

Jefferies Care Services Limited

Home Instead Senior Care

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 21 and 22 November 2017 and was announced. We told the provider 48 hours before our visit that we would be coming. At the last inspection we found the provider was meeting the regulations and we rated the service Outstanding in Responsive and Well Led and Good in Safe, Effective and Caring and Outstanding overall.

Home Instead Senior Care provides domiciliary care and support to 185 people living in Wimbledon, Kingston and the surrounding areas. Home Instead Senior Care is part of a franchise that delivers care to people in many areas of the United Kingdom. This includes personal care such as assistance with bathing, dressing, eating and assistance with medicines. Other help provided covers all aspects of day-to-day housework, shopping, meal preparation and household duties as well as companionship services such as escorting people on visits or appointments, simple conversation and company. When we visited the provider 185 people were in receipt of a service; 85 received personal care and the remainder received help in their home or companionship. We only looked at the service for people receiving personal care during this inspection as this is the service that is registered with Care Quality Commission. The staff who support people are known as 'caregivers,' we have called them this in the report and office personnel are referred to as office staff.

The service had a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service continued to provide outstanding support to people and was very responsive to people's needs. The service also provided outstanding support to staff.

One person said "This is as good a service as it can be. I would be very happy to recommend it to anyone" and a relative commented "My relative now has a regular core of carers who know her very well. They treat her very kindly and speak to her with great respect, upholding her dignity and they are always very polite to other relatives in the house."

People continued to be extremely well supported by caregivers to engage in activities to stimulate and promote their overall wellbeing. The provider had continued to recognise and respond to people's needs by starting up several new not for profit clubs, as well as continuing to support clubs previously started. A new coffee and culture club had started at the Wimbledon Tennis club, a men only lunch club, a supper club and a new memory café at Kingston Hospital. Home Instead had also continued to sponsor the Alzheimer's Singing for the Brain service. An observer at one of the clubs told us "Without exception the clients are enjoying the session and being encouraged and supported by the carer with them." The caregivers gave many examples of where the positive feel of the activities had stayed with people throughout the week.

There was an extremely positive culture within the service, the management team provided strong leadership and led by example. The registered manager had developed a new structure to the office team which enabled the service to develop and grow. Staff support had been enhanced through a buddy system, effective training, systems to keep staff safe and recognition of staff's dedication to the care of people. One person commented "Staff are very, very well trained. If my regular caregiver is away the caregiver who replaces her knows exactly what to do." A caregiver said "The company supports its staff to care for clients to a high standard through a good support structure and training."

The registered manager was an excellent role model who actively sought and acted on the views of people. Staff said Home Instead was 'like being part of a family and we all really like one another.' Home Instead continued to have clear visions and values that were person-centred and ensured people were at the heart of the service. Their principle objective is to provide supportive care and companionship which both enables and encourages people to remain independent, in their own homes, for as long as possible.

A healthcare professional commented "The management is experienced, caring and well-regarded locally, and we know that many clients' lives are considerably better off thanks to the services they provide. We are fortunate to have them."

People remained safe in their homes. Caregivers and office staff could explain to us how to keep people safe from abuse and neglect. People had suitable risk assessments in place. The provider managed risks associated with people's homes, to help keep people and staff safe. Recruitment practices remained safe. Medicines continued to be administered safely. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

Staff were providing support in line with the Mental Capacity Act 2005. People were supported to eat and drink sufficient amounts to meet their needs. When required staff supported people to access a range of healthcare professionals.

People and relatives told us staff were caring, kind and efficient and staff respected their privacy and treated them with dignity. People's needs were assessed before they started to use the service and care was planned and delivered in response to their needs. The provider had arrangements in place to respond appropriately to people's concerns and complaints.

