

Colneis Care Services Ltd

Home Instead Senior Care (Ipswich, Woodbridge & Felixstowe)

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Home Instead Senior Care (Ipswich, Woodbridge & Felixstowe) is a large domiciliary care service which provides personal care and support to people living in their own homes. When we inspected on 20 and 22 September 2017 there were 112 people using the service. This was an announced inspection. The provider was given up to 48 hours' notice because the location provides a domiciliary care service and we wanted to be certain the registered manager and key staff would be available on the day of our inspection. We also wanted to give them sufficient time to seek agreements with people that we could visit them in their homes to find out their experience of the service. This service was registered on 14 March 2016. This was their first inspection.

Home Instead Senior Care (Ipswich, Woodbridge & Felixstowe) is part of the Home Instead Senior Care franchise which delivers care to people within the United Kingdom and in several countries across the world. The service provides personal care to people such as assistance with bathing, dressing, eating and medicines. The staff who support people wish to be known as 'caregivers' and therefore we have used this term throughout this report.

The provider of Home Instead Senior Care (Ipswich, Woodbridge & Felixstowe) was a company working under the franchise of Home Instead. The service had been compliant at previous inspections but at a different address. The directors of the company were a husband and wife team who were fully involved in the day to day running of the service. They were supported by a registered manager. 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 service is run.

Home Instead Senior Care (Ipswich, Woodbridge & Felixstowe) was exceptionally well led. There was visible and effective leadership in an open and transparent culture that resulted in an effectively organised and well run service. The provider and the registered manager were able to demonstrate how their robust quality assurance systems had sustained continual development and improvement at the service. They were clear about their expectations relating to how the service should be provided and led by example. They were supported by a management team and caregivers that were remarkably passionate and fully committed to delivering the highest standard of care to each individual. Morale was extremely high, at all levels within the service

Without exception people and their relatives were extremely complimentary about their experience of using the service. They were full of praise about their caregivers and told us that they were incredibly kind, compassionate and respectful towards them. They described how they trusted and felt safe with the caregivers, who knew them well and encouraged them to be as independent as possible. They shared examples with us of how the caregivers consistently provided them with personalised, tailored care; taking the time to ensure every small detail of the care provided met the person's individual needs and wishes.

Everybody we spoke with said that they would highly recommend the service.

All the staff teams were highly motivated, enjoyed their jobs and understood their roles and responsibilities. They were proud of where they worked and told us they felt valued and respected. They shared positive experiences about the way the service was managed, how they were continually supported and encouraged to professionally develop.

Caregivers were highly skilled and competent to meet people's needs. They demonstrated an enhanced understanding and knowledge of living with dementia. Exceptional person-centred training systems in line with current practice had been established. These took into account the different learning styles and needs of all the staff providing them with a holistic training package.

The high quality of the service's training had been recognised recently in the Suffolk Care Awards 2017 as winner in the 'excellent training' category and was highly commended in the category for innovative approaches to service for dementia in the community.

People and or their representatives, where appropriate, were continually involved in making decisions about their care and support arrangements. As a result people received tailored care and support which was planned and delivered to meet their specific needs.

Detailed care plans were in place. These covered all aspects of a person's health and personal care needs, how they wanted to be supported, their daily routines and preferences. The care plans were regularly reviewed and updated. Where changes were identified peoples' care packages were amended to meet their changing needs. The service was extremely flexible and responded positively to people's requests where possible.

People were safe; caregivers knew what actions to take to protect them from abuse. The provider had processes in place to identify and manage risk. Regular assessments had been carried out and care records were in place which reflected individual needs and preferences.

Recruitment of caregivers was done safely; checks were carried out to ensure they were fit to care for people using the service. There were sufficient numbers of caregivers to meet people's needs. Where people required assistance with their medications, safe systems were followed.

Where caregivers and or the management team had identified concerns in people's wellbeing there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment. Where required people were safely supported with their dietary needs.

Caregivers listened to people and acted on what they said. They understood the need to obtain consent when providing care. They had completed training in relation to the Mental Capacity Act 2005 (MCA). Procedures and guidance in relation to the Mental Capacity Act 2005 (MCA) were followed which included steps that the provider should take to comply with legal requirements.

People's feedback was valued and acted on. Their comments, concerns and complaints were appropriately investigated and responded to and used to improve the quality of the service.

Robust systems were in place to assess and monitor the service, identifying any areas where improvements were needed to ensure a high standard of quality care was provided. The provider and registered manager demonstrated an open, reflective leadership style working in partnership with other stakeholders to drive

continual improvement within the service and to raise awareness of the needs of people living with dementia within the local community. Feedback from health and social care professionals cited collaborative and highly effective working relationships.

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.

Systems were in place to help protect people from the risk of abuse and harm. Caregivers knew how to recognise and report concerns and were confident to do so.

The likelihood of harm had been reduced because risks had been assessed and guidance and training provided to caregivers on how to manage risks and keep people safe.

People received continuity of care from caregivers that were known to them. There were sufficient numbers of caregivers who had been recruited safely and who had the skills to meet people's needs.

Where people needed assistance to take their medicines they were provided with this support in a safe manner.

Is the service effective?

Outstanding 

The service was extremely effective.

Highly effective training systems were in place. People were supported by caregivers who had the enhanced skills, knowledge and experience to meet their needs fully.

Caregivers acted in accordance with the Mental Capacity Act 2005 and ensured people's rights were respected and upheld.

People received exceptional care from caregivers who recognised changes in people's health, sought professional advice appropriately and followed that advice.

People's nutritional needs were assessed and they were supported to maintain a balanced diet.

Is the service caring?

