

## Hestia Care at Home CIC

# Hestia Care at Home

### Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

Hestia Care at Home is a small domiciliary care agency located in the South Hams town of Totnes Devon. The domiciliary care agency provides personal care and domestic support to adults within their own homes in Totnes and the surrounding villages. Hestia Care at Home is a Community Interest Group, which means it is a company that uses its profits and assets for 'the public good'.

The director of the company held the position of the registered manager and managed the service on a day to day basis. 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.

This announced inspection took place on 21, 22 and 25 July 2016 and included visits to the office, staff interviews and visits to people in their own homes. At the time of this inspection 24 people were using the service, of which 13 were receiving support with their personal care needs. Domestic help is not regulated by CQC, and therefore this inspection looked at the care and support of those people who received assistance with their personal care. The service was previously inspected in January 2014 when it was found to be meeting the regulations at that time.

Throughout the inspection the service was able to demonstrate its outstanding care and support of people. The feedback we received from people and their relatives was that the service was excellent. People described the service as "marvellous", and "exceptional". Health and social care professionals told us Hestia Care at Home was a service they would recommend to people: it was described as "first rate" by one. They said the service worked closely with them and alerted them promptly to people's changing needs. A GP told us this had helped avoid a number of hospital admissions.

The registered manager said the aim of the service was to support people to stay in their own homes as long as possible, if this was what they wished, and to provide a tailored service that provided choice and options for people. The staff and management team demonstrated a clear commitment to promoting a strong, person-centred and caring culture throughout the service. They were motivated and clearly passionate about making a difference to people's lives. Staff told us they were proud to work for Hestia Care at Home. People told us the service was managed well and the registered manager led by example.

People described their relationship with the care staff as "excellent". They said staff knew them well and cared for them in the manner they wished. One person said, "I consider the service offered by Hestia is quite outstanding." The service placed great emphasis of respecting people, and providing care in a manner that upheld people's dignity. The service had signed up to the Dignity in Care Campaign, a campaign that ensures dignity and respect are at the heart of care services. For example, the service recognised that people may be anxious about undressing in front of staff. People were offered a 'towelling cape' to wear to remain covered at all times. Care plans were developed with each person and described how people wished to be

supported. Staff were responsive to people's changing needs and, where necessary undertook additional specific training to ensure people's needs could continue to be met. For example, staff researched how to support a person living with dementia who had lost their appetite. They changed the way in which the food was prepared and served and this had resulted in the person eating more and gaining weight.

Risks to people's health, safety and well-being were identified and staff were guided with detailed information about how to minimise the chance of harm occurring to people and themselves. Advice was sought from specialist services such as the occupational therapist team, to ensure risks to people's well-being were managed as safely as possible. Some people were assisted with their medicines and this was done safely, with people receiving their medicines as prescribed. People told us they felt safe when receiving care. The service provided people with information about potential abuse and how to respond if someone felt they were at risk. Staff had received training in safeguarding adults and knew how to recognise signs of potential abuse. Staff understood how to report any concerns, including who to contact outside of the service, such as the local authority, should they need to do so.

The service had a safe recruitment procedure that included the involvement of people using the service. The registered manager told us it was important to recruit the right staff and people were very much part of making that decision about a candidate's suitability. After an initial interview with the registered manager, the prospective staff members had a second interview with a number of people who had volunteered to be part of the recruitment process. People told us they had enjoyed being involved and felt their views were listened to. One person said, "I think they recruit their staff very carefully." Employment records showed the necessary pre-employment checks including proof of identity, previous employment references and a disclosure and barring service (police) checks had been undertaken which reduced the risk of the provider employing a person who may be unsuitable to work with people requiring care and support.

Staff were well trained and motivated to provide a high quality service to people. They said they were very well supported by the registered manager and could easily access the training they needed. Staff were encouraged to become 'champions' of a specific topic, such as diabetes, and then take on the role of lead carer for people with that particular health issue. Sufficient staff were employed to meet the service's obligations to people. People said they had never had a missed visit and their visits were never cut short by staff leaving early to attend to other people. However, on occasion, a visit was late, but they said they had always received a phone call to notify them of this. Staff told us they had no concerns over the planning of visits and they were provided with sufficient paid travel time. The visits were planned to allow them enough time to ensure they delivered care safely. Staff were kept fully informed about the changes in visits and the support people required. This was either in person by the registered manager or care manager at the weekly staff meetings, or via a secure messaging service. This ensured staff had up to date information about people's needs.

