local Dementia Action Alliance Group and Older People Assembly, supporting people to live well.
- The registered provider had signed up to a mentoring programme for local schools. They told us, "We want to try and change the stereotypes of what carers are and try and encourage young people into the sector. We are looking forward to working with the local schools as recruiting into the care sector will be a challenge in the future."
- Staff fully embraced the registered provider's visions and values to deliver excellent care and support to people. This promoted a positive culture and person-centred service which was open and inclusive, enabling people to lead happy and fulfilling lives.
- A holistic approach was taken to ensuring people received exceptional care and support; this included the involvement of people and their relatives. Regular follow up visits were conducted to ensure people's needs continued to be met and they were happy with the care they received from staff.
- Feedback from health and social care professionals included, "Home Instead have been an excellent agency who have had a very positive impact on the people I have worked with. They were understanding of the person's needs, and went out of their way to make sure that the care package fully met the person's needs. This took the pressure off the family as they knew their relative was getting excellent care." And, "Home Instead are excellent at providing good continuity and consistency of carers, they communicate well with families and ensure that the arrangements in place are fully meeting people's needs."
- Equality and diversity was seen as pivotal and was embedded into the core delivery of the service. Records showed people's cultural and ethnicity had been fully considered as part of the delivery of their care. There was a strong commitment to equality and diversity. The registered manager told us no one would be discriminated from accessing or working for the service. The service continuously looked at ways to enhance staff's understanding and knowledge of equality issues; this included showing a video at a recent team meeting as highlighted in the Effective section of this report.
- One person was living with semantic dementia and was at risk of behaving inappropriately in community settings. The service supported them to ensure they had the same opportunities as everyone else to access the local community and continue participating in the things they enjoyed without risk to themselves or others. Without this support they would have been socially isolated. Another person spoke in their mother tongue when they became anxious; this was particularly heightened in medical situations. In response, staff researched the person's culture and learnt key Arabic phrases to enable them to comfort the person when they became distressed.
- The service worked in partnership with health and social care professionals and made appropriate and timely referrals for treatment and advice and secure good outcomes for people and ensure their needs were met. The registered manager told us they strived to have open lines of communication with health and social care professionals. This had enabled them to support one person to access further medical support with regards to their mobility. We saw a thank you letter from the person which stated, 'they now feel able to dance at their granddaughter's wedding'. Another person had been helped to access an alternative prosthetic limb. They were now able to feel inclusive and enjoy walking.
- Management understood their responsibilities under the duty of candour when things go wrong.

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

- Staff were clear on their roles and responsibilities, felt valued and supported and were provided with the resources they needed to enable them to effectively fulfil their roles. One member of staff told us, "Management are very approachable. You can either visit the office or just ring. They are never too busy to help you if you need them. We have regular one to ones, observations, appraisals and have regular staff meetings."

- Another staff said, "Home Instead Senior Care are a friendly and organised company. They allow flexible working hours and brilliant clientele match. I am very happy with the workload I have and feel I am well supported by seniors and managers in my role. This has been a career change for me and I can honestly say it has been a positive one. Home Instead deliver a positive mission in providing first class care and companionship and filter this through us carers. I truly feel part of a brilliant team making a difference."
- The registered provider recognised the importance of having a stable and happy workforce. Equal emphasis was placed by them on the well-being of staff as was on the people using the service. This included the introduction of an employee assistance programme and additional benefits to enhance the health and well-being of staff such as free gym memberships.
- Effective governance systems were in place to ensure regulatory requirements were met. Since our last inspection, new systems had been introduced to enhance the quality of the service. This included electronic call monitoring which also had the facility to include reminders for additional tasks which staff needed to do and sign off before leaving people's homes.
- Effective quality assurance systems were in place to monitor the quality of the service. This included the review of people's care records to ensure information was up to date and reflective of people's care and support needs. Where appropriate, action plans had been developed and regularly reviewed to ensure actions had been completed.
- The registered manager had a good understanding of the regulatory requirements. There had been no notifications sent to us since our last inspection of the service. This was because the service was being managed extremely well to ensure people received safe care and treatment.

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

- Feedback was actively encouraged to drive improvements. We saw the outcome of surveys completed in 2018 had been very positive and complimentary about the service.
- People, and their relatives, told us the service was well managed and they would recommend it to others. Feedback included, "It is well managed the carers are assessed and matched to the people wanting the care." And, "It is a well-managed agency and it's easy to get hold of the office." And, "There is excellent feedback to me by text, phone and email."

Continuous learning and improving care

- There was a strong drive towards continually improving the service. The registered manager and provider provided outstanding leadership and, since our last inspection, had been supporting the service to go from 'good' to 'outstanding'. They, and staff, demonstrated a shared responsibility for promoting people's wellbeing, safety and security.
- Since our previous inspection, the registered provider had reviewed the functions of the office team to enable a much stronger focus on the delivery of care. This resulted in the delivery of care being more effective and streamlined which, in turn, benefitted both people using the service and staff. For example, new electronic systems had been introduced and there was now a dedicated team of field support co-ordinators whose primary role was to provide dedicated accessible support to staff,
- The service used evidence based best practice guidance to improve the quality of the service. Alongside this, information and support was shared by the registered provider's national office. This included access to accredited training and policies and procedures which were based on the National Institute for Health and Excellence (NICE) guidance. For example, notifying people's GPs when starting to provide medicine support, ensuring care and support is culturally appropriate, and ensuring call visits are long enough to ensure people's identified outcomes can be achieved in a way which does not compromise their safety, dignity and

well-being,

- □ The senior management team were committed to providing a high-quality service. They were proactive in seeking feedback about the service, learning from information shared by the registered provider's national office, attending and participating in local partnership forums and events, and following best practice guidance.
- □ Staff received the training they needed to fulfil their role and responsibilities. In addition, the registered provider encouraged and supported leadership and management development within the staff team. The registered provider told us, "We have all been on a 360-leadership programme. This has helped the business significantly. We have all moved forward with personal development and this has had a dramatic impact. This, is going to continue, and will be invaluable in moving forward."
- □ They went on to say, "We recognised that although the business was heading in the right direction we were reactive rather than proactive. The programme helped us to start to lead the business rather than managing it. The leadership programme has been developed by our national office to improve and develop staff's skills within the business, empowering staff to make decisions and deliver good quality care."
- □ The management team had highly effective oversight of what was happening in the service, and when asked questions were able to respond immediately, demonstrating an in-depth knowledge in all areas. The service was held in high regard by people, relatives and health care professionals.
- □ People and relatives told us, without exception, they would recommend the service to others. A health care professional told us, "Whenever I have liaised with Home Instead, either face to face in patient's homes or via telephone or email, I have found the service to be very professional. I always find their care packages are bespoke and meet patients' needs very well. I would not hesitate to recommend the service to any of my family members."
- □ An independent rating website showed 14 people and 18 relatives had scored the service 9.8 out of 10, with 81% of responses stating they would be 'extremely likely' to recommend the service to others, and 19% 'likely'.