

Live Well Care Ltd

Home Instead Senior Care South East Northumberland

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?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

The inspection took place on 26, 27 and 30 July, 1 and 10 August 2018 and was announced. We gave the provider 48 hours' notice because the service was a domiciliary care agency and we wanted to make sure someone would be at the office to assist with the inspection.

Home Instead Senior Care South East Northumberland is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults. Not everyone using the service receives the regulated activity personal care. CQC only inspects the service being received by people provided with personal care such as help with tasks relating to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of this inspection, the service provided personal care to 13 people. All of the people that received care from the provider had made the choice to use the service as it was either privately funded or through the use of their direct payments.

The service registered with the Care Quality Commission (CQC) in July 2017. This is the first inspection of the service.

The service was a franchise, operated by a husband and wife team, the nominated individual and registered manager. Both were former social workers. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives were extremely positive about the caring nature of staff. Staff used inclusive ways of communicating with people so they were supported to take ownership of their care. The service saw people as partners. They were consulted, listened to and valued.

The service had a special ambassador - a dog named Martha who belonged to the registered manager. People told us they loved seeing her and she brought comfort to them.

People and relatives described the responsiveness of staff as outstanding. The service was exceedingly flexible and responsive to people's individual needs and preferences. Staff gave us numerous examples of how they went the extra mile to provide responsive care which was tailored to the individual needs of people. They had organised a special birthday celebration for one person. Staff collected them in a limousine and returned them home after the party.

The provider displayed a commitment to incorporating people's views in the running of the service. Feedback systems had been designed so they were inclusive, and enabled each person's voice to be heard.

People and relatives consistently praised the service. One person told us, "I would rate it as 100%." The provider evidenced a commitment not only to people who used the service, but for making improvements within the local area for people living with dementia. The nominated individual was a dementia champion

and delivered workshops on dementia to local businesses and charities.

There was a strong emphasis on continually striving to improve. Checks were carried out to monitor the quality and safety of the service and ensure that people were receiving excellent outcomes.

Staff were passionate about their roles, and throughout our conversations, key themes such as excellent morale and job satisfaction were consistently mentioned. One staff member said, "They are a great company and we have a fantastic team. I am always made to feel very appreciated."

People told us they felt safe. There were safeguarding policies and procedures in place. Staff were knowledgeable about what action they would take if abuse was suspected. There was a safe system in place for the management of medicines.

There were enough staff to meet people's needs. A training programme was in place. Staff were trained in safe working practices and to meet the specific needs of people who used the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe. Appropriate safeguarding policies and procedures were in place. Medicines were managed well.

Safe recruitment procedures were followed. There were sufficient staff deployed to meet people's needs.

Is the service effective?

Good ●

The service was effective.

Staff received training in safe working practices and in meeting the individual needs of the people they supported.

Staff followed the principles of the Mental Capacity Act 2005. They sought people's consent before providing any care and support.

People's nutritional and hydration needs were met. Staff supported people to access healthcare services.

Is the service caring?

Outstanding ☆

The service was extremely caring.

People and relatives consistently told us that staff were exceptionally caring.

Staff demonstrated a real empathy for the people they cared for. They spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did.

People were partners in their care. People's care and support was planned proactively with them.

Staff used inclusive ways of involving people so they felt consulted, listened to and valued.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

People and relatives described the responsiveness of the service as "outstanding."

The service was exceedingly flexible and responsive to people's individual needs and preferences.

Various inclusive feedback systems were in place. Reviews were carried to ensure people were happy with the service provided.

People were actively encouraged to give their views and raise concerns or complaints.

Is the service well-led?

The service was extremely well led.

People and relatives were consistently positive about the service.

There was a strong emphasis on continually striving to improve. Checks were carried out to monitor the quality and safety of the service and ensure that people were receiving excellent outcomes.

Staff were highly motivated and demonstrated a clear commitment to providing dignified and compassionate care and support. They told us that they enjoyed working at the service and morale was excellent.