Staff we spoke with described the management as very open, approachable, positive and easy to get on with. Systems were in place to monitor and improve the quality of the service. The provider had audit systems for staff training and supervision and the national office conducted an annual standards renewal audit; this included scrutinising all aspects of the business. The last audit in 2017 was positive, with no actions to be taken. These systems continue to help ensure people received the care they needed as detailed in their support plans.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Outstanding ☆

The service was very effective. The company supported its staff to care for people to a high standard through a very effective support structure and training.

Staff support had been enhanced through a buddy system, effective induction, training, systems to keep staff safe and recognition of staff's dedication to the care of people.

Staff completed annual continuing development training on a number of subjects that related to the people they were supporting.

Staff were supported through one to one supervision, on site observations, team meetings and dedicated and responsive office staff and management.

The provider and all staff were aware what was required if people were not able to give consent to their care and of their duties under the Mental Capacity Act (2005).

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Outstanding ☆

The service remains Outstanding

Is the service well-led?

Outstanding ☆

The service remains Outstanding

Home Instead Senior Care

Detailed findings

Background to this inspection

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

This inspection took place on 21 and 22 November 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and the registered manager is sometimes out of the office supporting caregivers or visiting people who use the service. We needed to be sure that the registered manager would be available to speak with us on the day of our inspection.

The inspection was carried out by one inspector. An expert by experience phoned users of the service after the inspection to gain their views on the service they received. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider since the last inspection and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

Before the inspection CQC sent out 211 questionnaires to people using the service, their relatives and staff to get their views about the service. We received 41 completed questionnaires.

During the inspection we went to the provider's head office and spoke with the registered manager, two care managers, the training officer, the events co-ordinator, two care co-ordinators and two administrators. We also spoke with seven caregivers. We reviewed the care records of six people who used the service, and looked at the records of six staff and other records relating to the management of the service. Several of the office staff were also caregivers and supported people in the mornings, evenings, weekends and in an emergency when the normal caregiver was delayed or ill.

During and after the inspection we telephoned 19 people who used the service or their relatives and were able to speak with 12 of them. We also received an email response from one relative.

After the inspection we emailed seven healthcare professionals who work with the service or the people that receive a service from Home Instead to ask their opinion of the service.

Is the service safe?

Our findings

People and relatives said they felt safe with the service they received. People and relatives commented about feeling safe, with comments such as "Certainly, no problems with being safe," "Absolutely," "We do, after many years of other agencies, we are happy with Home Instead" and "Yes, I know they [caregivers] have been vetted. I know they are clear about the parameters of what they can do. So far trustworthy and honest." From the survey CQC sent out before the inspection one person said "This is as good a service as it can be. I would be very happy to recommend it to anyone." Results from the survey also showed that all those who responded, people, relatives and staff felt the service kept people safe from abuse and or harm in their own homes.

The provider continued to take appropriate steps to protect people from abuse, neglect or harm. Staff knew and explained to us what constituted abuse and the action they would take to protect people if they had a concern about a person. Caregivers explained they would speak with the registered manager or office staff and were confident any concerns they had about a person's safety would be dealt with quickly. Caregivers and office staff were able to give us several practical examples of how they had helped to protect people and keep them safe. Two examples were where a person was being bothered by unsolicited calls and they set up with the person's agreement a call barring service on their home phone. This information was then extended to other staff who were able to support people to stay safe in this way. Another person was supported to stay safe when builders called on them to do unrequired work; the caregivers cancelled the builder's appointment and then stayed with the person to ensure the builders did not return. The registered manager was aware of procedures in relation to making referrals to the local authority that had the statutory responsibility to investigate any safeguarding alerts.

The provider kept people and staff safe through individual personal risk assessments and risk assessments of the home environment. The personal risk assessments had been developed with the person in order to agree ways of keeping people safe whilst enabling them to have choices about how they were cared for. Each area of support was detailed with a risk assessment, including daily routines, activities, exercise, socialisation, mobility and personal health. Risk assessments of the home environment, including any equipment used to help mobilise a person, such as a hoist were checked for safe use. The home environment was checked for safety at the initial assessment and then added to as the support progressed. The caregivers and visiting office staff were all responsible for ensuring the home environment stayed safe. Staff were also kept safe by an electronic monitoring system when travelling that tracked staff movements when they were working. People's care and support plans which were accurate, up to date and legible were securely stored on password protected equipment. These measures helped to ensure staff were working and caring for people in a safe environment.