People told us their views about the quality of the service were regularly sought, in person by the registered manager, through the care plan reviews and with questionnaires. The feedback the service had received following the most recent questionnaires was very positive. People said they were listened to and they had no concerns over the care and support they received. They said they felt able to make a complaint if something was not right.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

People told us they felt safe when they received care.

Risks to people's health, safety and well-being were assessed and management plans identified how to keep people safe. Infection control practices were safe and staff's practice was regularly monitored.

Where the service assisted people with their medicines this was done safely.

The service employed enough staff to carry out people's visits and meet their needs safely.

Safe staff recruitment procedures were in place and involved people who used the service.

### Is the service effective?

Good 

The service was effective.

People had a regular team of staff who had the appropriate knowledge and skills to meet their needs.

Staff knew people well and were able to tell us how they supported people.

The service worked closely with health care professionals to enable people to stay at home as long as possible.

Staff had completed training and had the opportunity to discuss their practice. The registered manager and the staff had a good awareness of the Mental Capacity Act 2005.

### Is the service caring?

Good 

The service was caring.

People and their relatives were very positive about the way staff treated them. The service was described as "exceptional" and

"excellent."

Staff were respectful, kind and compassionate.

People were involved in reviewing and making decisions about their care needs.

### Is the service responsive?

Outstanding 

The service was outstanding in its responsiveness.

People received personalised care that was responsive to their individual needs and preferences. People described the staff as very understanding of their needs and they felt in control of how and when they received care

Care plans described in detail the support people needed to manage their day to day health and personal care needs.

People felt confident they could raise concerns and these would be listened to and dealt with promptly.

### Is the service well-led?

Outstanding 

The service was outstandingly well-led.

The registered manager led by example. They understood the needs of the people who used the service. They worked within the community to provide better local services for people.

Staff enjoyed their work and told us the registered manager was always available for guidance and support.

The service worked closely with other support agencies to ensure people received the advice and support they needed.

The provider had systems in place to assess and monitor the quality of care. The service encouraged feedback and used this to drive improvements.

# Hestia Care at Home

## 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21, 22 and 25 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure people receiving a service, staff and the registered manager would be available to speak to us. One adult social care inspector undertook the inspection.

Before the inspection we reviewed the information we held about the service. This included previous contacts about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We sent questionnaires to 17 people receiving a service, six staff and three health and social care professionals to gain their views on the quality of the care and support provided by Hestia Care at Home, and of those, respectively nine, five and three were returned.

We used a range of different methods to help us understand people's experience. We visited four people in their own home and spoke with two of their relatives. We spoke with four care staff, including the care manager who, in addition to providing care, undertook management responsibilities. In addition we spoke with the registered manager, two community nurses and a social worker involved in supporting people who received care. Following the inspection, we spoke with further four relatives over the telephone and received four emails from a member of staff, a person receiving support, a GP and a health care professional.

We looked at the four sets of care records for the people we visited; three staff recruitment files; staff training, supervision and appraisal records and those related to the management of the service, including quality audits. We looked at the way in which the service supported people with their medicines.

# Is the service safe?

## Our findings

Hestia Care at Home is a small service with a stable staff team. All of the people we spoke with and those who returned a questionnaire to us told us they felt safe when receiving care from the staff. They said they had come to know and trust all of the staff employed by the service. Their comments included, "my goodness me, yes, very safe" and "I am very confident with them. I feel safe."

People were given a copy of the service user guide which contained information about safeguarding issues and abuse. The guide stated, "It is essential that everyone knows how to identify abuse and how to respond if someone is in a vulnerable situation." The guide described the different kinds of abuse including neglect and being persuaded to do something against one's will. It provided the contact details of Care Direct to allow people to raise concerns outside of the service.

Staff had received training in safeguarding adults and knew how to recognise signs of potential abuse. Staff new to the service were required to read the safeguarding policy and complete the training as part of their induction and before they started to provide care to people. Staff understood how to report any concerns, including who to contact outside of the service, such as the local authority, should they need to do so. Staff told us they felt confident the registered manager would respond and take appropriate action if they raised concerns.

Risks to people's health and safety had been assessed prior to them receiving a service and these assessments had been regularly reviewed. Assessments related to people's health care and mobility needs, as well as environmental considerations, such as stairs or uneven surfaces. Staff were guided with detailed information about how to minimise the chance of harm occurring to people and themselves. For example, some people could only walk for a short distance before needing to sit down and staff were guided to ensure seating was in place for people when walking from one area of their home to another. Other people wore an alarm to call for assistance in an emergency and staff were guided to make sure the person had the alarm before they left their home.