Outstanding 

Home Instead Senior Care South East Northumberland

Detailed findings

Background to this inspection

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

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

The inspection was announced. We gave the provider 48 hours' notice because the service is a domiciliary care agency and we wanted to make sure that staff would be available at the office to assist us with our inspection. Our Expert by Experience spoke with two people and 12 relatives on 26 and 27 July 2018. We visited the provider's head office on 30 July 2018 and visited people at home on 1 August 2018. We carried out a final visit to the office on 10 August 2018 to complete our inspection.

Prior to the inspection, we checked information which we had received about the service. This included notifications which the provider had sent us. The provider completed an in-depth provider information return (PIR) in advance of the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

We contacted the local authority's safeguarding adults team and contracts and commissioning teams. We also contacted the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used their feedback to inform the planning of this inspection.

We visited four people at their homes and spoke with two relatives and four people. We spoke with the

nominated individual, registered manager and seven care staff. Following our inspection, we contacted the local authority direct payments manager by email. We contacted people in the community who regularly interacted with the service. We spoke with the local Mayor, deputy Mayor, President of the local Lions club (a charitable organisation dedicated to serving the local community) and a manager of a local charities shop.

We examined five care files and records relating to staff. In addition, we checked records relating to the management of the service such as audits and reviews.

Is the service safe?

Our findings

People told us they felt safe with staff who came into their homes. This was confirmed by relatives. Comments included, "I am more than comfortable with the carer, very much so", "Yes, she feels safe," "As far as I know she does feel comfortable with the staff. With dementia, it depends on how she wakes up in the morning but she is as comfortable as she could be with anyone. It's what I wanted for her" and "The carer and my husband have a great relationship."

Safeguarding systems, processes and practices helped to safeguard people from abuse. There were safeguarding policies and procedures in place. Staff had undertaken safeguarding training and were knowledgeable about what action they would take if they suspected abuse had occurred. The local authority safeguarding team told us there were no organisational safeguarding concerns regarding the service.

Recruitment systems were robust to make sure that the right staff were recruited to support people to stay safe. The nominated individual stated, "Our goal is always to find people that we would trust with our own parents or loved ones." Disclosure and Barring service checks (DBS) had been obtained and references sought. A DBS check is a report which details any offences which may prevent the person from working with vulnerable people. They help providers make safer recruitment decisions.

A safe system was in place to manage medicines. People and relatives told us that medicines were administered as prescribed. Comments included, "They're good with medicines," "They remind my mum to take her tablets in the morning and in the evening" and "They are wonderful with the medication because before the carer came it was muddled up. It was a worry for me. The medication comes in a blister pack and they keep her in a routine and they keep records of the pain killers. They are very good with the records."

Staff were knowledgeable about medicines procedures and could describe these to us. One staff member said, "We dot the MAR [good practice] administer it and then sign it." The provider was strengthening their procedures for 'when required' medicines to simplify and clarify record keeping in relation to these medicines.

There were sufficient numbers of staff to support people to stay safe and meet their needs. We accompanied staff on their visits to four people's homes. Staff carried out their duties in a calm unhurried manner.

Risks were well managed to enable people to live full lives whilst remaining safe. The nominated individual stated in their PIR submission, "Our risk assessments are conducted within a culture that promotes clients to take considered risks and maintain their independence. We want our clients to live the best life possible. Managed risk is part of achieving this and we always ensure that we truly understand a client's specific ability to consent to care and express their wishes about the type of care and how it should be delivered." Documents we viewed, observations of care delivery and people's feedback supported that this aim was being delivered.

Risks identified through the assessment and care planning process included moving and handling, environmental risks and behavioural issues.

Accidents and incidents were monitored to identify any lessons to be learned and make improvements where required. For example, in response to minor medicines errors, additional staff supervision, training and staff meetings had been held to discuss medicines management and the provider was simplifying some of their medicines recording systems.

Is the service effective?

Our findings

People and relatives were complimentary about the skills of staff. Comments included, "She knows what to do. She gets on fine with her," "They are definitely well trained," "Absolutely they know what they are doing and our carer has a natural aptitude for it" and "They are very well trained."

Effective processes were in place to ensure staff had the skills, knowledge and experience to deliver effective care and support. All staff informed us that they felt equipped to carry out their roles and said there was sufficient training available. Comments included, "I know what I am doing. The training is good" and "We've done the dementia friends training."

