

Southern Home Care Limited

Home Instead

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?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Home Instead is a domiciliary care agency providing personal care to adults in their own homes. Not everyone who used the service received the regulated activity of personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of this inspection, the service was providing personal care to 21 people.

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

People and their relatives were supported by an extremely caring staff team which meant they experienced exceptional care. Feedback from people, family members, external professionals and staff demonstrated the caring and empowering culture was well embedded across the organisation. People were extremely complimentary about staff and words used to describe them included 'brilliant', 'wonderful', 'very helpful' and 'extremely kind'.

People were truly respected and valued as individuals whilst being empowered to be partners in their care by an exceptional and distinctive service. There was a strong visible person-centred culture. The management team ensured that staff in all roles were motivated and provided care and support that was exceptionally compassionate and kind. Feedback from people was overwhelmingly positive. Staff knew the people they were supporting very well including their preferences, which helped to ensure a high level of personalised care was delivered.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, and in their best interests; the policies and systems in the service supported this practice. Care was tailored to meet the individual needs of people and was delivered in a way to ensure maximum flexibility, choice, independence and continuity of care. People's needs were assessed prior to the commencement of the service. The assessment included people's health, physical and emotional as well as communication needs.

The provider had a system that considered careful matching of the staff with people they supported. Mutual interests and individual personalities were taken into account to make sure that appropriate and caring relationship can be built between care workers and people using the service.

Staff were extremely complimentary about the management team. The feedback we received showed the provider's aim to establish an open and inclusive culture that put people first was being achieved. The management team had a clear vision and credible strategies to deliver high-quality care and support. They promoted a positive culture that was person-centred, open, inclusive and empowering which achieved good outcomes for people. Effective and continuous governance was well embedded into the running of the service with a strong framework of accountability to monitor performance and risk leading to the delivery of a high-quality service.

People were supported by familiar staff who were safely recruited and who had the relevant training and qualifications to safely support them. There were enough staff to meet people's needs and ensure no care calls were missed.

Staff and the management team understood how to protect and safeguard people. Risks to people were assessed and mitigated, which reduced the risk of harm. Where people required support with their personal care, health, diet and medicines, this was carried out safely. Staff used personal protective equipment (PPE) to protect people from the risks of infection.

The team at Home Instead worked well with various local health and social care professionals who were very complimentary about the service and the care provided to people.

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

Rating at last inspection (and update)

This service was registered with us on 14 June 2019 and this is the first comprehensive inspection. A focused inspection was undertaken in September 2020 following which the key questions safe and well-led were both rated Good however an overall rating was not provided.

Why we inspected

This was a planned inspection based on the date the service was registered.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 was completed by one inspector and an expert by experience in the care of older people, who made telephone calls to people to gain their views about 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

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

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection site visit activity started on 28 October 2021 and ended on 12 November 2021. We visited the office location on 28 October 2021 to see the registered manager and provider.

What we did before the inspection

Before the inspection, we reviewed information we had received about the service, including registration reports, focused inspection report and notifications. Notifications are information about specific important events the service is legally required to send to us. We used the information the provider sent us in the provider information return (PIR) completed in October 2021. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make.

This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with nine people (or their relatives) about their experience of the care provided. We spoke with the nominated individual, registered manager, an office team member and three care team members. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from five external health or social care professionals.

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

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, which did not result in an overall rating, 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

- Appropriate systems were in place to protect people from the risk of abuse.
- Everybody told us they felt safe. A family member told us, "My relative is safe, she likes it when the carers visit as she sees them as her friends. They respect her and they respect her home and belongings, nothing has ever gone missing and they leave her home very tidy." A person said, "I feel safe with my carers they are very good; they visit me on time each day and they have worn PPE to keep me safe from COVID. I feel safe when I am in the shower as I know they are near to me."
- Staff had received safeguarding training and demonstrated knowledge of the safeguarding processes in place to keep people safe. One staff member said, "I would make sure the person was safe and contact the office." They were also aware of who outside the organisation, such as the local safeguarding team, they could contact should the need arise.
- The nominated individual and registered manager were clear about their safeguarding responsibilities. Where safeguarding concerns had been identified, the registered manager had submitted the required CQC notification and safeguarding alerts without any delay and had worked in tandem with the health and social care professionals to resolve any concerns they had.
- The nominated individual was a Scams Champion and works with IWASP (Isle of Wight Against Scams Partnership). Information relating to new scams are shared on social media and also within staff meetings so this can be cascaded out to people and their families. This enables care staff to know what to look out for when supporting people so appropriate action can be taken if a scam may have occurred.
- A social care professional said, "The registered manager and other members of the team are aware that they can contact the safeguarding team for advice and have done so in the past to ensure they are sending through the most appropriate safeguarding concerns or taking the most proportionate actions if not a safeguarding concern."