Effective measures were taken to help prevent and control infection, for example, by using hand gels, gloves and aprons. Office staff would often go out to where the caregivers were working to take them new supplies, to save them coming to the office and also to ensure caregivers had these products available to them at all times. Caregivers who prepared food or assisted a person with preparation or eating a meal had received appropriate training. These procedures helped to ensure the safety of staff and the person in their home.

Home Instead continued to recruit staff safely through a robust system of checks. We looked at the personnel files of six caregiver staff, three of whom had been employed in the last 12 months. We saw the necessary recruitment steps had been carried out before staff were employed. This included a completed application form, references and criminal record checks. The provider had also developed a new form called 'This is Me'. Questions such as where were you brought up, tell us about your family, your interests and activities, your talents and favourite books and holiday destinations were asked of the applicants. The provider also asked for six references, three professional and three personal. Before staff were employed they would attend a four consecutive day assessment and induction training course, where they were able to ask questions and learn what it took to be a Home Instead caregiver. It was only when all the above were successfully completed that a person would be offered a job. These checks helped to ensure that people were cared for by staff suitable for the role.

The service continued to have a good system in place for the investigation and monitoring of incidents and accidents. Following an incident or accident occurring, caregivers were aware of the process to take to report the occurrence. We looked at the records relating to five accidents that had occurred in the last 12 months. These included a fall outside the house, a slip while dressing and a bruised finger. The records detailed what had happened, who was present, the injury if any sustained, the actions taken and what had been learnt from the incident. The provider analysed incidents for any trends and from this preventative measures and additional training if needed was put in place. This process helped to keep people safe and avoid a reoccurrence of the accident.

Medicines continued to be administered safely. Of the people we spoke with only one person was supported by caregivers to take their medicine and their relative told us "My relative cannot self-medicate, so the caregivers do this for them, they keep records and sign that it has been done." Other people or their relatives said they managed their own medicines, which were mainly delivered from the pharmacy in blister packs which helped to mitigate the risk of errors. Where prescribed creams were required by people caregivers told us a body map was attached to the medicine administration records (MAR) so that the cream could be administered in the correct area. Where MARs were completed by caregivers these were returned to the office and audited for any errors. We saw the records retained at the office were correctly completed and signed by caregivers. Records confirmed caregivers received three levels of training in the safe administration of medicines, this included prompting or physical assistance, administering and specialist assistance. Caregivers confirmed this training was refreshed annually. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.

Is the service effective?

Our findings

People were cared for by staff who received outstanding training and support. People and relatives commented "Staff are very, very well trained. If my regular caregiver is away the caregiver who replaces her knows exactly what to do," "All caregivers have been very pleasant and eager to learn," "I would say they [caregivers] have been given a good basis of training," "I couldn't speak more highly of them, to be honest" and "They [caregivers] have been trained, but some are better than others." This last comment was echoed by another person who felt it may not be a lack of training but a lack of experience but overall they were happy with the service they received. From the survey CQC sent out before the inspection 85% of people responded that the caregivers had the right skills and knowledge to give them the care and support they needed and 100% of relatives felt caregivers had the right skills and knowledge needed to support their relative.

Also from the CQC survey staff commented "The company supports its staff to care for clients to a high standard through a good support structure, training and a realistic time for completing assignments," "I love working for Home Instead they always give me immediate support/response if anything arises with any of the clients that I care for, they also always show their support if I have concerns with any of the clients or with travelling," "Home Instead are very supportive and very understanding of any personal issues or circumstances and will adjust my rotas accordingly." Also from the survey all the staff respondents agreed that the induction had fully prepared them for their role before they worked unsupervised and that they received the training they needed to enable them to meet people's needs, choices and preferences. One staff member we spoke with commented "I was made to feel welcome from the start. This is like being part of a family and we all really like one another."