Staff completed Home Instead's learning and development programme which included modules such as, the ageing process, safe care, building relationships, the theory and practice of moving and handling, medication and basic life support. The training also included safeguarding and the Mental Capacity Act 2005. Workbooks were completed and signed off by a member of the management team or an experienced care worker who had been brought in to support staff through the process.

New staff completed the Care Certificate. The Care Certificate is a set of nationally recognised standards to be covered as part of induction training of care workers. New staff also shadowed the registered manager or an experienced care worker to ensure they were competent and confident to deliver the care effectively unaccompanied.

Staff told us that they felt well supported. Staff supervision sessions were held and an appraisal system was in place. Supervision and appraisals are used to review staff performance and identify any training or support requirements. The nominated individual told us, "We can't deliver excellent service to our lovely clients if we don't value and support our caregivers."

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.

Decisions made on people's behalf had been assessed and the best interests process followed. The registered manager was further strengthening their records in relation to the MCA so they clearly evidenced how staff were following the principles of the MCA.

People had signed consent forms to indicate they agreed with the plan of care to be provided. During our home visits, we observed staff sought people's verbal consent before carrying out any care or support tasks.

People's needs were assessed and care and support was delivered in line with best practice guidance. The

provider was meeting all of the statements outlined in the National Institute for Health and Care Excellence [NICE] home care for older people quality standard [QS123]. NICE quality standards are a set of statements designed to drive and measure quality within a particular area of care. In the home care quality standard there are six quality statements including person centred planning. In-depth pre assessments were carried out to ensure the service could meet people's needs. A person centred plan was then written with the person collaboratively.

People and relatives told us that people's nutrition and hydration needs were met. Comments included, "She helps me very much by making sure that I drink enough" and "They arrive at 8am to get her breakfast and they prepare lunch for her before they leave. They prepare her tea in the late afternoon. My mum is so much in charge of what she gets generally."

Information about people's dietary requirements, likes and dislikes were included in their care files. We visited people over the lunch time period. Staff asked people what they would like to eat and they took time to present people's meals attractively.

People were supported to eat a healthy diet. One care worker contacted us and stated, "I have qualifications and an avid interest in nutrition so it was felt that I would be a good match...I got to find out what food they liked and I was delighted when they started to accept and enjoy nutritious, healthy food. The staff member explained that the person was admitted to hospital and staff attended the hospital at mealtimes. They told us, "We were there at all mealtimes to record what they were eating and drinking but to also order the things they would be most likely to eat and then encourage them. At one point, they wouldn't eat at all so we bought some of their favourite food and were given permission to use the staff facilities. They liked porridge but didn't like the way that the hospital staff made it so my colleague bought some golden syrup as that's how they had it at home."

People were supported to access healthcare services. People and relatives told us that staff supported them to receive ongoing health care support. Comments included, "The helper has taken me to the dentist and she waited for me and brought me back," "The lady who showers her will ring me if she notices anything. She has phoned me on more than one occasion and also phoned the doctor for me" and "She offers to take urine samples to the doctors if she thinks my mum is not well. She does little things for us like that, it shows that she is caring. It's an extra person coming in to speak to my mum as well." This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were being met to maintain their health.

Is the service caring?

Our findings

There was a strong, visible person-centred culture. The nominated individual stated, "Our whole ethos is about caring for people – we always say that clients are the most important people and the focus of all our efforts with caregivers coming a very close second." This ethos was confirmed by all people, relatives and staff with whom we spoke.

People and relatives were extremely positive about the caring nature of staff. One person told us, "I think that you need some sort of empathy as a carer and both of mine have it," Relatives said that staff went out of their way to ensure their relation's needs were met. Comments included, "They are incredibly caring. As a nurse I have come across a lot of health care assistants and our carer is incredibly caring towards my mum, who is not really her responsibility" and "The people we have are mature and genuinely care about my mum. This week she had to go into hospital and the carer stayed behind to wait for the ambulance to come for her. The carers are visiting her in hospital." One relative explained that staff had gone 'above and beyond' to ensure their family member had a wonderful birthday. They told us, "The carers all came to her 90th birthday party. They took her out to a café on her birthday as a surprise."

