Silver Lining Care Services Limited

Home Instead Senior Care

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

This inspection took place on 29 February, 2 and 4 March 2016 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. This was Home Instead Senior Care's first inspection since registering at their new location with the Care Quality Commission in December 2014. The last inspection at the previous location in January 2014 had found the provider had met all the standards inspected.

Home Instead Senior Care is a domiciliary care provider based in Budleigh Salterton, Devon providing personal care and support to people in their own homes. Home Instead Senior Care is part of a franchise that delivers care to people in many areas of the United Kingdom. This service supports 135 people living in Budleigh Salterton and the east Devon area including the city of Exeter. The service offered includes personal care such as assistance with bathing, dressing, eating and medicines. The service also offered home help covering all aspects of day-to-day housework, shopping, meal preparation and household duties; and companionship services such as escorting people on visits or appointments, simple conversation and company. Of those 135 people, 35 received personal care and the remainder receive help in their home or companionship. We only looked at the service for people receiving personal care as this is the activity that is registered with Care Quality Commission (CQC). The staff who support people are known as 'caregivers,' we have called them this in the report. We have referred to the office personnel as office staff although they were also trained to provide personal care to people when required. The provider had 90 staff employed with 78 of these staff trained to deliver personal care.

When we visited there was a registered manager in post. 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.

People felt safe and caregivers were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised. The safety of people who used the service was taken seriously and the registered manager and staff were well aware of their responsibility to protect people's health and wellbeing. There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed. Where there were issues the service responded well, investigated and addressed them in line with their policies and procedures. The provider drove forward support from caregivers who knew them well. People received a two week schedule of who was visiting and had always been introduced to new caregivers before they received support from them.

People received a service that was based on their personal needs and wishes. Care plans were personalised. Caregivers felt they had enough information to meet people's needs, including receiving regular up to date information. Changes in people's needs were identified and their care packages were amended to meet their changing needs. The service was flexible and responded positively to people's requests where possible. People who used the service felt able to make requests and express their opinions and views. Health and

social care professionals were regularly involved in people's care to ensure they received the right care and treatment.

People spoke highly of the quality of care provided by the caregivers. They said they trusted the caregivers to have the skills to keep them safe. People had positive relationships with their caregivers and were confident in the service. There was a strong emphasis on the key principles of care such as compassion, respect and dignity. Nobody expressed any concerns about any of the care provided. People received their medicines on time and in a safe way.

People who used the service felt they were treated with kindness and said their privacy and dignity was always respected and had developed strong relationships with their caregivers. Everyone said their caregivers treated them respectfully and kindly and took extra time to make sure their needs were met.

Staff were supported and had opportunities for development. All caregivers said they were fully supported and valued by the registered manager, providers and the office team. They spoke positively about communication and how the management team worked well with them, encouraged team working and an open culture. There was a programme of training, clear career progression opportunities and one to one supervision that enabled caregivers to keep their skills up to date in order to support people appropriately.

The service had robust recruitment procedures in place for recruiting staff. When selecting caregivers the service placed an emphasis on the person's caring nature rather than just previous experience in the care industry. There was outstanding leadership from the provider's and registered manager who were well supported from a well organised management team and co-ordinated office arrangement. Caregivers were valued and had effective training and rewards which helped to ensure a stable and skilled staff team. Staff morale was very good and staff said they felt proud to work for Home Instead.

The provider had taken an important role in the local community. They had supported several towns in East Devon become more 'Dementia Friendly'. The service and had been nominated and won various care awards. The providers had delivered dementia friends workshops in the local community for family and friends in how to care for people with dementia. They had also worked closely with the fire service, police and local authority to set up fire and fraud awareness initiatives.

The providers were very committed to continuous improvement. Feedback from people, whether positive or negative, was used as an opportunity for improvement. The providers demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service. The providers and registered manager demonstrated strong values and a desire to learn about and implement best practice throughout the service.

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 said they felt safe. Caregivers were able to demonstrate a good understanding of what constituted abuse and how to report concerns if they were raised.

Caregiver's arrangements were flexible in order to meet people's individual needs. The provider had completed comprehensive risk assessments to help ensure the safety of people and staff.

Accidents and incidents were reported and measures taken to reduce the risks of recurrence.

People received their medicines on time and in a safe way.

People were protected because staff recruitment procedures were robust.

Is the service effective?

Good

The service was effective.

Caregivers received training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

Staff were acting in accordance with the Mental Capacity Act 2005 so that people's rights were being promoted.

Staff recognised changes in people's health, sought professional advice appropriately and followed that advice.

People were supported to maintain a balanced diet.

Is the service caring?

Good

The service was caring.

People and relatives said caregivers were caring and compassionate and treated them with dignity and respect.

Caregiver's relationships with people were strong, considerate and supportive.

Caregivers spoke confidently about people's specific needs and how they liked to be supported. They protected people's privacy and supported them sensitively with their personal care needs.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People's needs were assessed before their care commenced and care plans were regularly reviewed and updated as their needs changed.

Care plans were personalised to reflect people's personal preferences.

People received individualised care and support that met their needs.

People knew how to raise concerns and complaints, and were provided with information about how to do so. Any concerns raised were investigated and
actions and improvements were made in response.

Is the service well-led?

Outstanding ☆

The service was very well-led.

The leadership and management of the service was outstanding. There was a well organised office team that had clear roles.

The provider was forward thinking and continually investing in systems which would benefit people using the service. Caregivers spoke positively about communication and how the management team worked well with them.

The management team promoted strong values and a person-centred culture.

Caregivers were proud to work for the service and had a good understanding of the values of the service. People, families and caregivers views and suggestions were taken into account to improve the service.