The provider had identified a range of training courses that all new staff completed as part of their four day induction process. This consisted of three modules with information about the aging process, safe client – safe caregiver and building relationships. New caregivers were also required to complete the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. One caregiver told us "The four day induction was very helpful and I've completed the Care Certificate, even though I have a current nursing background, this was really useful." The registered manager had developed a new 'incubation period' which tracked a potential staff member from initial phone call to starting work. Office staff kept in touch while the person was waiting for training or references to be returned and the person was invited to pop in for coffee at any time. This helped to ensure the person was made to feel welcome and part of the team before they started work. New staff could also be allocated a 'buddy' to help them manage their training, their rotas and support them while they were new.

We saw documented evidence that staff completed annual continuing development training on a number of subjects that related to the people they were supporting. These subjects could include accident prevention; positive behaviour support; equality, diversity and human rights; prevention and control of infection and basic life support. Additional specialist training was also available to ensure caregivers were trained to deliver the support people needed.

During our visit to the provider's office we saw they had a bed with a full size and weight model of a person called 'Martha/Arthur.' This model was anatomically correct for both a male or female person and was used as a training tool to help caregivers understand how to help a person with personal care to ensure the person retained their privacy and dignity. The model was also used to train caregivers in moving and handling a person. We watched a training session and could see how valuable this was in helping caregivers to understand how a person could move and the areas of danger to look for, such as elbows, hands or feet sticking out. It also gave caregivers the experience of using a full sized hoist in a relatively small area. This training could also be replicated in the person's home so that the training was individualised for the person's needs.

The provider had developed two pocket books for caregivers and office staff that gave quick reminders of what to do in an emergency. The first was on first aid, covering what to do at the primary assessment, when to place a person in the recovery position and when not to, a quick response guide to a person choking, having a heart attack or a stroke. The second pocket book was on reminders for infection control and safe medicine administration.

Caregivers spoke positively about the training they received, commenting "The question is 'what training do I need' and the answer is 'Yes,' for whatever I need, the training is excellent, really in depth," "You can get extra training which is really beneficial" and "Very informative, during the Dementia Awareness course you were shown a brain so you could see how it actually changed." We also heard from caregivers about the 'Dementia Bus' which had given staff the opportunity to experience what it is like to have Dementia. The Dementia Bus is a virtual dementia tour that has been scientifically and medically proven method of giving a person with a healthy brain an experience of what dementia might be like. Caregivers and office staff had the opportunity to walk in the shoes of a person with dementia, to help understand the issues that they experience every day. Caregivers and office staff experienced being confused, isolated, lost, intimidated, and vulnerable and this helped them understand what they needed to change to improve the quality of care for the person they supported. One caregiver said "It really made you think, since when I have changed the way I do things, which had benefitted the people I support." Caregivers told us about the additional training they had taken or were completing, such as relevant qualification in social care to level two and three and the City and Guilds in Dementia Awareness.

A healthcare professional told us "Home Instead staff are absolutely committed to providing excellent dementia care. They go to great efforts to ensure staff are well trained and understand dementia which counts for so much when supporting people with such a complex condition. It's always reassuring when we hear Home Instead carers are involved in supporting people."

Records showed all staff had regular one to one meetings with their line manager and an annual appraisal. Annual appraisals provide an opportunity for staff to assess their work and plan their development needs. Caregivers received regular supervision both through an observation assessment while working in people's homes and one to one supervision and what staff called a 100 day check. This covered 100 actual working days for those people who worked part time and helped to ensure staff continued to be happy and confident in their role. During the different types of supervision the managers looked at all areas of care provided and recorded their observations. Their observations were fed back to the staff member, so additional training if needed could be given.

