

# Home Care Harborough Limited Mill Farm

## Inspection report

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## Ratings

Overall rating for this service	Outstanding	★
Is the service safe?	Outstanding	★
Is the service effective?	Outstanding	★
Is the service caring?	Outstanding	★
Is the service responsive?	Outstanding	★
Is the service well-led?	Outstanding	★

# Summary of findings

## Overall summary

### About the service

Mill Farm is a domiciliary care agency providing personal care to people living with dementia, physical disabilities, mental health and other conditions. There were 53 people using the service at the time of this inspection. Mill Farm is part of the Home Instead franchise which is a nationwide organisation.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

Staff were exceptionally well trained. The provider had an innovative approach to training and worked with specialist agencies to train staff on how the conditions people lived with impacted their life. This supported staff provide the support required to meet people's needs.

The provider's protocols and use of technology supported a holistic approach to assessing people's needs and delivering support.

People were treated with utmost kindness and compassion. They had developed trusting relationships with their care staff and considered them friends and family. The systems within the service promoted the building of positive relationships.

People were supported to be as independent as they wanted to be. People had access to assistive technology which promoted their independence.

The provider delivered support in the wider community which promoted practices where all older people could thrive. They did this through training and providing resources and avenues for social engagement.

People's history and interest was used to tailor the support they received to them. The service had effective protocols to match staff to people who had similar interest and history. There was a service wide ethos of giving choice and control to people and their relatives.

People were at the core the service. The systems and values within the service demonstrated their commitment to high standards of care for all people. There was a clear structure of leadership and accountability.

The service had a culture of continuous improvement. The provider had systems in place to sustain outstanding care and further improve the service.

There were extensive recruitment protocols in place which enabled the provider employ staff whose values

aligned with that of the service. Technology was used to ensure safer management of people's medicines.

The service had an open culture which promoted reflective practice. Staff understood their role in monitoring the standard of care. Whistleblowing was encouraged within the service and there were systems in place to enable staff feel safe to whistle blow. Staff were confident to raise any concerns and to suggest any improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Outstanding (published 14 December 2016).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

## 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.

Details are in our safe findings below.

**Outstanding** 

### **Is the service effective?**

The service was exceptionally effective.

Details are in our effective findings below.

**Outstanding** 

### **Is the service caring?**

The service was exceptionally caring.

Details are in our caring findings below.

**Outstanding** 

### **Is the service responsive?**

The service was exceptionally responsive.

Details are in our responsive findings below.

**Outstanding** 

### **Is the service well-led?**

The service was exceptionally well-led.

Details are in our well-Led findings below.

**Outstanding** 

# Mill Farm

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a domiciliary service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 29 July 2019 and ended on 7 August 2019. We visited the office location on 31 July 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We met and spoke with the provider, the registered manager, one coordinator, and two care staff. We also spoke with seven people that used the service and five relatives on the telephone. We reviewed a range of records. This included medicines support records and three people's care records. We looked at two staff recruitment and support records. A variety of records relating to the management of the service, including their plans, policies and procedures.

#### After the inspection

We continued to seek further clarification from the provider to validate evidence found. We looked reviewed further written feedback from staff. We contacted a professional who regularly worked with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

### Systems and processes to safeguard people from the risk of abuse

- People were confident about their safety when they received services from Mill Farm. One person told us, "They [staff] are almost always with me all of the time which makes me feel safe and they are attentive to my safety, I don't feel there is a problem with trust." The service had systems in place which provided appropriate safeguards to reduce the risk of avoidable harm to people.
- Staff had prompt access to resources and information which supported them to keep people safe from abuse. They had access to the health service's safeguarding app on their phone and quick access to safeguarding information and relevant legislation and guidance on their lanyards. They told us they found this useful for quick reference and guidance when required. We saw that keeping people safe was regularly reviewed as part of staff practice. This meant staff were empowered to report any concerns they may have about people's safety.
- The provider had systems in place to support people, their relatives, staff and the wider community to understand risks and vulnerabilities that may apply to them and how to keep themselves safe from abuse. For example, they organised community awareness programmes where they discussed risks to people such as scam awareness. We reviewed feedback from people stating how they had benefited from these awareness programmes to become more alert and take steps to minimize the risks of becoming a victim of abuse. The provider told us, "We find this vital as part of our role in the community."

