

Jefferies Care Services Limited

Home Instead Senior Care

Inspection report

Unit 6, Apsley House
Apsley Rd, Wellington Crescent
New Malden, KT3 3NJ
Tel: 020 8942 4137
Website: www.homeinstead.co.uk

Date of inspection visit: 9 and 10 December 2015
Date of publication: 02/02/2016

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Overall summary

This inspection took place on 8 and 9 December 2015 and was announced. We told the provider one day before our visit that we would be coming. At the last inspection on 21 February 2014 the service was meeting the regulations we checked.

Home Instead Senior Care provides domiciliary care and support to 130 people living in Kingston and the surrounding area. Home Instead Senior Care is part of a franchise that delivers care to people in many areas of the United Kingdom. This includes personal care such as assistance with bathing, dressing, eating and medicines; home help covering all aspects of day-to-day housework,

shopping, meal preparation and household duties; and companionship services such as escorting people on visits or appointments, simple conversation and company. Of those 130 people 60 received personal care and the remainder receive help in their home or companionship. We only looked at the service for people receiving personal care during this inspection as this is the service that is registered with Care Quality Commission. The staff who support people are known as 'caregivers,' we have called them this in the report and office personnel are referred to as office staff.

Summary of findings

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

The service provided outstanding support to people and was very responsive to people's needs.

One person said "The caregivers are super; they always go two steps further to help me." A relative said "When I am struggling the caregiver just says 'leave it to me, I'll deal with it,' and the problem is solved." People were extremely well supported by caregivers to engage in activities to stimulate and promote their overall wellbeing. The provider had recognised and responded to people's needs by starting up several not for profit clubs. A lunch club, an afternoon tea club, three memory cafes and sponsoring the Alzheimer's Singing for the Brain service. Caregivers said these clubs gave people the 'feel good factor' which remained with people throughout the week.

There was an extremely positive culture within the service, the management team provided strong leadership and led by example. The registered manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared with the whole staff team. Their ethos was "To change the face of ageing and it is with extreme passion and commitment that we are here in your local community doing just that. Just because you are an older person doesn't mean your quality of life should diminish." Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people.

The registered manager was an excellent role model who actively sought and acted on the views of people. People and their relatives without exception told us they thought the service was extremely well managed. We found all staff were very positive in their attitude to the company and their role and said they were committed to the support and care of the people. Staff said Home Instead was different because the manager genuinely cared about all people and wanted to make it the best service.

People told us they felt safe with the support they received from the caregivers. There were arrangements in place to help safeguard people from the risk of abuse. Caregivers and office staff we spoke with understood what constituted abuse and were aware of the steps to take to protect people. Appropriate arrangements were in place in relation to administering and the recording of medicines which helped to ensure they were given to people safely. The provider had a thorough and comprehensive selection process when employing people. This helped protect people from the risks of being cared for by staff assessed to be unfit or unsuitable.

Caregivers told us they felt well supported by the registered manager and all the office staff and had appropriate training to carry out their roles. This training enabled staff to support people effectively. All staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005. Records showed people were involved in making decisions about their care and support and their consent was sought and documented.

Positive, caring relationships had been developed with people. People and their relatives were consistently positive about the caring attitude of the staff. One word that was used by several people when asked about the care they received was 'Excellent.'

People were involved and consulted about the type of care they wished to receive and how they wished to receive it. Everyone we spoke with confirmed that they had been involved in developing and deciding their care plans and that their views were listened to and respected. Caregivers supported people according to their personalised care plans and respected people's privacy and treated them with respect and dignity. The people we spoke with were positive with their views and experiences of the service and the ability of caregivers to respond to their changing needs.

The provider had up to date complaints and whistleblowing policies and procedures which gave processes to follow and time scales to adhere to. This helped to assure people and staff that their concerns were taken seriously and addressed quickly.