The service supported some people with their medicines. Care plans provided information about each person's medicines and why they were prescribed. When people required creams to be applied to protect their skin, staff were provided with clear information about where the cream should be applied. People told us the staff supported them safely and they showed us the medication administration records (MAR) staff completed after they had given them their medicines. The MAR sheets were fully completed and this showed people had received their medicines as prescribed to promote good health.

The service had a safe recruitment procedure that included the involvement of people using the service. The registered manager told us it was important to recruit the right staff and people were very much part of making that decision about a candidate's suitability. After an initial interview with the registered manager and a senior member of staff, the prospective staff members had a second interview with a number of people who had volunteered to be part of the recruitment process. The registered manager observed how the candidate interacted with people and whether they demonstrated the caring and respectful attitude the

service required of its staff. People told us they had enjoyed being involved and felt their views were listened to. One person involved in the recruitment process said, "I think they recruit their staff very carefully." The registered manager told us they would not employ a candidate if they received negative feedback from a person regardless of how well they had performed at the first interview. They said this approach to recruitment had served them well and ensured the people receiving a service remained at the heart of everything the service did.

We looked at the recruitment files for three staff, including the most recently recruited staff member. All three files included a record of the interview process and the feedback received from those people involved. They also held the necessary pre-employment checks including proof of identity, previous employment references and a disclosure and barring service (police) check. This helped reduce the risk of the provider employing a person who may be unsuitable to work with people requiring care and support.

The registered manager was very clear that the service would not expand unless they were able to employ staff with the right values and attitude towards caring for people. At the time of the inspection, there were sufficient staff employed to safely meet the needs of the 24 people being supported. People said the service sent them a copy of the rota every week and people had a photograph of each staff member to enable them to identify who was coming to see them at each visit. The service found this was beneficial for people who may have memory loss and for whom a name might not be as well understood as a photograph. Staff told us they would mark off on people's rota when they had visited as this helped some people to remember the day and time.

People said they had never had a missed visit and their visits were never cut short by staff leaving early to attend to other people. However, on occasion, a visit was late, but they said they had always received a phone call to notify them of this. Staff told us they always phoned people to let them know if they were running late.

Staff said because the service covered a small area in and around Totness, they had no concerns over the planning of visits and they were provided with sufficient paid travel time. The visits were planned to allow them enough time to ensure they delivered care safely. The registered manager and care manager regularly undertook care visits, and as such, knew people's needs well. At these visits, they reviewed people's care plans and risk assessments to ensure they reflected accurately people's needs, and asked people for feedback about the support they received.

Should an accident occur in a person's home, staff were instructed to stay with the person until they were safe, to call for medical advice or the emergency services, and to inform the registered manager as soon as possible. Staff told us they used an instant messaging service to alert the whole staff team and the registered manager of events such as accidents. This allowed for their planned visits to be rearranged within the staff team enabling them to stay with the injured person. Staff completed a report providing details about the accident and these were reviewed at the time of the incident by the registered manager. The review identified how the accident had come about, whether any action was necessary to reduce the risk of a reoccurrence and to assess for signs that people's needs may be changing. The registered manager confirmed they always alerted the local authority, community nursing team or GP when someone had a fall or whose needs appeared to be changing. Where people had other healthcare professionals involved in their care, such as an occupational therapist or a physiotherapist, these were alerted as well to people's potentially changing needs.

There was an on call system for staff and people to ring in the event of an emergency outside of office hours. Staff told us this system worked well and there was always someone to seek advice from.



The service user guide informed people of how the service was going to reduce the risk of cross infection with the home. It described what the person should expect from staff, such as wearing gloves and aprons and washing their hands. This enabled people to identify if practices fell below this. Staff were provided with gloves and aprons and they told us these were freely available from the office. Records showed staff were provided with infection control training and spot checks of staff's care practices were used to ensure they followed good infection control principles. The registered manager said staff periodically had their handwashing technique checked using light sensitive gel and an ultraviolet light torch. This process demonstrated if staff were using a thorough handwashing technique.

The service had contingency plans in place for times of emergency, such as flooding, when accessing people's homes might be problematic. They had a list of people whose care must be carried out and those who, with their agreement, had said they could manage if staff were not able to attend and needed to prioritise others. Each person had an emergency care plan that described the essential care tasks that must be carried out to ensure their safety.