Staff were highly motivated and passionate about the care they provided. They gave us numerous examples about how they delivered exceptional, compassionate care. Comments from staff included, "For me it's the little things. [Name's] favourite treat is a blueberry muffin from Costa so every now and again I get him one as a treat which cheers him up and makes him feel special as I was thinking about him when out shopping," "Anything we do together makes me smile and happy to make a difference in this lady's life," "I turn up to [name's] house. I looking forward to my shift and honestly leave my lovely [person] smiling," "Giving somebody a lot of hope back in their life is essential and going that extra mile to do what you can to bring a lot of joy and inspiration to your client" and "One person who has been having bed baths for months talked about how they liked plodging [paddle] in water so we decided to fill a bowl of water for them to plodge in from the side of her bed...the fun they had for 10 minutes in that bowl of water was such a delight to see."

Staff encouraged, recognised and celebrated people's successes. One staff member told us, "A client who became immobile through a broken leg has progressed very slowly and is now walking with a wheeled Zimmer and our support. I am so proud of them as they have progressed over the months and the first time they walked with a Zimmer it brought a tear to my eye as I knew how much it meant to them to be back on their feet."

Staff were proud of the ways they had built relationships with the people they supported. They described the ways they tried to enhance people's lives with small touches. One staff member commented, "I knew our client was hosting a tea party for her friend's birthday so I washed her best china service this morning. When I arrived for my visit I was so touched as the ladies had waited for me to join them." They continued, "One of the ladies told me she was so pleased that her friend is being cared for so well by such caring, friendly and considerate ladies. I thanked her for such a wonderful complement...Really makes your day to hear this."

The provider ensured that staff focused on building and maintaining meaningful relationships with people

and their families. Staff did not wear uniforms. The nominated individual explained that this was so staff appeared less clinical and formal and to reduce any potential barriers to working with people. We read a review which had been posted by a relative on a national home care review's website. This stated, "No uniforms are worn by the carers which makes a huge difference as it's something that usually draws attention to the fact that the client is being accompanied and can be embarrassing. It's important that the client feels like they are going out with a friend, with a person who wants to be there and isn't just being paid to be there, and the staff I've met so far have been comfortable in their surroundings and respectful of the client's dignity."

Great care and attention was taken to match people with care staff of similar interests and personalities. The nominated individual stated, "We make strenuous efforts to match our clients with their caregiver so our clients develop a strong relationship with the caregivers, feel safe and secure and are encouraged to tell us exactly what they want, when and how they want it. We focus not just on needs but also on our clients wants. Our assessment is outcome focussed and our service is person centred rather than task focussed." This was confirmed by people, staff and our own observations. One person told us, "The manager came out to see me and spent a lot of time with me on the first occasion. She then matched my needs to a helper that they had on their books." Another person said, "Oh [name of care worker] I love him. From the day he opened the door." A relative commented, "They've built up a good relationship. It's far from clinical – they share each other's memories and aspirations." A staff member described their relationship with one person, they said, "The rapport we have is excellent – me and him are in the bathroom singing." We heard how one person loved history. Their care worker gave the person a signed copy of one of her husband's books who was a historical author.

The service had a special ambassador - a dog named Martha who belonged to the registered manager. People told us that they loved seeing her. One person said, "Martha the dog comes in – I love dogs. It's little touches like that which make the difference." Another person who was poorly enjoyed a cuddle from Martha to cheer her up.

The promotion of privacy, dignity and independence was at the heart of the service's culture and values. It was embedded in everything that the service and its staff did. One member of staff said about the care they provided to one person, "Helping her with personal care in a manner that enabled her to keep her dignity, modesty and pride and feeling comfortable with the situation was very fulfilling, knowing I was making a difference to her life."

People's independence was actively promoted. Where people were recovering after an operation staff worked with people to discuss the help they needed to regain their independence. Care plans included targets for people to complete personal care tasks themselves. One person told us staff understood the importance of them doing as much for themselves as possible. They said, "She [staff member] is very sympathetic but she allows me my independence and she steps back if I want to do something." Comments from relatives included, "There were certain targets for my mum such as washing herself. This was following her hip operations" and "I was involved in setting up the care plan during the initial meetings. The main aim was to make her more independent with help from the carer and the family."

