

Harrall Care Services Limited

Harrall Care Services Limited t/a Home Instead Senior Care

Inspection report

Unit 3, St Albans Enterprise Centre Long Spring, Porters Wood St Albans Hertfordshire AL3 6EN

Tel: 01727895941

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02 April 2019

03 April 2019

04 April 2019

05 April 2019

09 April 2019

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Ratings

Overall rating for this service	Outstanding ☆
Is the service safe?	Good •
Is the service effective?	Good •
Is the service caring?	Outstanding 🌣
Is the service responsive?	Good •
Is the service well-led?	Outstanding 🌣

Summary of findings

Overall summary

About the service: Harrall Care Services Limited t/a Home Instead Senior Care is a domiciliary (home care) care agency. It provides personal care to people living in their own houses and flats.

People's experience of using this service:

People were supported to have maximum choice and control of their lives. People and their relative's felt this was a fantastic service.

There was a strong ethos of learning, when things went wrong, lessons were learned and shared with staff to support learning and understanding. Changes were implemented effectively ensuring best practice.

The provider had a twelve-week induction and training programme to develop and train staff. There was a support network to ensure staff had the confidence to grow. The training manager was passionate about good quality training. Staff told us they felt the training was excellent and were completely supported by the trainer. One aspect of the provider's improvement plan included on line access for staff at any time to develop their needs further.

People, relatives and staff were complimentary about the positive outcomes people achieved. The provider's systems and processes enabled staff to place the person at the centre of the care and support they received. People were supported to be independent.

People were supported to live and develop their skills and confidence in their own home. Staff were matched and introduced to people before they commenced their shift. The provider's and registered manager ensured that people were supported by the same staff to ensure the development of relationships. This also meant people felt safer knowing what staff were supporting them.

The providers had an established staff structure with clear responsibilities for all staff. This ensured that communication was effective and the decision-making process for any actions identified to improve the service were taken promptly without any delay. Staff felt supported and confirmed that the management teams' doors were always open.

The provider's governance systems were effective and ensured ongoing compliance. The providers had an improvement plan and was constantly developing the service. They had implemented an electronic monitoring and reporting system that had made a huge change to the way care and support was delivered.

The electronic system was live and gave real time information and allowed for immediate response and updates when required. The system also supported staff in delivering safer care and support, with prompts for staff and daily auditing and confirmation of completed tasks that were monitored by the registered manager and office staff daily.

All relatives were full of praise for Home Instead. They told us that the kind, caring staff who supported their families to grow, nothing was too much trouble and Home Instead had exceeded their expectations. People also confirmed they were delighted with the support they received.

Care plans were personalised, person centred with risk assessments developed for each identified risk to people's health and wellbeing.

There was an extremely positive culture within the service, the management team provided strong leadership and led by example. The provider and the registered manager had a clear vision and strong values about how people were supported, this was echoed by all the staff we spoke with. Staff were proud to work for Home Instead and felt they were an active part of an organisation where they mattered, and their voice was heard.

The provider was engaged in supporting other organisations to learn and develop and gave talks on varied topics and provided learning to support other health and social care professionals.

The providers have opened a dementia café in the local community that supported people, their relatives and friends with invaluable advice and guidance. The dementia café provided a place for people to go and meet new friends for tea and coffee and take part in numerous activities.

Rating at last inspection: Good (report published 02 August 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service has improved to Outstanding overall.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Good •
Good •
Outstanding 🌣
Good •
Outstanding 🌣



Harrall Care Services Limited t/a 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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

One inspector carried out this inspection.

Harrall Care Services Limited t/a Home Instead Senior Care is a domiciliary (home care) care agency. It provides personal care to people living in their own houses and flats. Home Instead provides care and support to older people, younger adults, people living with dementia, people with a physical disability and people with sensory impairments. Not everyone using Home instead receives the regulated activity of personal care. CQC only inspects the service being received by people provided with personal care, help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection there were 73 people receiving the regulated activity of personal care and overall 113 people were receiving support.

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 site visit because we needed to make sure that the registered manager would be there.

Inspection started on 02 April 2019 and completed on 9 April 2019. The day before we visited the office we

contacted people and relatives by telephone to explore their experiences. We visited the office location on 3 April 2019, we reviewed care records and other documents relating to the service.