### Assessing risk, safety monitoring and management

- Risks associated with people's care were identified and staff took steps to keep people safe without restricting their freedom. This included empowering people to continue to follow any interests or achieve a desired outcome. For example, staff provided the prompts, encouragement and support a person needed to regain their athletic skills.
- The provider had systems in place to identify people who may be at risk of harm due to a variety of factors. This supported them to plan and respond promptly to these people when a situation which could increase risk to them occurred. For example, people who lived alone or in a rural area were prioritised in the event of an emergency.
- The staff team were skilled in identifying specific risks to people. The service had systems in place for recording staff concerns and analysing trends that demonstrate risks to people. This allowed for early intervention from staff, people's relatives and other agencies to keep people safe.
- The service had safety management protocols in place with other agencies such as the police and fire service to put appropriate safeguards in place to protect people. For example, there were protocols in place to safeguard people who were at risk of going missing. The service also worked with the fire authorities to

raise awareness of the risk of carbon monoxide poisoning.

#### Staffing and recruitment

- The provider had robust recruitment protocols which enabled them to employ staff who were suited to provide the support people required. Their recruitment process was extensive and included enhanced checks and a period of training and observed practice. Their recruitment process sought to attract staff with the right values. The provider told us, "We can teach them [staff] to do things, but we can't teach them to care. We need people to with the right heart." Staff we spoke with demonstrated a shared passion for their role in supporting people to live as they wished.
  - There were sufficient numbers of skilled and knowledgeable staff to meet people's needs. They were available to support people at the times agreed in their care plan. Staff were matched to people based on shared interests and suitability. Each person had a small team of staff. The service ensured people met staff before they delivered care to them. People told us this meant they were more comfortable with staff and could build trusting relationships with them. One person told us, "I like the reliability in timing, I like that I only see two people per week. A relative said, "They [staff] are tailor made for us, we said what sort of people we would like, they are two real crackers, I couldn't fault them, they have been easy to get on with and are very helpful."
  - Staff were supported to be involved in training relating to keeping people safe. The service maintained records with demonstrated the impact of training. We saw clear evidence training empowered staff and people to effectively manage risks.
  - The provider had a flexible approach to staff deployment where necessary. For example, the timing of a person's care visit was staggered to support them reduce the risk of their vulnerability to rogue traders.
- Using medicines safely
- People medicines were managed safely. The provider used technology to support the safe administration of medicines. They had introduced an app which prompted staff at each care visit on the specific tasks they needed to complete with regards to supporting people's needs with their medicines. This included support such as prompting and administering medicines. Staff told us the app also prompted them to complete required tasks and report any changes and tasks completed. The coordinator told us since the service implemented the app, it eliminated incidents of errors with people's medicines.
  - Staff received training to safely support people with their medicines. They also supported people to be as independent as possible with their medicines.
  - The provider had in-house services where people or their care staff could receive prompt advice from professionals regarding medicines management and administration if requires.

#### Preventing and controlling infection

- People were protected from the risk of contracting or spreading of infection. Staff had received training in infection control and food hygiene. People told us staff wore protective equipment when completing relevant tasks. This demonstrated that staff put the provider's infection control policies into practice. We saw that staff practice in this area was regularly reviewed as part of their support and development.
- Where people required support to maintain or regain skills with their daily living tasks, staff supported them to understand and use good hygiene practice.

