

Maxcare Ltd

# Home Instead Senior Care

## Inspection report

45 Alexandra Road  
Farnborough  
Hampshire  
GU14 6BS

Tel: 01252758716

Website: [www.homeinstead.co.uk/farnborough](http://www.homeinstead.co.uk/farnborough)

Date of inspection visit:

01 December 2016

07 December 2016

Date of publication:

20 February 2017

## 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

Home Instead Senior Care Farnborough was a privately run domiciliary care agency, which was part of the national Home Instead franchise. It provided companionship and personal care to adults over twenty-five years of age, including people living with dementia or a cognitive impairment.

There was a registered manager in place who was also one of the providers. A registered manager is a person who has registered with the Care Quality Commission 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 home is run.

The inspection was carried out between 01 December and 07 December 2016 and was announced. We gave the provider 48 hours' notice of our inspection as it was a domiciliary care service and we needed to be sure key staff members would be available. At the time of our visit the service was providing personal care to 40 people.

A model of personalised and compassionate care, which focused on the whole person was a golden thread that ran through the whole of the service. People were supported by staff who were passionate about treating them with dignity and respect at all times.

People received exceptionally person centred care from staff who knew each person well, their life and what mattered to them. The people using the service experienced a level of care and support that enhanced their wellbeing and improved their quality of life. The service provided support that focused on the individual's needs and the needs of their families.

People's lives and wellbeing were enriched because staff encouraged them to be as independent as possible. Staff demonstrated passionate, caring and positive relationships with people and were sensitive to their individual choices.

People and when appropriate their families were involved in discussions about their care planning, which reflected their assessed needs. People were supported to have enough to eat and drink.

People benefitted from an exceptionally well-managed and organised service and the provider/registered manager led by example. The providers' clear vision and values underpinned staff practice and put people at the heart of the service. Staff were aware of the vision and values, how they related to their work and spoke positively about the culture and management of the service.

Staff were inspired to offer care that was kind and compassionate through the passion demonstrated by both of the providers. The providers positively acknowledge the commitment and achievements of staff.

There were comprehensive quality assurance processes in place using formal audits and regular contact

with people, relatives, professionals and staff. Family members told us they were given the opportunity to provide feedback about the culture and development of the service and all said they would recommend the service to families and friends. The providers were responsive to new ideas and had developed links with external organisations and professionals to enhance the staff's and their own knowledge of best practice and to drive forward improvements.

People and their families told us they felt safe while receiving care. Staff and the provider/registered manager had received safeguarding training and were able to explain the action they would take if they identified any concerns.

The risks relating to people's health, welfare and their environment were assessed and these were recorded along with actions identified to reduce those risks in the least restrictive way. They were personalised and provided sufficient information to allow staff to protect people whilst promoting their independence.

People were supported by staff who were knowledgeable in caring for people with cognitive impairments. They had received an induction into the service and appropriate training, professional development and supervision to enable them to meet people's individual needs. There were enough staff to meet people's needs and to enable them to engage with people in a relaxed and unhurried manner.

There were suitable systems in place to ensure that medicines were managed safely. Staff responsible for supporting people with their medicines had received appropriate training and assessments. Staff had developed excellent working relationships with healthcare professionals, such as dementia specialists and GPs, which enhanced the care people received.

The management team and staff protected people's rights to make their own decisions. Where people did not have the capacity to consent to care, legislation designed to protect people's legal rights was followed correctly and confidently by staff.

## 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 was safe.

People and their families felt the service was safe. Staff were aware of their responsibilities to safeguard people and report any concerns identified.

The registered manager/provider had assessed individual risks to people and their environment and had taken action to minimise the likelihood of harm in the least restrictive way.

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

People received their medicines at the right time and in the right way to meet their needs.

### Is the service effective?

Good ●

The service was effective.

Staff received an appropriate induction and on-going training to enable them to meet the needs of people using the service. Staff were supported appropriately in their role and could gain recognised qualifications.

Staff sought verbal consent from people before providing care and followed legislation designed to protect people's rights.

People were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

### Is the service caring?

Outstanding ☆

The service was outstandingly caring.

Everyone we spoke with could not praise the care provided by staff from the service highly enough. The service offered a minimum of one hour visits to ensure staff had sufficient time to support people and develop meaningful relationships with them.

Staff were passionate about providing care that was personalised and focused on the specific needs of the people they supported. Staff developed caring and positive relationships with people and had an in-depth appreciation of people's individual needs in respect of privacy and dignity.

People's lives and wellbeing were enriched because staff encouraged them to be as independent as possible.

There was a strong visible person centred culture within the service. A model of personalised and compassionate care, which focused on the whole person was a golden thread that ran through the whole of the service.

### Is the service responsive?

Good ●

The service was responsive.

People experienced care and support from staff who were response to their needs and the things that were important to them in their lives.

Care plans were personalised and focused on individual needs and preferences.

The registered manager sought feedback from people using the service and had a process in place to deal with any complaints or concerns.

### Is the service well-led?

Outstanding ☆

The service was outstandingly well led

There was excellent leadership. The service was well organised and provided consistently high quality, person centred care.

