

Inspiratus Senior Care Limited

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Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service: Inspiratus Senior Care Limited is a domiciliary care service supporting mainly older people in their own homes. At the time of our announced inspection the service supported 37 people.

People's experience of using this service:

We found overwhelming evidence that people using this service received exceptional care from staff who were exceedingly caring and passionate about providing a high quality service. Everyone we spoke with was extremely complimentary about the way the care was delivered. The feedback we had reflected the service provision had a positive impact not only on people but also on people's relatives. This was due to people receiving excellent care from a very reliable service. This can be summarised by a relative commenting on the staff team, "I think care is the wrong word it is more than that, it is looking after someone with the same love and genuine desire to do their best that a relative would give."

The culture of the service was one of building positive and consistent relationships with people and their relatives. This included offering people a regular service from staff who were very well trained and supported. People's rights were respected and they were encouraged to give their views on the service to ensure improvements were made.

The positive feedback from staff in various roles confirmed they were fully involved, felt valued and there was a strong feeling of pride working for the service. To sum up all the good feedback we received from staff. One staff member told us, "I feel privileged to be part of this team."

Respect for privacy and dignity was at the heart of the service's culture and values. Time was taken to get to know people and the type of support they wanted and needed. Each visit to people was at least one hour and this enabled people to feel cared for in an unhurried way. The caring approach was demonstrated at every level of the organisation. Staff referred to and treated people with dignity and respect. People were supported to remain independent and do as much as they could for themselves.

The staff team responded exceptionally well to people's needs and preferences. Staff supported people to access community places to minimise people feeling isolated. They built trusting and caring relationships with people as staff worked with the same people and could spend time developing meaningful relationships.

The service was exceedingly well run. The provider demonstrated strong values and successfully created a service that put people first and supported staff. There was a person-centred culture amongst the staff team. All staff we met and received feedback from were clear about their roles and knew offering a good service for people was of the utmost importance. The registered manager and care manager worked well together to ensure they knew people's needs and could offer an excellent service to people. They kept up to date with current good practice and shared this with staff and people using the service.

The provider reflected how the service could be improved and took appropriate action when needed. New electronic systems were in place and these helped staff ensure people received a high quality service. There were excellent systems to assess the quality of the service provided. Regular effective checks on staff and their ability to do their jobs in a safe and caring way meant people could be reassured they were receiving excellent care.

People's support plans and risk assessments were individual and described their needs and preferences. These records were person centred and described ways staff could support people effectively and safely.

People were supported to access health professionals and maintain good diet and nutrition. The provider worked exceedingly well with other health and social care professionals to help people receive coordinated support.

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 support this practice.

The service met the characteristics of Good in Safe and Effective and Outstanding in Caring, Responsive and Well Led.

Rating at last inspection: At the last focused inspection the service was rated good (report published 27 October 2017).

Why we inspected: This inspection was a scheduled inspection based on the previous rating and when the last comprehensive inspection was carried out in August 2016.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding ☆

Inspiratus Senior Care Limited

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 was carried out by one inspector and an Expert by Experience who carried out telephone calls to five people and six relatives to gain their views on the service. 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:

Inspiratus Senior Care Limited is a domiciliary care agency and is part of the franchise of Home Instead. Each Home Instead Senior Care franchise office is independently owned and operated. The service provides personal care to people living in their own homes in Oxfordshire, Swindon and the surrounding areas.

Not everyone using Inspiratus Senior Care Limited receives a regulated activity. Care Quality Commission (CQC) only inspects the service being received by people receiving 'personal care'; help with tasks relating to personal hygiene and eating. Where they do we consider any wider social care provided.

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 three working days' notice of the inspection site visit as we needed to be sure the registered manager would be available and had time to contact a sample of people to gain their consent on

giving their views on the service.

Inspection site visit activity started on 9 April 2019 and ended on 17 April 2019. We visited the office location on 9 April 2019 to meet with the registered manager and office staff; and to review records, including care records.