Assessing risk, safety monitoring and management

- Risks to people were assessed, recorded clearly in their care plans and updated when people's needs changed. People's risk assessments included areas such as mobility; use of equipment; health and medicine; personal care and potential abuse that may occur due to their needs. The electronic care planning system enabled risk assessments to be promptly updated meaning any new information was immediately available for care staff.
- Staff demonstrated they had a good knowledge of potential risks to people and how to mitigate these risks. They confirmed they had received training to use any equipment people required.
- Environmental risk assessments of people's homes had been completed by the management team to promote the safety of both people and staff. These considered the immediate living environment of the

person, including lighting, the condition of property and security.

- Business continuity plans were in place to ensure that people were prioritised in terms of risk during crisis situations such as severe weather preventing care staff attending at the usual times.

Staffing and recruitment

- There were enough staff available with the right skills and experience to meet the individual needs of people who used the service. The registered manager was clear that they would only accept new care referrals if they had enough staff available to ensure they would be able to meet people's needs.
- People said they had the same 'group' of staff, who came on time, and always stayed for the correct amount of time if not longer. One family member said, "The carer arrives more or less on time and stays for as long as they should. They have never missed a call at all. They will call me if they are running late due to a problem. They [office staff] also phone me if the carer has to be changed and someone else is arriving to the one on the rota." Another family member reported "She gets the same carers consistently; they arrive on time and they have never missed a call."
- Staff were organised into locality teams which meant people received support from regular staff who knew them well. The registered manager told us that short term staff absences were covered by members of the management team or existing staff members undertaking additional hours.
- Recruitment procedures were robust to help ensure only suitable staff were employed. Staff members confirmed all necessary pre-employment checks had been completed which was reflected in the records we viewed.

Using medicines safely

- Safe systems were in place should people require support with their medicines.
- Where people were supported by care staff with their medicines, we were told this was managed safely. One person said, "They [care staff] give me my medication every day, they never forget."
- Risk assessments identified the level of support people required with their medicines and who was responsible for ensuring medicines stocks were maintained.
- Staff had been trained to administer medicines and had been formally assessed as competent to do so safely. Medicines administration training and formal competency assessment was updated yearly.
- When staff were required to administer medicines, records were completed. These were audited by a member of the management team. Where audits had identified staff had not been correctly completing medicines administration records appropriate action was taken with individual staff.
- Care staff described appropriate action they would take if they identified a change in a person's prescribed medicines or the failure of a previous staff member to administer medicines for a person. This included making sure the person was safe, seeking medical advice and informing the registered manager.

Preventing and controlling infection

- We were assured the service was taking appropriate action to prevent people and staff from catching and spreading infections.
- There were suitable arrangements in place for the control and prevention of COVID-19 and other infections. Staff had received appropriate training in infection prevention and control and suitable policies were in place. Staff told us they always had enough Personal Protective Equipment (PPE) and had not experienced a shortage during the COVID-19 pandemic.
- Feedback from people confirmed that staff wore PPE appropriately. A family member said, "The carers have ensured her safety by wearing full PPE right through the pandemic and they are still wearing it." Another person said, "They [care staff] have worn PPE each time they have visited me without fail." One family member told us a staff member did not always wear a mask. We informed the registered manager of this and they took immediate robust action.

- Members of the management team completed spot checks where they checked on care staff's infection prevention and control practice. The registered manager and staff confirmed they were accessing COVID-19 testing appropriately in line with government guidance.

Learning lessons when things go wrong

- The provider had systems to ensure lessons were learnt from any incidents. Where incidents and accidents occurred, they were recorded with appropriate actions taken to reduce the risk of re-occurrence. Incident and accident records showed issues were recorded, investigated and addressed quickly. There was evidence of actions taken to promptly seek appropriate medical advice and to mitigate future risks.

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.

This is the first comprehensive inspection for this service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed prior to the commencement of the service to ensure their needs could be met. The initial assessment included people's physical, social and cultural needs. People and family members if appropriate, were involved in the assessment process. A person said, "I was fully involved in my care plan when it was put together. It is constantly updated and I am able to say what I feel."
- Care plans were very detailed and clearly identified people's needs and the choices they had made about the care and support they received.
- People were happy with the care they received. One family member said, "I have no complaints in the way she is supported, everything meets her needs." An external social care professional said, "I undertook several assessments with Home Instead. I found they worked really well with myself, the person they would be supporting and their family. The care plan was followed and updated at reviews or Home Instead would contact the relevant service to update on a change of circumstances/needs."
- Care staff told us that when they identified a change in people's needs, they would contact the office for a review of the person's care plan. They said that if they felt more time was needed to complete a particular care visit the registered manager took prompt action to address this.
- Staff had an electronic system where care plans and records were stored. This meant the management team and staff had access to up to date information on the day to day support people received.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. People and relatives made positive comments in relation to the competency of care staff. One family member said, "The staff are well trained, as they know how to support Mum with her hoist." A person told us, "The staff are well trained as they know how to meet all my needs. They deal with my catheter very well and if they think there is a problem, they tell me so I can call the district nurse."
- Staff received an induction into their role, which included online and practical training. New staff also worked alongside more experienced staff until they felt confident and were competent to work directly with people. Newer staff members told us they had completed induction visits to everyone they subsequently supported.
- All staff completed training which included: moving people, infection control, medicines, and safeguarding and additional training in relation to specific needs, such as diabetes management. Staff confirmed training had been received and demonstrated an understanding of this training and how to apply it in practice.