The vision and values of the service were visible throughout the service and clearly demonstrated by the staff. The vision and values were enhanced through partnership working with other organisations, enabling staff to follow best practice and provide an improved quality of life for the people they supported.

There was an open and transparent culture within the service; and staff worked effectively with people, relatives, and other professionals. The provider actively sought feedback from people to enable continual improvement

The service worked in partnership with other organisations to make sure they followed best practice, maintained people's

safety, continued to provide exceptional care and improve the quality of life of the people they cared for.

There were effective and dynamic quality assurance systems in place using formal audits and regular contact by the provider/registered manager with people, relatives and staff.

# 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 checked 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.

We gave the provider 48 hours' notice of our inspection as it was a domiciliary care service and we needed to be sure key staff members would be available. The inspection was carried between 01 December and 07 December 2016 by one inspector and an expert by experience. 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 the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke over the telephone with 15 people using the service and with the relatives of eight others. We also received feedback on the service from three dementia specialists who were involved with the service.

We spoke with five members of the care staff, two members of the administrative team, the care operations manager, the training manager and the registered manager, both of who were also the providers.

We looked at care plans and associated records for five people using the service, staff duty records, six staff recruitment files, records of complaints, accidents and incidents, policies and procedures and quality assurance records.

The service has not previously been inspected.

# Is the service safe?

## Our findings

People told us they felt safe. One person said, "They always put my safety first". Another person told us they felt very safe and added that staff were "Excellent. I couldn't ask for better". Family members told us they did not have any concerns regarding their relative's safety. One family member said, "I feel very safe. I'm more than happy to leave them alone with [my relative]". They added their relative felt, "Really confident, especially with [named member of staff]". Feedback from the dementia specialists confirmed that they felt people using the service were very safe.

People experienced care in a safe environment because staff had the knowledge necessary to enable them to respond appropriately to concerns about people's safety. All of the staff and the registered manager/provider had received safeguarding training. The training manager/provider told us that the safeguarding training, which was also included as part of the induction programme, was specifically focused on keeping the people they supported safe. A member of care staff told us, "I would report any concerns to the office". They then gave an example of a concern they had raised about possible abuse by a family member of one of the people they were supporting. Another member of care staff told us, "Abuse can be physical or emotional". They then described the things they would look out for which would raise a concern. They said, "If I had any concerns I would raise it with the manager. If nothing happened I would go outside [to the local safeguarding team or CQC] and report it". Where safeguarding concerns had been identified, records detailed the action that was taken. The providers have also taken advantage of a national initiative between the Home Instead franchise and the National Trading Standards Scams Team to provide additional training for their care staff to help them protect people from mass market scams and provide a direct link to report suspected fraud directly to the National Trading Standards Scams Team.

People were supported by staff who understood the risks related to their care and the action they should take to reduce those risks. The registered manager/provider had assessed the risks associated with providing care to each individual; these were recorded along with actions identified to reduce those risks. They were personalised and written in enough detail to protect people from harm, whilst promoting their independence. For example, one person had a risk assessment to enable care staff to support them safely when they went swimming. Care staff were knowledgeable about the risks associated with each person they supported and how they would prevent harm and manage those risks. One member of care staff explained how they supported a person who was at risk of falling to mobilise safely. They added, "Before I leave I always make sure their walking aid is next to them". Each person's care plan contained an 'Emergency Client Information' section, which provided information in a suitable format for health professionals to support that person should they be taken to hospital in an emergency. The registered manager/provider had also identified risks relating to the environment, such as whether there were smoke detectors in the home, loose rug or pets that could create a trip hazard. They also worked in liaison with the local fire service to offer free fire safety checks of people's homes to help ensure the environment was safe. The providers also had a business continuity plan in place to ensure people continued to receive care and support in extreme weather conditions.

People told us care staff were good at identifying when they may need additional support and ensured they



received this by staying with them, requesting further support, if required and contacting healthcare professionals when needed. One person said they had recently been feeling unwell and added, "One of the carers, with my permission liaised with my GP. Within 5 minutes the doctor rang. Between us we got it sorted". Another person told us, "They [care staff] have made a lot of difference. If I didn't have them I would be in hospital". Where an incident or accident had occurred, there was a clear record, which enabled the registered manager/provider to identify any trends and take any actions necessary to help reduce the risk of further incidents.

People and their families told us there were sufficient staff to meet their needs. One person said they had "Three carers that come from Monday to Friday. It makes a lot of difference [having the same care staff]". Another person told us, "I have three different ones I'm quite happy with them". Other comments from people included, "Pretty much the same [care staff]. There's a good working relationship", "People come when they are expected", "Absolutely on time and they leave on time" and "Delays are only for something unavoidable but nine out of 10 times they are on time". A family member told us their relative had a consistent team of care staff, adding "Yes she's got three lovely ladies". A member of care staff said, "I like that you get an hour with people, so you don't have to rush and can really get to know them".