What we did:

Before the inspection we reviewed the information, we held about the service and the service provider. 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.

During the visit we looked at three people's care plans and the medicines and associated records for three people. We viewed a range of audits and checked recruitment records for three staff and saw evidence of the training staff completed and the support they received. During the inspection we spoke with two directors, the registered manager, a care manager, a deputy care manager and recruitment co-ordinator.

After our site visit we received feedback on the service, via email, from three relatives, ten care staff and five healthcare professionals.

Following on from the visit the registered manager and care manager also sent us additional evidence.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe using the service. One told us, "Of course I trust the staff and feel safe."
- Staff were fully aware of what action to take if they thought a person at risk of harm or abuse. Comments from staff were consistent and included, "The first thing I would do is report it to the office. I would keep notes of dates, observation and report on anything that had been said by the client. Local services including the police may have to be informed but I would take the advice from the manager." and "I would report any concerns I had to the senior members straight away and document what I had seen at that time."
- Staff received safeguarding training and had access to an 'app' for their mobile phones where important telephone numbers of the council were available to them if they needed to report a concern.
- The registered manager kept a clear log of safeguarding concerns along with the outcome, so they could monitor for trends and record any lessons learnt following the event or concern.

Assessing risk, safety monitoring and management

- Risks to people's well-being were assessed, recorded and updated when people's needs changed. Risks included; skin conditions, speech and swallowing and the environment.
- There were clear guidelines in place from occupational therapists and from the manufacturers of slings and hoists so that staff had all the information they needed to mobilise people safely.
- There were good electronic systems in place for the office staff to monitor visits to ensure staff were punctual. Staff logged in and out via mobile phones allowing the registered manager to monitor visit times.
- People had received a regular service as there had been no missed visits.

Staffing and recruitment

- The provider followed safe recruitment practices that ensured relevant checks took place to ensure staff were suitable to work with adults at risk. The registered manager was proactive in rectifying the unexplained employment gaps in the staff files we viewed.
- People were supported by a passionate and committed staff team who understood the importance of offering a consistent service to people. This included providing people with the same member of staff. Staff confirmed they supported the same people and were introduced to people before working with them. This enabled both the person and staff member to consider if they were well matched and could develop a positive relationship.
- A relative told us the service was flexible and offered visits and times that suited the person.
- There were enough staff deployed to meet people's needs. Contingency plans were in place during the winter period so that should staff struggle to reach some people's homes other staff who had access to vehicles were used.

Using medicines safely

- People were receiving their medicines as prescribed. A relative confirmed that staff had carried out a risk assessment before being able to give the person their medicines.
- Records of the medicines people took were kept online and were easily updated and monitored to ensure staff were recording if they had given people their medicines.
- Staff had detailed information about any medicine duties that they needed to carry out. There were body maps to show where staff were to apply prescribed creams. The care manager had a system to record where people had topical prescribed creams and that body maps had been completed so they could monitor any changes and make sure staff had the correct details about a person.
- There were protocols in place for staff to follow for people prescribed 'as required' (known as PRN) medicines. This included, the reason the person might require this medicine and how they need to take it.
- Staff received medicines training and their competency to safely administer medicines was regularly checked.

Preventing and controlling infection

- Staff received infection control training to give them current information on this subject.
- Staff had access to protective personal equipment (PPE). People confirmed staff always used PPE when visiting. A healthcare professional told us staff "Always wear protective clothing when carrying out care tasks, for example, gloves and aprons".

Learning lessons when things go wrong

- Accidents and incidents were recorded, and these were reviewed weekly to see if there were any common themes.
- Staff had amended one person's care plan as their needs had changed. Through analysing the daily records, the reason for the changes was identified and measures were put in place to support the person in a different way to reduce their anxiety and distress.