## Is the service effective?

### Our findings

People told us the staff knew them well and they had the appropriate knowledge and skills to meet their needs. One person said, "I feel they are all exceptionally well trained and competent." The registered manager and a senior member of staff oversaw staff training and ensured updates were provided when necessary. Staff told us they had access to training materials such as books and DVDs and these were used to discuss various care topics at the weekly staff meeting. One meeting each month was dedicated to specific learning. Recently the staff had been working through the 15 objectives of the care certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. Although the certificate was introduced for staff new to care, in response to staff requests, the service was supporting all the staff to undertake this. The service worked with other providers to promote quality and consistency with the care certificate training. Staff were also supported to attend external training events for health and safety topics, including moving and transferring people safely and first aid. When necessary the community nurses and other health care specialists provided training in the care needs specific to individual people.

New staff completed training before going out to visit people. Prior to working with the experienced carers, new staff were personally introduced by the registered manager or the care manager, to each person receiving support. The first six months of a staff member's employment with the service was considered a probationary period to ensure they were suited to the role of a carer. The registered manager used feedback from people and the staff member's thoughts about their work to make decisions about a staff member's suitability.

Staff felt well supported by the registered manager and the care manager, a senior member of staff who supported the registered manager with assessments, care planning and staff supervisions. Staff received regular individual and group supervision where they were able to discuss people's care needs, identify any concerns and plan their training and development support.

The service worked closely with specialist advisors for health care conditions, such as diabetes or heart conditions, that required careful monitoring. Staff were encouraged to become 'champions' of a specific topic and then take on the role of lead carer for people with that particular health issue. For example, one member of staff had taken on the lead role for people with diabetes. They were supporting one person who found the information about how to manage their blood sugar levels confusing. Together they talked about what was confusing and used the information from a specialist nurse to develop a list of what food would be suitable to eat at each mealtime, as well as for snacks during the day. This meant the person could look at the list for breakfast or lunch and easily identify foods that were suitable for them to eat. This had a very positive effect upon them being able to manage their diabetes more confidently.

During and following the inspection a number of health and social care professionals were keen to share with us their views of the quality of the care and support provided by Hestia Care at Home. They gave us outstanding feedback and all described the service as "excellent". They were very confident with the care the service provided to people. One said "We never have to worry about their clients. They are prompt in alerting

us to people's changing needs. They genuinely care, are person centred and have high standards." Another said, "They seek advice and always act upon it." All three described the service as "excellent". Following the inspection, we received an email from a GP. They were also very positive about the service. They described their close working relationship with Hestia Care and said it "allows very responsive management of problems and often prevents worsening and potential admission [to hospital]." They said they would recommend the service and described it as "first rate".

The registered manager told us they made medical appointments for people and staff accompanied them if there was no family member to go with them. This ensured people received the continuing healthcare support they needed. The registered manager had provided people with information about common illnesses, such as a chest infection or a urine infection, and what signs and symptoms to be aware of. This enabled them and the staff to alert the person's GP promptly. If a person required a hospital admission, the registered manager said they or the care manager liaised with the hospital prior to their discharge to review their care needs and to be sure any medicines or equipment was organised. Should a person's needs have changed, then they would visit them while they were still in hospital to undertake an assessment to ensure their needs were fully known and understood before they came home. They said they visited people when they arrived home to assess their condition and to make sure they had everything they needed. If a person was being discharged where their needs had been identified as having changed, or there was a concern the person may need additional support, then the service ensured two staff visited to review their care needs.

Some of the people receiving a service were living with dementia which affected their ability to make decisions about their care and support. The registered manager and the staff had a good awareness of the Mental Capacity Act 2005 (MCA). This legislation provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager explained that staff were guided to assess people's ability to make decisions about their care at every visit. If a person's ability to make decisions about their care changed, they would discuss these changes with the person, their family and any relevant healthcare professionals to support a mental capacity assessment to be carried out. Staff said they asked people everyday about whether they were happy to receive assistance with their care and to support them to make what decisions they could.

People's nutritional needs were identified in their care plans. The service gave careful consideration to ensuring people were able to make choices about what they ate as well as encouraging people to make healthy choices. For example, the staff had provided one person with pictures of their preferred meals. This not only assisted them to make choices about what they would like to eat, the pictures were used to develop a weekly menu and shopping list. This enabled the person to plan ahead for their meals for the week. For another person, staff dated all the food in their fridge so they knew what food needed to be eaten first. This ensured there was less food wastage than there had been in the past.