The registered manager told us they encouraged a positive and open culture by being supportive to staff and by making themselves approachable with a clear sense of direction for the service. People were regularly asked for

Summary of findings

their opinion on whether their objectives for the service they were receiving were being met. Staff regularly monitored the quality of the service by speaking with people who received a service.

The provider had quality assurance systems in place to monitor the quality of service people received. The

provider had audits systems for staff training and supervision and the national office conducted an annual standards renewal audit; this included scrutinising all aspects of the business. The last audit in January 2015 was positive, with no actions to be taken.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Caregivers knew how to identify the signs that people might be being abused and how they were required to respond. The provider had undertaken all appropriate checks before all staff started their employment. In this way only people deemed as suitable by the service were employed.

Caregivers received medicines training and this was refreshed regularly. In this way, medicines were administered to people as safely as possible and the risks of errors were minimised.

The provider had completed comprehensive risk assessments to help ensure the safety of people and staff. Accidents and incidents were recorded and action taken to minimise the possibility of re-occurrences.

Good



Is the service effective?

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

The provider ensured staff were effectively supported and trained so they were able to fulfil their roles. All new staff completed a their three day induction and annual training on subjects that related to the people they were supporting.

The provider had arrangements in place to make sure people's general health including their nutritional needs were met.

Good



Is the service caring?

The service was caring.

The registered manager and staff were committed to a strong person centred culture. People had positive relationships with all staff that were based on respect and shared interests.

People and their relatives were consistently positive about the caring attitude of all the staff.

Caregivers respected people's privacy and treated them with respect and dignity, in accordance with their personalised care plans.

Good



Is the service responsive?

The service was very responsive to people's needs.

People were very positive with their views and experiences of the service and the ability of caregivers to respond to their changing needs. People received care that was tailored and based on their needs and preferences.

People were fully supported by caregivers to engage in activities to stimulate and promote their overall wellbeing. The provider had recognised and responded to people's social and

Outstanding



Summary of findings

recreational needs by starting up several clubs where people and their relatives could engage in various activities and meet other people in similar situations. These clubs gave people the 'feel good factor' and a sense that they were being supported which helped them in their day to day life.

The provider viewed the complaints process as a way to improve the service and supported people and their relatives to raise concerns and complaints which were then dealt with appropriately.

Is the service well-led?

The service was very well-led.

The registered manager actively sought and acted on the views of people. People and the relatives without exception told us they thought the service was extremely well managed.

The registered manager had made strong links with the local community to improve the lives of the people they cared for and those of their relatives. They have introduced several initiatives that benefitted not only people who used the service and their families but those in the community as well.

The registered manager encouraged a positive and open culture by being supportive to all staff and encouraging feedback. People were regularly asked for their opinions on whether their expectations from the service were being met. There were robust systems to monitor and improve the quality of the service people received and to identify any potential improvements to the service.

Outstanding



Home Instead Senior Care

Detailed findings

Background to this inspection

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

This inspection took place on 8 and 9 December 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and the registered manager is sometimes out of the office supporting care givers or visiting people who use the service. We needed to be sure that the registered manager would be available to speak with us on the day of our inspection. The inspection was carried out by one inspector.

Before the inspection we reviewed information about the service such as notifications they are required to submit to CQC. Notifications outline any significant events that occur within the service.

During the inspection we went to the provider's head office on two days and spoke with the registered manager and the care manager. We also spoke with four other staff in the office and six caregivers. We reviewed the care records of five people who used the service, and looked at the records of six staff and other records relating to the management of the service. During the visit we also received a call from an elected councillor of the London Borough of Kingston to give us feedback about the service.

After the inspection we telephoned 14 people who used the service or their relatives and were able to speak with eight of them.

Is the service safe?

Our findings

People told us they felt safe using the service and they were treated well. One person told us, “The care I receive is excellent, I know the caregivers and that helps me to feel safe.” Another person said, “I am very happy, caregivers are very kind and professional.” A relative said “My relative feels extremely safe; caregivers have taken the time to get to know them and understand their needs.”