Because there were over 130 caregivers holding team meetings where everyone could attend was not always possible. The registered manager had organised several 'breakfast with the boss' events, where staff were treated to a nice breakfast and a chance to sit and talk to the registered manager and one another. There was also a half day annual conference, to give all staff the opportunity to attend in either the morning

or afternoon and a similar half yearly meeting.

The registered manager had developed a staff incentives benefit programme which included a loyalty bonus scheme, cards and vouchers given to staff for birthdays, thank yous and you're a star. They had also implemented a caregiver referral scheme which rewarded staff for introducing new staff to the team. The registered manager recognised that not everyone could come out at night for a staff get together and so they had organised family events, a Halloween party, a circus week in the office, a summer party plus bowling and pub nights. Last winter the office team took out a 'support vehicle' to caregivers. This was loaded with hot chocolate and coffee, fruit, sandwiches, ice scrapers, de-icers, gloves and torches. They waited outside the person's house to surprise the caregiver with treats and to thank them for their hard work.

Staff supported some people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. This included healthcare professionals such as GPs, occupational therapists and district nurses to provide additional support when required. Care plans clearly addressed the support each person required, dependent on their individual circumstances. Home Instead also worked in unison with the local hospital to ensure people received a safe discharge, which involved communicating with the hospital, the occupation therapists, the District Nurses, GP's and the discharge team. The registered manager said in some cases where a quick response was required from Home Instead it was not always possible to provide the same caregivers for the first few days or weeks until office staff had had the opportunity to assess the person's needs and match them to a caregiver. Caregivers were also able to shadow the NHS Reablement teams to see how best they could support a new person.

A healthcare professional commented "I have been impressed with the manager's understanding of allied health professionals and her understanding of the role we can play in supporting and keeping people safe at home, which is ultimately all of our goals."

We carried out checks to identify if the provider was complying with the requirements of the Mental Capacity Act (MCA) 2005. The 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. Where another person had Power of Attorney over a person's health and welfare, the document for this was seen, checked as valid with the office of protection and a copy kept by the agency.

The provider had policies and procedures on the MCA. The manager had a good understanding of the MCA. All staff had received training on the MCA. They understood their responsibilities with respect to people's choices. People we spoke with commented "My relative has a visual impairment and we have told caregivers to say what they are going to do before approaching him. They have been very good at that" and "Yes, they always ask especially with personal care. My relative feels uncomfortable with help for personal care and they [caregivers] are always respectful of her personal space."

Is the service caring?

Our findings

The service continued to be caring. People and relatives commented "I am very happy with Home Instead," "I am very happy with the service my relative receives," "In the beginning Home Instead asked about my relative's life, their social activities and the work they used to do, so they could build a picture and rapport with them. I thought this was really good" and "My relative now has a regular core of carers who know her very well. They treat her very kindly and speak to her with great respect, upholding her dignity and they are always very polite to other relatives in the house." Other comments we received included "I've tried two other agencies but I'm totally happy with this one," "I hear my relative and the caregiver laughing sometimes, which is good," "I am absolutely totally satisfied" and "I'm extremely satisfied. The support I receive has allowed me to stay in my own home."

A healthcare professional told us "I have met and worked with several of the caregivers from Home Instead over the past few years. They always seem professional and seem to go the "extra mile" for people. People often tell me how much they value the support from their Home Instead caregivers."

We also received a few comments about the scheduling of calls when different staff than expected, went to support a person. These included "The people who do the scheduling don't always keep me informed of any changes, this mostly happens at weekends. This is most irritating. I don't like someone arriving first thing in the morning that I have not met before and do not know. Office staff are aware of this and are making an effort to keep me totally informed" and "Home Instead don't always provide me with a schedule of caregivers each week, which I would like especially when changes are made." One person suggested that caregivers could have a communication book to use to write things down for each other. The registered manager told us there was a communications journal in each person's home that caregivers used to explain what they had done during their visit, which another caregiver, relatives or healthcare professional could read.