Staff were aware of people who were at risk of not eating enough to maintain their health and kept records of how well people were eating and drinking. The registered manager told us they would notify the person's family, the community nurses and the person's GP if they had concerns someone was not eating and drinking enough. The care manager was able to describe how the service had worked with a family of a person living with dementia who was losing weight after they appeared to become disinterested in food. The care staff undertook specific training in meeting the nutritional needs of people living with dementia, and, as such, were able to support and guide the person's family. Changes were made to the way the meals were prepared, with stronger flavours, how they were presented, on a coloured plate, and where and with whom the person ate. The registered manager said these changes had led to the person regaining their

appetite and increasing their weight. This example demonstrated how the service put their learning into practice to deliver care to people that had positive effects upon their well-being and quality of life.

## Is the service caring?

### Our findings

We received excellent feedback from people receiving a service. Each person we spoke with, and those who completed a questionnaire or who emailed us following the inspection, praised the service and said they would recommend it to others. Their comments included, "I have been in the care of Hestia Care at Home for twenty months and consider myself lucky to have found them. All the carers arrive with a smile and greeting and carry out the duties to my request"; "I cannot sing my praises for Hestia louder. They go the extra 10 miles" and "I consider the service offered by Hestia is quite outstanding." People gave us examples of how the staff had supported them with 'extras', such as taking home a duvet to wash that would not fit in to their washing machine, altering clothing that no longer fitted and finding information about events they thought the person might like, and supporting them to attend. One person told us the staff were "more like family".

These views were shared by the relatives. One relative said, "I feel very lucky that we found Hestia Care at the right time because they have provided an excellent level of service" and another said, "The girls are brilliant. It's fantastic."

The registered manager said the service kept people at the centre of everything they did and valued people's involvement with the service. Staff were motivated to provide an excellent level of care and were encouraged to become part of people's lives, and not to be seen as just a carer.

The positive and caring relationships staff had developed with people promoted people's well-being. One person told us how they had been very 'low' and said the staff "lift my spirits. They each bring something special into my life". They described the support they received as "exceptional" and "fantastic".

These views were also evident in the letters of compliments the service had recently received. One letter said, "With grateful thanks for the exceptional care, kindness and dedication", and another said, "Many thanks for the care you gave me, it was excellent."

The service placed great emphasis on respecting people, and providing care in a manner that upholds people's dignity. The service had signed up to the Dignity in Care Campaign, a campaign that ensured dignity and respect were at the heart of care services. Staff confirmed that respect and dignity were emphasised at each staff meeting, in their individual supervisions and through training events. One member of staff told us, "With Hestia Care at Home there is a level of excellence which I have now been trained to fulfil, with proper consideration taken for each individual client and each member of staff."

People told us the staff were respectful and polite and many had become friends over the years. One person said, "They always come in with a smile." All nine people who returned a questionnaire to us said their care staff always treated them with respect and dignity and were caring and kind. The registered manager told us they ensured staff had a good understanding of respecting people's privacy, dignity and rights before they became involved in caring for people. The service's careful approach to developing relationships with people meant that people remained in control of their care. For those people who had been reluctant to accept assistance with personal care, this approach supported them to come to terms with their changing

needs in their own time. Staff listened to people's fears and anxieties and developed personalised ways to plan and deliver care. For example, the service recognised that some people were anxious about undressing in front of staff and people were offered a 'towelling cape' to wear to remain covered at all times.

The registered manager demonstrated a clear commitment to promoting a strong, person-centred and caring culture throughout the service. They were motivated and clearly passionate about making a difference to people's lives. This enthusiasm was also shared with staff who spoke about people with affection. They said they were proud to work for Hestia Care. One staff member said, "I believe in having and delivering excellent care. I look after someone in the way I would want my mum looked after." Another said, "We pay attention to the little things that make life special". One person gave us an example of how the staff 'take care of the little things'. They said they videoed their garden throughout the year so they could see the changes as they were no longer able to go into their garden. Another person said they had received a birthday card signed by all of the staff, and described the service as "wonderful". The registered manager told us they send Christmas and birthday cards signed by all of the staff to all of the people they support. Staff told us how they were encouraged to share in people's lives. One member of staff said they had learned about a person's faith and their favourite hymns so they could sing them together.

Staff encouraged people to be as independent as possible and were patient to allow people time to complete care tasks themselves. People's care plans were clear about what each person could do for themselves and how staff should provide support. People were regularly asked about their care needs and whether they were happy about the way in which staff supported them. They said they were able to make decisions about their care and discuss any changes with the staff or the registered manager.

