

Essex Senior Care 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?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Home Instead Senior Care is registered to provide personal care and support to people living in their own homes. At the time of our inspection the service was supporting 67 people with a range of personal care and support needs. The service also provided companionship and support to a number of other people. The staff who support people are known as 'caregivers,' we have called them this in the report and any other personnel are referred to as staff.

The inspection of this service took place on 28 29 30 June 2017 and was announced. There was a registered manager in post and they were present at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, registered managers 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 told us they felt safe receiving care in their homes and they did not have any concerns about the care they received. Caregivers and office staff were knowledgeable in what constituted abuse and their responsibilities in reporting any concerns they had internally and externally to local safeguarding authorities.

Care plans were personalised to each individual and contained information to assist caregivers to provide care in a way they wished to receive care. The service operated a matching service where caregivers with similar interests, hobbies and personalities were matched to people, therefore people always received consistent care and support from the same caregivers. All people spoken with agreed they always received support from caregivers they knew well.

People who received care and support from Home instead Senior Care said they were very happy with the service provided. Everybody said the caregivers went above and beyond what was expected of them. The service had gone the 'extra mile' by considering the needs of people and their caregivers, by holding various events and competitions to further promote and develop positive relationships with people and their family members.

People and their relatives were actively encouraged to make their views known and were involved in making decisions about their care. Caregivers had a very good understanding about what was important to people and went to considerable lengths to ensure people's needs and wishes were met.

Senior staff were passionate about the agency and valued caregivers. They had a very good knowledge and understanding of people's care needs, interests and how they liked their care to be provided. They spoke warmly about the people and their families who used the service and it was clear from our visits that people liked and trusted them and were at ease in their presence.

A dementia café was held every month so caregivers, people that used the service and families could get together. The service worked within the local community to promote awareness of the effects of living with dementia. The service had two dementia friends' champions that had been trained as volunteers by the Alzheimer's society. Dementia friends' champions are volunteers who encourage others to make a positive difference to people living with dementia in their community. They do this by giving them information about the personal impact of dementia, and what they can do to help. The champions had delivered sessions to all staff at the service and had plans to hold sessions for people that used the service and their families.

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

Systems and processes were in place to ensure the safe recruitment of staff with sufficient numbers of staff employed to safely meet people's needs.

The provider had quality assurance systems in place to monitor the quality of service people received. The provider undertook various audits and the national office conducted an annual audit; this included scrutinising all aspects of the business. The last audit in May and June 2017 was positive, with some best practice suggestions made.

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 were supported to maintain their safety and risks were assessed and managed to reduce risk of harm

People had their medicines administered by caregivers who had been trained in the safe administration of medicines and had their competencies regularly checked by managers.

Sufficient numbers of skilled and experienced caregivers were employed to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People were supported by caregivers who were trained and supported to deliver effective care and support. Training was held to meet people's individual needs.

Where people lacked capacity to make a decision about their care, their rights and best interests were protected.

Caregivers had a good understanding of people's health and nutritional needs and provided appropriate support to ensure these were met

Caregivers felt supported and motivated by managers.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Caregivers were kind and supportive.

There was a strong, visible person centred culture and people and their relatives had very positive caring relationships with caregivers

Is the service responsive?

Outstanding 

The service was highly responsive.

The service was able to respond immediately to changes in people's needs and monitor the quality of care.

People were actively encouraged to make their views known and to raise concerns and complaints. Feedback was listened to and used to drive up overall standards.

The service actively encouraged people to access local community events and was actively involved in hosting events.

Is the service well-led?

Outstanding 

The service was extremely well-led.

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

The values of the organisation were consistently demonstrated by all staff in their interactions with people and with each other.

Quality assurance processes were robust and ensured the safety, high quality and effectiveness of the service.

Home Instead Senior Care

Detailed findings

Background to this inspection

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

This inspection took place on 28 29 30 June 2017 and was announced. We gave the service 48 hours' notice of the inspection because it is a domiciliary care service and we needed to be sure that someone would be in the office.

The inspection team consisted of two inspectors 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.

As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events.

As part of the inspection we spoke with ten people who used the service and eight relatives. We spoke with the registered manager who is also the nominated individual and nine staff who worked in various roles. We also received information from five health and social care professionals.

We looked at six people's care records and support plans. We looked at five staff recruitment and training files.

Is the service safe?