We visited four people at home. Staff demonstrated a real empathy for the people they cared for. We observed kind, caring and thoughtful interactions between people throughout our inspection. It was clear that they knew people well as they talked to people about their families and local news.

People's care and support was planned proactively with them. Staff used inclusive ways of involving people so they felt consulted, listened to and valued. The nominated individual stated, "We always say we write the

care plan and staff and people bring it to life." This was confirmed by people and staff who told us, "I spoke to the manager at length about the care plan, so yes I was a part of the input into that" and "The manager questioned me and talked to me about the care plan,"

People and staff had joint ownership of the care records. Both made entries each time a staff member visited the person. The staff member detailed the care they had delivered, and people signed to show their agreement and sometimes corrected any spelling mistakes! Comments from people and relatives included, "The carer fills in the folder every day and I sign it" and "The folder is scrupulously kept and my mum signs it."

Is the service responsive?

Our findings

The service was tailored to meet people's individual needs and was delivered in a flexible way to ensure the needs of people were central to the service. This was confirmed by people and relatives. Comments included, "She is absolutely responsive and tuned in to what's going on. She has very quickly shown herself to be indispensable" and "I know from talking to my dad that he is very pleased with the care he is receiving and I know he has moved on such a lot since this time last year when at hospital."

Two relatives told us that the registered manager had been exceptional in ensuring people received the right support to access hospital and return home. Comments included, "The manager went out in the middle of the night to meet the ambulance for my mum" and "She [registered manager] came here at 3 or 4 in the morning so [name] could come home from hospital. It was beyond the call of duty."

Best practice guidance was followed to ensure people received the best possible care which was responsive to their individual needs. The service was meeting the National Institute for Health and Care Excellence [NICE] quality standards in homecare. Statement 3 sets out the benefits of a consistent team of home care workers. The nominated individual stated in their PIR, "In some cases our practice exceeds these standards. Quality Statement 4 states that a visit should be at least 30 minutes; so as to be long enough to ensure that the person's identified outcomes can be achieved in a way that does not compromise their dignity and wellbeing. Our minimum visit is one hour, as we believe this is the minimum time needed to provide compassionate person-centred care."

The service went the extra mile to find out about people and their needs and wishes. Care plans were extremely detailed and had been written collaboratively with people. The nominated individual stated, "Our care planning process is rigorous and we ensure to seek information about religious and cultural beliefs as well as any specific needs of the client... The care plan reflects the care and support the client wants along with detail about how they wish it to be provided to ensure that their preferences and routines are respected by the caregivers. We gather information on interests, hobbies, likes and dislikes which forms the basis of developing a supportive relationship, a key element to ensure the client's ongoing safety and wellbeing." This was confirmed by our own observations of care plans and discussion with people and relatives. One person told us, "It is because of the in-depth time the manager spends in the first place that it works so well."

There was no one receiving end of life care at the time of the inspection. The nominated individual told us that when people were nearing the end of their life, they worked closely with other professionals and family members to ensure the person was supported and treated with dignity and respect.

There was an inclusive activities programme in place which was exceedingly responsive to people's needs to ensure they could live as full a life as possible. The nominated individual stated, "Our caregivers go out of their way to be creative and think of ways of engaging their clients and motivating them to maintain their interest in life, sustain their friendships and work to enhance their lives as best they can."

People and relatives spoke positively about the support people received to ensure their social and

emotional needs were met. Comments included, "They got to know all his hobbies and interests and had a very thorough chat about all his hobbies and interests," "They go to garden centres for coffee and the beach for an ice cream. He took her to see a friend in respite care some distance away," "The carers will take her out in the afternoon, in the wheelchair, and go to the shops. They have driven her out to a café at the garden centre and to Tesco's in the next town for main shopping." One person had been unable to attend their local church because of their mobility needs. We read their care review where they stated, "Since I have been able to get out again [with staff member]. This has made a difference too, all the difference in the world...I can go to church again and go to the village and back without worrying about it [walking or losing my balance]."