The service had taken steps to make sure all staff were aware of how to safeguard adults at risk. Caregivers told us they had received the training they needed to help ensure the safety of the people who they cared for. Training records confirmed they had done the training. Caregivers were able to describe how they would recognise any signs of potential abuse and how they would respond if it arose. Caregivers knew who to report any concerns to. The service had policies and procedures in place to respond appropriately to any concerns regarding protecting people from possible abuse and these were readily available for all staff to read.

When we spoke with the registered manager they were aware of procedures in relation to making referrals to the local authority that had the statutory responsibility to investigate any safeguarding alerts.

Records showed the provider had a robust selection process when employing people. Their criteria for employing staff were that the potential candidate ‘wanted to make a difference and had a big heart for caring’. They advertised staff vacancies in church newsletters, in school book bags and on local job boards. People who rang for a job were first interviewed over the phone and if successful invited to a face to face interview. They would then attend three consecutive days of induction, where they would receive training and an assessment, followed by a further interview. It was only when all the above were successfully completed that a person would be offered a job, subject to references.

We checked recruitment records to make sure staff had all the appropriate checks prior to starting work with the service. We saw this included a completed application form, notes from the staff’s interview, six references - three professional and three personal. Proof of identity and a clear criminal records check.

The registered manager told us and records showed that criminal record checks were updated every three years. This helped to ensure that only people deemed to be suitable by the company were employed to work within the service.

We saw people had individual risk assessments in their care files. These included the support required by the person, what equipment if any was needed, the risk associated with the equipment or the support to be given and the plans to minimise those risks. These agreed plans helped to keep people safe whilst enabling them to have choices about how they were cared for.

The provider had arrangements for health and safety checks of a person’s home to ensure caregivers were working and caring for people in a safe environment. Caregivers told us it was their responsibility to report any health and safety concerns to the person and to the office so that action could be taken to remedy these.

The provider had arrangements in place to deal with emergency situations to help ensure continuity of service. Data and schedules of calls were kept on an independent IT server system; these were backed up daily and could be accessed from any location. The main office phone number was diverted out of office hours to the on call staff. The on call staff also received daily updates of caregivers and peoples schedules and had profiles of caregivers and people so that should a caregiver not be able to attend to a booked call, another caregiver could be matched with the person.

The service had a robust system in place for the investigation and monitoring of incidents and accidents. If an incident or accident occurred caregivers said they would contact the registered manager or other office staff as soon as possible. If required, an investigation was carried out and an action plan developed. An analysis of the incident would include one of the quality assurance staff from the office visiting the person to ensure that the risk of a reoccurrence was minimised. This helped to reassure caregivers and people that action was being taken to help ensure their safety.

People we spoke with said that caregivers generally only prompted them to take their medicines or helped to take it out of the blister pack. We talked with the registered manager and caregivers about the arrangements for the administration of medicines to make sure it was completed

Is the service safe?

safely. The registered manager told us medicines were delivered to people's home from the pharmacy in pre-filled blister packs; this helped to mitigate the risk of errors. Once caregivers had prompted a person to take their medicine or had administered the medicine, caregivers signed the medicines record to confirm these had been given. The medicines records were retained at the office, where they were audited for any errors. We saw the records retained at

the office were correctly completed and signed by caregivers. Caregivers told us they encouraged people to be as independent as possible with the administration of their own medicines.

We saw records and caregivers confirmed they received three levels of training in the safe administration of medicines, this included prompting or physical assistance, administering and specialist assistance. Caregivers confirmed this training was refreshed annually.

Is the service effective?

Our findings

People were cared for by caregivers who had appropriate support and training to do their job. One person said “The caregivers are super, nothing is too much trouble and they are always friendly.” Another person said “The caregivers make such a difference to me; they have enabled me to stay in my own home.” A relative told us “All caregivers know my relative’s needs and this has taken a lot of stress away from me.”