Outstanding 

The service was exceptionally caring.

Without exception feedback from people and relatives about the

approach of the caregivers was extremely complimentary. They told us they were always kind and considerate, respected their preferences and treated them with dignity and respect.

People and their relatives, where appropriate, were involved in making decisions about their care and these decisions were respected.

Caregivers understood how people wanted to be supported and had a thorough understanding of each person's likes, dislikes and preferences.

People's independence was promoted and respected.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People and relatives fed back about the high standard of person centred care provided from caregivers who had the time and ability to meet their needs in an individualised way.

People and their relatives, where appropriate, were involved in contributing to the planning of their care and support. They could be confident that their preferences, needs and what was important to them was known and understood by their caregivers.

People's care needs were regularly reviewed and care packages were adjusted promptly if necessary.

People's views and opinions were actively sought and listened to. People knew how to complain and share their experiences and their feedback was used to improve the quality of the service.

Is the service well-led?

Outstanding ☆

The service was exceptionally well led.

Dynamic leadership was demonstrated at all levels. The provider and registered manager promoted the highest standards of care and support for people; delivered by an extremely passionate and highly motivated workforce.

There was an open and transparent culture at the service. All the staff were well supported by the management team and were clear on their roles and responsibilities.

Effective systems and procedures had been implemented to continually monitor and improve the quality and safety of the service provided.

The service had established strong community links, worked in partnership with various organisations, including the local authority, community nurses and, GP to benefit the people they cared for and the local community.

Home Instead Senior Care (Ipswich, Woodbridge & Felixstowe)

Detailed findings

Background to this inspection

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

This inspection was carried out on 20 and 22 September 2017 and was announced. The provider was given up to 48 hours' notice because the location provides a domiciliary care service and we wanted to be certain the registered manager and key staff would be available on the day of our inspection. We also wanted to give them sufficient time to seek agreements with people that we could visit them in their homes to find out their experience of the service.

The inspection was carried out 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, we requested that the provider complete 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 improvements they plan to make. This was received from the provider. We also reviewed information we held about the service including feedback sent to us from other stakeholders, for example the local authority and members of the public. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

We spoke with the provider's nominated individual and registered manager, two client service managers, training and retention leader, a care coordinator and 13 caregivers. With their permission we met with five people and three relatives in their own homes on 22 September 2017.

Telephone interviews with people who used the service and their relatives were carried out by the inspector and an expert by experience. We spoke with sixteen people who used the service, seven people's relatives and received electronic feedback from eight relatives. In addition we received comments about the service provided from five community professionals.

We reviewed the care records of ten people to check they were receiving their care as planned. We looked at records relating to the management of the service, staff recruitment and training, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People spoken with told us that they felt safe using the service and with their caregivers. One person said, "They (caregivers) are friendly, honest and reliable. I feel 100% comfortable with them; trust them implicitly." Another person told us, "I'm at ease and safe with the care staff and relaxed; they are pleasant." A third person shared their positive experience stating, "They, (caregivers) know what they are doing... [personal care is] done with dignity and safely; no falls or accidents." A fourth person commented about their caregivers, "I'm safe and at ease. Once I asked to change one carer.... And it was done without fuss. I'm relaxed and okay with them. They are considerate in the house." A relative told us, "Based on what I see on a daily basis and what (person) tells me I am very confident that all of the care is done with dignity and the utmost safety."

People knew in advance which caregivers would be coming to visit them and told us that they wore their identification badges when they arrived to their home which assured them that they were representatives of the service. People said that the caregivers made sure that they secured their homes when they left, which made them feel safe and protected. One person said, "They let themselves in, call out to let me know they have arrived and who it is, but I know who to expect. I have regular carers and if there is a change the office let me know. They don't wear a uniform which is good; don't stand out and attract attention... could be a family or friend visiting. This makes me feel safe as you never know who is watching. They have their (identification) badge and the bits they need [appropriate equipment such as gloves and an apron to minimise the risks of cross infection]." A relative commented about the caregivers, "They are smart and look fine and they have ID (identification badge). They use gloves and an apron." Another relative told us, "They wear gloves and an apron they are never without these.... Hygiene is very key to them."

There were systems in place designed to minimise the risks to people in relation to avoidable harm and abuse. Caregivers were provided with training in safeguarding people from the risk of abuse and they understood their roles and responsibilities regarding safeguarding, including how to report concerns. One caregiver told us, "If I don't speak up who will? Nothing worse than a lazy carer." Where concerns had been received the service had raised safeguarding referrals appropriately and liaised with the relevant agencies. Safeguarding issues had been used to improve the service, for example, additional training to caregivers when learning needs had been identified or following the provider's disciplinary procedures.

Caregivers were aware of people's needs and how to meet them. People's care records included risk assessments which identified how the risks in their care and support were minimised. This included risk assessments associated with moving and handling and risks that may arise in the environment of people's homes. People, who were vulnerable as a result of specific medical conditions or dementia, had clear plans in place guiding to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives as they wished whilst being supported safely and consistently. Caregivers told us and records confirmed that the risk assessments were accurate and reflected people's needs.

There were sufficient numbers of caregivers to meet the needs of people. People and their relatives told us

that their caregivers visited at the planned times and that they stayed for the agreed amount of time. They told us they had been introduced to their caregivers before their care had commenced so they knew who would be coming and to get to know them. One person said, "Before my care started I met with the carers that would be coming to visit me. They were all lovely and as I was new to having care this put me at ease and feel safe. Consideration by those in charge to matching the right people with the right carers, taking into account matching people and personalities is clearly a priority and I can't fault them in any way even the ones that cover for my regular carers are spot on."