#### Learning lessons when things go wrong

- The service had an open culture which promoted reflective practice. Staff were encouraged to reflect on their practice and have open discussions of any incidents or concerns. We reviewed the provider's reflective practice records which showed that staff concerns were acted on and used as a tool for improving the service. For example, we saw a person's care team was changed following reflection on a concern raised.
- Incidents and accidents were recorded and investigated. We saw that staff were supported to be vigilant and report any subtle changes they may observe. For example, changes in people's sleep pattern, frequency

of changing clothes etc. The registered manager worked with relatives and other agencies involved in people's care to analyse and make any required improvement to their care.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key remained the same. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Staff support: induction, training, skills and experience

- People were supported by exceptionally trained staff. The provider employed a training coordinator who managed staff training. Staff received a comprehensive induction when they started at the service. This included training and observation of staff suitability. The registered manager received feedback on new staff which they used to tailor any required further development to individual staff members. Anonymous feedback records from staff spoke highly of how effective they found the induction programme.
- Staff had on-going access to a variety of training courses including training on specialist topics affecting people that used the service such as Parkinson disease and Dementia. The provider did this in conjunction with specialist agencies such as the Parkinson Society. This enabled staff to understand how these conditions may affect people and make adjustments required to support them to make decisions about their care.
- The provider had an innovative approach to training and development. They had invested in technology which gave staff access to an online training portal. This allowed staff to access training when and where they required. A staff member told us, "This makes training so much more accessible." The registered manager told us they had used technology to "Give staff the experience of ageing." They used virtual reality to stimulate some of the challenges of frailty associated with aging.
- Staff received effective support and supervision. They had opportunities to discuss their work and receive feedback and support. The service had an effective on-call arrangement which meant staff had access to support and advice at all times. The provider had meeting rooms in different localities which they used to organise monthly staff 'coffee stops' in each local area. They used these meetings to provide support to staff. A staff member told us they found the 'coffee stops' useful and kept them engaged with the service and its vision.
- Staff received training and support to maintain their well-being. The registered manager told us, "This is so they have to make sure their glass is full before they can start helping people."
- People were supported by staff who understood and could relate to their individual needs. The provider matched staff to people based on common interests and history. For example, a person was matched to staff who had a shared knowledge of a foreign language. Another person had a shared passion for a genre of music with their staff and would spend time enjoying this together. We saw evidence that this was effective in meeting people's needs and improving their wellbeing.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service worked in partnership with specialist organisations to keep up to date with latest development in practice standards that may affect how people are cared for. For example, the registered

manager told us about how they assessed and met the needs of people living with Parkinson disease by tailoring the time staff supported them with different tasks. This had improved engagement and encouraged people to make their own decisions independently.

- The provider had a holistic approach to assessment and care delivery. Each person received a minimum of one-hour support per care visit. This was because the provider believed this was the minimum amount of time needed for staff to have a whole person approach to meeting people's needs.
- The service was innovative in the use of technology to assess and meet people's needs. The provider offered schemes which people and their relatives could use as a guide to understand their care and support needs. For example, people could choose to have a system where technology was used to monitor trends in their daily activity. We reviewed feedback from a relative which stated this system prompted them to check on their loved one when there seemed to be a change in trend. They described this as unintrusive and reassuring.

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

- People were supported with their nutritional needs. They gave us several examples of how staff supported them to eat and drink. They told us that staff involved them and provided support according to their choice and preferences on the day.
- Staff were creative in the ways they supported people who were at risk of malnutrition. For example, a staff member put labels on a person's meals reminding them what it was and when to eat it. This was effective in prompting the person to eat their meals independently. The registered manager told us how staff used other techniques to encourage another person with a history of refusing meals to eat. Staff received training and support around how to improve people's nutrition by using ingredients that they liked and would eat.
- People were supported to celebrate any special occasions and explore any culinary interests they may have.

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

- The provider had protocols in place to support people's transition to receiving care and support from Mill Farm. Where people had indicated an interest in using the service in the future, they were supported to ease into this by providing opportunities for them to have social interactions with care staff and to use assistive technology to support them in the period of transition.
- When people moved to other services, staff worked collaboratively with other services to plan their transition and supported people to continue to meet their desired outcomes. For example, staff supported a person in their transition to residential services. They worked with their new service to plan the move and continued to support the person with social activities in their new home.

#### Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health and wellbeing. They gave us several examples of how staff effectively supported them with monitoring their health and was proactive to refer them to health professionals where required.
- The service had effective protocols for supporting people with various aspects of their daily living tasks. For example, they had protocols for ensuring people had good oral care. The provider told us they were passionate about this because "The implication of that [oral care] is massive." This showed staff were supported to understand the impact of good care and were supported to provide this to people.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- People told us that staff ensured they had their consent before they provided care. Staff demonstrated they practiced their ethos of people having choice and control. They ensured the support people received was what people wanted and had agreed to.
- The provider supported people to make advance decisions about their care. This allowed people to express their wishes and provide consent where relevant should they be in a position not be able to make those decisions themselves. For example, using this protocol a person consented to their health professionals liaising with the registered manager should they become unwell. This allowed the service to be able to provide the care the person needed when they were unwell. This showed the support people received reflected their choices.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with great kindness and compassion. They described the staff as empathetic, caring and took time to understand them. The provider had systems in place which ensured they employed staff whose values aligned with their ethos of caring and compassion. One person said, "They [staff] are very patient with me, they do things at my pace." A relative told us, "They don't get impatient at all, they are gentle with [person] and caring." Another relative said, "It impresses me that they have time to talk to, joke with [person] and [person] responds well, they have a sing along." Other people echoed this feedback describing their care staff as, "Excellent" "First class" "Totally reliable and attentive." This supported people to remain in their own homes.
- People had positive trusting relationships with their care staff. They repeatedly told us they considered staff as friends or family members. One person said, "I like the intimacy of it, the two carers that come we get on with very well, they have become more friends than carers, it is a big relief to have something like that." Another person said, "It is like having friends popping in to give you a hand when you need it most." This was supported by the provider's protocols of matching staff to people based on mutual interests or history. Care staff dress code also supported a friendly culture. The provider and staff told us this supported their identity as 'friends' who supported people.
- People's diversity was respected. The provider has systems and policies in place to provide support required by people protected under the characteristics of the Equality Act. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. The registered manager told us they aimed to provide "equality of outcomes" to all people who used the service.

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

- People were involved in decisions about their care. Staff were creative on how they enabled people with decision making. For example, one person said they missed shopping; seeing and choosing from options of their usual products. Their care staff arranged with the person's preferred shop and took pictures of products. The person was able to do their own shopping list from the pictures taken. This showed staff were creative to enable people make their own decisions.
- People and their relatives had access to various options for meeting their care needs. People could access low intervention support programmes using assistive technology. This allowed them to maintain their independence and give them a better understanding of the care and support they may require. For example, technology was used to help people get better understanding of how their memory issues affected their daily living. Technology was used for other interventions such as improving night time lighting in people's

homes to reduce the risk of falls.

- The service supported people to access advocates should they require this. The provider also involved professionals in other sectors to ensure people had access the required information and support to make decisions. For example, they worked with a legal specialist to ensure people had specialist support to make 'later life' decisions.

#### Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with respect. They told us they were respected as individuals and their home and belongings were also treated with respect. They gave us several examples of how staff demonstrated this. A relative told us, "Staff are always respectful in the way they speak to [person]."
- Promoting the independence of people that used the service was at the centre of care delivery. People told us staff empowered them to be independent as possible. One person said, "I want to keep my independence as long as I can, they [care staff] respect that and involve me and do what I would like them to do." Staff feedback showed several examples of ways they supported people to maintain a sense of purpose. This showed staff practice aligned with the provider's promise of 'live well, your way with care at home.'
- People were treated like they mattered. They were empowered to share their skills and experience. The provider had developed a local community club where people, their relatives, staff and the wider community could share and exchange knowledge. For example, people could share their knowledge of repairing household items. This supported them to feel valued.
- The provider was passionate about dignity for older people. They provided free training to the wider community on conditions that affect older people such as Alzheimer's and Dementia and best practice on how to support people living with these conditions. They also worked with care staff to collate hints and tips on providing outstanding care and shared these with local carers and volunteer groups. They told us they aimed to make local communities places where older people could thrive.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The care and support delivered was centred on each person's individual needs. People told us staff had taken time to understand their needs, likes and dislikes and ensured the support they received was according to their preferences. Relatives told us of how care staff tailored support to the personality of their loved ones. For example, a care staff member told us how they regularly liaised with bus drivers to creatively give a person the sense of planning a journey and travelling. They went on to tell us how this gesture improved the emotional wellbeing of the person. This demonstrated staff skills in tailoring support to people's needs.
- Staff feedback showed they researched and used information about people's history and interests to provide care that reflected each person. The service had effective protocols to match staff to people who had similar interests and history. For example, staff gathered articles, poems etc. about people's choice of music, place of birth or past experiences and would spend time reminiscing these with them. One person told us, "[Staff name] likes to see my [item] and likes to hear about my work history, [staff] brings me [items] to show me." A relative said, "They know [person] likes music so they sing with them. One carer bought a jigsaw, they do try."
- There was a service wide ethos of giving choice and control to people and their relatives. One person told us they could cancel their care visit if they did not require the service. We reviewed records which showed people or their loved ones requesting changes to their care. Records showed actions were taken to meet people's requests.
- People achieved their desired outcomes. We saw their care plans included short, and long-term goals they hoped to achieve with support. A health professional told us staff had supported a person's rehabilitation and worked with other professionals and the person to support them to regain skills. They told us as, a result of this, the person had achieved more independence and was able to be more involved in their local community.
- People were actively involved in assessing and developing their care plan. They told us they worked with staff regularly to review their care plan. The provider had introduced technology which supported staff to access care plans on their mobile devices. They also used this to update in 'real time' any changes to people's care. People reported this worked effectively.
- The provider was innovative in using technology to involve and collaborate with people's relatives. Relatives could access online systems which allowed them to view pictures and feedback on their loved one's care and support activities. We reviewed positive feedback from relatives who live abroad on how this system had enabled them to be part of the care of their family member.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received support to avoid social isolation. The service provided several avenues for people to be involved with the community and follow their interests. Staff told us they believed reducing the risk of isolation made a difference to people's wellbeing. They encouraged and supported people to be part of their local community where possible. One person told us, "I go out quite a bit and meet my friends, the carers come to the park with me and I go on my tricycle." A relative said, "[Staff] takes [person] out to the café now and then."
- The provider worked with a restaurateur to provide monthly 'friendship lunches' for older people in the community. This was open to all people regardless of whether they used the service. This aimed to provide opportunities for social interaction. The provider stated they had started this activity, "In the fight against loneliness." As this had been successful in one of the communities the provider operated in, they were in process of commencing this in other localities.
- The provider had developed community resources which supported the wellbeing of people in the community. For example, they developed and distributed their 'What's on Where' guide for the local community. This was information on activities people could engage with. This included lunch clubs, support and therapy groups, fitness groups and groups where people could meet other people with similar interests. The provider told us this resource was popular in communities and support groups.

Improving care quality in response to complaints or concerns

- People knew how to raise any complaints they may have. They were confident their complaints would be dealt with promptly. One person told us, "If I am dissatisfied I ring the office and they deal with anything you want, you don't feel like you are telling tales." A relative told us an issue they raised had been resolved immediately.
- During our inspection one person raised a concern with us, we saw the registered manager and provider responded to this the same day including updating training for the person's staff team and information sharing with relevant people. This showed complaints were used as a tool for improving the service.