Before the inspection: We gathered and reviewed information that we received from the provider on the provider information return (PIR). This is a document that the provider sent us saying how they were meeting the regulations, identified any key achievements and any plans for improvement. We also reviewed all information received from external sources such as the local authority and reviews of the service.

During the inspection: We spoke with the provider's, the registered manager, training manager, care coordinator and four staff. We gathered information from two care plans which included all aspects of care and risk. We looked at records of accidents, incidents, complaints audits, surveys and minutes of staff meetings.

Following the inspection: We reviewed information we requested such as training documents and we spoke with three more staff, four relatives and nine people who used the service.



Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person told us, "I feel very safe, I know all the [staff] and they are all very good to me."
- Staff had a good understanding of safeguarding and reporting concerns. One staff told us, "I would report any concerns to my manager." Staff we spoke with demonstrated they understood how to escalate concerns and had access to contact details for the local authority and CQC.
- Staff received safeguarding training and safeguarding was discussed with staff in supervisions and team meetings.
- There were effective safeguarding systems in place to make sure people were protected from the risk of harm or abuse.

Assessing risk, safety monitoring and management

- People had risk assessments in place which were reviewed regularly or whenever there were changes to people's needs. Staff received appropriate training and competency assessments to ensure the care people received was safe.
- People's risk assessments gave guidance in how to mitigate risks in areas such as moving and handling, medication and other identified risks to people`s well-being.
- •The provider's electronic monitoring system, allowed the care coordinators to monitor calls in real time. This allowed the coordinators to respond to any issues immediately.

Staffing and recruitment

- Staffing levels met the needs of people using the service. People and relatives told us there were enough staff to meet people `s needs.
- All staff were matched to people and introduced before commencement of their shift. This ensured the person knew who would be providing their support. The staff member was shown how the person's care and support needs are to be met. One relative said, "The staff are always introduced, and we always know who is coming and that is really important."
- The provider had safe recruitment procedures and checks in place to ensure that staff employed were suitable to work at the service.

Using medicines safely

• The electronic monitoring and reporting system lead staff through the process of supporting people with their medication. Staff were unable to log out from any visit until all the prompted tasks were completed and signed off on their mobile phones. This ensured people received their medicines on time and their daily support needs were met. Staff were required to confirm any critical tasks were completed such as people

were given their medicine.

- Medicine administration processes were completed in accordance with good practice. Medicine records were completed accurately and audited daily to ensure they were safe.
- Staff received regular training and protocols were in place for medicines taken when required. This helped to ensure that people received their medicines as prescribed.
- Where issues were identified, the registered manager took actions to ensure staff understood and followed best practice.

Preventing and controlling infection

• Staff received training in infection control and used appropriate protective equipment such as gloves and good hand hygiene practice to aid infection control.

Learning lessons when things go wrong

• The registered manager took appropriate actions following incidents and learning was shared with staff. Risk assessments and care plans were updated after accidents and incidents to ensure measures in place were effective.



Is the service effective?

Our findings

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

Good: 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 before commencing with the service.
- The registered manager confirmed they discussed people's care and support needs to ensure these could be met. One relative said, "[Registered manager] listens to what we say and has worked to provide the support and care we need. They are a wonderful company."
- Care plans contained information about how to support people's needs, including choices and preferences. These were reviewed regularly or when people's needs changed.
- The monitoring and reporting system allowed for any amendments to be uploaded instantly and staff had instant access to the changes.
- All amendments were followed by an email to the relevant staff to ensure they were aware of the changes. Staff told us the system worked well.

Staff support: induction, training, skills and experience

- One staff member said, "The training was very good, I felt it was comprehensive. I shadowed other staff. I was new to care and I didn't feel confident but at the end of my training I felt I had the skills I needed to do my job."
- The providers have a dedicated twelve-week induction and training program, that offers complete support and guidance from the training team and field supervisor. The provider's felt strongly about staff being fully trained and prepared for their journey with Home Instead. One staff member who had recently started their employment said, "The training has been amazing. I am completing my "care certificate" and I have had plenty of support from the trainer. I can call at any time for support."
- All new staff received inductions and undertook the Care Certificate training which supports staff to develop and demonstrate key skills, knowledge, values and behaviours that enable them to provide people with safe, effective, compassionate care.
- Staff completed other advanced training. For example, 42 percent of the staff had completed the Home instead city and guilds training in Alzheimer's and other dementias. This training was at the time of the inspection still being rolled out to staff. The provider and training manager had both completed "leaders in dementia care" accredited by a university and were ensuring best practice and guidance in this area.
- Staff confirmed they received regular supervisions and competency assessments to ensure they remained competent in their job roles.