- The provider had a clear overview of the training needs of all staff working at Home Instead. They had a spreadsheet which detailed the training staff had received. Records viewed confirmed staff had completed all relevant training which was refreshed when required.
- Staff received regular one to one supervision and monitoring of their work performance. This enabled the registered manager to monitor and support staff in their roles and to identify any concerns or additional training required.
- Staff told us they felt supported in their role and that they could approach the registered manager with any concerns or questions.

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

- Where required staff ensured people were supported to have good levels of hydration and nutrition.
- Care plans and assessment records identified and described the level of support people required in relation to eating and drinking. Daily records completed by staff demonstrated this support had been provided as detailed in the care plans.
- People told us they were happy with the arrangements in place to support them with food and drinks. One person said, "They cook my meals. They are excellent, everything is cooked freshly. Presently I am on a low carb diet so they [care staff] prepare meals to meet my needs. They make me fresh coffee and they leave me snacks by my bed such as apples for between meals." A family member told us, "They [care staff] prepare her meals, some are heated in the microwave, they make breakfast and sandwiches for light meals. She hasn't lost any weight, in fact quite the opposite."

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

- The service worked well and effectively with external health and social care professionals. An external social care professional said, "I have known Home Instead to go above and beyond with difficult cases, to ensure that the person is receiving the most appropriate support from all services." A health professional told us, "They do appear to care for the patients, and have always been happy to work with the medical team in providing the best level of care possible."
- People told us that staff would support them to access medical support if required. A family member said, "I am impressed with this company because she has a medical problem which keeps surfacing and all the carers know about it and speak to me about it, they are on the ball." Another family member said, "They respond to her needs very quickly as two weeks ago she had an infection so they called the doctor straight away and let me know."
- Following a change in a person's health and care needs the registered manager arranged for an occupational therapist (OT) assessment for specialist equipment. In their own time care staff ensured the house was clean and ready for the equipment to be installed and used safely. This meant the person was able to continue to live in their own home for as long as possible.
- Additional information was maintained in each person's home for any medical or emergency staff. This included essential information about the person's health, medicines and their wishes or decisions about the level of emergency care they should receive. This allowed person centred care to be provided consistently.

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.

- People and family members told us they had been involved in discussions about their care planning. Before providing care, staff sought verbal consent from people. A family member said, "My relative is never forced to do anything, she can make her own decisions and they always ask her permission before they do anything." A person told us, "The carers always ask permission to do anything for me. They will listen to my requests. Last night I felt a little dizzy so we decided between ourselves that it was probably better not to wash me as it didn't feel appropriate." An external social care professional said, "Home Instead have contacted us on a number of occasions in relation to their clients and the possible need for advocacy services. They clearly understand the legal requirements for these and are always mindful of the MCA."
- Staff had received training in the MCA and showed an understanding of the MCA. Staff were aware people were able to change their minds about care and had the right to refuse care at any point. They said they would encourage people to allow all necessary care to be provided but would never do this without the person's consent. Where care was refused, they would seek further support from the registered manager and the person's family.

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.

This is the first comprehensive inspection for this service. This key question has been rated outstanding. This meant 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 truly respected and valued as individuals whilst being empowered to be partners in their care by an exceptional and distinctive service.
- Staff demonstrated a real empathy for the people they cared for. All people and their family members were extremely positive about the caring nature of the team. A person said, "I can't fault the ladies they are brilliant; they will do anything for me. They are very kind-hearted." One family member told us, "All the carers are brilliant; I can't fault them. They are kind, caring and respectful. They are everything I would want them to be. The carers often go above and beyond in their work. For example, when I visited recently, I was reading the meter. They said that they would do it for me as I don't live nearby." Another family member said "They [care staff] have got to know my husband well, they know the music he likes, what his job used to be and his hobbies."
- There was a strong visible person-centred culture. The management team ensured that staff in all roles were motivated and provided care and support that was exceptionally compassionate and kind. A family member told us, "I am continually amazed by what good hearts your people [care staff] have – if only the rest of humanity could be more like that."
- Throughout our inspection we observed the entire team demonstrated an extremely inclusive and caring approach. The provider was actively involved in the day to day running of the service. The provider's philosophy was 'to us it's personal'. It was clear that this caring culture was well embedded at every level of the organisation. The feedback from staff confirmed this. One staff member said, "I love my job, I love the people I care for and would do everything I could for them."
- Going the extra mile was part of the everyday service and not a rare favour. One family member said "If they have surplus time, they keep busy by doing her washing up, ironing, hoovering and so on. The carers talk to her as they support her, they have a good relationship with her." Another family member told us how care staff had offered the loan of a carpet cleaning machine as they had noted a person's carpets required cleaning. Further similar examples and comments were made by other people and family members.
- At Christmas Home Instead runs it's annual "Be a Santa to a Senior" campaign. In 2020 Home Instead partnered with AgeUK IW in their "No one should have no one" campaign. This meant that 372 Island older residents who have no friends or family received a donated gift from the local community, wrapped and delivered by the Home Instead team with Christmas cards made by local school children. Home Instead's aim of "To us its personal" is not limited to their clients but hope to make a difference locally in the community.
- The nominated individual and registered manager told us they always made a point to remember and celebrate people's special days such as birthdays, Easter and Christmas if culturally appropriate. For