End of life care and support

- The service had extensive protocols in place for supporting people at the end of their life. The provider and registered manger were passionate about providing high quality palliative care.
- Staff received specialist training which equipped them to provide the support people needed to have a comfortable and pain free death.
- End of life training was also available to relatives where they could learn practices which would support them and other loved ones. The service also supported relatives during their bereavement.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were highly confident in the leadership of the service. One person told us, "I think it is brilliant, it is excellent, I am totally satisfied with what they are doing, they are friendly, and I wouldn't change it." Another person said, "It appears quite well run to me whenever I have queries I get a response and it is dealt with, no messing about." A relative stated, "I think it is very well run, I have never had a problem, I phone up and they have someone suitable here fast if needed."
- People were at the core the service. The systems and values within the service demonstrated their commitment to high standards of care for all people, this included challenging and supporting the wider community to care for and treat people with dignity. They did this through supporting and empowering established groups and organisations, and by creating new support networks.
- Staff we spoke with were immensely proud of the service. They demonstrated a clear understanding of the impact of their role in people's wellbeing, and a commitment to making a difference to people's lives. The service empowered staff to be valued stakeholders in developing and delivering a high standard of care. The provider told us, "Creative suggestions from staff make a huge difference for clients whether it's a hand massage or end of life care." A care staff member told us, "Seeing how you can positively affect people's life is amazing."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a clear structure of accountability. Staff had support at various levels of the service. This meant they were supported to perform well in their role. The provider had effective systems in place to ensure staff had support at all times. The provider was supported by the Home Instead head office in their mission of high standard care through innovation.
- Staff understood their role in monitoring the standard of care. Whistleblowing was encouraged within the service and there were systems in place to enable staff to feel safe to whistle blow. Staff were confident to raise any concerns and to suggest any improvements. A care staff member told us about a positive experience of raising concern and how the managers took prompt action to improve care. They went on to say, "I feel very supported." The registered manager told us they strove to provide a, "blame free culture."
- The service had an experienced registered manager who understood their role and regulatory responsibilities. They supported other providers to put people in the centre of delivering care services. They supported and led the local registered managers association.
- The provider had won several awards and recognition which showed their commitment to high quality

performance. This included awards in innovation, outstanding care and being best employer in care.

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

- People and their relatives were involved in developing and maintaining a high standard of care at the service. The provider did this through creating several avenues through which people could feedback on the service. Several people told us the managers met with them to discuss their feedback on their care, others told us they did this through review meetings or via questionnaires.
- The provider creatively enabled staff engagement. They had meeting rooms in various localities across the county. Staff had access to regular 'coffee stops' at localities of their choice or convenience. This created opportunities for learning, feedback and support. Staff told us this supported them in their lone working role to feel engaged with the service. Staff also had regular opportunities to work within the office supporting the running of the service. The registered manager told us they did this to give care staff an understanding of the systems within the service.
- The service had a strong presence in the local community. They had established effective links across various sectors within the community to share information, provide support and training on providing positive outcomes for people. For example, they provide training to the public and staff in retail outlets as part of their mission to enable the community to be skilled dementia friendly communities.
- The provider had created hubs in the community which promoted people's wellbeing and supported them to avoid social isolation. Some people had started receiving care from the service following their participation in community events and hubs organised by the service. The service was supported by a Home Instead community support representative who provided direction for their community involvement strategy.

Continuous learning and improving care

- There was a culture of continuous improvement within the service. Staff were enabled through opportunities for reflective practice to put continuous improvement at the centre of their practice. The provider was supported by the Home Instead brand to share good practice and implement innovative practices which promoted high standards of care. For example, the service was in the process of implementing a system which would enable staff to promptly access support and guidance from healthcare professionals at all times.
- As part of their continuous improvement, the provider and registered manager told us of initiatives which they discontinued following concerns they did not suit people that used the service and the visions of the service. We also saw the service responded promptly to incidents and concerns raised by people and staff. These showed feedback and incidents were used as a tool for learning and improving the service.

Working in partnership with others

- The provider had systems in place to sustain outstanding care and further improve the service. They supported other providers through the registered manager association, Home Instead networks and community links to provide a high standard of care.
- They worked collaboratively with professionals within and outside the health and social care sector to ensure people had access to relevant information and support. For example, they worked with legal professionals to ensure people had access to information for legal and financial planning. They also worked with support groups and specialist organisations to ensure staff had access to information on latest good practice and research.