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

• People who required help were supported to eat and drink. One person said, "Staff help make my lunch." Another said, "[Staff] help me with my food they get my breakfast for me."

• Information about the care and support given whilst eating and drinking was documented in people`s care plans. The registered manager and office staff reviewed this information daily.

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

- Staff and the management team worked well with other professionals to ensure that people received appropriate care. For example, one person who had numerous issues with their medication. The provider now has a direct email to the pharmacist who will then call them. This ensures any issues are addressed immediately.
- Other health and care professionals supported people to ensure they received appropriate care. Staff knew what to do should they needed to contact professionals such as GP's if required.

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 told us that they were always asked for consent before staff supported them. One person said, "Staff are excellent no problems, they always ask me what I want. They always take the time to chat."
- Staff received training in the Mental Capacity Act and had a good understanding of how to support people in practice. Where required advocates were sought to ensure people had a voice and decisions were made in their best interest.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; equality and diversity

- The provider's had a strong, visible person-centred culture. Staff were committed to providing exceptional care. The provider's ethos was to be responsive and caring daily. They only took on visits of one hour and above, to ensure staff had the time to deliver good care. Both the registered managers and staff were fully committed to this approach.
- People valued their relationships with staff and felt cared for and supported by staff.
- The ethos encouraged staff to go the extra mile to ensure they had a positive impact. Staff were encouraged to make time to develop relationships, the providers strongly believed this was an important part of caring and providing the appropriate support.
- Staff were committed to providing good quality care. One staff member had made a cushion that had lots of different textures and items to explore for one person they provided care and support. They had recognised the person was constantly exploring with their hands. The staff member had a good understanding of dementia and had in their own time made the cushion for the person to explore with their hands. The cushion was a great success as the person always has the item to hand to explore. This demonstrated staff went the extra mile to ensure people had excellent quality care.
- Staff demonstrated their passion to provide outstanding care. For example, staff had been visiting one person whilst they were in hospital. They had ensured that on their return the person had basic food supplies in their home. When the person was discharged, the hospital had forgotten to send the person's medication home with them. The care staff arranged for the medicine to be picked up by a member of the office team and delivered safely. Staff had stayed with them until they were safe and settled.
- The provider told us about one staff member who had placed pictures on the front of one person's cupboards and drawers to indicate the contents, as the staff had recognised the person was becoming frustrated when looking for items as they could not remember where the items were stored. They worked with the person to promote their independence by supporting them with locating items, this helped reduce their distress and frustration when looking for different items.
- People and relatives gave many examples of staff providing help and support that went over and above what was required. Examples included staff resolving a problem with ants, popping out to the shops to replenish people's food stocks and people were supported in the community with things they liked to do.
- People told us staff were wonderful, kind and caring and spoke with them in a respectful manner. People and their relatives had developed great relationships and spoke about staff as friends and part of the family. One person said, "[Staff] are very friendly, supportive and very helpful. We always have a good laugh, we are like little children. They have become my friends."
- People and staff receive birthday and Christmas cards. The provider confirmed, "We get wonderful

feedback from people and staff about this. In addition, if we have people with significant birthdays, for example 100. Then we always visit with flowers and a special card."

- A relative told us about how they felt when they first started with Home instead, "We didn't know what to expect, but we are really impressed. Staff really do care for my [relative] All new members of staff are introduced, so we know all our staff and that gives us great peace of mind." The way people felt and were supported was an important part of the provider's ethos. It was all about good quality care.
- People's care plans were written in a person-centred way. Cultural and religious beliefs were respected. Care plans gave staff information about how to support people and their preferences.
- The registered manager told us, "We match staff to people, we look at their interests and personal needs and respect cultural needs." This was to ensure people had positive outcome.