The care operations manager told us staff allocation was based on each person's needs. These were assessed, in conjunction with the person responsible for scheduling staff, prior to acceptance by the service. There was a computerised duty management system, which detailed the staffing requirements for each day. Short term absences of staff were managed through the use of overtime or cover from the administrative staff and supervisory staff.

There was a safe and effective recruitment process in place to help ensure that staff they recruited were suitable to work with the people they supported. There was a structured interview and assessment process, including a telephone interview to determine the applicant's motivation and reason for interest in the role; a formal interview; followed by employment checks including four references and Disclosure and Barring Service (DBS) checks. A DBS check will identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. However, the records did not always show where gaps in the employment history of potential new staff had been fully explored. We raised these concerns with the registered manager/provider who took immediate action to resolve the concern. On the second day of our inspection we saw that employment gaps had been fully explained and the records updated.

People received their medicines safely. People who relied on care staff to assist or prompt them with their medicine told us that this was done on time during allocated calls and that all activity relating to this was consistently recorded in their book on site. One person said staff, "Always ask [whether I have taken my medicines]. If I haven't they will bring the necessary stuff and see that I do take it".

Care staff who supported people with their medicines had received appropriate training and their competency to administer medicines had been assessed to ensure their practice was safe. The service had a clear medicines policy and there were arrangements in place to support people with regard to their medicines. Medicines administration records (MAR) were completed appropriately. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicines were required to initial the MAR chart to confirm the person had received their medicine. Each person who needed 'as required' (PRN) medicines had clear information in place to support staff to understand when these should be given.

## Is the service effective?

### Our findings

People and their families told us they felt the service was effective, that staff understood people's needs and had the skills to meet them. One person said, "They do appear to know what they are doing". They gave an example regarding the application of a topical cream and added, "They apply cream very thoroughly and are very loving when they're doing that". Another person told us, "They [care staff] are marvellous. They do my shower and do my legs. They cope with the situation". A third person said, "They [care staff] seem to deal with things perfectly". A family member told us the member of care staff supporting their relative, "Is good at understanding [my relative's] moods" and added the member of staff "Knows to withdraw and come back again". Another family member said, "I was very surprised [member of care staff] is a real natural at her job". The feedback from the dementia specialists identified that the staff were knowledgeable about supporting people with a cognitive impairment.

People's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA). 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 the mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. The registered manager/provider and staff had received training in MCA and were able to demonstrate an understanding of how it applied to the people using the service. People's families and other representatives had been consulted when decisions were made to ensure that they were made in people's best interests.

The providers had clear policies and procedures to help guide staff in supporting people who were not able to make decisions about their care or support. However, although, people were assessed in line with the MCA, we found that the record of best interest decisions were not always clearly documented in people's care files. We raised this with the registered manager/provider who immediately took action to ensure that best interest decisions were recorded correctly. On the second day of our inspection we saw that staff were using the new best interest decision making forms.

People told us that staff sought their consent before providing care. One person said care staff, "Often check and say would you like some help with that". Another person told us, "They [staff] say, now we are going to do....". People's family members told us they did not have any concerns regarding care staff seeking consent before providing support. One family member said, "They [staff] tell [my relative] what they want to do". Daily records of care showed that where people declined care this was respected. For example one person was offered a piece of safety equipment, which they declined. This was recorded in their care file and a risk assessment was completed to enable staff to support the person's wishes. Care staff confirmed they sought people's consent before providing care or support. One member of care staff said, "If a person refuses personal care it's their wishes. I try and encourage them to have a nice wash but if they don't want to it's their choice. I would make sure they are safe and warm and then tell the office the client doesn't want to wash today".

People were supported by staff who had received an effective induction into their role, which enabled them

to meet the needs of the people they were supporting. Each member of staff had undertaken an induction programme, including a period of shadowing a more experienced member of staff who assessed their suitability to work on their own. The training manager/provider told us, "We take all new staff through an induction programme, which follows the care certificate and focusses on the needs of our client base". The training was a mixture of workbook, classroom and practical application; at the end of the training staff completed a knowledge check to assess staff's understanding and application of the areas covered. One member of care staff told us their induction had included "Three days in the classroom; the training covered everything. I then shadowed with the clients I was going to be supporting".

The registered manager/provider had a system to record the training that staff had completed and to identify when training needed to be repeated. The training manager/provider told us that there was a training programme in place, which followed a 15 month cycle to ensure care staff maintained their skills. This included essential training, such as medicines training, safeguarding adults, moving and handling, first aid and food hygiene. Staff were also supported to access specific training to support their role including a City and Guilds diploma in dementia awareness and the Mental Capacity Act. Staff were also supported to undertake a vocational qualification in care. One member of care staff said, "We do training on the computer each month and have a different standard to complete. My last one was safeguarding. You also do practical training for example applying eye drops or manual handling". Another member of staff told us, "We are always doing refresher training. I have done my dementia training, which was very good and gave me a better understanding of people's needs. Like if they refuse to have a wash and how to manage that". A dementia specialist told us, "When I visit their office to provide training to their staff, they are very keen to learn and their carers very responsive in sessions".