Caregivers told us they felt well supported by the registered manager and all the office staff and had appropriate training to carry out their roles. One caregiver said “They are very professional, very positive, it feels like family.” Caregivers told us and we saw for ourselves that they could pop into the office at any time and someone in the office was available to help and support them.

All the caregivers we spoke with said the access to training was good; one caregiver described the training as “Absolutely brilliant, training is specific for a person’s needs.” Although some caregivers said they didn’t like the E-learning training as they were not very knowledgeable about computers. The registered manager told us they were developing a training room which would be used for more effective classroom based training, which caregivers had said they preferred.

The provider had identified a range of training courses that all new staff completed as part of their three day induction process. This consisted of three modules with information about the aging process, safe client – safe caregiver and building relationships. New caregivers were also required to complete the Care certificate. The Care certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. The registered manager said this would gradually be completed by all caregivers.

We saw documented evidence that staff completed annual continuing development training on a minimum of 11 subjects that related to the people they were supporting. These subjects could include accident prevention; positive behaviour support; equality, diversity and human rights; prevention and control of infection; first aid and safeguarding adults. Staff also received moving and handling training which was always conducted in the person’s home so that caregivers were aware of the needs

of the particular person and the environment in which they needed to work. The training manager said this was much more effective than learning to help a person in the training room environment.

The training manager told us “After training caregivers are observed in a person’s home to assess if additional support or training was needed.” The home observations were carried out by the trainer who also provide support and supervision to caregivers. This consistency of support and training helped to ensure people received the most effective care possible.

To ensure caregivers were effectively matched with people needing support the provider had designed a traffic light matching system. Red meant the caregiver could give support to people with complex care needs, amber was for straight forward personal care but with detailed understanding of the person’s needs before they visited and green was for companionship. This system was matched against a similar system for the person requiring the care. This had meant that staff could see at a glance which caregivers they could use for which person; this was also divided up into areas for ease of travel. This was especially effective when caregivers were sick, on annual leave or detained at a previous call.

All staff received an annual appraisal and one to one supervision with one of the three quality assessors, twice a year. Weekly coffee morning meetings were organised for a group of eight caregivers. These were for caregivers who worked in similar areas, or with people who had similar needs. This was an opportunity to share knowledge and get to know other caregivers.

During our visit to the provider’s office we inspected six staff files and saw minutes of staff supervision sessions. Discussions about working with people, any learning or actions identified following training and other issues were recorded in the notes of the supervision session. We saw supervision notes on the files we inspected were signed and dated. All staff said they felt well supported by the managers.

The people who used Home Instead Senior Care were funding the support themselves. This meant that people and their relatives had made the decision themselves to use this service and had decided on the type of support they required. It was clear from speaking with people and caregivers that they were actively involved in making

Is the service effective?

decisions about their care and support needs. Caregivers we spoke with told us they encouraged people's involvement. Records we saw showed people were involved in making decisions about their care and support and their consent was sought and documented. The register manager said that people's capacity to decide on how their care was to be delivered was always discussed at the initial assessment stage. If a relative needed to be involved, they were, so everybody was aware of the person's ability to decide on what was in their best interests. Caregivers displayed a good understanding of how and why consent must be sought and what to do if they felt people were not able to make decisions about specific aspects of their care and support.

The service had up to date policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and consent. Caregivers we spoke with understood the principles of the MCA and how it could affect people they supported. The policies and procedures gave caregivers instructions and guidance about their duties in relation to the MCA and consent.

We saw dietary requirements for people were detailed in their care plans for those who needed support with food preparation. Caregivers told us many meals were pre-prepared but some caregivers would cook with a person a meal they particularly liked. People's religious and cultural needs were met by caregivers when preparing food. Caregivers told us they always ensured the person had food and drinks available to them when they were on their own. Records showed that caregivers were trained in nutrition and food safety.