The minimum length of each visit was one hour. The registered manager advised us to ensure care givers were not rushed and had sufficient time to ensure people's needs were met fully they would not provide care visits for less than one hour. One person said about the care givers, "They call on time but if they run late they let me know. I get a weekly rota from them... and I know they stick to it." A relative talking about the importance of continuity of care and reliability said, "They (caregivers) are on time, they've not been late yet. We mainly have regulars, two of them. During their holidays they send replacements but they are brought round first to meet us." Another relative commented about the caregivers, "They call on time and they let us know and it's mainly regulars... a team."

Conversations with people and records seen showed that there had been no instances of visits being missed and that they were consistently provided with regular caregivers which ensured reliability of care. Robust systems were in place to ensure punctuality and reduce late or missed visits. At the start and end of each visit all caregivers were required to use a Freephone system which connected them to the agency computer system. If they were more than 15 minutes late, the office staff would automatically be alerted through their computer system and they would immediately contact the person and the caregiver to find out the reason for the delay. This provided the office team with the opportunity to quickly address any problems that may have arisen and make alternative arrangements should a caregiver be unable to carry out further visits. One caregiver told us how this made them feel, "I feel safe. I think the system is really good. If you don't log in after 20 minutes then an alert goes to the office and immediately they are checking if you are okay. Find out what has happened do you need help? As a female working alone sometimes this is such a good idea." We saw that the system enabled the office staff to coordinate the visits effectively adapting quickly where required to minimise disruption to people. In addition the management team were able to monitor visits to ensure that caregivers stayed the agreed length of time.

Records showed that the service's recruitment procedures were robust and systems were in place to assess that caregivers were of good character and were suitable to care for the people who used the service. This included carrying out a Disclosure and Barring Service (DBS) check which ensured the prospective employee did not have any relevant criminal convictions and had not been barred from working with vulnerable adults. The provider was selective about the people they recruited and insisted on six references consisting three personal and three professional; one being from the last employer. One caregiver shared with us, "I like all the people I work with. Clever the way you're recruited even from the telephone interview. They suss you out. They pick the best. They are very picky who they employ." Records seen showed new caregivers completed induction training before they began working with people. One caregiver told us, "The induction was very thorough and even though I am not new to care I was surprised how intense it was and how much I learnt."

Systems were in place to provide people with their medicines safely where required. The majority of people self-administered their own medicines and there were processes in place to check that this was done safely and to monitor if their needs had changed or if they needed further support. One person said, "I do my own tablets. But they (management team) have identified if it's needed they will [arrange] help with tablets." Another person told us, "I do my own tablets but they (caregivers) will remind me if at times. It's needed due

to my condition."

Where people required assistance with their medicines they told us that they were satisfied with the arrangements. One person said, "I like to do my own tablets whilst I still can but they (caregivers) bring me a drink and put the creams on my legs as I can no longer do that." Another person said their caregivers, "Get everything ready and help me with my tablets and make sure it is done right and they write it all down." Another person told us their caregivers, "Put cream on my back, do it ever so well its lovely; very relaxing." A relative commented about the arrangements in place, "(Person) has one of (their) tablets every few hours so it's also given when they (caregivers) are here and when I'm not there... yes, all done ok and noted." Another relative told us, "(Person) has several tablets but they (caregivers) check it all. We use dosset boxes and it's all done right. They do their tablets and they make a note and of the times."

People's records provided guidance to care givers on the support each person required with their medicines. Medicines administration records (MAR) were appropriately completed which identified that people were supported with their medicines as prescribed. Where people were prescribed with medicines to be administered 'as required' (PRN) there were protocols in place to guide care workers when these should be given.

Caregivers were provided with medicines training and the management team carried out competency checks on the staff and audited people's MAR audits to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support of caregivers where required.

Is the service effective?

Our findings

People fed back to us that they felt that their caregivers were highly effective and had the necessary skills and knowledge that they needed to meet their needs. One person commented, "As far as I'm concerned It's excellent. ... they are well trained." Another person said, "I absolutely feel safe in their company. I know them and trust them. They know my needs and know when I am ill, seen me at my worst and know exactly what to do. Very well trained, have a natural aptitude for the job. They are all insightful, knowledgeable and demonstrate great empathy." A third person said their caregivers were, "Ever so good at washing me; very gentle and considerate. You can tell they are well trained they pay attention to how you like things done and it becomes part of the routine. It is like a personal SPA in the morning. I can't find any wrong, to me they are just perfect. I get a great deal of enjoyment when they come." A fourth person commented, "They are well trained staff. They don't use a hoist but a special stand and they use it properly... no mishaps."

Relatives were equally complimentary about the ability of the caregivers. One relative shared with us, "I think they are well trained and they seem very caring. They have a brilliant attitude." Another relative said about the caregivers, "They are very good. They just generally have a good attitude. I've had no complaints. And I've not needed to change any staff. Yes, they are well trained and it's impressive they have plenty of training." A third relative commented, "They know what they are doing... it's done with dignity and safety. They are well enough trained. [Person] is safe and at ease with the care staff... I'm relaxed as well and [person] is too because [person is] very quiet. It's worked ok for [person] to have them coming in. But we were all nervous at first. Now it's helping us both. We now look forward to them calling; they are always cheerful and pleasant." A fourth relative commented, "I have always felt that my [family members] were completely safe in their care and the [caregivers] have demonstrated that they are well trained and equipped to deal with any situation as it has arisen."