Staff told us they felt confident they had the skills to support people living with dementia. They said they felt supported by the management team and had regular supervisions with their manager. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and identify learning opportunities to help them develop. Senior staff had conducted spot check competency assessments in people's homes to ensure staff were appropriately skilled to meet people's needs. One member of care staff said, "I have a supervision every six months where I can raise a concern or ask for training; but to be honest you can raise things at any time". There was an open door policy and care staff told us they felt they could raise any concerns straight away and they would be listened to. Another member of care staff told us, "I had a client who didn't like me. I felt confident to raise it at my supervision and they slowly moved me away from the person". Staff who had been at the service for longer than 12 months also received an annual appraisal.

Before people commenced with the service, staff undertook a pre-assessment with the person to identify their individual needs, their personal preferences and any risks associated with providing their care. This included their medical history, an assessment of their ability to communicate and information about their mobility needs. The pre-assessment gave the provider the opportunity to ensure they had the staff with the appropriate skills, experience and where possible similar interests available to meet the person's needs. The pre-assessment also provided an opportunity to identify any risks relating to the person or their home. Staff told us if they had any concerns regarding people's care they would contact the office and request a review. One member of care staff said, "No problems contacting the office. If you leave a voice mail they call you back straight away. Very good very understanding". Another member of care staff told us, "The office and out of hours are responsive I've never had it where I can't get through. If I raise a concern or issue they follow it up and I get a text back saying what's going on".

People were supported to maintain good health and had access to appropriate healthcare services when needed, such as GPs, district nurses and chiropodists to ensure people received a consistent approach to

their healthcare. A family member told us that a member of care staff had contacted the family member's GP because they [the family member] was feeling unwell. They added "They care about me as well as my husband".

People were encouraged to maintain a healthy, balanced diet based on their individual needs. Where people required support with their nutrition and hydration, this was documented in their care file. One person told us staff help prepare their food and added, "What they do is appropriate and nicely presented". Another person said, "One [member of care staff] is a very good cook. She speaks to me about what meals she can make". A family member told us, "Sometimes they [staff] get [my relative's] lunch. They help by cutting up [their] food". Staff who prepared people's food were aware of their likes and dislikes, allergies and preferences.

## Is the service caring?

### Our findings

Staff developed caring and positive relationships with people. People could not praise the care provided by the service highly enough. One person said care staff were, "Very caring. [my care staff] called back [when I was feeling poorly] to check I was okay". They gave another example when they had been unwell and needed extra support. They added, "[My care staff member] said if I needed extra time she would do it. She got in touch with the office [and arranged to stay longer]. I was very pleased with that". Another person told us, "Yes, they [care staff] are a great comfort. They are very loving and caring". A third person said, "It makes a big difference to know that someone is caring. They get to know your needs". Other comments from people included, "They are kind to me. They are always willing to help", "They are very pleasant to speak to; we get on" and "From the minute they walk in we start laughing. It's all very friendly".

A model of personalised and compassionate care, which focused on the whole person was a golden thread that ran through the whole of the service. This thread stems from the providers' passion and vision of placing people at the heart of the service; through their recruitment process which matched new staff with the people they will support; the induction and training programme which specifically focused on the needs of the people being supported; the development of a 'life journal' to help staff understand and better support the people they care for; and enhancing people's wellbeing through the drive to help them remain as independent as possible. The service offered a minimum of one hour visits to ensure staff had sufficient time to support people and develop meaningful relationships with them. Staff spoke about their work with passion and spoke about people warmly. One staff member told us, "I love working with people, it's very heart-warming sometimes". They added, "They keep you with the same client. I have been with some clients since the word go. You really build up a strong relationship with them. That's why you can see if they deteriorate or there is a problem". Another member of care staff said, "I love the people I look after, they are like my family".

Staff training focuses on putting people at the centre of all the service does and reinforced the providers' vision and values. Staff were inspired to offer care that was kind and compassionate through the passion demonstrated by both of the providers. The providers also positively acknowledge the commitment and achievements of staff by awarding them gold and platinum merit badges. A gold badge was awarded to a member of staff who received unsolicited praise or positive feedback from people or their families about the care and support they had provided. Where a member of staff received five gold awards the fifth award was platinum. Staff told us they valued these badges and wore them on their uniforms with pride.

Family members were consistently positive about the positive impact care staff had on their relatives' lives. One family member said, "They always treat [my relative] like a friend". They are all lovely". Another family member told us care staff, "Treat [my relative] like very close friends or family. As soon as they come in they can tell what sort of day it is going to be and adapt [to meet my relative's needs]". A third family member said, "[My relative's care staff] makes [my relative] comfortable. [My relative] feels confident that they won't let her down in any way". Other comments from family members include, "They [care staff] are very caring they get [my relative] talking about his life", "[My relatives' care staff] is very friendly and very warm. She's a person with a personality" and "They [care staff] laugh and joke with her. What I like about it is if they have

time to actually talk to her". The providers also sought positive feedback from people and their families regarding staff who had 'gone the extra mile' to support them. For example, one person sent an email to the office which stated 'I felt I had to put pen to paper so to speak, regarding my care last weekend'. The email then described how the person had been feeling unwell and explain how the member of care staff, with their permission, had contacted the local surgery spoken with the GP and arranged for some urgent medicine to be provided. They concluded '[My care staff] came out night and morning to give me the help I needed'.