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

- Home instead were committed to providing care that put people at the centre of everything they did.
- Staff asked for people's views daily to ensure they were happy with their care and support.
- The registered manager told us there were four main touch points through the year where people were given time to talk about their care and support and express how they felt. People were delighted with their care. One person said, "We have a good old chat, they always ask me what else they can do. They provide good companionship they make me very happy. We get on really well."
- One staff member whilst providing care had noticed the person they provided care for had been dipping their finger into a glass of water and painting patterns on the table. The staff member decided to purchase some finger paints for the person as they had recognised this was an opportunity for the person to express themselves with painting. The finger paints were a big success with the person getting great pleasure from painting and expressing their creative side.
- Independent surveys were completed, and these confirmed people were happy with their support. We saw comments such as, "I look forward to every visit from caring supportive team that have helped me to continue to be independent. I am very happy with the care provided by Home Instead." "Absolutely marvellous, got me back on my feet." "My carer is perfect for me." "Excellent care, reliable and professional care givers."
- People were supported and involved with making decisions and choices about their care. One person said, "I have had a care plan review. They check regularly that I am happy with my care."
- People and their relatives were all very positive about the staff and how they were supported.

Respecting and promoting people's privacy, dignity and independence

- People told us that their privacy and dignity was promoted. One person said, "They are an enormous help and I feel very comfortable."
- Staff told us they communicated what they were doing and always checked what people wanted. One staff member said, "The care is all about the person. I always check if it's ok to do things, I am really happy to help."
- The provider told us, staff working with one person who had limited mobility ensured they took them to a shop where they had wheelchairs, this enable them to use the wheelchair to do their own shopping, choosing their own food, enjoying both the outing and the companionship and social aspect of going shopping with the staff.
- Another example of how staff supported people with isolation. A couple of people who had particularly loved nothing better than having lots of friends and family over for lunch. Staff realised that they were becoming more and more socially isolated and suggested that they would help them cook a lunch for friends. A date was agreed, formal invites were sent out and staff supported them to prepare and cook a lunch

This has now become a monthly event reducing their social isolation and ensuring they remain in contact

with their beloved friends and family. This demonstrated staff provided the support to people that enabled them to live the life they wanted by providing support that was tailored to their needs.

- The provider also told us one person with advanced dementia had recently started to mobilise again. This has been down to the constant and gentle encouragement of the persons small team of dedicated staff. Their relative was overwhelmed and thanked the staff for their tireless efforts that facilitated this amazing improvement in their [relatives] wellbeing, enabling them to access local restaurants and cafes once again.
- People were supported to be independent and follow their interests. One person told us, "They make me feel independent." Another person said, "I am very independent, and they make me feel positive."
- Staff told us they promoted people's independence. A staff member said, "I promote their independence by encouraging them to do what they can for themselves."
- The registered manager and staff promoted people's independence. People felt empowered and involved in their care and support. One person said, "[Staff] help me with my independence, [Staff] always ask me if I would like to try myself. Much better than I expected." Another said, "[Staff] always listen to me."



Is the service responsive?

Our findings

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

Good: This meant people's needs were met through good organisation and delivery.

Personalised care

- People told us they received care and support as they liked it. One person said, "I am really happy with the service, it's reassuring that they always come on time." A relative said, "You can set your watch by them."
- Care plans were person centred and detailed people`s preferences, likes and dislikes. For example, how the person liked their care delivered and what was important to them.
- People told us they were happy with their care and support they received. One person said, "I am very happy with the service, they are very caring." One relative commented, "Staff always turn up on time, they take their time, it's never rushed."

Improving care quality in response to complaints or concerns

- People told us they had no complaints about the service; however, they said they knew how to complain if they had any concerns. One person said, "I am asked if I am happy with the care, and I am very happy. I know who to contact if I needed, but I have had no complaints."
- People and relatives told us that they thought the management team were responsive.
- The ethos of Home Instead was all about the quality of the care and support. One staff member said, "It was obvious from the start, it's all about good person-centred care, geared towards the individual."
- All people we spoke with and their relatives were positive about their support. One relative said, "I am impressed by the [Management], the communication is excellent and without fail each month I get an itemised bill, so you know exactly where you are. It is very detailed and never wrong. I know who to contact if needed and they respond to our needs very well."