Training and development systems had been established which promoted person centred care and embedded best practice within the service. The management team placed significant emphasis on ensuring caregivers had the skills and knowledge they needed to fully meet people's needs. The induction and training provided to caregivers was comprehensive and was bespoke to individual learning needs. Two training and retention managers worked in the office and were able to provide ongoing in house learning and development opportunities to support the progression of the workforce.

People living with dementia could be confident that their needs would be met by competent skilled caregivers who had received in-depth training on the condition. This provided them with the insight and understanding of the daily challenges people living with dementia faced and how best to care and support them and their families. This meant trying innovative approaches to achieve a positive outcome for people. For example, caregivers used a doll to demonstrate personal care tasks for one individual who was scared of water and refusing assistance with personal care. They demonstrated the personal care tasks involved using the doll to build up the person's trust and confidence. Through their encouragement and reassurance the person began to wash the doll, and then progressed to washing their hands before slowly being able to undertake personal care tasks with support.

Caregivers told us and records showed they were provided with the training that they needed to effectively meet people's needs. This included a comprehensive induction before they started working in the service, which consisted of the provider's mandatory training such as moving and handling, medicines and safeguarding. This was updated where required. In addition specific training was provided to meet people's individual needs such as diabetes, ear and eye drops, stroke awareness, catheter and stoma care and hearing aid training. The registered manager told us as part of continual improvement of the service, plans were in place to provide Parkinson's training and the service was to be involved in piloting end of life/advanced care planning training.

One caregiver shared with us their experience of the thorough training and induction, "I was new to care and didn't think I would be able to do the personal care but the training really helped and I have surprised myself. It doesn't bother me at all. I chat with them [people who use the service], make them laugh and make sure they have the dignity they need. The induction was intense very full on but I learnt a lot. Very in-depth covered everything I could think of. After day one I had my doubts if this job was for me. So much to learn and it was overwhelming. I came into the office next day and they put me at ease, They were so friendly and supportive. I can see now why there is so much to cover; important to get it right." Another caregiver told us the induction and training was, "Quite intense, covers a lot. Provides good knowledge of corporate [information] and [practicalities of how to provide] care. Good to consolidate. Very detailed. If you're new to care it gives you a comprehensive overview of care and what you need to do." A third caregiver said, "The dementia training is brilliant. The trainer is excellent. Has the knowledge and first-hand experience to explain the impact dementia has. We learnt a lot. Dementia training is very detailed. You learn strategies to help people cope, distraction techniques and practical skills to deal with challenging situations. Develops your understanding and knowledge. Most definitely prepares you for what you need to know to properly do your job."

Caregivers shared with us numerous examples of how the training and retention managers assisted them in their roles and were on hand to offer any support if required. One caregiver said, "You can always ask questions if you're not sure. Safe to do so, you're not made to feel silly." They described how, having not used a piece of equipment for a long time, they were feeling unsure. They told us they contacted one of the training and retention managers who immediately arranged time to practice, they, "Set it up straight away. I popped into the office and we had a quick reminder session on using the hoist. Felt much more confident." Another caregiver commented the, "Training team are brilliant at what they do. Give you the support and skills to do your job. I wasn't sure about a few things and didn't feel confident. They provide extra shadowing; wasn't a problem and it really helped."

Caregivers told us and records showed that new caregivers completed training and shadowed visits where they worked with more experienced colleagues as part of their induction. The registered manager explained how caregivers were encouraged to professionally develop and were supported with their career progression. This included being put forward to obtain their care certificate if they were new to the health and social care industry or completing nationally recognised qualifications. The registered manager explained how the majority of the care provided was for older people many living with dementia; in recognition of this the provider had invested in an in-depth accredited dementia training programme. This training provided caregivers with a comprehensive overview of dementia and enhanced understanding of the impact it has on their daily lives. In addition caregivers were given training and information about the ageing process which also covered chronic conditions to assist them in meeting people's needs. These measures showed that training systems reflected best practice and supported staff with their continued learning and development.

These highly effective training systems had recently been recognised at the Suffolk Care Awards 2017, the

purpose of which was to 'shine a light on amazing individuals, care providers and care companies that do a crucial job of caring for Suffolk.' Home Instead Senior Care (Ipswich, Woodbridge & Felixstowe) won the category for excellent training in recognition of their person centred approach to training delivered in a holistic way taking into account people's different learning styles. The service was also highly commended in the innovative approaches to services with dementia category. Acknowledging the meaningful ways the service cared and supported people living with dementia to enjoy a quality life.

Caregivers described how they were supported in their role and were provided with one to one supervision meetings and spot checks to ensure their competency. One caregiver described their positive experience of the ongoing support arrangements saying, "I have regular supervisions where I can get feedback about how I am doing. What further support or training I might want." Records showed caregivers were provided with the opportunity to discuss the way that they were working and to receive feedback on their work practice. This showed that the systems in place provided caregivers with the support and guidance that they needed to meet people's needs effectively and to identify any further training

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. We checked if the service was working within the MCA principles.

People told us they were asked for their consent before caregivers supported them with their care needs for, example to mobilise, with personal care or assisting them with their medicines. One person said, "It is my choice if I want a wash. I am never forced to do something I don't want. They [caregivers] respect my decision and never do anything I don't want them to do." Another person described how the caregivers were, "Always polite and considerate checking with me first what I need and get my permission first." We observed this practice during the home visits, for example, when assisting people to mobilise, or when a choice had to be made people were listened to and their decisions were acted on.

Caregivers and the management team demonstrated a good understanding of the MCA and what this meant in the ways they cared for people. Conversations and records seen confirmed that caregivers had received this training. Guidance on best interest decisions in line with the MCA was available in the office. Care records were signed by people to show that they had consented to their planned care and terms and conditions of using the service.