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 and their relatives were involved in the assessment process. People's needs were assessed prior to receiving a service to ensure staff could meet those needs.
- People were encouraged to outline how they wanted to be supported. We saw one person had confirmed during the initial assessment meeting that they wanted to remain independent.
- Expected outcomes were identified, and care and support regularly reviewed in line with legislation and best practice. One person told us they were, "Very pleased with my care they [staff] seem to know what I need before I do!"

Staff support: induction, training, skills and experience

- People and their relatives felt the staff were well trained. One person said, "All staff appear to have been trained for this work and the confidence in their delivery means I am getting good care."
- Staff spoke very highly about the support and training they received. Comments included, "We have a very supportive and approachable office team. There is always somebody available at the end of the phone if required, weekends as well" and "The training is really good. There are regular meetings for updates."
- Training was tailored to meet the individual needs of the person. Alongside training on subjects such as, equality and diversity and work in a person-centred way.
- Staff had access to use the virtual reality equipment to help them understand what it might be like to be an older person and in some cases living with dementia. This was important as staff often supported people living with the experience of dementia. One staff member told us, "I feel the training I have received is relevant to my role and covers all I need to know."
- New staff were assigned to a mentor to support them through their initial few weeks. They met regularly with their mentor to ensure they felt confident to work alone. Documents were in place to show that staff were contacted the day after they had carried out a visit and during the first weeks of settling into their new role to check all was well. This enabled management to be certain staff felt the induction process had given them the information and tools they needed to carry out their work effectively.

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

- People required different levels of support with their meals and were happy with the level of support they received with their meals. There was no-one at risk of malnutrition or dehydration and care plans contained details of people's meal preferences, likes and dislikes. Any allergies were highlighted.
- The registered manager and staff team ran an ongoing national 'Stay Nourished' campaign. This aimed to share nutritional and hydration tips to people and their relatives. This was a crucial part of supporting people who might not always eat and drink enough to stay well.
- Records showed that staff recorded the food and drinks people had during the visit. Staff told us, "I make

sure clients have easy access to drinks when I leave, leaving plenty of fresh water next to their chair. Leave meals and snacks in accessible places" and "I ensure people are involved in meal planning, providing them with a nutritious and varied diet, taking into account their favourite food and drink. I take care to present their meals in an appetising way."

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

- Care records included details of GP's and other relevant health professionals involved in people's care. Records also included details of people's relevant medical history and how staff could support people to manage their health.
- We saw correspondence with social and health care professionals which demonstrated the staff team was open to working with others to provide effective care to people. For example, we saw a record of contact with a GP as staff wanted to check the medicines the relative was giving to the person using the service.
- Staff worked closely with other health and social care professionals to ensure they helped people keep as well as they could be. Staff confirmed if there were any change to a person's health needs they would contact staff based in the office so that action could be taken.

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 with appropriate legal authority.

We checked whether the service was working within the principles of the MCA.

- Relatives confirmed that people were encouraged to make decisions about their care.
- The registered manager and care manager had a good understanding of the principles of the MCA and ensured staff received training in this area.
- Staff showed an understanding of the MCA and told us they always gave people choices but for some people not too many as they would find this confusing and overwhelming. A staff member told us, "If I had a client that was unable to make a decision I would contact the office if I had concerns."

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; respecting equality and diversity