example, during Easter they delivered Easter treats and Easter eggs to people and staff. For staff and people's birthdays, a card was always sent and for special birthdays a small gift provided.

- External social and health professionals were also highly complementary, and everyone, without exception commented about exceptional kindness and compassion demonstrated by the team. For example, an external health professional said, "I have always found the staff to be very friendly and helpful. This includes the management team." A social care professional said, "In our experience Home Instead treat their clients with dignity and respect; they are very quick to recognise when other people/professionals do not treat their clients with respect and are not afraid to challenge these attitudes."
- The provider operated the model that avoided short-timed, rushed visits. This meant staff were able to spend some quality time with people. We saw evidence of this in people's records. One person's record said, "Chatted about so much tonight and had a good laugh, did some sewing with [person's name] while watching bake off."
- There was an emphasis on ensuring the person receiving care and support was appropriately matched with a care staff member. In order to do so staff completed a profile outlining their areas of interest. This information was carefully matched with the information gathered about people during their initial assessments. This approach meant people were more likely to feel comfortable, open up and share their views and hopes with staff that shared similar views.
- The provider, registered manager and the staff celebrated and promoted equality which ensured anyone's diverse needs were respected. The providers induction process included equality training. Care staff confirmed they had completed this and all demonstrated an open attitude to respecting people's diverse needs.
- Peoples' individual needs, such as spiritual needs, were assessed and recorded in their care plans. One person's care plan detailed the person's faith and the church they attended. Care records showed that care staff were supporting the person to attend church events which was very important for the person.
- Staff shared with us how the management teams caring approach was also directed at the team. Staff gave us examples where the registered manager showed care and acted with flexibility to support the staff with any issues around their personal or family circumstances.

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

- The service was exceptional at helping people to express their views so that care staff and the management team understood their views, preferences and choices.
- The provider operated an outcome model, which meant they discussed with people what was important to them and the staff would work with the person to achieve it. For example, one person had stated their aim was to return to work as a vicar. Staff supported the person to improve their mobility and subsequently the person was able to return to active working within their church.
- Care staff appreciated the importance of involving people and knew what mattered and what was important to them. For example, one person had a pet that was of great importance to them. Staff had noticed that the person's cat had lost a lot of weight and spoke with the management team who contacted the person's relative to seek permission to take the cat to the vets. A urine sample was obtained and this was used to diagnose diabetes which would require twice daily insulin injections. Staff completed training to administer these and the person's much-loved pet is now healthy and putting on weight with care staff administering insulin twice a day.
- The provider ensured people experienced continuity of care this meant care staff were able to get to know people well. Records we viewed showed people were visited by consistent staff members. Feedback from people was that they saw a small group of regular staff which they appreciated. A client survey was being completed at the time of the inspection. Returned surveys confirmed people felt staff always understood their backgrounds, likes, dislikes and needs. People also said in the survey they were able to choose who supports them with their care including the gender of care staff. Where people had requested not to have a

particular staff member, they confirmed that staff member was removed from their rosters.