Results we received from our survey sent out before the inspection showed 81% of respondents were always introduced to their care and support workers before they provided care and respondents were happy with the care and support they received. These results mirror what people told us about knowing who their caregiver was before they arrived. Respondents were positive that their caregiver always treated them with respect and dignity and were caring and kind. All the people we spoke with felt that their privacy and dignity were maintained by staff when personal care was being given. Staff were able to explain what they would do to ensure a person's privacy and dignity were maintained at all times.

The provider continued to recognise the importance of providing the same staff consistently over time so they knew the people they cared for well. The registered manager told us at times this could be difficult to do and they were trying to ensure people had a core set of caregivers who they knew and who knew them so that concerns of unknown staff arriving were kept to a minimum. All the office staff were trained as caregivers and could step in and support a person when required. The scheduler and the on call team had detailed information about the caregivers and who they had supported in the past, so that if a change needed to be made they would endeavour to find staff who were known to the person.

Before going to see someone new the care staff received the care plan from management and read about the person before meeting them. This meant people receiving a service had continuity from staff who understood their needs and people were reassured by the consistency of being supported by familiar staff. Staff commented "Home Instead is an excellent company to work for. The clients are treated with dignity and are enabled to stay in their own homes for as long as it is safe supported by caregivers," "Home Instead staff are very polite, friendly and understanding. I am very happy to be working for them" and "This is not a job it's much more. We develop good relationships with people, we do what they want and support them all we can."

The registered manager confirmed that each visit continued to be a minimum of one hour. They told us this was part of the service's objectives to ensure that people not only received the care and support they needed during that time but caregivers were also given the time to socially engage and interact with people and build a positive caring relationship.

Is the service responsive?

Our findings

The service continued to be very responsive to people's needs. Staff assessed people's support needs and this information was used to plan the care and support they received. People and relatives commented "I am extremely happy with the care givers and staff at this agency and would definitely recommend them," "I would not want to go to another care agency to provide these services which my relative receives. We have a caregiver who is a very willing lady and takes on board any suggestions to a change of care we make" and "I am very impressed with the manager. She comes to visit, she listens and she follows up with a letter on what actions will take place as agreed."

Healthcare professionals commented "I find Home Instead's responses competent, flexible, and always willing to adjust the service in order to suit the personal needs of the person and the people I know have good relationships with the caregivers" and "The overwhelming view that clients and relatives give me is that they are very happy with the care they are receiving. They have spoken of timely input, of being flexible and thinking outside the box." The healthcare professional went on to give an example where Home Instead had 'come to the rescue' in a tricky situation where care was required quickly.

People continue to be supported by caregivers to engage in activities to stimulate and promote their overall wellbeing. In response to people's needs Home Instead and caregivers have developed activities to suit individual people. Home Instead continues to sponsor the Alzheimer's Society 'Singing for the Brain.' Each week people with dementia, accompanied by their caregivers attend this event. An observer told us "Without exception the clients are enjoying the session and being encouraged and supported by the carer with them. One person just lights up when she is with her caregiver. They have been coming for over two years. It always seems that they try to match the person with dementia with the person caring for them." We heard of many examples from caregivers of encouraging people to re-engage with an activity they had loved. One person had, with lots of encouragement returned to dancing and now attended a weekly tea dance. The caregiver told us the person enjoyed the experience of getting their hair done and choosing what to wear for the dance. Another person was re-engaging with a lifelong love of a specific sport. The caregiver told us it was wonderful to see the person so animated and alive when engaging with this sport. Quarterly afternoon 'Cream Teas' were still held at a local hotel for people, their caregivers and families.

Home Instead had also developed a gentlemen's only 'Lunch Club' at a local pub. The men with their caregivers get the chance to chat and have a meal together while their partners could have a few hours off. Caregivers told us conversations often focussed on sport, cars and politics but on one occasion the men spoke lovingly about their wives. Another 'Coffee and Culture' club had been started based at the Wimbledon Tennis club where people and their caregivers had the chance to tour the grounds, hear talks by staff and outside speakers. The speakers were chosen based on people's likes and experiences. A new monthly 'Supper Club' had been started in response to peoples request to go out for a meal, in a safe and dementia friendly environment. A local centre was taken over and transformed into a restaurant for the night, where families could dine together knowing that if their family member became distressed or anxious, help was on hand and as everyone was in the same situation the incident was not embarrassing.