Where people required assistance, they were supported to eat and drink enough and maintain a balanced diet. One person said, "I am hydrated quite nicely thank you. They [caregivers] are very good at encouraging me to drink more." Care records showed that, where required, people were supported to reduce the risks of them not eating or drinking enough. Where concerns were identified with people not maintaining a safe and healthy weight or if people were at risk of choking, with people's permission, health professionals were contacted for treatment and guidance. This included referrals to the speech and language team. Where guidance had been provided relating to people's dietary needs, this was clearly recorded in people's care records to guide staff in how risks were reduced. Feedback received from professionals about the service cited highly effective working relationships where advice was sought through appropriate referrals and instructions followed.

People could be confident that they would be supported to maintain good health and to have access to healthcare services. One person described how their caregiver had been quick to act when they had cause for concern and involved the doctor straight away, "They have alerted me to get the doctor when I've been

poorly and they've called for me, to get [a doctor] to come round. And they've got advice for me from the medical phone line. And they've taken me to the surgery." This was echoed by another person who said their caregivers will, "Alert me to any need to get the doctor. They spot things early enough and they've taken me there [doctors surgery]." A third person said their care givers, "Follow up on things from the district nurses; everything is written down."

Care records reflected where caregivers had noted concerns about people's health, such as weight loss, or general deterioration in their health and the actions taken in accordance with people's consent. This included prompt referrals and requests for advice and guidance being sought and acted on to maintain people's health and wellbeing. A relative confirmed this saying the caregivers, "Have mentioned things to me that need the doctor or they think [person] is a bit shaky or anything that's a bit different. They let me know ... we have good communications and they set out the notes in case it's needed often between staff." Another relative shared their experience, "In an emergency they [caregivers] are helpful and proactive. When there has been an accident, wobble or illness they have always managed to get someone out to [them]."

Is the service caring?

Our findings

Without exception people, relatives and professionals spoke of the exceptional high standard of care provided by the service. The registered manager shared with us the company's aim to be 'The most trusted care provider and employer in the local area.' Working towards their national objective to positively change the 'face of aging'. An ethos of developing positive caring relationships with people using the service had been established. The registered manager and the provider supported by their management team, promoted a sense of compassion and care for everyone involved with the organisation. Emphasis was placed on building relationships of trust and friendships with people to keep them safe and to fully support them in line with their wishes, whilst promoting dignity and respect throughout.

People received excellent care in line with their preferences by kind and compassionate caregivers. People described how they felt comfortable and at ease in their company and were full of praise about their conscientious attitude and approach. One person said about their caregivers, "They are absolutely marvellous. (Named caregiver) comes round mostly or it's someone else on Fridays. (Named caregiver) is fantasticnot just a carer, now a friend. It makes a big difference to me. I look forward to (them) calling." Another person described the positive impact the caregivers had made on their wellbeing, "What they do is beyond amazing they have given me back my zest for life, a reason to get up in the morning. I look forward to them coming and wouldn't change a thing. I have frequently recommended the service it is truly wonderful. Their attention to detail; making sure everything is just how you like it is sublime they are all marvellous caring human beings." A third person said, "I think they are all caring people and really willing to go the extra mile. There is real dignity in the care and they take the time to do it right. They have been super." A fourth person told us, "I have got a nice rhythm going with my carers. They are a dream team of three, it all fits so well."

Feedback from relatives about the approach of the caregivers was equally favourable. One relative commented, "I first contacted Home Instead approximately 18 months ago when my [family member] was diagnosed with Alzheimer's. A small support package was set up and gradually increased over time especially when my [another family member] was diagnosed with the same disease. At a time when I felt my world had been turned upside down Home Instead were very supportive and have been the only constant service that I have been able to rely on. I have been so relieved to have chosen this agency and would recommend them to anyone. Nothing has been too much to ask of them and they have always gone the extra mile to accommodate both [family members] and my needs. The support workers [caregivers] have been very understanding of the difficulties and shown empathy in very trying circumstances."

Another relative shared with us the positive impact the service had made to not only the person's well-being but also to the whole family, "[Person], family and myself are truly delighted with the service [provided] for my elderly [family member]. It appears that the whole organisation is professional, maintains a high standard of care, efficient and cheerful which reduces our anxieties and makes life easier for all members of the family. I have and would still not hesitate to recommend Home Instead to others."

Caregivers demonstrated an enhanced understanding and knowledge about people's individual needs and

preferences. They consistently spoke about people in a caring and affectionate way and knew what mattered most to them. One caregiver said about their job, "Best thing is being able to make a positive difference to the way people are able to live their lives in their own homes. Doing what they want how they want it." All of the staff, including the management and staff based in the office, spoke about people with consideration. We heard this when office staff spoke with people by telephone on the days of our visits and when we visited people in their homes.

People's care records were detailed and identified their specific needs and how they were met. The records reflected that people were involved in all aspects of their care and their views were considered and wherever possible acted on. This included requests for different visit times, change in caregivers, support accessing the community and help with making and attending appointments. One person said, "Never been a problem if I want to tweak things, it's all about compromise; what is most important to you. A while ago I considered having an earlier visit time which they [office team] were willing to action, but it would have meant a different carer coming. I decided to keep things just as they are as I really like [caregiver] that comes. We rub along quite nicely thank you. What impressed me was that they [office team] didn't forget what I had said and they rang me back to check if I wanted to change anything as they could now accommodate me."

We saw evidence of practical action taken to relieve people's distress or discomfort such as arranging for occupational therapists to visit when new equipment was needed. For one person, with no family and limited support, the registered manager explained how a caregiver had taken them to hospital and stayed with them until they were seen before ensuring their safe return home.