Our findings

All of the people and their relatives we spoke with told us they felt safe receiving care and support in their home from caregivers and did not have any concerns about the care they received. One person told us, "I feel very safe when they are in my home, pleased to see them." A second person added, "I was afraid of seeing different faces but that has not happened." A relative told us, "I have never been given any concerns to think [family member] is not safe, the caregivers are flexible and show respect, the caregivers are very gentle during personal care." Another relative said, "The carers keep us safe and therefore we are well, the approach to us as a couple is friendly we have a good professional relationship." We saw that one person had not felt safe going out into the community, but with time and patience, the person was now going out with their caregiver regularly.

Caregivers had completed training which provided them with the knowledge about how to recognise signs of abuse and they understood their responsibility to report any concerns to the office, or if necessary external agencies. One caregiver told us, "We have our own managers to ring, or we would go to [registered manager]. The procedure is clear, and I would go to adult care services if I was not happy with the response."

Caregivers told us that they felt confident in the on-call system that was in place to support them overnight and at the weekends. One caregiver told us, "No matter what time of day or night there is always someone at the end of the phone to ask for advice." The organisation had carried out a caregiver survey in 2016, one of the statements caregivers were asked to rate was, "It is safe to speak up and challenge the way things are done." The survey results indicated that 100% of caregivers had responded favourably to this question.

Risk assessments were comprehensive and identified the risks to people's well-being and gave guidance for caregivers in how to mitigate these. For example, caregivers had guidance in how to approach people who were known to be anxious at times, which led to them being verbally and physically challenging. One care plan stated, "Stay calm, speak in a calm and reassuring voice and try to address underlying feelings." The care plan also contained information that caregivers could use to talk to the person as distraction techniques.

A relative told us that the service had asked for an occupational therapist (OT) to call to offer advice as their family member had fallen. They explained that the OT had recommended new equipment and at first, their family members were reluctant as they were fiercely independent. They explained, "Home instead explained the equipment was required to keep [family members] safe, and although reluctant the equipment was put in and it is working really well. I could not be more pleased with this service and my [family members] feel the same."

The provider's policy and procedure for the safe handling of money protected people from financial abuse. When handling people's money as part of their personal care package caregivers kept a record and receipts for all monies handled. Records showed caregivers had followed the procedure and had obtained receipts and signatures from people when they returned their change.

People were supported by sufficient numbers of caregivers to meet their needs in an unhurried manner. Everybody said they received care and support within the time agreed. The service had a minimum visit time of one hour so people confirmed that visits were not rushed. One person said, "I have never known them to be late, I think once it was 5 minutes but they let me know." Another person told us, "The carers are always on time and if there is to be a delay the office will call me, there are regular carers who come and we always know a name."

We asked the registered manager how they ensured that caregivers turned up to people's homes where they lived on their own. They told us that caregivers used a 'Freephone' number system and would ring this number when they arrived at a person's home. If the caregiver did not ring in this would trigger an alert to the office. All caregivers and people using the service received rotas in advance so it was clear who was expected to turn up. The service also text caregivers their daily rota each morning as an added reassurance to them and people that used the service. We viewed records related to missed calls and found there was one in 2017; this record contained the reason, outcome and apology given to the person.

An on-going recruitment programme was in place to ensure staffing levels remained consistent. This meant people could be reassured they would receive the care package agreed. The registered manager told us, "We usually recruit over what we need, and part time workers can be flexible when needed, so we have enough caregivers."

We looked at the recruitment files of five staff members and saw that the service had a robust recruitment policy in place to ensure that staff were recruited safely. Each staff member had to attend a face to face interview and all the required employment background checks, security checks and references which were reviewed before they began to work for the organisation. The interview process included care scenarios as well as questions to enable the service to see if the person would be suitable for the role of caregiver. This process ensured that the provider made safe recruitment choices. Prior to starting employment, new employees were also required to undergo a DBS (Disclosure and Barring Service) check, which would show if they had any criminal convictions or had ever been barred from working with vulnerable people.

People told us caregivers supported them to take their medicines, and where people were able to take their own medicines, caregivers always reminded them. One person said, "They are supposed to but I have taken it before they come. After all I take my own at night when they are not here." Another person told us, "It is all blister packed, and a glass of water is left for me to drink." People received their medicines from caregivers who had received specific training and supervision to carry out the task. One caregiver had identified a potential risk that following the recent tower block fire, a person they were supporting who was a heavy smoker was using a cream containing paraffin, they reported this immediately and the GP prescribed an alternative. In another care plan it was noted that caregivers were concerned that a person was buying their own pain relief in addition to their prescribed medication. The service worked with the family and the GP to resolve this, after discussion and review with their GP the person no longer felt the need to purchase extra medication.