The service supported people to meet their health needs. Caregivers told us that if they noticed people's health had deteriorated, they would assist them to contact their GP or other healthcare professionals as necessary. They would also contact the emergency services if needed and inform the relatives of the person and the office. Caregivers told us because they knew the people they supported well they were quick to notice if the person was unwell and could take appropriate action to help the person. This knowledge of people and the training and support caregivers received had helped to ensure an efficient service that was person centred.

Is the service caring?

Our findings

People and their relatives were consistently positive about the caring attitude of the caregivers. They told us the caregivers were caring and friendly. One word that was used by several people when asked about the care they received was 'Excellent.' One person said "Absolutely wonderful, very friendly and open." One relative told us "They [caregivers] are very, very good, very patient and persuasive. They give excellent personal and moral support to my relative." Relatives also spoke about the support they had received from Home Instead saying "I can talk to them if there is a problem; they listen to me and resolve it." Another relative said "What I love about caregivers is they are so caring and give me a hug, just when I need it. It makes a big difference."

Positive, caring relationships had been developed with people. The registered manager was motivated and clearly passionate about making a difference to people's lives. This enthusiasm was also shared with caregivers we spoke with. One caregiver said, "The whole atmosphere here is very caring."

People were involved and consulted about the type of care they wished to receive and how they wished to receive it. Everyone we spoke with confirmed that they had been involved in developing and deciding their care plans and that their views were listened to and respected. Decisions about people's care were made after an assessment of what was needed and agreement was reached as to how best to provide the care, including frequency of visits, tasks to be carried out and time schedules.

Caregivers told us that people's care plans included sufficient information about the person's background, likes and dislikes and care needs for them to be able to better understand the person they supported. We saw that notes recorded by caregivers at each visit were descriptive and informative.

The registered manager confirmed that each visit was a minimum of one hour. They told us this was part of the service's objectives to ensure that people not only received the care and support they needed during that time but caregivers were also given the time to socially engage and interact with people and build a positive caring relationship. Caregivers said this time spent with people gave them the opportunity to get to know a person and so deliver care in a more person centred way.

The provider recognised the importance of providing the same caregivers consistently over time so they knew the people they cared for well. The scheduler and the on call team had detailed information about the caregivers and who they had supported in the past, so that if a change needed to be made the person receiving care could be assured it was someone they had met before.

People told us "Caregivers are always on time or early" and "If caregivers are going to be late the office always lets me know." The provider had an automated logging in system for caregivers. When arriving and leaving a person's home they called a freephone number from the person's landline and this logged the time of the call in the office. This information was displayed on a large screen in the main part of the office and could be seen by staff at any time. The scheduler also sent out text message traffic alerts to caregivers, so they knew the areas to avoid when travelling if possible. We were also told that where possible caregivers and people lived in the same area, to help avoid long journeys. Caregivers told us that they were given travelling time between calls and calls were scheduled so they did not have to rush from one person to another.

People's privacy and dignity was respected. Caregivers asked people's permission before carrying out any tasks and consulted them with regard to their support requirements. Caregivers were aware of the requirement to maintain confidentiality and the need to ensure that personal information was not shared inappropriately.



Is the service responsive?

Our findings

The service was very responsive to people's need. One person said "The caregivers are super; they always go two steps further to help me." A relative said "When I am struggling the caregiver just says 'leave it to me, I'll deal with it,' and the problem is solved." People told us caregivers who provided their care knew about their wishes and support needs and cared for them accordingly. People's records showed their care and support needs were assessed and used by senior staff to develop an individualised care plan for them. As part of the assessment process, senior staff discussed with people their life histories, likes and dislikes and their specific preferences such as who they wanted to provide them with care and when to receive this from caregivers. People's cultural, spiritual and social values were also discussed and people were able to say how they wanted these to be upheld and respected by caregivers. For example people could specify the gender of caregivers that provided them with care and support and senior caregivers ensured this preference could be met.