End of life care and support

- The provider confirmed, recently we have looked after two people who were at their end of life. Both expressed specific wishes to remain at home with their families. We ensured that they both had local staff, who lived in the same village, and who could easily attend to the person to support them and their families so that they could remain at home. One [relative] wrote "I just wanted to thank you and your amazing staff for the care and support you have given [relative], and [relative] too, over the last few months. The [staff] showed such love and compassion, caring for [relative] in a warm, dignified way. You have all been wonderful. Thank you."
- Another family wrote "You have all played a massive part in enabling [relative] to continue to live independently in their own home just as [they have] always wished and we are all so grateful for the excellent support, care and affection you have all provided to [relative] and to us."
- Staff received appropriate training in this area to enable them to correctly identify when people were nearing end of life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- People's support and wellbeing were at the heart of the service and staff worked collaboratively to ensure a shared vision about the ethos and culture of Home Instead.
- The provider's and the registered manager used the "Mums" test when employing staff, asking themselves would they be happy for them to care for their Mum. They were passionate about ensuring people had high quality care.
- Staff worked in line with the provider's ethos, staff felt a sense of pride working for Home Instead. One staff members feedback to the provider sent whilst they were out completing quality assurance checks stated, "Whilst out on my rounds today, I felt so happy and proud of my company Home Instead. I wanted to let [Provider's] know. I went in to see [person who used the service] this morning after not seeing them for a couple of weeks and wow such a huge change in themselves. Home Instead have really put in their all to this family I have witnessed today in such a big way that we are amazing." Staff felt that they made a difference.
- The providers were continually striving to improve the service, they had implemented an electronic monitoring and reporting system that gave real time information and the ability to act immediately to any relevant issues.
- Staff told us that the system was excellent and saved time. For example, all medication administration records (MAR) and daily notes were instantly accessible by staff at the office. There was no need to collect paperwork anymore as everything was now safely electronically stored and available daily to audit. This gave the provider's and the registered manager an instant overview of the service being provided.
- Any updates to care plans were accessible by staff immediately.
- The training manager held discussions and provided training to ensure staff delivered person centred care that met people's needs and they were available when staff needed any advice.
- People felt staff provided care that met their needs and went the extra mile. For example, during poor weather conditions the provider's used their four by four vehicles to ensure staff were able to get to all people who used the service. The provider's spent time driving staff around to ensure that people remained supported. In addition, they also ensured supplies of basic food such as bread and milk were delivered to several people who could not get out due to the bad weather.
- The providers were always available to support with people's care if required. The provider's told us, they were proud that in their nine years of providing care they had never had a missed a call.

 Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
- The registered manager and the staff understood their roles and had a good understanding of their responsibilities. There was a staffing structure and systems in place to ensure the smooth running and

development of the company.

- Staff felt valued by the registered manager and providers. They received supervisions and had access to regular staff meetings.
- The provider stated, "We truly aim to be the employer of choice. We do lots to make sure all our staff feel fully supported." One staff member said, "I feel appreciated, I received a lovely card from [Home Instead staff] telling me what lovely comments I was getting from people I care for." This supported staff to feel valued.
- The provider understood that the role of supporting people in the community could be a lonely one, they organised a variety of social events throughout the year for staff to attend and socialise. They also had an annual awards lunch to celebrate staff achievements. Previously Home Instead were winners in the St Albans Chamber of Commerce Business Awards for Business Growth. The judges praised them for the continuous recruitment process based on their caring ethos and commitment to high quality service which is paramount. They also commended them on providing Dementia Sessions for nearly 2000 people including Police, Fire, local Hospital staff, groups and businesses.
- The provider had an independent employee assistance programme for staff. To ensure they were offered support and advice about work and personal issues. There was support with legal and financial matters and access to counselling. The provider's felt strongly about supporting their staff.