The supper club also highlighted those people who lived alone and relied on their caregivers all year. The registered manager told us in response to people's needs they were hosting a Christmas Day meal and party. This would enable people, caregivers and staff who would normally be on their own to come together for the day. Caregivers and office staff will help transport people to a dementia friendly venue and support them throughout the day.

Home Instead continues to run several 'Memory Cafes' and these were open to anyone with dementia, their families and carers. Each session had a different theme, including arts and crafts, tea dances, the Royal Academy In Mind Art workshop, Cognitive Stimulation Therapy, singing and chair Zumba (an exercise class). In collaboration with Kingston Hospital a new memory café has started on one of their wards for the elderly. This is primarily for people in hospital with dementia. Activities, advice, help and support can be given to both the person and their family.

Home Instead have recognised the importance of these activities for people with dementia, both for the peer support that people and their families receive and the stimulating activities they can engage in. The registered manager told us "There is tremendous support for loved ones as well, giving them opportunities to make friends and share experiences with others going through similar situations, alleviating compassion fatigue and frustration. We offer a sense of normality to what can be a confusing world for those who are experiencing cognitive decline."

We asked staff what difference they thought these events had on people's lives and they told us numerous stories of the change they had seen in people including one person who no longer wanted to get washed and dressed or go out but because of their past employment agreed to go to a talk, where they came alive and contributed to the event. Several examples of people who had not spoken for a while, or were very shy and introverted and were now were talking again and going out and joining in. Caregivers told us the positive feelings people get sometimes last all week till the next event; the tension between partners is eased and people are seen to be more relaxed. We were shown a video of a person who no longer spoke, suddenly reciting a poem from memory at one of these events and when they forgot the last couple of line another person finished the poem. Caregivers and staff said the work they do makes a difference to people's lives.

A healthcare professional told us "I believe Home Instead is an organisation that keeps the client at the centre of their services and they have a good understanding of client centred care."

The provider had an automated logging in system for caregivers. When arriving and leaving a person's home they called a freephone number from their mobile phone and this logged the time of the call in the office. This information was displayed on a large screen in the office and could be seen by staff at any time. An alert was also sent to the scheduler's mobile and email system, so that action could be taken if a caregiver was going to be more than 10 minutes late.

The provider continued to have an up to date complaints policy which gave processes to follow and time scales to adhere to when dealing with complaints. People said they understood the complaints procedure and were encouraged to speak up with any concerns or complaints, as this was seen as a positive process that could help to make changes where changes were needed. The registered manager explained that any complaints or concerns received were reviewed, investigated and responded to in a timely manner. Documents we looked at confirmed what we were told.

Is the service well-led?

Our findings

People and their relatives told us they thought the service continued to be very well managed. People and their relatives knew the registered manager and office staff by name and commented they were able to speak with them at any time. People commented about the agency "It is very well run and we are very happy with them," "I am very pleased with them. No problems," "Yes I know who the manager is and she has visited us fairly often" and "I don't think there is anything to improve. They [Home Instead] are caring and considerate, professional, efficient and totally reliable." From the survey CQC sent out before the inspection 84% of people and 100% of relatives responded that they knew who to contact in the agency if they needed to and the information they received from the agency was clear and easy to understand.

The registered manager was positive that any concerns people or relatives had with the service they received were addressed in a timely manner and to people's satisfaction. In order to do this the registered manager told us that over the last two years as the service had grown, they had responded to this change by employing more office staff and developing new systems to help ensure people using the agency continued to receive an outstanding service. They now employed four senior managers who managed a team of nine co-ordinators and administrators. They had also enhanced their electronic systems so they could track where caregivers were and alert people if staff were running late.