Caregivers with a senior member of staff would visit a person in their home before giving any care. For new caregivers they would shadow another caregiver to see how the person liked their support given. Only when the person and the caregiver were happy and confident in one another would they work together. The registered manager and the scheduler told us it was very important that caregivers and people got on well together. People told us that if they were unhappy with the caregiver they only needed to speak to the office staff and they would be changed. Several relatives confirmed they had requested another caregiver for their relative and this was accommodated without any fuss.

The people we spoke with were positive with their views and experiences of the service and the ability of caregivers to respond to their changing needs. We saw in the care plans that as people's needs changed the care and support they received were changed to meet those needs and care plans were reviewed and updated.

People were supported by caregivers to engage in activities to stimulate and promote their overall wellbeing. They saw that many people did not have anything in their diary to look forward to, and so recognised and responded to people's needs the provider had started up several not for

profit clubs to benefit both the people they cared for and the wider local community. These included three memory cafes, monthly lunch and afternoon tea clubs and took over the sponsorship of the local Alzheimer's Society initiative 'Singing for the Brain' club.

These clubs can be attended by the person receiving the service, their family and friends, along with the caregiver, office staff and members of the local community. We asked people and families what these clubs had meant to them. One relative told us "The afternoon tea is in a lovely setting, with wonderful food and great conversation. Relatives and caregivers all attend and join in. It gives you a break and a step back into normality." A caregiver said "It's gives the person something to look forward to and to talk about, it brings a smile to people's faces".

The afternoon tea club which was held at a local hotel was started in 2012 after a Jubilee party held at the Home Instead office. One person, who attended, hadn't stepped out of their house for over a year other than for health appointments. Home Instead said they made a promise to the person that they would have an afternoon tea every month to ensure they had something to look forward to.

Home Instead also started a lunch club when they heard about a person who had lost touch with people and would like to go out and about to meet new people. The lunch club offers companionship, friendship and entertainment for people who might be alone or who might be primary carers of someone living with dementia.

It was identified, by conversations and getting to know people, that many of the people Home Instead supported missed going to the theatre. So trips to the theatre were organised and people invited to join the trips. Every year Home Instead also organised a carol service and invite all the people they support, families and caregivers to attend. One relative said "It was wonderful to see my relative so animated; they joined the choir and had a wonderful time."

Home Instead launched the first of three memory cafes in the borough of Kingston. The idea came about when the registered manager was asked by a relative of someone they cared for, where she could take her mother that was suitable for her dementia, not institutionalised and also somewhere that was enjoyable to visit. The registered manager found there was a big gap in the community for this type of place and decided to create one. Twice monthly memory cafes are now held at the Rose Theatre in Kingston



Is the service responsive?

and are open to anyone with dementia, their families and carers. It was recognised that peer support was as important as the stimulating activities for those with dementia. Activities at the memory café include soap sculpturing; chair zumba (an exercise programme); reminiscence and good conversation. A second memory café was opened in Kingston Hospital and a third in New Malden. Almost 1000 people have attended these cafes since they started. This strategy was supported by the Mayor of Kingston' charity on 'Dementia Awareness.' A senior councillor told us Home Instead had raised the profile of good quality home care for people with dementia by educating people, including himself and taking the time to understand a person's needs.

When the Alzheimer's Society lost its funding for an initiative called "Singing for the Brain" in Kingston, Home Instead decided to sponsor the group for one year because they didn't want to see it disappear as they knew it was a vital part of many people's lives, including the people they cared for.

We asked caregivers what impact these initiatives had had on people's lives and they told us "It brings about a feel good factor in people with lots of smiles," and "The singing is good for people, it helps their breathing, gives them a clearer voice and helps their speech." Another caregiver said "It provokes memories in people and reminds them who they are." We asked relatives if this 'feel good factor' remained with the person throughout the week. Relatives felt it was dependent on a person's level of dementia but

one relative told us "They may not remember about the clubs until you go back again but then they are happy, cheerful and full of fun." Another relative said "We now know what to do if our relative gets upset, put on some music and everything calms down again."