- People and their relatives told us, and records confirmed, people were actively involved in making decisions about the support they received and praised this. We saw people's views had been gathered during the regular reviews and unannounced checks completed by the management team.
- The provider told us in the PIR completed in October 2021 'During our new client care consultation, we explore the clients preferred methods of communication as part of the care planning process. This helps us to understand what support they need and ensure care staff are trained and competent to be able to provide support in their preferred method.' Fully understanding people's communication needs helps ensure people can be actively involved in decisions about their care. For example, in recent weeks the service had supported a person who was new to receiving support and who lived with advanced dementia. The person kept not letting the care staff into his home. The service created a board with care staff faces and their first name along with the time they would visit. The person now interacts well with the care staff, even letting them support him for walks to the seafront and to help him make something to eat.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy, dignity and the promotion of independence was at the heart of the services culture and values. People, family members and staff felt respected, listened to and influential.
- People told us their dignity and privacy were always maintained. One family member said, "They [care staff] respect his dignity and privacy, so when they wash him, they cover him with a towel. They encourage him to be as independent as possible, so he does small tasks himself such as cleaning his teeth." A person told us, "I never feel embarrassed when the carers are looking after me in the shower. They make me feel at ease. They are kind and polite all the time." Survey responses from people also echoed this.
- These views were also shared by external health and social care professionals. For example, an external social care professional said, "In my opinion and experiences with Home Instead I have always found that they ensure that the person is at the centre of the care they provide and have always treated people with dignity and respect."
- Care plans also included information to promote respect for people. For example, one care plan stated that staff should address the person as 'Mrs X' until the person told staff it was all right to call her by her full first name.
- People gave us examples of how staff promoted their independence. A person said, "They [staff] encourage me to do my own teeth and hair when I am in the bathroom with them." Another person told us, "They encourage me to be a little independent so they support me walking to the bathroom or doing short walks in the afternoon. I have been given exercises to do so they encourage me to do those." People and family members gave us other examples of how staff promoted independence.
- Care plans included detailed information about what people could do for themselves and what they required support with. Staff had access to this information via care plans meaning they would not expect people to complete tasks they were unable to do but also not 'take over' when people could do things for themselves. For example, in one person's care plan it detailed how the person could make themselves a cup of tea if cup, teabag, and small amount of milk were left for them by the kettle. In another care plan there was very specific guidance for care staff as to the help a person needed to complete personal care meaning care staff would know exactly what the person could do themselves.
- Staff understood and appreciated the importance of promoting people's independence. Comments from staff included, "I believe in doing things "with" the client as opposed to doing things "for" the client" and "We promote clients' independence by allowing them to help or do themselves tasks we know they are able to do or asking them or they'd like to help with a task."
- The provider ensured people's confidentiality was always respected. Staff received training in data protection. Any records containing people's personal information were kept in a secure office and each staff member had their own login details to any information stored electronically.

- Staff understood how to maintain confidentiality. Comments from staff included, "I never talk about clients (when) on visits with other clients or anywhere else." and "I would not discuss the client or any concerns with anyone but the office."

Is the service responsive?

Our findings

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

This is the first comprehensive inspection for this service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care was tailored to meet the individual needs of people and was delivered in a way to ensure maximum flexibility, choice and continuity of care.
- External professionals told us how the service met people's individual needs. For example, one health professional said, "I have been impressed with the care that is offered to my patient by the staff. She can be difficult to work with. They have adapted their work and support to help this lady and have attended multi-disciplinary meetings."
- Through the provision of a small team of care staff who were able to really get to know a person, they were able to successfully provide support which enabled the person to remain at home and reduce the need for ambulance visits, decreasing some pressure on the local ambulance service.
- Staff observed people's condition and took appropriate action when people's needs changed or if they notice changes in a person's condition. For example, A care staff member noted a change in a person's physical condition indicating they may have had a stroke. They promptly contacted emergency services and the person was transferred to hospital. A medical condition was diagnosed and action was taken to treat the condition which might have been delayed, had the care worker not identified the concern.
- Where other services were unable to respond promptly the registered manager ensured action was taken to ensure people received appropriate prompt medical care. For example, staff noted a change in a person indicating a possible infection. The local gp surgery was unable to accept a sample for testing so this was taken to the agency office where the registered manager undertook the test. This confirmed an infection and antibiotics were requested, collected and commenced the same day. This meant the infection was promptly treated and the person did not require a hospital admission as had occurred previously for a similar infection. Incident logs detailed other occasions when staff had acted promptly to changes in a person's health needs.
- In 2019 a Raizer Chair was purchased. This is a specific piece of equipment which can safely assist a person to a sitting or standing position following a fall. The registered manager told us this has reduced the amount of time people have been on the floor, improving outcomes and reducing the risk of hospital admission/ pressure injuries. Additionally, five frontline ambulances have not been required making them available for other emergency calls.
- The registered manager chose every occasion to involve people or their relatives in the care planning process and to review people's care. People or family members had the opportunity to share information about the person's life history and care preferences through a comprehensive needs assessment process which was then used to develop exceptionally good person-centred care plans and to identify the appropriate care worker to work with the person. The registered manager told us they aimed to be very

flexible and visit people and their family members at a convenient time to them, even if this involved unsocial hours such as the weekends or the evenings.