Is the service effective?

Our findings

People felt very well supported by caregivers who were well trained and knew how to care for them. They made very positive comments about the competence and abilities of caregivers and were very happy with the caregivers approach. One person told us, "I am so pleased and delighted with the care I am given, I wouldn't manage if it wasn't for the carers." Another person said, "I feel the agency offer a good service and I feel happy, the carers are considerate and know what I like and take into account what I require." A relative told us, "The caregivers are trained, they are all clued up and understand safety aspects and what needs to be done. When there is recruitment of new caregivers, there is shadowing, watching the experienced caregivers completing tasks and how it is done."

All new caregivers completed an induction programme. The induction programme was for four days in the office and included training sessions on manual handling, medication, health and safety, safeguarding and whistleblowing. Caregivers then completed shadow shifts with more experienced caregivers before being included onto the rota. Observations of practice on new caregivers were carried out to ensure that they had the necessary skills to care for people before working alone.

Training was face to face with competency assessments carried out on each subject whilst the caregiver was carrying out their job role. In order for the caregiver to achieve their care certificate, workbooks were completed along with an assessment of their understanding. During observations of caregivers practice, each observation was tracked through against the standards required in the care certificate. This workbook was then marked before a certificate was issued. If necessary caregivers had extra support sessions if they failed to reach the required pass mark for each module. The company realised that each individual has different learning styles and therefore they accommodated these by ensuring they enabled caregivers to reach their full potential with the necessary support. For example, some caregivers were able to prove their competence with having a discussion around a certain subject within the care certificate rather than having to repeatedly answer questions.

Feedback about the training was extremely positive without exception. Comments included, "The training was brilliant it really made me feel empowered to carry out my job", "After the training I couldn't wait to get out there and start work", "The training was delivered with real enthusiasm and made me feel this was a great company to work for", "They take training really seriously here and really support you to achieve your full potential", "Really comprehensive training and it is always being updated," and, "The training is so much better than I have ever had before so in-depth and so much support."

We saw that this training was designed around the needs of the individual they were supporting and was considered with every package of care. Caregivers could request training that they felt could benefit the people they were supporting. For example, the registered manager had organised for caregivers to receive training from the district nurse so a person could receive a treatment they required from caregivers that supported them daily. A small group of caregivers undertook this training and had their competency assessed for this treatment. The registered manager ensured that on going support was provided to caregivers so they could feel confident when supporting the person. The care plan included extremely

detailed information about this treatment so caregivers had all the information they required available. Caregivers confirmed they had any specialised training that was required to support the people they visited. Other training included catheter care and diabetes. We saw the training matrix that highlighted any training needs and the training was then arranged. Caregivers we spoke to confirmed they were given any training details in advance.

Caregivers that supported people living with dementia undertook an accredited dementia training course over three days. The service had two dementia friends' champions that had been trained as volunteers by the Alzheimer's society. Dementia friends' champions are volunteers who encourage others to make a positive difference to people living with dementia in their community. They do this by giving them information about the personal impact of dementia, and what they can do to help. The champions had delivered sessions to caregivers so the service could work towards becoming dementia friendly. The registered manager told us that it was the first big step towards helping the Epping Forest Area become dementia friendly. The service aims to offer this information session to family and friends of clients and any interested people in the wider community. One caregiver told us, "I have recently attended a dementia friends session, it was really good and I passed the information to someone I know."

All of the caregivers and office staff that we spoke with without exception told us that they felt extremely supported and confirmed that they had regular planned supervision sessions and an up to date annual appraisal. Supervision and observations of caregiver's practices were completed on a regular basis to ensure they were putting into practice the training they had undertaken. Caregivers told us they saw the supervision sessions and observations as a way of learning and enjoyed discussing their performance, they saw this as a way of sharing good practice and a way of enabling them to be supported if they had any problems or queries. One caregiver told us, "We go over our caseload in detail, I email them as well and they really listen to what I have to say. The caregiver then told us that a person they visited and knew really well did not seem their usual self, the caregiver explained, "I thought their voice sounded different and was worried so someone from the office came immediately to give me a second opinion, it was reassuring as I was worried they were overheating."