- People were supported in an exceptionally caring way to achieve their desired outcomes. One person told us, "My care giver helps me with anything that is causing me stress like filling in a form or hospital visits. She is more than a care giver she is a lifeline for me."
- Staff recognised the goals people wanted to achieve and helped them meet them. One person had been in hospital and had lost their confidence in going out of their home. Through staff supporting this person, developing a trusting relationship and identifying how best to help them, staff slowly encouraged the person to walk more inside their home and take part in exercises to build up their strength. Additional visits were arranged to spend time with this person and within a few months the person had walked outside and achieved their goal. The person's relative told staff, "[Person using the service] is positively pleased with herself. This is a great milestone". They confirmed the person now had other aims to work towards and with the help of staff the person was more positive and chattier.
- Staff took an interest in people and their backgrounds. One staff member had visited a church where a person had got married many years earlier. They took a photograph of the church, so the person had something to remind them of their past. We saw a comment from their relative expressing their delight with this and said, "You are a fantastic team and we are proud of you working with us."
- Relatives were extremely complimentary about the support people received. Comments included, "[Person] appreciates their [staff] company, the care they give and considers them her friends" and "They [staff] are all caring and have positive attitudes. Working alongside me is essential. We work as partners."
- One relative spoke highly of the staff who visited them. They said, "The carers always ask if they can do any more. If there is time, there may be small jobs they can do, like mopping the floor. On the few occasions when the job has overrun the time, they never complain and rush off."
- Staff understood people's different preferences. One staff member told us, "I try to eat with one of my clients as she does not like eating alone. Another of my client prefers to eat alone so I will go do the washing up or tidy up."
- A healthcare professional gave us very positive feedback on the staff and the care they provided. They told us the staff were, "Very gentle when carrying out personal care tasks" and said, "The carers have a good rapport" with the person they supported.
- Staff knew the importance of listening to the person and how they wanted to be supported. One commented, "The service provided is great because it's all personalised for the client, what they would like and how they would like it." A relative confirmed, "There are times when it's nice to know there are people on the end of the phone you can talk to and they give you support as well as the client."
- There was evidence that the caring approach was promoted by the management that led their team by example. Both the registered manager and care manager had developed relationships with people and their

relatives and were focused on offering compassionate care and showed a real empathy for people and their relatives. The management referred to staff as 'care givers' and understood a crucial part of their role was to support and value the staff team.

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

- Feedback from people reflected staff were exceptional at helping people express their views on how they wanted to be supported. They were able to express when they wanted to be supported and how. Comments included, "If I want to change my mind on the support I have that is fine. I am not made to do anything I feel uncomfortable about" and "Her regular carer is well trained, helpful and has a great sense of humour. She knows exactly how to get [person] motivated and knows what her needs are."
- One person living with a particular condition needed support to access the community. A staff member took the person to have a manicure which was carried out by a professional also living with the same condition. This meant they had a connection and could chat about their experiences. The person wrote to staff stating, "She [staff member] is an exceptional person. There is nothing she would not do for me."
- People's preferred methods of communication were assessed and reflected in people's care records. The registered manager confirmed that all information could be adapted and translated according to people's needs and in line with the Accessible Information Standard (AIS). AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now the law for the NHS and adult social care services to comply with AIS.

Respecting and promoting people's privacy, dignity and independence

- Staff were kind and caring when carrying out their duties. One health care professional commented, "Staff are very gentle when carrying out personal care" to a person who had complex needs.
- Through the support people received from the staff team, professionals had noted people could sometimes remain longer living in their own home. One social care professional told us, "The service user has a high level of need, and she is supported to remain at home at least in part due to the quality of the service provided."
- Staff understood the importance of helping people to feel less isolated and encouraged them to engage in activities they used to enjoy doing. For example, one person had become low in mood and spent much of the day in bed. The person had previously loved visiting garden centres and going out to cafes for a coffee and a slice of cake. Staff began to build a caring relationship with this person over a period of time. Staff supported the person to take part in various activities, including playing cards, art therapy and accessing the local community, such as the garden centre, and as a result the person had become more positive in their outlook on life.
- Staff were very creative in how they supported people. A member of staff, on their day off, took a person they supported, who previously had been staying in bed, to a yoga group to help them physically, socially and mentally. The person was now more connected to the local community and much less isolated.
- Each Christmas, along with a local branch of a national bank, a lunch was held for people who were socially isolated. Staff accompanied people to this lunch which enabled them to have a Christmas meal and socialise with other people.

Is the service responsive?