- Care plans were reviewed and changed as people's needs changed. The provider chose every occasion to involve people or their relatives in the care planning process and to review people's care. One family member said, "My husband has a care plan. They [registered manager] sought our views when it was put together. Meetings regularly take place with one of the management team to see if I am satisfied with his care. The care plan is exactly what he needs." Another family member told us, "There is a care plan in place, the staff follow it. My views have been considered and there are regular review meetings. The manager visits the home to discuss support, I feel they are very proactive."
- People's needs were identified, and their choices and preferences were recorded and well known by staff. There was a password protected application that staff used on their phone so they could access people's care plans and records that they could read. Staff told us they were informed about people's needs and any changes. A staff member told us, "The care plan gets updated but we usually get a phone call from the office if something like medication has changed."
- The electronic care management system meant the management team and relatives where appropriate, had access to 'live' information about the person's care on the day. Where the provider had noted a deterioration in a person's condition, either through the live records or when staff had called the office, they had taken prompt action to address these situations such as making the necessary referrals to health and social care professionals. The electronic care planning application also enabled staff to 'log-in' and 'log-out' of their calls so the provider could monitor if the calls were completed and take prompt action if the care worker could not attend.
- The service was also able to respond when there was a short notice change to a person's needs. A family member said, "The company responds very quickly to her needs as recently I had to go away, we have carers three times a week for her, but whilst I was away they organised visits every day for seven days and night. They bent over backwards to help us; they pulled all the stops out."

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

- The provider had robust arrangements to support people with social activities and to prevent social isolation. The registered manager said their philosophy was 'making a life well-lived'.
- As part of the recruitment process care staff were required to identify their own interests and hobbies. During the initial assessment process people's life history, interests and hobbies was also recorded. This was then used when matching care staff with people meaning shared interests could be discussed and activities organised around these. We saw that the interests of staff allocated to regularly work with people whose care plans we viewed shared similar interests. Daily records of care included examples of conversations and joint activities people and staff had shared. The careful matching of people and care staff helps make people feel as content and comfortable as possible with their companions.
- Staff were encouraged to undertake activities to enhance the quality of people's lives. Each year at the same time as the television programme "The Great British Bake Off", the service organised a similar event encouraging staff to work with people and photograph their baked goods. Photos shared showed people actively participating in this enriching activity.
- The provider described how they had tried to protect people from social isolation since COVID -19 restricted opportunities for social events. For example, within the PIR completed in October 2021 they told us, "We have also been working with our clients during lockdowns or those who may be shielding to continue engaging with family, friends or to help them follow their faith virtually." The registered manager had identified that many people were missing contact with families and grandchildren. They arranged for local children to draw pictures and write letters which were delivered to people each week. The registered manager said people had been "thrilled to receive these as they showed that people cared about them."

End of life care and support

- No people using the service were receiving end of life care at the time of our inspection. One family member confirmed that end of life wishes had been discussed and the service was aware of their wishes concerning emergency resuscitation.
- The registered manager provided us with assurances that people would be supported to receive good end of life care and to ensure a comfortable, dignified and pain-free death. They told us they would work closely with relevant healthcare professionals, provide support to people's families and other people who used the service and ensure staff were appropriately trained. Some staff told us they had attended end of life care training and this had been helpful previously.
- The registered manager shared correspondence they had received from a family member who had received support from the service at the end of their life. This included praise for a named staff member and concluded, 'Thank you again for all your help in enabling my mother to stay in her own home right until the end, it's what she wanted.'
- The registered manager told us how staff had previously supported people at the end of their lives. One person had been admitted to hospital for end of life care. Their regular staff and the registered manager visited the person in their own time providing emotional support, sitting with her, talking about her life to her and giving gentle hand massages. The person's husband was unable to visit the hospital. At very short notice on their day off, a care staff member visited the person in hospital to facilitate a telephone call between the person and her husband (who was also supported at home) to say a final goodbye. The registered manager said this had meant the world to the person and her husband.
- When another person had been in hospital their family member who lived off island was contacted on a Sunday morning by the hospital to see if they could get to the hospital. As they were unable to do so the registered manager and senior care staff member went to the hospital in their own time to support a phone call by the person with their daughter. The registered manager said this had been very comforting for both the person and their daughter.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met the requirement of the AIS. Staff had received training to develop good communication skills so that people could express their views and be involved in their care.
- The management team identified that some people living with dementia were having communication difficulties due to anxiety. They were provided with sensory equipment which has decreased some anxiety resulting in improved communication allowing them to express their feelings, choices and views.
- People's care records contained information about their assessed communication needs and whether they required the information in another format or language. The registered manager confirmed this could be organised when required.
- Staff knew people's preferred communication methods. A staff member said, "We usually have the same people which means we know the best way to communicate with them." One person's care record said, "I need patience from [care staff] while I take a moment to respond in a way I want to. It is important that when my speech is poor care staff offer me questions or options which are based on one or two word answers which will help me respond without becoming worried or frustrated."
- Within the PIR completed in October 2021 the provider told us 'For a client who displayed anxiety and confusion due to CAREGivers wearing masks, we enlarged the CAREGivers ID photograph which the CAREGiver attached by a wipeable plastic clip and cover to a visible area of their clothing not covered by their apron. This reduced the anxiety the client felt as they were aware of who was supporting them.'