The organisation had carried out a caregiver survey in 2016, one of the questions asked caregivers, "My supervisor, or someone at work, cares about me as a person." The survey results indicated that 100% of caregivers had responded favourably to this question.

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. We checked whether the service was working within the principles of the MCA. The registered manager had a good understanding of the legislation and caregivers received training to enhance their understanding. One caregiver told us, "People are supported to make decisions for themselves where possible." We looked at one care plan where the person with dementia was going out alone, a best interest meeting was held to consider this decision and any associated risks with the person and their family member, the minutes recorded information put forward to ensure the least restrictive options were tried. These included the person's family member giving the service a list of places the person might go if they went out.

People only received care with their consent and confirmed caregivers always asked them first before they carried out any care and they had choice in how their care was delivered. One person told us, "The carers all know what they have to do, and if I want a change I tell them." Another person said, "They always ask me,

'what do you want to do' and they have really made a difference to me."

Some people needed support to eat and drink as part of their care package; care plans were clear about how the person should be supported and people were positive about how caregivers supported them with this. Comments included, "I have a boiled egg in the mornings, every day I wouldn't change. I have to have plain and simple food so I choose with care, some food can upset me. The caregivers would make me chicken and potato", "The carers come in the evening to make me a meal. My family do the shopping and I choose what I want heated up" and, "The carers make breakfast and they leave me a lunch to eat, it is a sandwich, then the carers come and heat me up a meal in the microwave, they always make me what I ask for." A relative told us, "The carers prepare a meal for us at lunch time, except for one day when we have a salad and prepare that ourselves. The food is always nicely presented it is very impressive." A caregiver told us, "People choose what they want to eat, including how they want it cooked, some people like their food overcooked so that is how I do it for them."

We found where people had risks identified with nutritional requirements these had been assessed and where necessary the service had referred to other health professionals. Where people required their fluid or food intake monitoring, to ensure they maintained good health, records had been kept. One person had been advised to eat a soft diet, the service had introduced meal plans that still encouraged the person to choose their own food. Another person did not speak English and the service used innovative methods of communication to encourage them to eat and drink. They developed signs that the person could understand and the care plan contained words in the persons language that caregivers could use to encourage the person to eat. The registered manager told us, "The caregivers now have their own sign language for this person and it is working well." We also noted in one care plan the person had instructed caregivers to use one particular shop for their ready meals and in another care plan it recorded, "Loves a cheese and pickle sandwich." Another person required additional reassurances about food standards, the service introduced daily checklists for caregivers to sign and additional spot checks were carried out to monitor that the standards the person required were being met.

People were supported to see health care professionals according to their individual needs if they informed the care provider they required assistance. Some people did not have families living close enough to provide this support. The care provider would provide caregivers to help people attend doctors' appointments and hospital outpatient follow ups if needed. A relative told us, "I am impressed with this. The agency will contact the health professional and contact me. The carers will call in a GP if needed." One relative had written in to say, "My [family member] had several episodes in hospital and needed care at home, having reacted very unfavourable to any suggestion of residential care. [Family member] can be difficult, has taken very well to the carers, and is full of praise. They are flexible and have accompanied [family member] to hospital appointments. They liaise closely with me and deal promptly with setbacks and emergencies. I cannot speak too highly of them."

One social care professional told us, "Communication was with [named office staff member] who was supportive in assessing at short notice, as well as considering difficult family dynamics as part of the assessment and how the agency could support with this. Although this placement did not go ahead, [named office staff] maintained good contact with me during our time working with this client and worked alongside me to support family in helping the adult make informed decisions, making numerous home visits to support with this."

Is the service caring?

Our findings

Without exception people and relatives we spoke to were extremely positive about the care and support they received. Everybody said the caregivers were very caring. Comments included, "It is a nice experience I look forward to the caregivers coming, they are nice, pleasant and considerate of me", "I have a happy life and the carers help me be happy they are very kind to me", "I am definitely treated well and I am very happy with the care I am given" and "I chat with the carers about everyday things we have a good rapport and the general conversation is up to date. The carers come to help me to bed and they are very gentle." Relatives comments included, "I do not live locally the caregivers are delightful and supportive and the care is appropriate to meet needs. The carers encourage [family member] to do things for themselves they have a lot of patience and give them time. You have to be a particular sort of person to do their job and 'Yes the caregivers do care.' For me it is a lifesaver, at first I only met one of the care team that support [family member], but have gradually met more. The carers are delightful they also respect me as the family carer", "I can't fault them, they all go above and beyond very caring people" and, "The carers are impressive, thoughtful friendly and most efficient."