We read an email from a person to the registered manager which stated, "I would like to go on record as saying how much I owe [name of staff members] for their gentle coercion in giving me the insight and ability to improve my wellbeing. [Name of staff member] with her sense of humour and not least her kitchen skills. [Name of second staff member] with her gentle insistence that I take regular exercise by walking, sometimes around the park and sometimes to the shops and [name of third staff member] with her all round help in looking after me. Nothing I can ever say will ever thank them enough for what they have done for me."

Staff gave us numerous examples of how they went the extra mile to provide responsive care which was tailored to the individual needs of people. Comments included, "With my client they liked gardening so we created two gardens and it gave them a focus and a lot of joy and a goal in life," "Communication is key with my client and my goal is to create a better life for them and trying to give them a more independent and inspiring life. We often go to the beach and they love ice-cream to see someone smile and enjoy life is a personal achievement for my client and for me as a caregiver," "Before he could get out for a walk, I suggested we played Ten pin bowling on the Wii (video game console) which got him up exercising and he said the other day I have done more for him getting out walking again than the NHS which was lovely" and "Taking [person] out in the wheelchair for the first time and seeing the pleasure and delight on her face when the wind blew through her hair and the sun shone on her face made me smile inside."

The provider ensured people were matched with staff who had similar interests and personalities to make sure relationships were built and maintained and people experienced the best possible outcomes. Staff gave us the following examples; "I have recently been working with [person] who was born in France and I have been re-learning my schoolgirl French again. It's a lovely feeling to see the smile on their face when I turn up, we talk at length and we both enjoy a walk. We both have an interest in yoga so I have asked [their relative] for the DVD player to be set up so we do one of my DVDs together," "She's brilliant with her iPad and laptop with me giving her little IT lessons now and again," "I knitted [name] a cushion for her chair for her back. I also bring in needle point. She can't do it, but it's tactile and she likes to look at it and feel it. We also were talking about knitting with our arms – yesterday we were talking and trying to work out how we could do it," Staff supported one person to re-engage with their previous interests and develop their confidence. Staff encouraged them to take up photography again. We read how a staff member took their own camera and asked the person whether they could teach them how to take good photographs. The care worker also supported them to go running again.

The service took a key role in the local community and was actively involved in building further links. The nominated individual had set up and chaired a steering group to create a dementia friendly community. Local businesses and the church community were also involved. A quote from the nominated individual in a local newspaper said, "With greater understanding and support, they can continue to feel a part of our community and do the things they enjoy – such as going to a café or shopping, to church or along to the leisure centre."

Various inclusive feedback systems were in place. The nominated individual told us, "We work hard to

ensure that clients feel able to express their views and always say that we want them to know what works for them, but more importantly we also want to know if they are unhappy about anything at all so that we can address and resolve the issue. We see feedback from clients and care givers as something we actively invite – from the first meeting with the client and family all the way to our ongoing quality assurance processes."

Regular reviews were carried out, together with phone calls and quality assurance visits to obtain people's views. One person's review stated, "I don't know what I would have done if Home Instead had not been able to visit. I didn't want to go into a home and I reached a stage where I need support to help me manage at home" and "Your support has meant I can manage at home which is very important for me."

There was a complaints procedure in place. This was available at all the people's homes we visited. One person told us their complaint had been dealt with swiftly. They said, "Initially I had to complain about the standard of cleaning and the manager came out and agreed with me. The member of staff was changed." Detailed records were available to show what action had been taken to resolve the issues raised.

The service was meeting the Accessible Information Standard. Care plans contained details of people's communication needs. Documents were available in large print and if any other formats were required, the provider could contact their head office's marketing department to request bespoke documentation. The service also had links with Northumberland County Blind Association and Action on Hearing Loss who they could signpost people to for any advice or guidance.

Is the service well-led?

Our findings

The service was a franchise, operated by a husband and wife team; the nominated individual and registered manager. Both were former social workers.

The provider's ethos, vision and values were person-centred to make sure people were at the heart of the service. This vision was driven by the exceptional leadership of the nominated individual and registered manager. We checked the provider's website which stated, "We are passionate about making a difference to our clients' lives and provide our services with consideration and sensitivity - just as we would for our own families."