Improving care quality in response to complaints or concerns

- People and family members told us they knew how to make a complaint. They said they would speak to the registered manager if they had a concern or complaint and all felt confident that any issues, big or small, would be taken seriously and resolved by the management team. For example, one family member told us, "I raised the concern that one member of staff had tried not to wear a mask on her visits. The manager addressed this issue." Another family member said, "I have never made a complaint, but I once raised a very small issue which was dealt with straight away."
- The provider had a complaints policy. Written information about how to complain was available for people and family members within the information pack provided when people commenced using the service. People and family members were also asked if they had any complaints when service reviews were undertaken.
- Discussions with the registered manager confirmed no formal complaints had been received in the past year. The registered manager and nominated individual described how they would investigate complaints including responding in writing to the person who had raised the complaint. Whether complaints were formal or informal these were recorded and appropriate action taken. For example, when a relative noted an unfamiliar name on their weekly care staff roster they contacted the office. The office staff member apologised and explained there had been a need to allocate a different worker due to unexpected staff sickness and annual leave and that the regular care staff would continue when able.

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, which did not result in an overall rating, this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- External health and social care professionals were very positive about the management team. For example, one told us, "The manager takes her role very seriously and appears to understand her responsibilities well." Other comments included, "The manager is very knowledgeable and seems a very capable person" and "Very approachable".
- External professionals were also positive about the service people received and all said they would recommend Home Instead and would use this service if a member of their own family required this type of care. For example, one external professional told us, "I can state that if/when a family member of mine needs care and support at home, I would most definitely recommend and approach Home Instead for that support." Another said, "There are very few quality care agencies of this kind on the Isle of Wight who offer the same high-quality service that Home Instead offer, so we do recommend them and our clients have been very happy with the service."
- People and family members were also all positive about the registered manager. For example, one family member told us, "The manager is very friendly, she is excellent, she can't do enough. She is a trustworthy mainstay. During COVID she has been very helpful. I live some distance from my relative so I couldn't get to see her. The manager was a tower of strength as she was so helpful. When the water heater broke down, she organised to get quotes to get it fixed. She has organised for a gardener to visit my relative's house. She has given me so much support." Similar positive comments about the registered manager were received from everyone we spoke with.
- The service had a clear vision and credible strategies to deliver high-quality care and support, and promote a positive culture that was person-centred, open, inclusive and empowering which achieved good outcomes for people.
- The registered manager and directors were very involved in the running of the service. All people using the service and their relatives knew who they were and how to contact them. For example, one person told us "The manager is very good she looks after the company well. She is friendly and approachable, so are the office staff, they are excellent too. I wouldn't be afraid to tell the manager anything, she would sort anything out for me." Similar comments were received from all people and family members. Staff also named both the registered manager and provider and all said they felt able to raise any issue with either of them.
- The provider told us in the PIR completed in October 2021 that their vision was to 'Change the Face of Ageing' and their mission was 'to become the employer of choice locally'. They told us they aimed to

achieve these goals by 'we look to promote a culture of continuous development (of staff) and consistently look at ways to improve our client and staff experience enabling us to provide the highest standards of care'. All staff had individual development goals identified in regular development plan meetings. These identified any additional training needs they may have and provide a route for career development. For example, one staff member commenced employment as a care staff member in 2019 and has now progressed to a lead care staff role which includes management tasks involved in scheduling of other staff.

- In early October 2021 surveys had been sent out to people or family members who used the service. The registered manager shared the responses that had been received at the time of the inspection. These were all extremely positive about all aspects of the service they were receiving. As detailed in other sections of the report people and family members were fully involved in the assessment of their needs, care planning and reviews which were regularly held.

- The provider used an electronic care planning and recording system meaning office staff were able to monitor the actions of care staff in a 'live' time frame. The provider identified in the PIR that 'This is a faster, more effective way of recording than on paper as we have a real time view of care calls, MAR charts and daily records. This system benefits our clients because we are able to monitor quality as soon as data has been submitted by care staff. This system has been very effective in supporting prompt monitoring and risk management during the pandemic.'

- The management team carried out unannounced checks of staff's practices regularly to monitor the quality of care provided to people. They identified that this helped them ensure staff were following correct PPE requirements and working in a safe way.

- Care staff were motivated and proud to work for the service. A staff survey completed in January 2021 showed that all 15 staff who responded strongly agreed that they were proud to work for Home Instead. In the same survey all staff also agreed or strongly agreed that they felt supported by the registered manager.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The provider and registered manager were clear about their role and responsibilities. They ensured they were appropriately trained and kept abreast of developments in the domiciliary care sector. They understood the regulatory requirements of their role and had notified the CQC when required of events and incidents that had occurred at the service.