There were robust systems to assure quality and identify any potential improvements to the service. This meant people benefited from a constantly improving service that they were at

the heart of.

The service worked in partnership with other agencies, including the police, fire service and local authority to benefit the people they cared for and the local community.

Home Instead Senior Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 29 February 2016 and 2 and 4 March 2016 and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. This was Home Instead Senior Care's first inspection since registering the new location with the Care Quality Commission in December 2014. The inspection team consisted of an inspector.

Before the inspection, we reviewed the information we held about the service from the Provider Information Return (PIR) which we received in December 2015. The PIR is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We also reviewed other information we held about the service such as from notifications. A notification is information about important events which the service is required to send us by law.

Before our inspection we sent questionnaires to people who use the service, their relatives and friends, caregivers and health care professionals. This was to gain their views about the service. We received responses from 16 people who use the service, four relatives, 51 caregivers and 16 professionals.

During the inspection we visited five people using the service in their own home to ask them their views about the service. Three relatives were also present during our visits. We spoke and sought feedback from 17 staff, including the registered manager, team leaders, caregivers and office staff. We also spoke with both owners of the service.

We reviewed information about people's care and how the service was managed. These included six people's care records and three people's medicine records, along with other records relating to the management of the service. These included four caregivers training, support and employment records, quality assurance audits, minutes of team meetings and findings from questionnaires that the provider had

sent to people. In addition to the questionnaires during our inspection we also sought feedback from health and social care professionals and commissioners of the service and received a response from six of them.

Good

Is the service safe?

Our findings

People felt safe and supported by caregivers in their homes. Caregivers demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, caregivers knew how to report concerns within the organisation and externally such as to the local authority, police and to the Care Quality Commission (CQC). Caregivers had received safeguarding training to ensure they had up to date information about the protection of vulnerable people. There were clear policies for caregivers to follow. Caregivers confirmed that they knew about the safeguarding adults' policy and procedure and where to locate it if needed.

The registered manager demonstrated through their discussions with us an understanding of their safeguarding role and responsibilities. The importance of working closely with commissioners, the local authority and relevant health and social care professionals was on an on-going basis.

People's individual risks were identified and risk assessments were carried out to keep people safe. For example, moving and handling assessments which considered people's mobility, ability to transfer from a chair to a bed and showering and bathing. Staff also completed need assessments which included assessing people's speech and swallowing, skin condition, nutrition, memory, personal hygiene. The outcome of these assessments included working with health professionals to provide the necessary equipment to increase a person's independence and ability to take informed risks. The management team completed an environmental assessment for every new person using the service. The assessment included a check to see if smoke detectors were working properly, medicine storage was safe, whether peoples' doorbells were working, the position of electric and water points and whether there was adequate lighting. Where risks had been identified they had recorded methods to minimise the risks to ensure caregivers and people would be safe. One person commented, "They came and wanted to explore the bungalow to know where things were, it is wonderful."

The provider supported people to stay safe in their own homes whilst minimising restrictions on their freedom. The provider discussed with people their home security and installed key safes where appropriate to ensure their safety. The provider had a business continuity plan in place to protect people in the event of a crisis which might impact on the service people would receive. For example what the service would do in the event of failure of the telephone system and the loss of key staff.

The provider had ensured staff and people were kept safe when they were at the provider's main office and training building. They had completed fire risk assessments for both buildings and carried out regular checks of the fire equipment and fire alarm system.

The Home Instead national organisation had partnered with a technology provider, to provide technologies in the home for older people to keep them safe. The provider of Home Instead Senior Care had been selected as one of the pilot offices to trial some new technology. This included specialist plugs which had sim cards which sent a message when a plug was in use. For example, if the person turned the kettle on an alert was sent indicating they were up and about.

People were protected by caregivers having a good understanding of what to do in emergencies. The service had an on-call system to enable caregivers to have someone to call in the event of a concern. The office telephone was also diverted to the designated on-call person, a team leader or the registered manager, so people had a point of contact should they need to speak with somebody. At weekends the designated on-call person was supported by a buddy system so they had a backup if the on-call person needed to cover any visits. Caregivers were able to contact the main office and the out of office hour's arrangements in emergencies and to ask for support. Caregivers said they were able to access support when they required it. One caregiver commented, "Everything is excellent there is always someone available at the end of the phone 24 hours a day we are never alone…very well supported."

The provider had systems in place to protect people in adverse weather conditions. These included keeping people safe in the summer when the weather was hot. Caregivers were given a reminder to ensure they remain hydrated. To also ensure people they supported were encouraged to take additional fluids along with guidance they can give people about keeping their homes cooler. For example, keeping curtains closed and internal doors open. The provider also provided sacks of salt for people during icy weather.

Caregivers had all been supplied with a torch and an ice scraper for their car in icy weather. In order to protect people's personal information staff had also been allocated a bag to carry people's care records safely if they are needed to be transported. These bags were also used to carry personal protective clothing (PPE's) for example gloves and aprons.

People confirmed that staffing arrangements met their needs. People said they were happy with caregivers timekeeping and confirmed staff always stayed the allotted time. Caregivers confirmed that people's needs were met promptly. They felt there were sufficient caregiver numbers because they were not being regularly contacted to pick up extra duties and did not work excessive hours. The service offered a minimum of one hour visits. Both people and caregivers were positive about the minimum one hour visits. Comments included, "I never feel rushed and would gladly recommend them without hesitation."; "I was involved in designing the care and then decided it was better to have an hour and on reflection it was."; "Very pleased that Home Instead are able to offer four regular caregivers, my mother values this continuity, she also appreciates the one hour time slots."; "We are able to give the personal touch as much as possible, we see the same person and I like that we only do the hour visits."; "We do minimum one hour visits to clients which I believe should be mandatory throughout the Home Care sector. This is one of the reasons I chose to work for Home Instead along with their ethos to provide the best possible care to our clients."