People and relatives confirmed that staff clearly displayed the provider's values and vision. They were exceptionally positive about the service. Comments included, "They go beyond what's expected," "In my brief foray into the care world, I would say it's an outstanding service because you get a little bit more personal care. In terms of other organisations, I got very little help from anybody else," "I would rate them as outstanding. They are faultless and they have exceeded my expectations. They go above and beyond to do their best for my mum. Yes, they are brilliant," "I would go as far as outstanding, because my mum is a hard task master and she would tell me straight away if things weren't perfect" and "I would say they are outstanding. It is a big relief to us as a family. As a nurse I am more demanding than most. I am not difficult but I know what to look out for."

The provider sought to share good practice by working with other providers and organisations. The nominated individual was a member of Ageing Well in Northumberland which was a forum for all providers. The nominated individual stated, "This means we are able to keep abreast of the services available in the community and signpost clients if we think this would be helpful." They were also members of the United Kingdom Homecare Association [UKHCA] which is the professional association of home care providers. This ensured the provider was aware of the latest legislative and regulatory changes within practice.

The provider was meeting all of the statements outlined in the National Institute for Health and Care Excellence [NICE] home care for older people quality standard [QS123]. This helped ensure that people received care and support which was based on best practice guidelines.

The provider was instrumental in helping to make positive improvements within the local community for those living with dementia. The nominated individual was a dementia champion and delivered workshops on dementia to local businesses and charities. They had set up and chaired 'Dementia Friendly Morpeth' to help make the town a dementia friendly community. We spoke with various local community officials to confirm the work which the nominated individual and staff were doing within the local community. The President of the local Lions club told us, "He [nominated individual] is a business man, but he is more than a business man – his business is needed... He's certainly is an inspiration. With him as our dementia champion, we will get there." The Mayor said that the nominated individual had delivered 'dementia friends' training to local businesses, town hall officials and councillors. He stated, "It was a really good training session. I learnt a lot. [Name of nominated individual] is incredibly, incredibly enthusiastic and

knowledgeable. He has inspired the councillors." The deputy Mayor commented, "[Name of nominated individual] is really lovely...he has come to Ageing Well events and he was fantastic."

The service was working with a local charity shop. We spoke with the charity shop manager who said, "They are so passionate about the cause, you just have to listen. [Name of senior care worker] came in on Saturday and she was explaining about dementia in a way we could understand. It gives you such an insight. [Name of nominated individual] is such a great guy, when someone is so passionate you listen. We have said that we will help put together memory boxes and we are sourcing items, it's great when we heard about these because they will trigger memories, I think it's a brilliant cause."

An effective quality assurance system was in place. The nominated individual stated, "We have a clear culture of continuous improvements, we are always looking to see how we can improve things and our selection process is a good example of this. We have made many changes to this over the past 12 months, learning from both our successes and failures. We ran an evening process which we thought would be very attractive to people with other jobs but it just did not work."

Audits and checks were carried out which monitored all aspects of the service. In addition, the quality support team from the Home Instead Senior Care national office undertook an annual audit. This included checks on training, care plans, staff files, security of information and scheduling of visits.

There were effective communication systems in place. Daily 'huddle' and weekly and monthly staff meetings were held to ensure the smooth running of the service and make sure that people received safe, effective, responsive and compassionate care.

As part of a franchise network, the provider had access to the National Office Franchise Centre which provided a range of information from policies and procedures to good practice ideas and training resources for staff. There was a franchise owner's forum where ideas were shared to cascade good practice across the network.

Staff were extremely motivated and demonstrated a clear commitment to providing dignified and compassionate care. They told us they enjoyed working at the service and morale was excellent. Comments included, "I can honestly say it has felt like it was meant to be in my life as it gives me a real sense of worth and confidence every day I go out. I personally reap the benefits of gorgeous happy clients from start of shift to leaving" and "This is truly a company that I can say I am proud to work for and I also feel really valued. In December I received a gift hand delivered to my home by [name of nominated individual], before I had actually officially started work. We all received an Easter Egg and always receive praise for work well done such as getting to work in the snow."