- The registered manager and directors were very involved in the running of the service. All people using the service and their relatives knew who they were and how to contact them. For example, one person told us "The manager is very friendly and helpful. She works hard to meet everyone's needs. The carers tell me it is a nice company to work for. It is a very good proactive company that I would recommend to others." Similar comments were received from all people and family members. Staff also named both the registered manager and provider and all said they felt able to raise any issue with either of them.

- Effective and continuous governance was well embedded into the running of the service with a strong framework of accountability to monitor performance and risk leading to the delivery of a high-quality service.

- The provider had a robust system to monitor, assess and drive improvements to the quality of their service. Audits included medicine management, visit notes, accidents and incidents, complaints and safeguarding. Where actions had been identified this informed an action plan to help make the necessary improvements. For example, the registered manager had undertaken an audit and identified that the staff member responsible for monitoring medicines administration records had not been completing this fully. They then undertook a full audit of all medicines administration records for the previous months and where necessary addressed recording errors with staff. Additionally a full audit of all other aspects of the staff members role was undertaken and where this also identified further action required this was added to the service action plan which stated who would be responsible for actions and dates by which these would be

completed.

- The provider identified in the PIR that the electronic care recording system 'allows us to audit fortnightly as opposed to monthly, resulting in quicker identification of near misses, effective resolutions and better client outcomes. Having access to data quickly means we can identify trend and patterns, creating actionable insights where there has been a change in client need'. For example, MARs records helped to identify that a person was using their as required inhaler more often than previously. This was brought to the attention of the family member who lived with the person with a recommendation that they contact the hospice for advice. Advice was sought and the hospice kept in contact until the symptoms for reduced back to normal.
- The management team ensured there was open and good communication between people and their relatives based on their informed preferences. For example, with the person's consent family members were given access to the electronic system staff used to record the 'live' care notes. One family member told us, "I could read everything they reported online each day." Where necessary the provider also gave training and guidance to family members on how to use it.
- The service had two directors who worked daily in the office, meaning they were fully involved in the day to day running of the service. When necessary they would undertake a range of tasks. One director had completed the care certificate and all relevant care training meaning they were able to 'step in' and provide direct care should this be required. We saw this occurred during the inspection time frame when some staff were unable to work for a short time for medical reasons. The care certificate is a basic introduction to the principles required to provide care.
- During the inspection the provider demonstrated a full understanding of the service and a commitment to ensuring people received high-quality care.
- The management team had responded positively to challenges they have faced throughout the COVID - 19 pandemic. For example, they identified that one of their main challenges at the time of inspection was recruitment of care staff. Within the PIR completed in October 2021 they told us, 'To address our recruitment challenge we have introduced a revised employee referral scheme, improved our CAREGiver awards for outstanding practice and provided CAREGiver recognition in the form of a Spa Day locally for all of our staff to recharge and relax.' The service had a low staff turnover and where staff had left this was either for retirement or to further pursue education within the health care sector. Low staff turnover helped to ensure that people received continuity of care staff who they had got to know and who they felt comfortable with.

Working in partnership with others

- Staff and the management team worked extremely well in partnership with local health and social care professionals. One external social care professional said, "I have found that the staff and management to be approachable and give clear and precise information." Another professional said, "I do feel that they escalate care appropriately and have managed to work with my patient who has complex needs successfully."
- People and family members told us how well the staff at the service liaised with health professionals and as a result all worked as one team. This meant the team developed a systematic approach to working with other organisations to improve care outcomes for people. A social care professional said, "I have never had any issues or difficulties working with the staff at Home Instead."
- When a person required residential accommodation, the registered manager shared the Home Instead care plan with the residential home. This meant staff at the residential home had all necessary information to enable them to support the person in the way they were used to. Additionally, Home Instead staff and the registered manager have visited the person in the care home to help them settle in.
- The management team had good links with community-based health services where needed to meet people's needs. For example, places of worship, GPs, hospice service, occupational therapists, and other health care professionals. This was underpinned by a policy of relevant information being shared with

appropriate services within the community or elsewhere.

- One director had attended the Alzheimer's Society, Dementia Friends Champion training and planned to provide dementia friends training in the community when meeting restrictions due to COVID – 19 allowed. People benefited from the management's commitment and understanding around supporting people with dementia.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their duty of candour responsibility. They had been open and transparent with people when incidents occurred where the duty of candour applied. Family members were also informed when appropriate of all events where this did not meet the duty of candour requirements. A family member said, "They will phone me if they have any problems, which I find reassuring."
- The provider understood their responsibility to be open and honest if something went wrong. Apologies were given to people, where needed, and lessons were learnt.
- Notifiable events had been reported to CQC as required and the provider was aware of their responsibilities around this.