The registered manager said the service cared for and supported people to remain at home through illness and at the end of their lives. Staff received end of life care training and they told us they were proud to be able to continue to care for people at this time: they knew it meant a lot to people to remain at home. One relative who contacted us following the inspection said, "Above all they are all kind and caring people and established a rapport with my mother that was reassuring for both of us."

## Is the service responsive?

### Our findings

People, their relatives and health and social care professionals told us Hestia Care at Home was outstanding in the care and support it provided. People received personalised care that was responsive to their individual needs and preferences. They were involved in appointing their staff team and remained in control of who came into their home to provide care. The service promoted people's self-esteem and quality of life by exploring ways for them to continue to be involved in their hobbies and interests at whatever level they were able.

People described the staff as very understanding of their needs, they said they felt in control of how and when they received care and they knew their views were listened to and mattered. Everyone was happy with the service they received, and one person told us the service they received was "marvellous".

The registered manager was thoughtful in the way they introduced themselves and the staff to people new to the service. The registered manager said they personally introduced the service to people and met with each person prior to them receiving a service. They discussed with them why they needed assistance, what they wanted from the service and what was important to them and for staff to know. The registered manager said this knowledge gathering process might take more than one visit as people were often tired and anxious when meeting a care provider for the first time. People told us this gentle approach was very reassuring and reinforced that they were in control of their care and what happened to them.

The registered manager said this approach had worked very well with a person who had been described by other care agencies as 'difficult' to support. They said they met with the person and made sure they knew they were being listened to. They asked them what was important to them and what they wanted to happen at the visits. They had discovered care had not been successful in the past as the person disliked loud noises and found it difficult to have noise around them. The staff respected this by ensuring they were quiet around the home and only spoke in hushed voices.

The service also gave consideration to the needs of people's family. They provided relatives with information about health conditions, including living with dementia, to aid their understanding of their relation's needs. They lent them books written by people living with dementia or their families as a way of sharing real life experiences.

The service's policy was for the registered manager to undertake the first few visits to people as they were the member of staff the person had come to know and build a relationship with. They could further assess each person's needs and ensure the care plan described all aspects of their health, social and personal care needs and how staff should support each person. They then personally introduced the other carers and ensured the person was happy with each one. One person told us the registered manager made sure each member of staff had worked with them on at least four occasions before they worked alone with them. They said they did not have to accept any member of staff if they did not feel comfortable with them. This demonstrated the service's commitment to ensuring people remained at the heart of the service and felt empowered to choose and appoint their own staff.

The service used innovative ways to develop a relationship with people. The registered manager explained that people often found it difficult to come to terms with their changing needs and to accept help from strangers. In response to this they had developed a way to introduce themselves as carers into people's lives. The service offered a 'foot soak' which they felt people were more likely to accept prior to receiving help with intimate personal care. The person remained in control of the activity with the staff member at their feet rather than in a close position next to them. One person told us they had started with Hestia Care by accepting a 'foot soak'. They said they were a very private person and it was important for them to feel safe and comfortable with the staff that came into their home. They told us they now had assistance with showering and they were full of praise for the service. They said, "I am really pleased. I feel as if I've fallen on my feet with Hestia Care, I've won the jackpot. You would be impressed with all of the carers. They are so helpful and always ask if there is anything else they can do."

The service had a positive approach towards ensuring people's needs could be met and demonstrated a commitment to ensuring the service was 'tailor made' for each individual. They explored different ways of meeting people's needs, provided them with information about other support available in the local area and worked closely with health care professionals to enable people to stay at home as long as possible. For example, staff researched how to support a person living with dementia who had lost their appetite. They changed the way in which the food was prepared and served and this had resulted in the person eating more and gaining weight.

People told us they had received a copy of their care plan and had read these and agreed its content before it was provided to staff. This recognised the person's ownership of the information staff received. They were able to lead and direct staff about how they wished to be cared for.

These plans described in detail the support each person required to manage their day to day needs. This included information such as their preferred routine and how they wished to be supported, their health care needs as well as any risks to their health or welfare. People also shared information with staff about their past social history and their interests and hobbies. Staff then researched people's hobbies and interests to enable them to share and understand each person's past experiences. They supported each person to continue to be involved in those hobbies and interests in whatever way they could. One person told us how much they enjoyed painting with one of their carers. They said it was something they thought they would not be able to do again, but the staff had explored different ways they could be involved in an activity they had previously enjoyed before requiring care. They said it was "great to be involved again." Another person told us the staff, "all bring something different into my life, it's a joy to have them." Sharing interests and hobbies was particularly important for people who were living with increasing memory loss. It enabled staff to talk with each person about their lives and interests.