People said they had not experienced any missed visits and received a schedule every two weeks informing them which caregivers would be visiting. One person said, "The staff always turn up as they are supposed to at the time they are meant to. I find the visits are very helpful. The caregivers are very kind and considerate and understanding of my needs." The provider had a computerised system which enabled them to monitor and record caregiver's activity in relation to attending people and to monitor their safety. Caregivers had a unique log in number which they telephoned in when they arrived and left people's homes, this did not incur a charge to the person. If people did not have a telephone, caregivers could use their personal mobile phones. The system would alert if a caregiver had not arrived within 15 minutes of their scheduled time at the person's house. If this happened there would be an alert in the office and at weekends on the service's mobile telephone. The responsible staff member would firstly try to contact the caregiver and if they found they were unable to go they would arrange another caregiver or undertake the visit themselves. One office worker said, "If the caregiver is delayed or can't get to the call the team leader on call or one of the office staff would go. We never miss a visit and would never just send someone along; they would never get a stranger turn up on their doorstep."

The providers continually reviewed the service and its projected staffing needs and did not undertake new packages until they had enough caregivers to deliver the service. Part of the provider's recruitment campaign involved going to local businesses and shops and leaving leaflets. They looked for caregivers that had a caring nature who may not have considered the role before. The office worker who oversaw recruitment said, "To advertise I put adverts up where everyone would go vets, launderette, coffee shops, I like to paint the town purple (this is Home Instead's main logo colour). The provider also had a reward scheme for caregivers who introduced a friend who was recruited as a result. The provider said, "It is important we get it right, we are very selective who we choose; we are looking for a caring nature not just someone who does care, and we can develop caregivers."

There were effective recruitment and selection processes in place. Caregivers had completed application forms which the provider required to be handwritten and an initial interview had been undertaken. The provider then used the induction as the second part of the interview process. They said this enabled the new caregivers to decide if the role and working for the service was for them and vice versa. In addition, pre-employment checks were done, which included references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Any declarations on new caregivers application forms were explored and a risk assessment statement written. One caregiver said regarding their recruitment, "Really good I was surprised how thorough they were. They asked for six references. For the second part of the interview they used the induction to make a decision."

Where clients were supported with their medicines they were managed in a safe way. People received varying levels of caregivers support when taking their medicines. For example, from prompting through to administration. As part of the medication assessment people's levels of support required was graded. For example, people assessed as level one required prompting only, level two needed caregivers to administer and level three was for specialist medicine administration. On the first day of our visit we discussed with the providers and registered manager that there was little detail to guide caregivers regarding prescribed creams and the administration transdermal patches (a medicated adhesive patch that is placed on the skin to deliver a specific dose of medication through the skin and into the bloodstream. Medicine administration records (MAR's) were completed at the service to guide staff which medicines people were prescribed. However there was no signature to demonstrate who had written these MAR charts and no second signature to demonstrate they had been checked which is good practice. On the final day of our inspection the registered manager had taken action to address these concerns. Caregivers had received medicine training as part of their induction and annual updates. Competency assessments were carried out to ensure they were competent to carry out this task. Caregivers were confident supporting people with their medicines. The management team checked medicine records each month to ensure caregivers were administering them correctly. We checked these records and found them to be completed appropriately by caregivers.

Good

Is the service effective?

Our findings

People and their relatives said they felt the caregivers were well trained and competent in their jobs. People commented: "They are well trained the ones we have."; "Very much so a good calibre, absolutely first class." "99% of the time I feel they are very competent, but some can cook better than others."

Caregivers completed a five day induction training when they started work at the service. The induction was a face to face program which included, completing a workbook, quizzes and activities. This included a sensitivity exercise where new caregivers wore gloves and glasses to demonstrate a visual and physical impairment. The staff member who delivered the induction training said this was so new caregivers could experience the issues faced by some people. One caregiver said, "The induction was absolutely amazing I thought I would just need to be jolly, they taught me I have to do what the client wanted. They put us in the position of the clients, we had gloves with splinters (wooden) in and glasses which impaired our eyesight. They then asked us to write a cheque and asked if they could help, it was very difficult but I was determined to do it myself, it really made me think." Another caregiver said, "I was assessed during the induction and they helped me where possible, the induction programme was very thorough."

The first three days of the induction program covered modules of the provider's mandatory training. This included safeguarding of vulnerable adults, basic first aid and food hygiene. There were also two half day sessions for training in medicine management and manual handling training. The registered manager said, "If a person has new equipment, the caregivers are shown how to use it by team leaders or myself before they are expected to use it." The induction required new caregivers to be supervised by more experienced caregivers to ensure they were safe and competent to carry out their roles before working alone. The registered manager had implemented the national Skills for Care Certificate for all new caregivers employed at the service. This is a nationally recognised set of standards that health and social care workers adhere to in their daily working life which came into effect in April 2015. Records confirmed caregivers had been supported to complete the Care Certificate over a twelve week period and their designated team leader and the registered manager mentored them.

Caregivers received on going training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. They recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Caregivers received annual updates on subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), first aid, moving and handling. There were also opportunities to complete training specific to people's individual needs. For example, stoma care, dealing with bereavement and depression training. Training had been scheduled regarding Parkinson's, falls awareness and diabetes. Caregivers were able to undertake higher qualifications in health and social care. At the time of our visit, 41% of caregivers had or were working towards a higher qualification in health and social care. There was a strong ethos at the service regarding updating caregiver's knowledge. For example, there was a system to record where caregivers had discussed training opportunities with their team leader and where possible the training was set up. One caregiver commented, "I have not had experience of care work before and I am very impressed with the way I have been trained and treated." Another said, "The training we get is excellent I found it very good." One health professional

said, "They always seem keen to learn and to do everything they can to provide outstanding care for their clients."