The feedback from the dementia specialists confirmed that staff at the service were passionate about providing care that was personalised and focused on the specific needs of the people they support. One dementia specialist told us that a client had reported to them that the service was 'very caring' and that the 'care staff go beyond the call of duty'. Another dementia specialist told us that they had received 'very positive' feedback from their clients.

People's lives and wellbeing were enriched because staff were exceptional in encouraging them to be as independent as possible. One person said, "The hardest thing is, you are letting people into your home but you want things done your way. They know what you want. They ask rather than automatically take over". Another person told us, "They've made me get out more; I'm my own person. If I didn't have them I'd be stuck indoors". A third person explained how staff provided positive support when they became anxious adding "They help me calm myself down". Another person told us that staff encouraged and supported them to do as much as they could for themselves, adding "I dry as much as I can on the top half and [my care staff] does the rest". Family members told us staff were highly motivated to help their relatives to remain independent. One family member said, "They try to encourage [my relative] to do as much as possible". Another family member told us, that care staff were very patient when supporting their relative with his personal care. They added they "will let him get shaved himself". We spoke with the member of care staff who supported this person they told us they encourage him to be as independent as possible, "sometimes he can get into the bathroom and other times I bring a bowl to him so he can shave himself. I hold the mirror and encourage him to do as much as he can himself". People's care plans contained information to inform care staff on how to support people and encourage them to maintain their independence. For example one care plan informed staff to 'Please knock on the door twice to encourage [the person] to answer and keep her mobile. If she does not answer the door then use the key safe'.

There was a strong visible person centred culture within the service. The client base for the service was focused on adults over twenty-five years of age, including people living with dementia or a cognitive impairment. The registered manager/provider had identified the importance of the relationship between people and the care staff who support them. People and where appropriate, their families were involved in discussions about developing their care plans, which were centred on the person as an individual.

As part of the assessment process people, their families and staff completed a 'Life Journal'. The 'Life Journal' captured detailed information about people's life journey and memories in respect of their family and the people who are important to them; when they were little; growing up; family traditions and celebrations; marriage; big events; views and feelings and favourites. This was a dynamic document and people, their families and staff were encouraged to continually add things to it. The information gave care staff the necessary understanding to provide a personalised care experience to people using the service, including personalised activities. This approach enabled staff to understand the person they were supporting, help diminish people's stress levels and manage behaviour that care staff or other people may find distressing. One person said they liked staff "having a conversation with me; they are very good with that. We have a laugh with each other". Another person told us, "I would be in a bad way without them. They do marvellous". A third person said, "Someone comes out and spends probably an hour discussing things and finds out a lot of information. Very thorough".

We saw feedback from the family of a person using the service praising a member of care staff who had taken the person out driving to visit locations he used to visit 60 years ago. The person had spoken about the locations, where they used to work and socialise, including a gliding club, reminiscing and telling stories about his past. The family member commented that '[their relative] did not have enough words to praise [the member of staff]. He had told their family member 'she is an excellent driver and he had enjoyed her company very much'. A dementia specialist told us the service, 'appeared to be client led and they understand the importance of individual [personalised] care plans'. They added 'Their employees seem to be very well motivated'. A member of care staff said, "You have sufficient time with people so you do build up a friendship with clients. I always read their journal, it is my bible to tell me about the person, the things they like, who they are. It helps me understand how I can help them in the way they like".

To enhance people's care experience the registered manager/provider also used the information from the people's 'Life Journal' to match them with care staff that had similar interests and background. For example, one person expressed a wish to be supported by a member of care staff who was aware of and understood their Christian beliefs. This was arranged and the service received positive feedback regarding the member of staff. A member of care staff told us, "Every time you get a new client come in they [care operations manager] go through the care plan; their background as a person what they used to do their likes and dislike, hobbies. They match you up with the clients very well. When you meet the client for the first time there is always someone with you that has met the client before".

People were cared for by staff who had an in-depth appreciation of people's individual needs in respect of privacy and dignity. One person, when describing how staff supported them with having a shower said, "I get wrapped up in a towel". They added that staff were very caring and "She makes sure she dries between the toes". Another person told us they, "didn't feel uncomfortable" when staff supported them to wash "she knows her job". A third person said staff "totally" respected their dignity and "They explain and talk through [what they were doing]". Another person described how staff supported them with their personal care and said, "They're such nice people. We just laugh". Family members told us the staff who supported their relatives understood the need to respect people's privacy and dignity. A family member told us "Yes it is implicit. They knock on her bedroom door in the morning". Another family member said, "Yes they're very good. They usually do his personal hygiene very well".