From the survey CQC sent out before the inspection staff commented "Absolutely brilliant job for caregivers as Home Instead looks after both of us and the client," "I've worked for other care providers in various roles in the past. My Home Instead branch far exceeds all of them in the training and support it offers us. Concerns are listened to and acted upon. I have confidence in the standard of care we provide for our clients" and "It is a privilege to be working for Home Instead." A healthcare professional commented "The management is experienced, caring and well-regarded locally, and we know that many clients' lives are considerably better off thanks to the services they provide. We are fortunate to have them."

Many of the office staff had started as caregivers and still continued to go out to support people. They said they enjoyed that aspect of the job and it helped them to keep in touch with people and to have a good understanding of the work of the caregivers.

Home Instead continue to be a franchise of a global organisation, but the initiatives the registered manager took were in response to local need and were led by the local office and not by the national organisation. The registered manager continued to make strong links with the local community to help raise awareness about dementia so people with dementia were better supported and treated.

The provider received several awards in recognition of the service it provided and for its role in the local community. The registered manager was a finalist in the 'Franchise of the Year.' She had also written several magazine articles and appeared on radio and television to promote what good and outstanding care especially for those with dementia looked like. Staff engaged in charity fund raising events to raise awareness of dementia. One person who received support through Home Instead had nominated their caregiver as Caregiver of the Year as part of the local authorities 2017 Dignity in Care awards. Although they

didn't win they said they were very proud to have been nominated.

Home Instead continued to have clear visions and values that were person-centred and ensured people were at the heart of the service. Their published aim statement said 'To become the UK's most admired care company through changing the face of ageing. Home Instead's principle objective is to provide supportive care and companionship which both enables and encourages our clients to remain independent, in their own homes, for as long as possible. The scope and duration of our service provision aims to support this, in line with an agreed plan of care.'

Staff told us "The manager and office staff are all very approachable, warm, friendly, caring and available when I need them," "You have time to support people and you are supported. The manager is very good, we make a difference to people's lives," "All the staff are very supportive and you're always made welcome in the office. You are really looked after," "I'm confident that when I speak with the manager about any concern it will be actioned" and "I want to go to work each day. All the staff have the same goal and are very supportive of one another." Staff talked about an open door policy where they could pop into the office or call either during office hours or to the on call system and get the help and support they needed.

People were regularly asked for their views about the quality of the service they received and if the care they received was meeting their needs and achieving the objectives agreed with them as part of their care plans. Office staff told us that when a new person starts with them they call the person 24 hours after their first support visit to check everything has gone well and then again after two weeks and then call on the person as part of the spot check of staff practice every three months. We took two comments from thank you cards sent in by relatives which said 'The caregiver is a good friend to our relative and she has a lovely smile, which always gives confidence to people, having caregivers in your own home' and 'You [caregiver] have brought real joy into this house.'

Home Instead also commissioned a 'Pursuing Excellence by Advancing Quality' survey through an independent organisation. This was for staff and people who used the service. We saw the results of the 2016 and 2017 surveys which were both very positive.

The registered manager, who is also the owner, kept up to date with changes in legislation, policies and trends through the national office of Home Instead. The national office sent out weekly updates and consulted with owners and managers about changes to policies. There was an on line forum of all the franchises and a national conference and a quarterly London meeting. The national office also provided a business support service and training for managers/owners.

The provider had quality assurance systems in place to monitor the scheme's processes. The registered manager provided us with evidence of charting staff training. This evidenced the scope of training delivered and highlighted any training needs for staff. They also had one to one supervision records that gave dates of meetings in advance for the year. The national office conducted an annual standards renewal audit to ensure the franchise was keeping to the standards they had set for care. This included scrutinising all aspects of the business, care plans, staff files, security of on line data and scheduling of calls. The last audit in 2017 was positive, with no actions to be taken.