Caregivers knew how to respond to specific health and social care needs. For example, recognising changes in a person's physical health. Caregivers were able to speak confidently about the care they delivered and understood how they contributed to people's health and wellbeing. This included how people preferred to be supported with personal care. For example, one person had difficulty with change due to their health needs. They required a specific morning routine which was important to them as continuity was very essential and affected the course of their whole day.

Caregivers said people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. Care plans gave caregivers information about the care people required. For example, a person required support to get in and out of the shower. However there was little individualised detail regarding how best to support the person who had difficulty with their balance due to a physical need. Another person required assistance to put on a foot brace and undertake personal hygiene tasks. The care plans guided caregivers that they were required to fit the foot brace but there was no guidance how they should fit it. They were also advised to assist with a strip wash but no information about the person's personal preferences. Therefore people might not receive consistent care. We were assured caregivers had a good understanding of people's individual needs. This was because all caregivers were introduced to people by undertaking a shadow session with a person who had worked with the person before. The registered manager said the lack of detail had been identified in a recent audit undertaken by a representative of the national office who had undertaken an audit in October 2015. They were working with caregivers to increase the detail in people's care plans and said they were confident people received consistent care. We were shown an example of one person's care folder which had been improved and had a very detailed description of the person's morning routine and the support they required. People confirmed they felt they were involved with organising their care plan and were happy care workers understood their needs.

People were supported to see appropriate health and social care professionals when they needed to meet their healthcare needs. We saw evidence of health and social care professional involvement in people's individual care records on an on-going and timely basis. For example, GP and district nurses. These records demonstrated how caregivers recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion. One person gave an example of when they had been unwell. They explained that the caregiver had arrived and had informed the Home Instead office and contacted the ambulance service. The registered manager had come to support the person and the caregiver while they waited for the ambulance. They went on to say that the paramedic had thanked the caregiver for their excellent information and help. Healthcare professionals comments included, "They contact the health team as required and when appropriate."; "We work closely with Home Instead Senior care and their teams to provide dental care to their clients."; "They are particularly good with clients with dementia. For the people I see within my job role, this service suits most of them perfectly."

Caregivers received three monthly supervision and annual appraisals from their designated team leader to support them in their roles and to identify any future professional development opportunities. Before a caregiver's supervision's the team leader would undertake a spot check visit to observe them while supporting people. This was then used as part of the supervision discussion. Caregiver's files and caregivers confirmed that supervision sessions and appraisals took place and that they felt supported by the management team. They said, "They do spot checks; we don't know they are turning up, they watch that we are doing things right, they are very supportive and caring." This showed that the organisation recognised

the importance of caregivers receiving regular support to carry out their roles safely.

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 who lacked mental capacity to make particular decisions were protected. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected. The registered manager and staff demonstrated they understood the principles of the MCA and Deprivation of Liberty Safeguards (DoLS) and their codes of practice.

Before people received any care and treatment they were asked for their consent and caregivers acted in accordance with their wishes. People's individual wishes were acted upon, such as how they wanted their personal care delivered. One person commented: "They always ask what I want doing." A caregiver said, "It is the backbone of supporting people without capacity giving them simple choices and being pro letting them make choices." At the time of our visit nobody receiving personal care was considered to have had diminished capacity.

Consent documents had been signed by a spouse or family member in three of the care files we looked at. We were informed these people had capacity and it was not clear they had consented that their relatives had signed on their behalf. We were assured by the registered manager that they had consented and that they would ensure in future it was recorded the person had consented. The service had up to date policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and consent. In order for staff to have a better understanding of people's legal rights the provider had arranged a training session with a solicitor regarding lasting powers of attorneys (LPA). This is a means where people can give legal authority to a nominated person to make decisions on their behalf if they lack mental capacity at some time in the future or no longer wish to make decisions for themselves.

Some people were supported to maintain a balanced diet. Caregivers helped people by preparing main meals and snacks. In one person's care plan it guided caregivers that they needed to ensure a person had a jug of fluid left for them at the end of each visit. One person was thrilled that they had lost weight because the caregivers had discussed their diet choices with them and together they had agreed to try more healthy options which they were pleased about. Their comments included, "They prepare my breakfast if required and my supper, they are really good." We observed the person's supper was in the fridge ready for that evening. Caregivers recognised changes in people's eating habits and in consultation with them and office staff contacted health professionals involved in their care.

Good

Is the service caring?

Our findings

Everyone said the caregivers were caring and respectful towards them. Comments included, "They always say good morning how are you."; "They are friendly they do their very best for me, I am always polite to them and they are back it is a two way thing."; "They are more of a family to us…they are people we know so well and get regularly."; "I look forward to them coming." They also said that the providers, registered manager and office staff were always friendly, kind and caring. One health care professional said, "My experience is from many patients but also the staff who feel valued and well supported. Overall I am impressed by the level of care that Home Instead provides. I have not had any adverse reports from patients and carers; they always appear to be polite, courteous and respectful to their clients."

Caregivers were motivated and inspired to offer care that was kind and compassionate. Caregiver's comments included, "As a care worker I always have time to chat to my clients and do any jobs that needs doing. Having that time allows the client to feel important and cared for."; "I love to do things to please them and usually don't keep to the hour unless I have to get to someone else."