Caregivers had responded to one person with Alzheimer's need to remain independent by supporting them to travel to the afternoon tea on public transport. Caregivers had initially taken the person by car, then on the bus and when the person felt able and confident to travel alone they had done so. Caregivers said it was great to help a person retain their independence.

The provider had an up to date complaints policy which gave processes to follow and time scales to adhere to when dealing with complaints. People said they understood the complaints procedure and were encouraged to speak up with any concerns or complaints, as this was seen as a positive process that could help to make changes where changes were needed. Time and again when we spoke with people and their relatives they said any concerns were dealt with quickly and a resolution found. We saw that where a complaint or concern had been received these were replied to within the recommended time scales. This helped to assure people and caregivers that their concerns were taken seriously and addressed quickly. In addition to people being encouraged to express their concerns, they were also encouraged to express any positive experiences. These were recorded in a compliments book we saw.



Is the service well-led?

Our findings

The service was very well-led. People and their relatives, without exception told us they thought the service was extremely well managed. People told us they knew the office staff and nothing was too much trouble for them. One person said “The communication with the office is excellent.” Another person said “All the office staff are very, very helpful, pleasant and polite.”

People told us that many of the office staff were also caregivers and would come out to see and support them, even the registered manager and care manager. The office staff confirmed this was correct and that many of them had started as caregivers and still enjoyed going out to people. They said it kept them in touch with people receiving services and with the work of caregivers. One person told us “When my usual caregiver is on holiday, X [from the office] comes to support me and it’s lovely to see her.”

One person said “I have never heard any staff [caregivers or office staff] speak ill of Home Instead, they are always very positive about them.” We found both caregivers and office staff were positive in their attitude and they said they were committed to the support and care of the people. One caregiver said, “They [Home Instead] are very good to work for. I feel appreciated.” Another said “Fantastic company.” We asked what made Home Instead different and both caregivers and office staff told us, ‘The manager cares,’ ‘because the manager wants to make it the best care,’ ‘they [manager] genuinely care.’ Another caregiver told us “The application process is very stringent, only the best get through.” Two caregivers said “I love this company” and “You feel appreciated, they send you little cards to say so” and “I would recommend the service to others.”

Each morning office staff had a ‘Huddle,’ a chance to discuss the events of the day before and plans for the day ahead. On Monday mornings senior office staff met to discuss the previous week’s concerns and plan for the week ahead. Office staff also had monthly team meetings. The quality assessors meet twice weekly with the registered manager, the care manager and the scheduler to discuss any changes needed to caregivers schedules or placements.

Although Home Instead is a franchise and part of a larger organisation, the initiatives the registered manager had taken were in response to local need and were led by the

local office and not by the national organisation. The registered manager had made strong links with the local community to help raise awareness about dementia so people with dementia were better supported and treated. She was a member of the Dementia Strategy Board at Kingston Hospital, where in recognition of the success of the first memory café, Home Instead had been invited to set up a second memory café at Kingston Hospital and to look at ways of improving the quality of care people with dementia received while in hospital. Home Instead were also working with the London Borough of Kingston’s initiative to make Kingston a ‘Dementia Friendly Town.’ Home Instead had delivered over 50 workshops on understanding dementia to relatives of people they cared for, local families and friends of people with dementia and to local businesses, including banks, the local authority and minority ethnic groups.

Home Instead had teamed up with the Royal Academy of Arts initiative ‘In Mind.’ These are art appreciation sessions for people to enjoy and which run quarterly at the memory cafes and are funded by Home Instead. Also links with Kingston Museum who attend the memory cafes and give people the chance to try their hand at soap sculpturing and they bring vintage and artefacts from the museum for handling and discussion. People and relatives were positive about the benefits of these events and described the opportunities they were given through these initiatives as, ‘Fun,’ ‘thought provoking,’ ‘shows I can still learn new things,’ and as ‘bringing back long forgotten memories.’