The service was committed to ensuring people received care from staff who truly understood their needs and their chosen lifestyle. For example, one person had very strict conditions applied to accepting support from staff. Staff always adhered to these conditions, as they recognised they were important to this person and they meant this person remained healthy and in their own home.

Where staff had similar hobbies and interest, they were matched with people to provide them with the opportunity to share these interests.

People living with dementia were supported to attend the local 'memory café' and other organised social events such as 'singing for the brain'. One member of staff was proud to tell us of the relationship they had developed with a person who had been reluctant to accept carers into their home. They told us they listened to classical music and danced with them. They also said they talked with them about their "amazing life stories". Staff spoke emotionally about the people they supported and they felt rewarded by making a



positive difference to people's lives. One staff member told us, "It is such an honour and a pleasure".

Records showed people's care plans were reviewed with them and their relatives, if appropriate, on a regular basis. Reviews were completed by the registered manager or care manager on a monthly basis or more frequently if people's needs changed. When one person required more support than they could receive at home, such as continuous nursing care in a care home, the service worked closely with the next care provider to ensure the person's needs were fully understood and their transition between services was well supported. The service provided a detailed report with step by step guidance about how the person preferred to be supported, as well as information about what was important to them.

Staff were kept fully informed about the changes in visits and the support people required. Information was provided either by the registered manager in person, at the Friday staff meetings, or via a secure messaging service. Staff said this worked very well, as all the staff knew where each other were and if there were any difficulties, they could respond immediately. For example, recently one member of staff was unable to complete their visits due to needing to stay with a person during a medical emergency. The messaging service allowed them to alert the registered manager and all of the staff team at once. Staff were then able to rearrange their rotas to ensure everyone received a visit.

During the inspection, the registered manager and the care manager received several telephone calls from people and their relatives to discuss their care needs or to rearrange visits. People told us the service changed the times of their visits to allow people to attend appointments or social events.

People were actively encouraged to give their views and raise concerns or complaints. People said the service listened to them and they had no concerns over the care and support they received. They said they felt able to make a complaint if something was not right. One person told us, "I have no cause for complaint" and another said, "I'm very lucky to have Hestia Care, I have no concerns at all." People had a copy of the service's complaints procedure, which was included in the service user guide, and they were confident their concerns would be taken seriously. The service had received no complaints this year.

## Is the service well-led?

### Our findings

Hestia Care at Home was led in a way that put the people at the centre of all decision making and actions. The ethos, values and commitment of the registered manager was demonstrated in all aspects of the service, from assessment and care planning, staff recruitment and seeking feedback. The registered manager and staff demonstrated a commitment to continually develop and improve the service people received. They wanted to enhance people's experience by listening to people and allowing them to shape their care and the future of the service.

People, their relatives and the staff told us the service was very well managed and said the registered manager and staff knew them well. People told us they valued having the registered manager involved in providing their care saying they led the team by example. One person said, "They are a great team thanks to the management style of (name of the registered manager)." Another person told us the service was "fantastic" and the registered manager was "wonderful." People also told us they received a service that was thoughtful and caring in its support of them.

We received outstanding feedback from the health and social care professionals we spoke with or who contacted us following the inspection. All said the service was "excellent" and "very professional". The service communicated well and listened to advice. One said the service was "their first choice for people", and another said the service had liaised well with them to prevent hospital admissions.

By listening to people the service had developed a gentle approaches to introducing care in to people's lives and they explored ways of protecting people's dignity when receiving care. They used technology to bring greater involvement and better communication to people. People were involved in staff recruitment and provided their views on how well the service supports them.

The registered manager had a clear vision for how they wanted the service to support people as partners in care. Our judgement of the care provided, based on people's feedback and experience, was that each person was a senior partner in this relationship. They were empowered to take control of how and when their care and support were provided. This was evidenced in the way staff were matched to people, in how staff were introduced to people and in how staff viewed and carried out their role and responsibilities.

The aim of the service was to support people to stay in their own homes for as long as possible, if this was what the person wished, and to provide a tailored service that provided choice and options for people. The service measured its success from the perspective of each person. They considered the key to meeting people's needs was to put each person in control of making decisions about what those needs were and how they should be met.

Information about the aims of the service were shared with people in the service's user guide. This also provided people with information about the services provided, the assessment and care planning processes as well as contact details of where people could seek further, independent advice.