People felt that caregivers respected their privacy and dignity when supporting them with their daily tasks. Comments included, "They just get on with it, they know what they are doing they consider my dignity and give me plenty of privacy."; "They are courteous and treat me as a human, all natural not put on causing an uncomfortable presence."; "They maintain my dignity naturally." One relative said, "They use lots of towels to cover her up, always gentle and polite they tell her what they are doing. The care we are getting is exceptional and the staff are brilliant."

Caregivers gave us examples of how they maintained people's privacy and dignity when assisting with personal care. These included, using towels to keep people covered, asking what support they required before providing care and explaining what needed to be done so that the person knew what was happening.

People said they usually received care and support from a consistent team of caregivers and that they had been able to build trusting relationships with them. We looked at the visit schedules for three people and there were consistent caregivers recorded.

There was good communication between the providers and people using the service. One of the providers took responsibility for sending out birthday cards to all people using the service and staff. They also sent cards to people at difficult or sad times as they felt appropriate. The provider made calls to people who had been having a special event or difficulties. They contacted people we visited to thank them for their cooperation with the inspection and for the support to the service. The provider said, "This gave them a listening ear and to know somebody cared." In the last survey people had completed there were comments by people about the caring attitude of the providers. Comments included, "Please don't get too big too quick! (Provider's) interest and caring attitude is what appealed to us in the beginning, please don't lose that."; "The provider provides a supportive role at the main office for staff and is available to listen to concerns and provide support."

Caregivers showed concern for people's wellbeing in a caring and meaningful way and responded to their needs quickly. For example where one person had been found unwell and unable to move off their seat the caregiver had called for an ambulance and waited with the person to reassure them and keep them safe. Another caregiver gave an example of a person they supported who had become very low in mood because they did not get out and about. This had brought back difficult memories of being trapped. The caregiver had discussed this with the provider and arrangements had been put into place for the person to go on regular outings. The caregiver said this had made a very positive difference to the person's mood.

Caregivers demonstrated empathy in their discussions with us about people. Caregivers showed an understanding of the need to encourage people to be involved in their care. They explained that people being involved in their care was important so they received the care and support they most needed. There was evidence of commitment to working in partnership with people in imaginative ways, which meant that people felt consulted, empowered, listened to and valued. For example, one person liked steak and one caregiver undertook a regular schedule to enable them to have their favourite once a week. Caregivers spoke of the importance of empowering people to be involved in their day to day lives. They explained that it was important that people were at the heart of planning their care and support needs. People confirmed they were treated as individuals when care and support was being planned and reviewed.

Caregiver's relationships with people were strong, caring and supportive. For example, a designated member of the office staff visited a person each month who was registered blind to go through their invoice, newsletter and assist with any letters and documentation. The person said they looked forward to their visits and were grateful for their kindness and support. The last survey of people using the service in 2015 recorded that 100% of people said their caregiver took an interest in them as a person.

There was a strong ethos by the provider's and registered manager that if you care for staff they will care for people using the service. This was demonstrated by what the provider called 'hour of love'. This was where every three weeks a period of time was designated where calls were made to caregivers that were known to have had difficulties in their private lives. This was in addition to day to day support offered to caregivers. The provider said it was to offer them support, help and ensure there was nothing they needed. For example one caregiver had recently lost a family member so they were contacted and offered support.

Outstanding ☆

Is the service responsive?

Our findings

People received personalised care and support specific to their needs and preferences. One person's comments reflected others views. They said, "Home Instead provides me with an exceptional support network. They go above and beyond what I need, offering friendly aid, always with a smile. Whatever I need the support given from the caregiver is exceptional. I look forward to their visits as they always manage to brighten up a dreary day and make me feel a good level of importance. Their support is uplifting and greatly important at this time to my wellbeing."

People said they felt the service was flexible and responsive to their needs. They confirmed they were involved with organising their care plan, describing how they had met with the staff from the service at the start in order for them to understand their needs. Comments included: "(Team leader) came here to sort out lots of paperwork together, I agreed to it and it was signed, she was brilliant."; "The girls got to know me, what I liked and what I don't like which was important to me." One person said they had requested different caregivers to give them new people to talk with. They confirmed this had been arranged as requested. Another said "They bend over backwards to sort things out for me, if I ring up to change my time they always seem jolly."

Health professionals said they felt the service was responsive to people's needs. Comments included, "I have recommended Home Instead to my family. I have always found them responsive and act on professional's advice. Any of the people I see who have care from this agency are very well cared for and as health care professionals our numbers of visits to a complex situation has decreased due to their support."; "All I can say from my dealings with this agency is that I have always found them to be first rate including being very attentive and responsive to the client's needs and requirements."; "We have used Home Instead on a number of occasions and find them to be professional but more importantly flexible and everyone we have met has shown passion for later life care and empathy."; "They appear to be well managed and the staff I have met are understanding towards their client's needs."

The providers Statement of Purpose documented the principle objective of the service as 'to provide supportive care and companionship which both enables and encourages our clients to remain independent, in their own homes, for as long as possible. The scope and duration of our service provision aims to support this, in line with an agreed plan of care.' This was echoed in a letter to the provider in January 2016 from a relative. They stated 'I was particularly impressed as to how the simple companionship she first received seamlessly transformed into the most personal care when this proved necessary. I am sure that from my mother's point of view this significantly reduced her distress. Personally I have much appreciated the concern and advice received.'