The provider had received several awards in recognition of the service it provided and for its role in the local community. These had included being finalists in the Laing & Buisson Specialist Care Awards for Excellence in Dementia Care, runners up in the Kingston Business Awards in the Extra Mile Award category, and Merton Business Awards for Commitment to the Community. These awards recognised the commitment of the provider to be an outstanding innovator and performer in the care sector, in the provider’s ability to put people first and to make a difference to people’s lives.

The registered manager told us they encouraged a positive and open culture by being supportive to both caregivers and office staff and by making themselves approachable with a clear sense of direction for the service. Home Instead had clear visions and values that were person-centred and ensured people were at the heart of the service. Their ethos



Is the service well-led?

was “To change the face of ageing and it is with extreme passion and commitment that we are here in your local community doing just that. Just because you are an older person doesn't mean your quality of life should diminish.”

Office staff and caregivers told us that this was a fair reflection and they were encouraged to consider ways they could provide people with better standards of care and support. This was done through the annual independent staff survey, where 96% of all staff said they were proud to work for Home Instead. Caregivers views and ideas were also gathered at the twice yearly caregivers conferences at a local hotel. This gave caregivers the chance to meet together, to hear what the company was planning and have an input into the future plans of the company. The registered manager explained they aimed to keep everyone informed and up to date so that the team remained effective.

The registered manager had also instigated a number of regular social events where both caregivers and office staff could meet informally to get to know one another. Caregivers and office staff were also invited to attend the lunches and afternoon teas. Team meetings were held on different days and at different times, to give all staff a chance to attend and minutes were sent out to any staff unable to attend. The provider had an up to date whistleblowing policy which caregivers and office staff we spoke with knew about. Staff understood and were encouraged to speak up with any concerns or complaints and knew if they did they would be listened to.

People were regularly asked for their views about the quality of the service they received and if the care they received was meeting their needs and achieving the objectives agreed with them as part of their care plans. One person told us about the support visits “I've told them [the quality assessors] they don't need to come and see me or call, the caregivers are excellent and if I was unhappy I'd tell you. But they still come out to ask me if everything is ok.” The registered manager, through the three quality assessors monitored the quality of the service by speaking

with people who received a service. The quality assessors contacted new users after 24 hours and then after two and six weeks, after which people were called every two months. The quality assessors also undertook a combination of announced and unannounced support visits and telephone interviews to review the quality of the service provided. We saw the evidence of these calls and meetings, which were kept in people's care plans and on a matrix system, so information could be seen at a glance. The registered manager also obtained the views of people in the form of questionnaires. The latest questionnaires were sent to people in the summer of 2015. The results we saw were very positive with no areas for improvement. Caregivers achieved a 100% satisfaction rating from people using the service.

Home Instead is a part of a franchise that delivers care to people in many areas of the United Kingdom. The registered manager, who is also the owner, kept up to date with changes in legislation, policies and trends through the national office of Home Instead. The national office sends out weekly updates and consulted with owners and managers about changes to policies. There was an on line forum of all the franchises, a national conference that all the office staff attended and a quarterly London meeting. The national office also provided a business support service and training for managers/owners.

The provider had quality assurance systems in place to monitor the scheme's processes. The registered manager provided us with evidence of charting staff training. This evidenced the scope of training delivered and highlighted any training needs for staff. They also had a 1:1 supervision matrix giving dates of meetings in advance for the year. The national office conducted an annual standards renewal audit to ensure the franchise was keeping to the standards they had set for care. This included scrutinising all aspects of the business, care plans, staff files, security of on line data and scheduling of calls. The last audit in January 2015 was positive, with no actions to be taken