Our findings

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

Outstanding: □ Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People and their relatives told us the staff team had outstanding skills, consulted with them and cared about them. Comments included, "I have in-depth conversations with carers in which we discuss good practice" and "We have regular reviews and updates. If there's an issue, they [staff] text or phone to let me know."
- The provider had introduced a new electronic system for care planning that allowed instant access. Staff could record any changes quickly and easily add in new information. This enabled staff to have accurate information about all the people who used the service and they could provide the right type of support for people.
- Staff had lots of excellent information about people, including what to do if the person they were visiting had fallen so staff could respond quickly if a person needed help. There were clear records of the different types of care offered to people so that staff had access to record all the support they had provided.
- The feedback from people and relatives clearly demonstrated that people had been matched well with the staff who visited them. Staff confirmed they could, "Make suggestions regarding my clients to enhance their care. I am able to make a contribution towards providing excellent care for our clients."
- Staff were responsive to changes in people's needs. They also went out of their way to support both the person and relatives. For example, one person's skin was becoming red and there was no opportunity for them to have extra visits and therefore turned on a more regular basis. Therefore, to help the person and their relative, staff visited places selling pressure relieving equipment and found a bed that automatically turned a person without the need for staff to carry out this task. They liaised with the GP to make the necessary referral and the piece of equipment was ordered for the benefit of the person. This confirmed that staff had acted quickly and lowered the risk of the person developing pressure sores.
- Another example of how the management team responded quickly to people and relatives' requests was when a relative needed a break from their caring duties. The relative told us that a different service had let them down at short notice and Inspiratus Senior Care Limited was able to step in providing extra support in order for the relative to go on holiday. The relative said, "I have nothing but praise for this company."
- People were supported to be as independent as they felt able to be. The registered manager had been proactive in recently obtaining a piece of equipment (known as a Raizor chair). Staff had been trained to use the chair and check for signs of injury. The equipment was taken by the on-call staff member each day so that should a person fall and be unable to get off the floor, and had no signs of any injury, then with this equipment they could be safely lifted off the floor. This meant there would be less phone calls to 999 and a reduced number of visits for people to hospital. The service had yet to use the equipment, but staff were hopeful this would prove an asset to the people using the service.
- There was a real emphasis on continuously enhancing people's lives by reducing the risk of social isolation. Staff ensured people were helped to meet other people and to take part in activities they had

previously enjoyed doing. A relative confirmed that staff helped the person attend a local day centre where they met their friends.

- Another example of where staff helped people take part in activities they enjoyed was where one person, who used to be a librarian, was supported to attend a local school to read children stories. This had helped the person get out of their home, reduce feelings of isolation and tapped into their love of books and reading to others.
- Staff talked about wanting to ensure the service met people's needs. One staff member within the management team told us, "We all have the same goal, to reach and support as many people as possible, for them to live well in their own home and meet their desired outcomes."
- All the professionals we contacted told us the staff team were exceptional at providing high-quality person-centred care. One social care professional confirmed "The carers in my experience have been well trained and responsive to service user needs and those of relatives."

Improving care quality in response to complaints or concerns

- People and their relatives were clear they had not needed to make a complaint. They were all aware of what to do should they ever have a concern. Comments included, "I have never had a complaint. I would begin the conversation informally and if not satisfied make it formal. This has never remotely been the situation" and "I know how to complain however, I see no reason to be calling anyone as everything is fine."
- There was a system to manage complaints and the provider's policy was available to people. The complaints log reflected the one complaint received and this had been dealt with as per the policy. The registered manager saw the complaints as a positive thing that allowed them to reflect on whether anything could be done differently to improve the service further.