Initial assessments were undertaken by the provider and a designated team leader prior to the service commencing. This enabled them to speak with the person and their relatives before the service started to ensure they could meet their needs. They also asked about people's interests, hobbies, life stories, cultural, spiritual and social values. This information enabled the service to match people with appropriate caregivers with similar interests. For example, one person liked music, going to the park, reading, board

games and pets. They were matched with a caregiver who adored dogs, loved music and was very active. Other examples included a person who had worked in the navy was matched with a caregiver who had also worked in the navy: A retired languages professor had been matched with a person who taught languages. One person had made it known that they would like to learn to speak Italian; they were matched with a caregiver who spoke fluent Italian. The provider said the feedback had been very positive from these people and their families. The last survey of people using the service in 2015 recorded that 94% of people said they were well matched with their caregivers.

Following the initial assessment care plans were developed. They included personal information and identified the relevant people involved in people's care, such as their GP. Care files were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. They were presented in an orderly and easy to follow format, which caregivers could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Caregivers commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences. One caregiver commented, "The care plans are really comprehensive."; "They give you plenty of information."; "The care plans are very good, we are given the care plans before we go out so we can read them…all very clear." In November 2015 the provider had put in place a new computer system with people's records in addition to the care files held in people's homes. This enabled people and relatives as appropriate to log in and read information held about them. There were computer security systems in place to ensure they could only access information relevant to them.

People said that their views and experiences of the service were listened to and they were confident in the ability of caregivers to respond to their changing needs. Where people's needs had changed the care and support they received were changed to meet those needs and care plans were reviewed and updated. For example, people who had a deteriorating health condition with increased needs had their care plans updated to reflect the additional support. One person had needed two caregivers to support them with their mobility. However as their mobility improved and with the support of an occupational therapist this had reduced to one. Another person had loved riding horses prior to having a stroke. They were supported to attend a riding school for the disabled which had been risk assessed and was reflected in their care plan.

Team leaders put into place an awareness sheet in people's folders for caregivers to be alerted to changes. Caregivers were required to read the awareness sheet and then sign that they understood the changes. One relative said, "I look at the folder each day… they notice things I don't because they continually see changes from one day to the next." Caregivers were kept updated about changes made to people's paperwork and reminded of best practice. The registered manager and providers sent memo's to caregivers to inform them of changes made to people's care folders. For example in a memo in February 2016 a new medication agreement had been added to the consent forms. Another memo in January 2016 from the registered manager reminded caregivers the procedures they should follow if they found a person had deceased.

The provider said they ensured people never had a stranger turn up on their doorstep. Caregivers confirmed they always went with someone that people knew on their first visit to people. New caregivers shadowed another caregiver to see how the person liked their support given. Only when the person and the caregiver were happy and confident in one another would they work together. The registered manager and the office staff said it was very important that caregivers and people got on well together. People said if they were unhappy with the caregiver they only needed to speak to the office staff and they would be changed. One person confirmed they had requested another caregiver and this was accommodated without any fuss.

The office worker who scheduled the allocation of caregivers said they went into the induction training

sessions to meet new caregivers. This enabled them to get to know new caregivers personalities and interests along with the recruitment information to help make good matches with people. A daily office meeting at nine which included the registered manager, providers and all office staff also discussed making appropriate matches and new caregivers. The provider had a system to ensure new people using the service had regular reviews at the beginning of their package of support. This included a phone call from the office within 24 to 48 hours to check on the quality of service they were receiving and if they were happy. They would then be visited by a team leader after two weeks and again after six weeks to discuss the package and any changes needed and then telephoned after three months to review again. The provider said, "For the first three months people require a lot of support from us as it is important they are confident and happy with the support they receive." Following the initial three months the team leaders would undertake two visits a year and two telephone calls to review people's care needs. These reviews increased if a person had more complex needs. The registered manager said they also had a greater input and involvement with these people's support.

The service had put in place support in a new area on the outskirts of Exeter in response to a person's need. The person told us how they had difficulty finding a provider in Exeter to undertake their package of care because of their remote setting. They had spoken to the provider of Home Instead and they had sourced suitable caregivers and provided the package. A family friend said, "I don't think he would be here if they hadn't stepped in."

The service worked in innovative ways to promote the safety of vulnerable people. The provider was actively involved in the local community and had worked with other services to meet people's needs. The provider had worked in close partnership with the fire service, police and local authority. This included a partnership agreement with Devon and Somerset fire service to keep people safe. As part of the agreement the staff made people aware they could have a fire safety visit from the fire service. They supported people who wanted this service to complete a request card. The provider said, "We are the eyes and ears for the fire service." People who had completed these forms and had visits from the fire service had the reassurance that they were better protected from the risk of fire.

The provider had also been working with the local police and local authority regarding the Home Instead Senior Care's senior fraud protection programme. This included the distribution of a toolkit which advised people about 'scams' aware such as mass marketing frauds. They had worked in partnership with the East and Mid Devon Community Safety Partnership and arranged a community safety morning for local people to attend and find out information. People had been able to attend these events to get advice and guidance.

People were supported by caregivers to engage in activities to stimulate and promote their overall wellbeing. People had benefitted from events organised by the provider. These included an annual Older Persons Information Day where people and their families had gone along to get information from organisations and listen to speakers. This helped keep people informed and make them aware of organisations that could assist them if required. Other people and their relatives had benefitted from the dementia awareness talks delivered by the provider at the local church and memory café.

The provider had arranged for organisational blue badge parking permits. This enabled people being supported by caregivers to go to hospital appointments to be able to park nearer to where they needed to go. The provider had worked with Devon library service and caregivers had a library card to enable them to get books for people who might not be members or who couldn't get out to choose books.

Home Instead had organised the 'memory book project' in Budleigh Salterton, capturing the life stories of

older people. The provider working with other local organisations had arranged with the local school for people to visit and share their wartime experiences with pupils. The children and caregivers dressed up in 1940's costumes and all enjoyed a meal at the school. The provider had collated some of the feedback from people. These included, "People were interested in me."; "I felt young again"; "It brought back so many wonderful memories of my childhood"; "What a wonderful experience to have, something no medication or doctor could ever provide." The school children had used the interviews in their curriculum as part of a living history project which brought World War two to life with people who had experienced it. The provider said the headmaster had told them it was the best history lesson he had ever attended.