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

- The provider ensured staff were matched to people and people received continuity with their care from the same staff members. This was done to promote consistency and promotion of good relationships and personalised care, this was important to people as they felt comforted and safe about the support they received.
- People and their relatives were involved in the details of their care and support needs and were regularly asked how they felt and if there was anything else Home Instead could provide. People were given the opportunity to respond to surveys to share their experience. The provider's looked at what people were saying and responded appropriately to improve the service.
- An independent annual survey showed an improvement in client satisfaction from the year before. One hundred percent of people reported that they would recommend Home Instead St Albans, 98% said their staff were well-matched to their needs and 98% said their staff arrived on time. These figures demonstrate that the provider has grown, they were able to maintain consistency and quality of care. The provider told us this was due to the ethos of Home Instead and the staff who continually strive to provide the highest quality of care.

Continuous learning and improving care

- The registered manager worked with other professionals to achieve good outcomes for people. The provider strived to develop excellent relationships with the local community. They were continually building links within the community, establishing collaborative relationships and being a role model for other local organisations and sharing best practices.
- The provider gave us an example of supporting a local charity. They told us, "When the Alzheimer's Society lost the contract for local support services, we were approached by a charity "Herts Musical Memories" who requested that we financially support them in carrying on what was known as "Singing for the Brain".
- The provider's funded the hall hire of this worthwhile group for 18 months and regularly attend to support the venture as well. They could see that several of their people benefited from attending and would have lost out on this vital social interaction if they had not provided funding.
- The providers were passionate about ensuring people had access to groups to support their wellbeing and gave their support and time to make this happen."

- The provider told us, "We also meet with other local care providers to ensure we are able to provide a coordinated service within our community. We have very strong links with organisations that provide support for individuals with special needs. We work closely with the Admiral Nurses, the support workers from the Early Memory Diagnosis and Support Service (EMDASS), the support workers from Age UK-especially the Discharge from Hospital Coordinator and the Help at Home Coordinator and three local charities who provide free befriending services in St. Albans, Harpenden and Wheathampstead.
- One of the Admiral Nurses contacted the provider to let them know what a positive impact their service was having on a person [they] had referred, the person was eating and drinking much better and it had freed up precious time for their [relative] to go and do the things [they] enjoyed knowing [their relative] was in safe hands.
- The provider were engaged in supporting other organisations to learn and develop and gave talks on varied topics and provided learning to support other professionals.
- They supported one group in making their town a dementia friendly community. They delivered lots of dementia friends' sessions to, local church groups, the parish council, district nurses, a local private hospital and volunteers at the library. This ensured a growing network was available to support people and their relatives with people's changing needs.
- The provider worked with other organisations to deliver sessions in dementia to staff at hospitals and work closely with the dementia lead to deliver regular sessions specially adapted to the hospital settings.
- The provider's told us, "We attend a quarterly two-day performance workshop "Performax" The group consists of five similarly sized businesses from across the country. The aim is to review each other's operations, share best practice and help problem solve. Each meeting has an agenda and theme and at the end of each meeting the owners leave having made commitments to each other regarding initiatives to develop the quality of care they provide. In the group we are in, discussions were held about how we could become the "go to company" for Dementia Care. We paired up with the University of Worcester who ran a five-day course for members of the management team from each office and obtained their "Leaders in Dementia Care" qualification. This has ensured that we are at the forefront of Dementia Care and can cascade our learnings to the whole team to enhance their knowledge and improve the outcomes for people we provide care and support."
- The provider launched their own dementia café as part of the ongoing initiative to create a local dementia friendly community. The Café is a safe, supportive environment where people living with dementia, family, friends and carers can obtain advice and support and is attended by many people.
- The provider told us In May 2017 they set up the Dementia Café which runs every second and fourth Wednesday of the month in a local church hall. This was fully funded by Home Instead and run by the provider's and local volunteers. They have over 60 people regularly attend, including several of their people who enjoy cake, drinks and activities and socialising.
- Any new people with a diagnosis of dementia are invited personally to attend with their family, or as in several cases the provider's ensure they have time booked with staff so that they can attend and enjoy the social benefits of making friends and enjoying social interaction, ensuring a very positive impact on their lives.
- One person stated to the provider "It's the highlight of my week-I can go with staff and have such a good time, we even get fish and chips from the fish shop on the way back home which is such a treat! Without Home Instead I wouldn't be able to do this and it allows my [relative] some time, to go and play golf."
- The provider worked and supported lots of different organisations, they were committed to providing outstanding care and support to people.