End of life care and support

- The staff team had recently supported a person with their end of life care. Action was taken to increase the visits to the person to reposition them every two hours to ensure they continued to have good skin integrity. The care manager wrote a bespoke end of life care plan which contained the person's wishes, care needs and comforting techniques specific to the person. For example, the person loved birds and up until the hospital admission fed the birds with the help of staff. Staff downloaded relaxing bird sounds on their phones for the person to listen to which proved a great comfort to them.
- The care manager showed staff how to carry out gentle hand massages to offer the person comfort. Records were also in place for mouth care as the person when discharged from hospital had a dry mouth and lips. Therefore, staff carried out mouth care every 30 minutes and the district nurse commended that the staff team who supported the person had been instrumental in providing good care for this person.
- Staff worked additional hours to ensure the person was comfortable and settled. Staff were supported throughout each day by a supervisor who also visited in their own time and during the night to ensure staff had the right support to care for the person at home. The office staff team were due to carry out visits to people so that the staff team who supported this person could attend the funeral.
- Staff received end of life care training and were fully supportive by the management team. They also worked closely with the local hospice to develop their expertise around end of life. One staff member, who had been supporting a person with end of life care, told us they felt supported throughout and when they had contacted the care manager to help them this was provided quickly.

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 with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager had developed a service that maintained people's independence and staff, as noted elsewhere in the caring and responsive domains, would go the extra mile to enhance people's enjoyment of life. The support offered to people was exceptional and all the feedback we received demonstrated this.
- The staff confirmed they felt supported and informed and enjoyed working in the service. Comments included, "The team meetings are very good and informative. Any issues are dealt with in a positive way. We are always made to feel valued" and I genuinely feel lucky to work for Home Instead, the ethos and passion is infectious, there is such an emphasis on client and caregiver safety, being responsive and genuinely caring for the people we support."
- There was regular communication between management and the staff team working directly with people using the service. Information sharing was all part of the smooth running of the service. Staff based in the office had daily conversations about the care and support people needed. There was a designated weekly meeting held to go through what had occurred in the week and what was to take place the forthcoming week. This helped staff share important information and ideas and be pro-active in planning the future. We saw throughout the inspection, that staff talked with each other, suggesting ways of supporting people and making adjustments to visits as and when this was needed.
- We found the registered manager and staff promoted a very strong person-centred culture. One health care professional commented on how staff were, "Extremely professional." A staff member told us, "We live and breathe Home Instead. We offer a bespoke service. We can respond quickly to a person's changing needs, from having minimal support to having a lot of support where needed."
- The registered provider and the registered manager fulfilled their responsibilities in relation to the Duty of Candour to improve the sharing of information and further development of the high-quality service. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
- Professionals spoke highly of the staff team. Comments included, "The carers [staff] in my experience have been well trained and responsive to service user needs and those of relatives."
- There were excellent monitoring systems in place. The electronic system, introduced since the last comprehensive inspection, enabled the registered manager to check for any aspect of the support and care provided to each person. This included, checking for medicine errors, communication with other professionals or relatives and important events. They could then act quickly if they found an issue that needed further investigation.

- There were various spreadsheets in place to give an overview of different aspects of the service. We saw an 'as required' (known as PRN) medicines spreadsheet. This noted what PRN medicines people were taking and if there was a protocol in place. This helped check that staff had all the information they needed to safely support people with their medicines. There were systems to check staff files were all in order and that checks on their competency to carry out tasks such as moving and handling were all up to date.
- There were efficient systems in place to make sure the service ran smoothly. This was partly due to staff being asked for their views on the service and giving feedback on where the service could make improvements. New staff were contacted at regular intervals to seek their views as they could look at the service objectively and comment on if they needed more support.
- The registered manager and care manager had an oversight of staff performance. This was done through regular observations and visits to people's homes to check that staff were working appropriately with people. Staff confirmed these checks were carried out on an ongoing basis.