The provider arranged two to three events a month in the local area for people to attend. These included a tea dance in the local community, tea and cake mornings and an open door policy at the office which is in the town centre for people to pop in to have free tea, coffee and cake with staff. One person regularly pops into the office for a chat and the provider takes them home to save them walking up a steep hill.

There were regular opportunities for people and people that matter to them to raise issues, concerns and compliments. This was through on-going discussions with them by caregivers and members of the management team. Peoples comments included "Where I have raised concerns they have been dealt with in the same hour."; "Touch wood have had no cause to complain."; "I have mentioned about a caregiver with a loud voice and that was sorted out straight away."; "I would complain to the office they would sort it out, we have never needed to ring."

The provider's complaints procedure set out the process which would be followed by the provider and included contact details of the provider, local authority and the Care Quality Commission. People were also provided with the complaints procedure when they started using the service. This ensured people were given enough information if they felt they needed to raise a concern or complaint. Where a complaint had been made, there was evidence of it being dealt with in line with the complaints procedure. For example, where a person had complained regarding a lead being damaged on their profiling bed this had been resolved to the complainant's satisfaction.

Outstanding ☆

Is the service well-led?

Our findings

The service benefitted from strong leadership and oversight at registered manager and provider level. The providers were due to celebrate their fifth year since setting up Home Instead Senior Care in Budleigh Salterton. The registered manager had worked with the service since December 2012 as a member of the office staff and worked to the position of registered manager. They were working towards a Level 5 diploma in health and social care management. Together they had developed and sustained a positive culture looking at the care provided and how they could influence improvement within the wider community for the benefit of the people they cared for. The provider said, "We are not reactive, we are proactive, we don't want to lose the personal touch." Without exception people using the service, relatives and caregivers all spoke very highly of the management team.

There was a positive and sustained culture that was open, inclusive and empowering. The management team had a clear vision about the values the service had. They said "If you do not support your caregivers you cannot expect them to support your clients." Caregivers spoke positively about communication and how the management team worked well with them, encouraged team working and an open no blame culture. Comments included "Home instead has a real caring nature to their staff and any concerns are always met by a friendly and positive attitude. I feel proud to work for Home Instead and would recommend their care to family and friends."; "I think the team at Budleigh Salterton have 'got it right'. They are a wonderful set of people who are always there to help us while we are out in the field. They are always doing the very, very best for the clients."; "They take care of clients and caregivers, which is so important to the running of a great company. I feel a valued member of a strong team."; "If I need anything I am happy to ask they are very good here."

The provider had put in place resources to support the staff and develop the service. The provider recognised caregivers who had gone above and beyond in their role. They awarded caregivers 'making a difference award's' which were given out every two to three weeks or depending on nominations. On the second day of our visit two awards had been given. This was because a relative had contacted the office to praise the way two caregivers had supported them that morning and another who had dealt with an emergency situation well. The caregivers received a certificate with a copy being placed in the staff rest room and on the service's Facebook page. Each year a 'Caregiver of the year award' was also presented to a caregiver nominated by staff that had made a significant difference at the service. The provider also made us aware they rewarded staff with bonuses and incentives. These included on the anniversary of caregivers employment, they were enrolled in a healthcare benefits scheme along with a service recognition badge. All staff were also enrolled in a high street discount shopping scheme.

The provider had delegated a member of office staff to complete the annual paperwork for all caregivers to claim 'mileage allowance relief'. This is a tax relief on employment expenses for staff who undertake travel in their work. The office member of staff who oversaw this said, "It is all done for them, we even put it in a stamped addressed envelope, all they need to do is sign it and pop it in the post."

There was a well organised and structured office where office staff with well-defined roles worked together.

The registered manager was supported by team leaders who had designated people and caregivers to support. The team leaders were undertaking 'care manager training courses at the head office in Warrington in order to support the registered manager. The provider was also implementing a new role of deputy manager at the service and was in the process of recruiting to this role. In order for there to be a good understanding and overview of the service each morning at nine the provider, registered manager and office staff have a meeting to discuss recruitment, care packages and concerns. Caregivers said that the office support they received was excellent. Comments included, "I am now working in the community and feel very confident of dealing with any situation that may arise due to the support, help and guidance I receive from the very professional and experienced office staff."; "Nothing is too much trouble for the staff in the office and they have bent over backwards to help on any issue. I feel well supported at all times."; "The managers and office staff are excellent because nothing is too much trouble and they are there for me and my clients 24 hours, seven days a week. I always feel valued and I am very happy in my job." People said they knew the office staff team and who to call if they needed support.

To ensure the effective running of the office the provider had commissioned an external service to undertake checks on the office performance and the customer's experience. This entailed monthly telephone calls to the office with the guise of being a potential person wanting to use the service or somebody looking for a position. Performance scores were awarded and the provider used this information to improve the office performance. For example they recognised some staff were better than others at different roles. They put in place that a designated staff member received most calls and then depending on the nature of the enquiry the calls were allocated appropriately.