People told us that the support provided by their caregivers helped them to be as independent as possible. One person described their experience saying, "Any personal care is done safely and with absolute dignity. I must say that when I knew I had to have some care, I was very reluctant because I'm very independent and still do a lot myself... It's working well, but at first I felt put out needing any care to be safe in my house... I've been very reassured and now it's fine. So I don't mind that [caregiver] showers me and puts the creams on; [they are] absolutely excellent." Another person said, "It frustrates me so much that I can't do what I used to do; down side of getting older. [Caregiver] is a ray of sunshine and won't let me wallow in self-pity. They never patronise me but instead encourage me to try and do something else and that helps me to not feel useless." One caregiver told us, "We are there for them always. Important to promote independence and encourage them to do things for themselves. Use praise, recognise and celebrate when they have achieved their goal. By encouraging them they gain confidence. You can see their behaviour change. They become proud of what they done independently."

People's records provided guidance to caregivers on the areas of care that they could attend to independently and how this should be promoted and respected. One relative said about the caregivers, "They help (person) have a shower and it's done with dignity and safety. They are chatting and checking and encouraging [them] as well. It's helping [person] to retain [their] independence." Another relative told us, "My [family member] was not the easiest of people towards the end of [their] life and in the final few weeks was still fiercely independent whilst not really capable of catering for any of [their] own needs. They [management team] discussed [their] needs with [them] and the manager visited to ensure [they were] happy with the care."

People and their relatives fed back that the caregivers treated them with dignity and respect. One person said, "I decide what I want and my choice is always respected." Another person told us their caregivers were, "Polite and respectful. The carer I had this morninghas been particularly helpful and said I could do with going out and [they] took me today and I have not been out since Friday... it was super. They will go

the extra mile." A relative commented on the thoughtfulness of the caregivers, "They are polite and respectful, never wear muddy shoes inside. They do little extras like the bins or feed the cat... Always give us a call out when they arrive." Another relative commented on the sensitive and caring approach of the service saying, "My [family member] can be difficult and sometimes outright rude but Home Instead head office staff are tactful, helpful and good at navigating problems."

People shared numerous examples about how they felt that their privacy was respected. This included closing curtains and doors and using towels to cover their modesty when supporting people with personal care to help maintain their dignity. One person talking about their experience of receiving personal care said their caregivers, "Understand how compromised and uncomfortable I feel not being able to do things myself. They are very skilled at putting me at ease and recognise how to be both professional and caring." Another person said, "My dignity is never compromised, at all times my caregivers are incredible respectful and caring."

The registered manager shared several examples with us of where the service had worked closely with people, their relatives and other health and social care professionals, to ensure the person received compassionate care tailored to their individual needs. This included attending meetings to discuss strategies where concerns about had arisen about a person's health and wellbeing. One professional fed back to us, "I am very happy to have this opportunity to set on record how impressed I am with the operation of Home Instead in providing their care service. It is quite apparent that the team are well-led and their operation is most effective for the benefit of clients. The admin staff reflect the same efficient attitude exhibited by the carers who are all dedicated to individual needs and are most helpful."

Is the service responsive?

Our findings

People told us they received exceptional care and support that was highly responsive to their needs. One person described their positive experience saying the caregivers were, "Attentive and very good at putting me at ease. Never rush me or get side tracked. They do everything I need and more. They understand me well and know how I like things done. I don't have to repeat myself, they listen and treat me with respect. No two days are the same, I know I am getting worse. The days I struggle are becoming more frequent and I need more help with every day things. I don't have to say anything they just know what to do and how much to help, they are brilliant at discreetly stepping in without me having to say anything." Another person commented, "They [caregivers] do everything that I need. Couldn't want for better. I have had them for years now and they are so in tune with my needs it's marvellous." A relative commented, "The care provided has enabled my [family member] to remain in [their] home with progressing dementia and my [other family member] to remain at home during [an operation] and other periods of ill health. My [family members'] every need is addressed by the [caregivers] from Home Instead. There is not a generic response from Home Instead; there is a provision of care tailored exactly to their needs. The service is caring, flexible and adaptable."

Before people were in receipt of any care from the service a senior member of staff visited them to assess their personal and healthcare needs. Together with the person and or their representatives where required, they discussed and agreed a package of care, including an initial plan of the care and support required. The initial assessment took into account the person's diverse needs such as their cultural, spiritual and social needs, specific conditions, their mobility, how they communicated, and how they wanted to be supported in these areas. One person described their recent experience of this process saying, "It was very thorough and covered everything you could think of especially what was important to me." A relative commented, "They [client services manager] came to see us. Yes, it was all understood and agreeable and based upon need."

People's care records were comprehensive, regularly reviewed and updated. They covered all aspects of an individual's health, personal care needs, risks to their health and safety, and personal preferences. Detailed care plans included people's daily routines providing care givers with the information they needed to meet individual needs in line with their wishes. For example, one person's care records explained the order that they preferred to be mobilised and details of the equipment required to safely transfer the person. For another person it was the order of specific coloured flannels to assist them with their personal care. There were clear instructions of where the person needed assistance and when to encourage their independence. There were also prompts throughout for the caregivers to promote and respect people's dignity.

People told us that they were actively involved in decision making through regular care reviews to ensure their needs were fully met. One person shared with us how they had contributed to their ongoing care arrangements, "I've used them for a few years. Yes, they have reviewed the care plan, all in keeping with me and agreeable to me and it's all understood. They keep to it." A second person said, "I spoke to someone from the office not long after I first had my carers come. They [telephoned and] wanted to check everything was okay and if I needed to change anything. Little while after that they popped round and we went through everything again. They checked my medications and asked if they could speak to my doctor to make sure

the creams I wanted them to use wouldn't cause me any ill effects; I am on a lot of medication. Never considered that before. Thankfully everything was fine." Another person said, "They've done both reviews and spot checks and I've not needed much change... and they are very flexible. The care plan has always been agreeable."