Staff understood that when caring for an individual they were also caring for their family. Relatives told us the service was responsive to their needs as well. One relative told us the staff didn't take over the care of their relation but worked in partnership with them to ensure the care provided fitted in with them as a family.

The registered manager shared their vision of the service with the staff team at every opportunity, from staff recruitment through to the staff meetings and supervisions: they were also included in the staff's handbook. Staff told us the registered manager and the care manager were very approachable and were always available. One member of staff said, "I feel part of a wonderful, meticulous, exciting team, including with the boss and the care manager, who are the best carers among us, still going out on visits". Another staff member said, "The Hestia team as a whole are constantly working towards improving our visions as a team and our values as care providers, always with our clients' best interests at the heart of what we do." The staff provided us with examples of how they had explored ways of supporting people who had memory loss or difficulty expressing their wishes. They used a hand help computer with a selection of pictures from which a person could choose what they wanted to say. They also used noticeboards with pictures and information that was updated daily to help people relate to what was happening that day.

Regular staff meetings every Friday enabled staff to discuss ideas about improving the service as well as having a care topic at each meeting to talk about, such as dementia care or pressure area care. Staff said these meetings were an "excellent" opportunity to share ideas and make sure everyone knew about how people had been each week. For example, through this sharing of information, staff explained how they had recognised a family member was not coping well. They had identified additional support would benefit the family and had been able to direct them to what other agencies could offer further support. Staff told us they were supported to look at ways to continually improve people's experiences and the support they received. They were asked to reflect upon the care people had received, consider how they would feel in the person's position, and explore whether care could be provided in a more effective way. They described how this had supported the matching of carers and people with similar interests, and how people had benefitted from this. For example, exploring with one person how they could continue to be involved in their love of painting after they had a life changing illness.

When we asked staff what they felt the service does well, their comments included, "We have high standards and provide professional person-centred care", and, "We are caring and conscientious. We get to know people very well. We pay attention to all the details that make life special." Staff spoke with passion and became emotional when talking about their role and how they felt about the people they were caring for.

They said the registered manager had a strong commitment to continuous learning for the team, and supported many to undertake diplomas in health and social care or care topics of their choice. The registered manager ensured their own knowledge, and that of the care manager, was kept up to date with attending conferences, such as those organised by The Alzheimer's Society, as well as access to professional websites and working with the community health and social care professionals. They also met regularly with other care providers to share ideas and promote best practice.

The service had an excellent reputation within the local community and worked closely with other support agencies and charities to provide people with information about how to obtain other services and support that may be beneficial to them. For example, they worked closely with a local charity that provided transport and other services, such as benefit and funding advice. They also worked with, and advised, the local 'dementia friendly community forum' which looked at developing services to support Totnes in becoming an inclusive town, accessible for everyone, regardless of their abilities. The registered manager said the service would not expand to a point where they did not know every person receiving care. They said they

would support other Community Interest Groups to develop homecare services rather than expand and lose sight of their original aim of providing a personalised service.

Regular audits and reviews were carried out to monitor the quality of the service. The records maintained by staff, including daily care notes and medicine administration records, were checked to ensure they were completed clearly and correctly. Unannounced checks to observe staff's competency and interaction with people were carried out on a regular basis. Monthly reviews showed people were asked about the quality of the service. One person told us the registered manager and the care manager "are always checking everything is alright."

The registered manager was committed to learning using people's experiences to improve the service. Questionnaires were sent to people to gain their views of the quality of the care and support provided and to invite them to make suggestions about the service and how it was managed. The results of the questionnaires from October 2015 showed people were very satisfied with the care and support they received. One person said, "We feel that an excellent, personalised and efficient service is given."

Should a person no longer require a service, an 'end of service evaluation form' was sent out to enable the person to comment on the service they had received. One evaluation form received in March 2016 was very complimentary about the service, particularly the staff's kindness and providing additional support at short notice. This was supported by the feedback we received from the questionnaires we sent to people, staff and health care professionals prior to this inspection. They showed a very high level of satisfaction with the care and support provided and how the service was managed. All those who responded said they would recommend the service to others.

The registered manager saw their role as varied one: as an educator and partner within the community, working with other agencies to develop services within the town that were accessible to all; as a supporter of families caring for loved ones, and as a responsible care provider. They were aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any issues that might place a person at risk of harm. Systems were in place for the reporting of notifications to CQC and incidents that involved people had been reported to us as required.