Even though Home Instead at Budleigh Salterton is a franchise and part of a larger organisation, the initiatives the provider had taken were in response to local need and not dictated by the national organisation. The provider had launched an initiative in November 2012 to make the town of Budleigh Salterton a 'Dementia Friendly Town.' They had also been instrumental in developing a similar programme in Sidmouth. Both towns have a much higher population of older people and as a result have a higher than national average number of people living with dementia.The aim was to raise the awareness about dementia so people with dementia were better supported and treated. They identify the needs of local people living with dementia and their carers, establishing 'community support' including High Street shop schemes. Both towns Chambers of Commerce had endorsed the 'Dementia Friendly Towns' and had delivered dementia training workshops for shop keepers and customer facing staff in local shops. Shops in Budleigh Salterton and Sidmouth display "Dementia Friendly Town" stickers in their windows to make people aware. Home Instead worked with a memory café set up in Sidmouth to facilitate respite for people's carers. They had also raised funds for an Admiral Nurse (a specialist dementia nurses who give expert practical, clinical and emotional support to families living with dementia to help them cope).

In 2015 an alliance was set up with two other towns, Exmouth and Seaton called the 'East Devon Coastal Towns Dementia Action Alliance' to share best practice and coordinate dementia friendly awareness. The provider is the chairman of this group.

The provider's dementia and Alzheimer's awareness training had achieved City & Guilds Accreditation. City & Guilds Accreditation is a globally recognised quality benchmark for in-house training courses. This meant the provider valued the importance of providing staff with high quality training in order to best meet people's needs. Eighty five percent of the caregivers employed by the service had received this training with plans in place for all staff to undertake the training. Both providers became Dementia Champions in January 2014 and provided Alzheimer Society Dementia Friends workshops in the local community for family and friends in how to care for people with dementia. This included, church groups, town councillors, memory cafes, medical centres, police and fire services. One organisation that had received this workshop said, "(The

provider) is really enthusiastic about promoting dementia awareness… he gave up an afternoon for members of our Patient Participation Group to do Dementia Awareness Training… The training was informative, relaxed and well run…so much so that we have decided it would be a fantastic opportunity for our staff to attend the same training."

Health professionals gave us positive feedback about the services offered by Home Instead at Budleigh Salterton. Comments included, "The training was informative, relaxed and well run - so much so that we have decided it would be a fantastic opportunity for our staff to attend the same training. His enthusiasm is tremendous."; "I have used (Home Instead team) to do two or three talks regarding scams awareness and the inputs have been first class. He knows his subject and his audience and produces an easy to understand power point presentation. The feedback from attendees has been very good and the work that Home Instead at Budleigh do to tackle the issue is excellent."

The service had reached the finals of the Exeter Living Awards with the final taking place in April 2016. The Exeter Living Awards is a prestigious, high profile business award. Home Instead were the only care provider to reach the final in the health category. The provider said they planned to take two caregivers who had received 'caregivers making a difference award's' to the final award ceremony.

In 2015 the service was in the top ten recommended home care agencies in south west England. The awards are based on recommendations received from people, family and friends during 2014. This service scored 9.8 out of a maximum of ten from 66 reviews in the last two years. The provider made us aware after the inspection they had also been awarded this award for 2016.

The provider received weekly updates from the national Home Instead office with guidance and learning from other organisations. For example, they had advised that the information needed to be added to the provider's Statement of Purpose which had been actioned. Each month the registered manager had a formal meeting with the provider to discuss key performance indicators and to feedback progress and quality assurance outcomes. The aim of the meetings was to keep the provider's informed. To also ensure their projected forecasts were on track and the service being delivered was of a high standard. The registered manager also received support from registered managers from other franchise services in the group and networking through training at the head office. This showed that the provider and registered manager were keeping up to date with best practice and continually taking action to implement and improve their service.

Representatives from the national office visited the service three to four times a year to give business support and complete audits. They had completed one in October 2015 and had returned in February 2016 and found the actions recommended had been completed. The provider stated in their Provider Information Return, 'We conduct regular self-audits and receive regular internal audits from our National Head office who monitor out internal operational practices and policy and procedures.

People's views and suggestions were taken into account to improve the service. Each year the provider commissioned an external agency to undertake an anonymous PEAQ survey (Pursuing Excellence by Advancing Quality) for people and caregivers. In response to the findings of the survey the provider had produced an action plan. This included for example, where someone had commented that schedules had not been smoothly managed. The provider had appointed a new person to develop schedules and people were given the option of receiving their rotas by post or email instead of caregivers delivering them. People said they were happy they had been receiving their schedules. The provider had presented the PEAQ findings to caregivers at a staff meeting. People were given the results of the surveys in their regular newsletter.

Caregivers confirmed they had attended caregivers meetings and felt their views were taken into account. The provider's said they recognised the importance of team work and support and ensured as many staff as possible attended the staff meetings. They held two sessions to enable staff to attend and provided lunch to enable staff to socialise and network. Meeting minutes showed meetings took place on a formal basis and were an opportunity for caregivers to air any concerns as well as keep up to date with working practices and issues affecting the service. The service also provided caregivers with memos and regular newsletters to keep them up to date on organisational changes, the training available, policies and procedures and professionalism. The registered manager made us aware that at the last team meeting they undertook an activity where caregivers were given a poorly written activity sheet to look for errors. They said at the next meeting what they would discuss reporting regarding safeguarding, incidents and falls.

The provider had a very good quality assurance system in place which enabled them to have a clear picture of the quality of the service they deliver. Systems were in place for monitoring that accidents and incidents were recorded and outcomes clearly defined, to prevent or minimise re-occurrence.

Checks were completed on a regular basis by members of the management team. For example, people's care plans, risk assessments, incidents and accidents were reviewed. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans reviewed. Spot checks were also conducted on a random basis. These enabled the management team to ensure caregivers were arriving on time and supporting people appropriately in a kind and caring way.

The provider and registered manager were meeting their legal obligations such as submitting statutory notifications when certain events, such as injury to a person occurred. They notified the CQC as required, providing additional information promptly when requested and working in line with their registration.

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