Understanding dignity and respect when supporting people living with dementia or other cognitive impairment is a core aspect of the training care staff receive as part of their induction. Care staff told us how they would maintain someone's privacy and dignity when providing personal care to people. They explained that this would be done by closing curtains and doors and ensure people were covered with a towel when having a wash. One member of care staff told us, "I always explain what I am doing [with regard to personal care] and stay in their vision so they are not surprised. They can choose to have me help them or not". They added "For one of my clients I check the water temperature and then wait outside while they have a bath or shower".

Staff understood the importance of respecting people's choice. They spoke with us about how they cared for people who were offered choices in what they wanted to wear, what they preferred to eat and whether they took part in activities. Choices were offered in line with people's care plans and preferred communication style. Where people declined to take part in an activity or wanted an alternative this was respected. One member of care staff said "I might show a person two jumpers so they can choose the one they want to wear". A family member told us "They [care staff] take [my relative] for a coffee and cake and they helped [my relative] chose the right coat and things that she would like".

Information regarding confidentiality formed a key part of staff's induction training for all care staff.



Confidential information, such as care records, was kept securely within the office and only accessed by staff authorised to view it. Any information, which was kept on the computer was also secure and password protected.



## Is the service responsive?

### Our findings

People and their families told us they felt the staff were responsive to their needs. One person said, "Most [staff] have known me for some time. They understand my emotions". Another person told us, "Whatever I am doing they will give me a hand to do it". A third person said, "I think once you've been with the same ones [for a while] they understand you". A family member told us that staff had recently come out and, "Recently reviewed [my relative's] medication". Another family member said, staff were responsive to their relatives changing health. They added "Yes they are very good that way".

Feedback from dementia specialists confirmed that the service was responsive to the needs of the people it supported. One dementia specialist described the support given to 'a very challenging client' over a number of years, describing staff as demonstrating 'a huge amount of commitment and dedication' and concluding 'they were very alert to any changes in condition and acted accordingly'. Another dementia specialist told us that they had 'observed that that the service was very sensitive to the needs of the client and carer'. They added 'I would describe the service as responsive'. A third dementia specialist told us 'The response to changes in any situation has been speedy and thoughtful'.

Some people who use the service had communication difficulties or were unable to verbally communicate. Staff were able to demonstrate their understanding of these needs and how best to communicate with each person they cared for. Staff were responsive to people's communication styles and gave people information and choices in ways that they could understand. Staff were patient when speaking with people and understood and respected that some people needed more time to respond.

People experienced care and support from staff who were knowledgeable about their needs and the things that were important to them in their lives. Staff's understanding of the care people required was enhanced through the use of their care plans, which detailed people's preferences, backgrounds, medical conditions and behaviours. They also included specific individual information to ensure medical needs were responded to in a timely way. One member of care staff told us they, "Always look at the care plan and look at the other entries in the daily records. It tells me what support they need, what they like and what's been happening [with them]". Care plans and related risk assessments were reviewed monthly to ensure they reflected people's changing needs.

People received care and treatment that was personalised and they or their relatives were involved in identifying their needs and how these would be met. One person described a "big file" and regular visits to review it. They said "[Staff] go through the whole spectrum. They are very thorough". Another person told us, "Every day the carer completes the plan [daily record of care]". They added "On a regular basis I sit down with [named person] to check things". A third person said, "They come regularly to check everything is okay. It's very good I'm very pleased with them". Another person told us, "They came out and discussed it. They didn't tell me, I told them what I needed". A family member said, "They come out every now and again to check everything is alright". Another family member told us, "Yes they've been out to check up that we are alright"

People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Care staff members were able to describe the care and support required by individual people. For example, one care staff member was able to describe the support a person required with their meals and when mobilising. This corresponded to information within the person's care plan. Where concerns were identified these were immediately logged on the person's electronic profile and actioned by a senior member of staff.

The provider sought feedback from people, their families and from staff through the use of quality assurance survey questionnaires. These were managed by an independent company who carried out analysis of the information obtained and fed the result back to the providers. The results from the latest 2016 people and staff questionnaires were positive. Comments included, 'They were very understanding of [my relative's] needs and receptive of her individual requirements', 'provide a wonderful service' and 'I was impressed with the way they went to pains to discover the likes and dislikes of [my relative] resulting in a well matched carer being employed. The carer has also read [my relative's] notes and was able to engage her in a meaningful conversation'. The providers told us that if issues were identified these would be responded to.

People were also given the opportunity to provide feedback in relation to their care when senior staff carried out their care review meetings or carried out an observational assessment of care staff. One person told us, "When they come to assess carers they will always ask how they are doing". Another person said, "Every three months they come out [to check] if there's anything we need to discuss".

The provider had a policy and arrangements in place to deal with complaints. They provided detailed information on the action people could take if they were not satisfied with the service being provided; this information was also available in the 'service users' guide' which was provided to all people using the service or their relatives. The information on how to make a complaint also included details of external organisations, such as the Care Quality Commission and the Local Government Ombudsman. People and relatives told us they knew how to complain and were confident any issues or concerns identified would be acted upon and resolved. One person said, "We've called with concerns/issues" and explained that these had been sorted out. Another person told us, "I've got no complaints; they're wonderful". A third person said, "I would contact the office [if they had a complaint]. They seem very professional in their approach". A family member told us, "There's nothing I can complain about". Another family member said they had no complaints but would know what to do if they had one because "in the journal there is a page about making a complaint". The registered manager told us they had not received any formal complaints and was able to explain the action that would be taken to investigate a complaint if one was received.