Relatives involved in the ongoing development of people's care arrangements shared positive examples of working with the service. One relative said about the care plan, "It's been reviewed regularly. There's nothing that is not agreed by me." Another relative commented, "They've reviewed it and it's checked out quite regularly every six months.... For example to make sure the meds [medicines] are up to date... Yes the care plan is kept up to date... but changes are made if we request them." A third relative told us, "It's been in place for approximately two years maybe longer. Care plan was agreeable and understood and they do a regular visit and we have changed the care plan now needs have changed, and the carers do check when I may have a temporary need for change and the carers are excellent. [Person's] needs are involving a lot more personal care... and they are brilliant at just taking this on board."

People received a highly bespoke service that was tailored to meet their changing needs. One relative told us, "[Family member] has some dementia and they [caregiver/s provide] a routine but with lots of care and dignity and the routine is also reassuring so [they are] more at ease. [Person] has a whiteboard, and they have let me use [photographs of the caregiver's faces] to let [person] know who is calling each day...that works really well; gives [person] continuity of care if I'm not there. Another relative told us, "Carers from Home instead provide 50 hours care for my [family members] each week. This has increased and decreased over the last years dependent on their particular needs at any time. At times this has included 24 hour care."

Two relatives who lived several miles away shared with us how they were assured by the measures in place to support their family members. One relative described how the service had stepped in at short notice to provide care, "The experience and support provided by all of the team I came into contact with was exceptional, including through one very challenging visit [client services manager] made to my [family members] house when my [family member] was very challenging given [their] Alzheimer's." They added, "All in all I could not be happier to date with the communication, follow through, support and care provided." Another relative said, "Not living locally anymore has meant we, the family rely heavily on the care provided by Home Instead. They are our eyes and ears; they keep them safe and help them to continue to live together in the family home. Without them my [family members] would not be living their lives in accordance to their wishes. They would most likely be in a [care] home, separated from each other, rather than together in the family home they have known the last 50 years. They would hate that and for that alone we are most grateful."

The registered manager explained how caregivers were provided with extensive training in recognising, reporting and recording changes in the health, well-being and behavioural patterns of the person. If a caregiver was concerned by a change in the person they would notify the office and appropriate action would be taken to ensure the safety and well-being of the person. A recent example they shared with us included working in partnership with the local dementia intensive support team to ensure a person continued to be safe living in their home. Initially this involved increased visits providing care and support. However, when it became clear there were still concerns over their safety and well-being they recommended a live- in carer from another service.

The service was responsive to people's changing needs. They operated an effective out-of-hours call service 24 hours a day. An on call supervisor was able to respond immediately ensuring any concerns were addressed immediately or referred to the relevant professionals where required. At weekends, the on call supervisor also had a designated member of the office team to provide back up and support and the

registered manager was also accessible. A caregiver told us, "The on call system works really well. If you need any advice or help there is always someone available." This was confirmed by one person who told us, "Yes, I can get in touch with the office okay. I'm not left hanging on and at weekends they were still there taking calls... yes, they pass on messages. What they said would get done got done."

There had been numerous compliments received about the service within the last 12 months. Themes included, 'extremely compassionate and exceptional caring approach' and 'highly effective communication from the office'. In addition, several people had taken the time to contact the service to show their appreciation for the support provided to people and their families, 'during difficult times' such as when the service was providing support to a person following a hospital discharge and when nearing the end of their life.

People told us that they knew how to make a complaint and that their concerns were listened to and addressed. People were provided with information about how they could raise complaints in information left in their homes. One person said, "One of the carers initially allocated [person] was too smothering. Home instead dealt with this sensitively replacing [them] as soon as possible with another carer." Another person said, "When I call the office they are polite and act swiftly to resolve things."

Comments and complaints received about the service in the last 12 months had been dealt with in line with the provider's complaints processes, with lessons learnt to avoid further reoccurrence and to develop the service. This included improving the communication processes around changes to visit times. The registered manager demonstrated how they took immediate action if people indicated they were not happy with the care received. For example changing a caregiver or the visit time. This swift response had reduced the number of formal complaints received. Records reflected how the service valued people's feedback and acted on their comments to improve the quality of the service provided. This included additional communications, providing staff with additional training or taking disciplinary action where required.

Is the service well-led?

Our findings

Feedback was extremely positive from people and the relatives we spoke with about the leadership arrangements in the service. People told us the senior management and office team were always available and approachable. One person said, "The manager is lovely, really kind and takes a genuine interest in you. The office [team] are so helpful, can't do enough for you. If they say they will deal with it they will. Always ring you back and never leave things unresolved." Another person said about the service they received, "They are efficient but also very caring. From the office staff to the [caregivers] who call." One relative told us, "On the whole the service we receive is extremely good and organised; very well run." Another relative shared with us their positive experience of the service and the effective arrangements in place they said, "They [caregivers] are polite and respectful. And the office staff as well. They let me know who does next week and I'm able to increase the hours to give us more care. I have a good dialogue with them and [client services manager] does the reviews every six months. Now it's all been in place a few years."