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

- There were consistently high levels of engagement with people using the service and staff. There was regular contact with people, through telephone calls and home visits to ensure feedback on the service was obtained to then improve service delivery. The registered manager supported people if they wanted to visit the office to meet new staff and be a part of recruiting potential new staff so that they had a say on who worked in the service.
- The service was an important part of the local community. The dementia friends champions, which were a group of staff, including the care manager, held dementia friends' sessions for the community so that people were more informed about dementia and how it could affect them. The registered manager and care manager gave talks to people in the community about scam awareness, so they could protect themselves from being subject to a scam.
- One of the aims of the service was to share information to people and the wider community. We saw the staff team held fundraising activities for the Alzheimer's society.
- The registered manager was involved in numerous initiatives to promote the caring industry. They described the different ways the staff team supported people not just those who used the service but people living in the local community. Once a month, the provider sponsored a dementia friendly café which a staff member attended. This provided people and their relatives with the chance to share experiences, have contact with other people and give relatives a break from their caring duties.
- One of the aims of the service was to share information to people and the wider community.
- The provider funded dementia friendly screenings of films throughout the year. This gave people and their relatives the chance to see films for free and help them reminisce about the past.
- The culture of the service was to promote people's knowledge and to help people occupy their time. People and their relatives could visit the office to access dementia friendly activities which they might not have the chance to purchase. This included games and puzzles to help people engage in meaningful activities.
- The management engaged with staff as part of their quality monitoring processes. The registered manager encouraged a positive culture and embraced the input of staff. Staff were encouraged to seek internal promotions and one staff member confirmed management had, "Encouraged and empowered me every step of the way."
- Staff were made to feel valued in different ways. This included, the management acknowledging their birthdays with a card, giving Christmas cards and presents to staff and giving them a recognition award certificate when they had gone over and above their usual duties.

Continuous learning and improving care

- There was a strong emphasis on continuously learning new ways of doing things in order to not stand still and become complacent. The registered manager had supported the care manager to enrol on a personal development programme so they could develop new skills in a managerial position. The registered manager had completed a coaching course to aid them in the role they carried out. Staff were supported to complete a City and Guilds dementia course and the registered manager and care manager attended a training session on dementia known as the, 'positive approach to care.' These courses gave staff insight into how dementia affects people and how to successfully support people and their relatives.
- The registered manager and care manager were receptive to the inspection. They were keen to show us the improvements made to the service since the last inspection and share examples of where staff input had made a difference to people's lives.
- The registered manager had access to a range of development and support opportunities through the provider, which included meetings and training for staff in management roles. They also attended local meetings to share best practice.
- The directors played an active role in monitoring the service and being a member of other organisations. This included participating in a local dementia action alliance group, being part of a local association of care providers and being involved with the local county council to contribute their ideas on policies relating to social care.
- The directors were also on a Home Instead technology improvement group, which looked at how technology could be used to enhance people's experiences in receiving care from any of the Home Instead franchises.

Working in partnership with others

- The service had a track record of being an excellent role model for other services. The registered manager recognised that good communication and working in partnership helped people experience good care. Feedback from professionals included, "I was impressed with how [care manager] and her staff engaged with me and the speech and language therapy recommendations," "The team were very helpful, providing useful feedback and attending meetings when necessary" and "The carers I worked with were dedicated and followed all advice I gave around therapy interventions."
- A health care professional commended the staff team on how they had worked very well with other professionals. They gave an example of where a person had communication and swallowing difficulties and required support in a particular way. They described how the care manager had been attentive on making sure they knew how best to support the person and had sought clarification on medicine management to ensure they cared for the person safely. Staff had followed the professional's guidance and that there had been good outcomes for the person receiving the care. They confirmed this by stating all the staff team had worked, "Collaboratively to provide the best possible care for a patient in challenging circumstances."
- People were supported by staff who were extremely proactive in highlighting any changes in a person's needs. A health care professional told us staff were also good at recognising when people required "further equipment" and would speak with them to ensure the person's needs were being met.
- A health care professional confirmed that staff from this service worked well with another registered care service to provide a person with the right care. They told us that the communication between the two services was good and information was passed effectively between each other.