## Is the service well-led?

### Our findings

People and their relatives could not praise the service enough and told us that the service was exceptionally well-led. One person told us, "I chose Home Instead because they are absolutely fantastic". Another person said, "Oh yes – it is the best in the area. It is really excellent". A third person told us, "That's what I like about Home Instead they're so friendly". Other comments from people and their families included, "Very good service", "What contact I've had has been good", "They're very nice and very polite", "Very reliable" and "Absolutely 100%. They are always on time and look after me well". Everyone we spoke with and the feedback from the quality assurance survey questionnaires all indicated that people and their relatives would definitely recommend the service to family and friends.

Feedback from dementia specialists confirmed that the service was well-led and worked enthusiastically to create effective and dynamic partnerships with other organisations to provide high quality care. One dementia specialist gave us an example of where they had worked very closely with the service over a number of years to manage and support a person with very complex needs. They told us the service worked with them to identify imaginative approaches to help respond to the person's behaviour, which care staff and other people may find very distressing. Another dementia specialist told us, 'The excellent liaison has been of great benefit in our attempt to provide a seamless service for those with dementia' and added 'I have had robust feedback about the effectiveness of the service'. Another dementia specialist told us, 'I have had several meetings with [the providers] and would describe the service as well-led and effective'.

There was a clear management structure with the two providers proactively involved in running the service taking the roles of registered manager and training manager; a care operations manager; administrative support provided by a scheduler and a compliance officer; and senior care staff. Staff were confident in their role and understood the part each person played in delivering the provider's vision of high quality care. All of the staff we spoke with were able to provide comprehensive information on the running of the service. All staff described a culture of positive leadership within Home Instead Senior Care Farnborough and demonstrated enthusiasm throughout the inspection process. One staff member said "Lovely place to work. I have worked in various agencies and social services. This one beats it all, I can't fault anything". Another staff member told us, "The management team are lovely friendly people. Lovely to work for. Most people I speak to about my work say it sounds really good. You build up friendships with people. I never wake up and feel like I don't want to go to work today it is more than a job".

All staff clearly demonstrated confidence in their roles and worked tirelessly to inspire people to live a fulfilled life. They were fully engaged with the provider's vision and values for the service, enabling people living with dementia to remain safe and happy in their own homes, through the provision of compassionate person centred care. This philosophy, which focused on looking after people, their immediate families and each member of staff, placed the people at the heart of the service and was consistently underpinned by organisational practice. During our inspection we found many examples of where staff had fully embraced the provider's values. These included, one member of staff who visited a person in hospital in their own time to take them a dressing gown; Another member of staff who is a ceramics expert, who took clay to the people they support and encouraged them to make things which they would then take home in their own

time and 'fire' them in their kiln for the person to keep; and the care operations manager who supported a person to go out for a drive with them around their old paper round route. This brought back many memories for the person who spoke about the people who used to live there.

There were posters explaining the provider's vision and values and reinforcing their expectations with regard to people's experiences of the care displayed within the training room and office. One member of staff described the provider's vision of person centred care and how it impacts on the way they carry out their work. They told us, "Every time I get a new client, I come in and go through their care plan, their background, health and as a person what they used to do, likes and dislikes, hobbies. When I meet the client for the first time there is always someone with you that has met the client before".

The provider not only strived to improve the lives of the people using the service but took an active role in increasing the understanding of dementia and improve the quality of care provided to people living with dementia and their families in the wider community. The provider had proactively set up a 'Memories Meet-Up' group for people in the local community living with dementia, their carers and loved ones. The group provides a place and opportunity for people living with dementia, their carers or loved ones and professionals to meet, chat, learn, share experiences and develop new supportive friendships with people who had similar issues. The provider/registered manager told us, "Life doesn't stop with a diagnosis of dementia and I think it is important for us [Home Instead Senior Care Farnborough] to play an important role in supporting the wider community".

The providers also ran a dementia workshop within the community for people, their families and organisations who wanted to find out more about supporting people living with dementia. A dementia specialist told us 'I am particularly impressed by their [Home Instead Senior Care Farnborough] free educational days on behavioural aspects of dementia, which are very well attended by carers and professionals and in my opinion have a significant positive impact on carers in the local community'. The providers had also used these workshops as an opportunity to develop links and initiatives with local organisations, such as the local fire service; providing dementia awareness training to their staff and arranging for the provision of free fire safety checks in the homes of people using the service.

There was a strong emphasis on continually striving to provide seamless and person-centred care. This was the golden thread that ran through the providers' vision for the service; their recruitment process; focused staff training; the concept of matching staff with specific people; management processes; and the overall culture of the organisation.