People spoke highly of the service they received and said they would recommend Home Instead Senior Care (Ipswich, Woodbridge & Felixstowe). The majority told us they already had. One person said, "They are very good to excellent. I'd suggest no improvements. Would recommend them." Another person told us, "I'm very impressed. I've had previous experience [of using another care agency] and they were not nearly as good as Home Instead. The care staff are reliable and very much more professional than other firms I've known. They are absolutely fabulous. I cannot fault them at all. I can only recommend them."

Relatives' feedback was equally full of praise for the service provided. One relative told us, "Could not now do without them. Would recommend them. And we do. They are brilliant they match the staff to their customers. The care is built around [person] and helps me as well." Another relative commented, "I could not recommend Home instead highly enough, I have suggested them to several friends. And are, based on our experience here, about to engage them in [another country] for my [family members]." A third relative said, "In the week before [family member] died on the Saturday evening the carer could not come in due to sickness and the manager offered to cover." They added, "As soon as my [family member], passed away they stopped charging despite twice daily shifts being agreed. I thought this very considerate." A fourth relative told us, "I would most definitely recommend them; they're very good. The quality of the care is excellent and they have all been fantastic and they are good maintaining this even as [person's] needs change. It's all helping [person's] quality of life and they are also considerate to me. They help me as well; like friends I feel cared for as well. They empathise with us both."

People and where appropriate their representatives were regularly asked for their views about their experience of using the service. This included opportunities through regular care review meetings, telephone welfare calls and quality satisfaction questionnaires where people could share their views about the service they were provided with, anonymously if they chose to. We looked at the last quality satisfaction survey and feedback about people's experiences was positive. The service had scored highly for an office team who were responsive to people's queries and for providing punctual caregivers who were well matched to meet people's needs. People also gave favourable responses to the communication provided by the service. Records showed that people's feedback was valued, acted on and used to make continual

improvements to the service. This was confirmed by one relative who shared with us their positive experience of sharing feedback and how they were satisfied with how it had been dealt with. They told us, "No complaints but I've had some moans with the rota and it was sorted. Now we email, things are better."

The provider and registered manager had established an open and inclusive culture within the service. Morale was high; the office team and caregivers were clear on their roles and responsibilities and how they contributed towards the provider's vision and values. One caregiver told us about the internal measures in place to recognise and celebrate best practice. "The management team say thank you; nice touch you feel respected. Caregiver of the month [internal acknowledgement of celebrating a particular caregiver's work] is good, Nice to be noticed doing your job properly; recognition for the hard work." Another caregiver said, "I love my job. Love working for them." Talking about the standard of care being provided they added, "This is the type of care you should be receiving."

Caregivers said they felt the service was well-led and that the registered manager was accessible and listened to them. One caregiver said, "The [registered] manager is fantastic; really supportive and encouraging. Very good at listening. Very approachable and available if you need them." Another caregiver talking about the registered manager told us, "You can go to them with anything, 100% they would listen." They added, "Office are all so lovely. You just want to hug them. You can be honest and talk to them. [Provider's nominated individual] is always around, checks how you are getting on, hands on and involved in the company." A third caregiver commented, "I would highly recommend working here. They look after you really well."

People received care and support from a competent and committed work force because the management team encouraged them to learn and develop new skills and ideas. For example, caregivers told us how they had been supported to undertake professional qualifications and if they were interested in further training this was arranged. One caregiver told us, "The training is exceptional, very involved and extremely relevant especially about dementia. It really opened my eyes; I want to learn more. In my recent supervision we discussed this and the different options available."

Caregivers told us they felt comfortable voicing their opinions with one another and the management team to ensure best practice was followed. They told us their feedback was encouraged and acted on. One caregiver told us, "You get plenty of supervision and spot checks with feedback so you know how you're doing. Its constructive feedback and they will always talk things through so you understand. We have regular team meetings which are really beneficial to share practical experience as develops your knowledge." Another caregiver shared with us their positive experience about team meetings, "We talk through any issues. Helps put things into perspective, very supportive environment. Important to be heard and your feedback is valued. I feel very supported and feel free to speak up. No fear of comeback. Refreshing to work in a place that's so open to different views and listens."

Robust quality assurance systems had been established to identify and address shortfalls and to ensure the service continued to advance. The management of the service worked hard to deliver high quality care to people. A range of audits to assess the quality and safety of the service were regularly carried out. These included quality assurance visits and competency assessments on care givers. Reviews of care were undertaken and included feedback from people who used the service or their representatives where appropriate, caregivers and relevant professionals. This showed that people's ongoing care arrangements were developed with input from all relevant stakeholders. The registered manager showed us their action plan for the service which identified the areas that had been prioritised to ensure people received a safe quality service. This included ongoing training and recruitment, workforce development and implementing a new medicines policy.

The service worked in partnerships with various organisations, including the local authority, community nurses and, GP surgeries to ensure they were following correct practice and providing a high quality service. One healthcare professional commented, "I have no concerns with the service. High quality of care provided. When there is a change in need or cause for concern, they make appropriate referrals and act on the advice given." Another professional said, "Home Instead, and particularly [registered manager] is very engaged with many of the services we provide.

The service was an active and visible presence within the local community. They supported a number of projects such as helping to create dementia friendly communities as part of the dementia friends' national initiative. They promoted awareness and understanding of the needs of people who live with the condition and had made over eight hundred dementia friends and contributed to Ipswich and Felixstowe both becoming dementia friendly communities. The service employed a community engagement officer who in 2017 had been awarded a 'certificate of recognition' from the Suffolk Trading Standards for their work in raising awareness about scams aimed at older people. Over 3000 people in the local community had attended a scam awareness talk given by them. In addition they were winners in 'excellent training' category and being highly commended in the category for innovative approaches to service for dementia in the community at the Suffolk Care Awards 2017.