The recruitment processes focused on recruiting staff to match the profile of each client. For example, the service particularly recruited a member of staff who spoke a foreign language who was matched with a person who was originally from that country so they felt more at ease while being supported.

The induction and training programmes were focused on the specific needs of the people supported by the service. One member of staff told us "We had three days of classroom training which covered everything then you shadowed with the clients you were going to be supporting. It is very much about the person and how you support them". Other examples include, supporting staff to achieve a City and Guilds diploma in dementia awareness and the initiative with National Trading Standards Scams Team to provide additional training for their care staff to help protect people from mass market scams.

There was an on-call system where senior a colleague had access to an encrypted laptop and could respond to calls for assistance from people using the service during the out of hour's period. The care operations manager gave examples where the supervisor had gone out at night to support someone in crisis until

professional assistance could arrive.

The providers had recognised the need to develop robust relationships between people and the staff who support them and therefore they offer a minimum of one hour visits, allowing staff time to engage with people and get to know them. They also ensured that new staff were introduced to the person by someone who had met them before. This provides continuity of care and ensured the person was comfortable with the new member of staff before they provided care. One person told us, "I'm very happy with them. It's made life easier". Another person said, "It takes a lot of worry away from your family". A family member told us, "It helps me having someone else here. It gives me a short break whilst they are here". They also said that having someone other than family there was a positive thing for their relative; "I'm sure it is good to have someone else here with her".

Opportunities were available for people and their families to regularly contribute in a meaningful way to develop the service and help drive continuous improvement. People and family members told us they were given the opportunity to provide feedback about the culture and development of the home and all said they were extremely happy with the service provided. The home had a structured approach to obtaining feedback from people using the service. The person was contacted after the first day of service provision regarding the care they had received; then a visit took place after four weeks and further on going visits every three months. This approach ensured a person centred response to people's needs and the identification of when those needs changed.

The service had strong links with healthcare professionals and dementia specialist organisations. A dementia specialist told us in their feedback about the service, 'The excellent liaison has been of great benefit in our attempts to provide a seamless service to carers of those with dementia. Another dementia specialist gave an example of when there was an issue with their client they told us the service, 'was extremely quick and responsive in contacting the relevant people'. The provider/registered manager and staff worked in partnership with these organisations to keep people safe, provide exceptional care and improve the quality of life of the people they cared for. Establishing and maintaining these links were essential for times of crisis or when planning appropriate care and personalised activities to people.

We found the registered manager promoted an open culture of transparency where lessons could be learned to drive improvements. We saw examples of this in the use of non-conformance forms; for example, where a call had been missed. These were fully investigated and action taken to ensure that there were no reoccurrences. We also saw evidence of this approach in the provider's training, policies and the information sent to the CQC directly from the provider/registered manager. Staff told us they felt valued and well supported by the provider/registered manager and ideas and suggestions made about the way the service provided care were considered, discussed and taken seriously. One member of care staff told us, "Well-led, definitely, it's brilliant, when I started I couldn't believe the organisation logistics I can't fault it at all". Another member of care staff said that the management team were, "Lovely, really helpful always there if you need them. I am a single parent and they are very flexible and very easy to talk to". A third member of care staff told us, I get support and backing. If I have any concerns I get hold of the office straight away or they will call you back. Very approachable and supportive". Other comments from staff included, "Very happy here, I love it, love the work we are one big happy family", "Fantastic, the backup is tremendous, lots of support and training is great", "When they come out and do an observation they always check you are okay and if there are any problems" and "They [the providers] are doing a Christmas dinner. We just turn up and be merry. Very happy, love it here. I have recommended it to my family".

The providers had a comprehensive quality assurance processes in place. Independent surveys were regularly sent to people, families and staff to gain views on the care provided and the running of the service

to enhance and enable continual improvement. The providers were sensitive to concerns raised and acted upon them. For example following feedback from people the providers now publish a quarterly newsletter keeping people up to date with things happening within the service. A member of care staff told us, "Management are very approachable and definitely listen and take it on board, you always get an answer. I would recommend anyone to have care from the company or come and work here". They told us they would recommend the service because of, "The professionalism of it all". Another member of care staff said, "Very approachable management. They are interested in what you do out of work as well, your family and things, which is nice".

There was a strong emphasis on continually striving to improve. The providers had established robust systems to monitor the quality and safety of the service they provided. This included feedback from people using the service and their families; feedback from staff both formally and informally; They also held a daily meeting with the care operations manager and administration team to review any out of hour's calls, daily deployment, future scheduling and any concerns or non-conformance issues. Audits of the service were carried out on a regular basis by the Home Instead national office to ensure consistency of service, and compliance with national policy and standards. The registered manager also carried out their own quality assurance audits. These included regular audits of medicines management, daily records, care files, staff files and staff supervisions. They also used the feedback from spot-checks and questionnaires to understand the quality of the service provided. Where issues or concerns were identified remedial action was taken. For example, when staff have not completed the medicine administration charts correctly, they are spoken with on a one to one basis and if appropriate required to undergo refresher training.

The providers understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of their registration. They also understood and complied with duty of candour.