We observed people being supported in their own homes and saw the positive relationships people had developed with caregivers and office staff. People greeted caregivers and office staff like family members and it was clear from the interactions that caregivers and the office staff knew people really well. One person told us, "People ask me 'is this your daughter' and I reply, 'I wish'. They might as well be all they help they give me." Another person told us, "Very friendly, lovely girls and lovely to be with." An office staff member took me to visit people in their own home and clearly knew their life history, hobbies and interests and chatted to one person about their family members. They told us, "I still visit people regularly, often I have assessed them and got to know them well and that helps me to match them with the right caregiver."

The service were extremely positive about the time and effort that they put into their matching and introduction process in order for positive and caring relationships to be developed that promoted people's well-being. The registered manager was passionate about providing an outstanding service and this passion was clearly shared by the whole staff team. They told us they matched caregivers with people, taking into account if people would like someone 'bubbly' or 'quiet' as well as skill matching hobbies and interests. One caregiver said, "It is great how we are skill matched with a person and we are able to build a relationship up because the person has continuity of care." A member of the office staff told us their job is introducing caregivers to people and making sure people know the caregiver before they visit. They told us, "I say to people and we are committed to ensuring that 'a stranger will never come to your door' and we achieve this."

People wanted to speak to us and offered their information without hesitation. The people we spoke with found the care staff to be caring and supportive. One person referred to their regular carers as 'diamonds' People reported that they received their care from regular staff or staff that they knew.

Professionals we contacted were complimentary about the communication from the service. One professional commented, "On the many occasions that myself and our staff have had dealings with Home

instead. They have always dealt with users issues in a very professional and supportive way, with a genuine care for the people they look after."

Staff had a genuine commitment to people's wellbeing. One staff member told, "One person is a bit embarrassed about their walking stick, but knows they need it when they are out. I just discretely put it in the boot of my car." Another staff member said, "People have such interesting life stories it is great to be able to chat about them. Amazing what they can remember."

During our visits one person told us that Home Instead Senior care were like part of the family. People were supported by caregivers who knew their communication skills, preferences and abilities. Care staff explained that they could spend time just chatting with people or supporting them out and about.

Communication was promoted by the service and was tailored to meet their individual needs. For example, one person was matched with a caregiver that was able to use sign language. Another person had signs and pictures added to their care plan to aide communication between them and caregivers. One person living with dementia and whose first language was not English was now using their native language to communicate. The service immediately matched the person with a caregiver able to speak this language. One person told us, "They really help me with all this form filling, I feel really lucky we have got them."

We saw in people's records endless communication emails with family members and other professionals. Staff communicated with family members living abroad and kept them informed. Comments from the company's recent survey included, "Ability to see problems before they arise excellent", "Excellent the office are wonderful too, so helpful and very understanding. My friend is so happy with every one, it makes their life very happy", "My appointments at the hospital are always arranged with cover to take me, no problems office staff always attentive", "It has given us real peace of mind to know [family member] has been in such good hands when both myself and my brother are living far away." Any comments made that suggested an improvement are discussed in full with the staff team, so staff could work towards any improvements required. The registered manager had only just received this survey so was still looking at the results. They told us, "Initially we are really pleased with the results but anything that can be improved we look at in detail."

People were supported and encouraged to be as independent as they wanted to be and care plans were written to promote the ethos that support was to be provided to enable people to lead the lives they chose. One person told us, "I am very independent and want to do as much as I can for myself, staff respect this."

People told us that staff treated them with dignity and respect and made sure they had privacy when personal care was being delivered. One person told us, "They are always respectful of my privacy and dignity, even though I do a lot for myself." Another person told us how caregivers were respectful of their religion, and said, "Sometimes my priest is here when the carer is here. The carer is very respectful of the priest and of my faith and religion. The priest comes after I have eaten my lunch."

The service had numerous comments from people recorded that rated dignity as 'excellent'. One relative comment stated, "The care from one particular carer has made an intolerable situation into a tolerable one. [Carer] has taken a lot of stress away from me and really responds well to my[family member]. [Carer] is kind, caring and looks after [family member] with washing, bathing, shaving and dressing, all my [family members] daily needs. The care we receive is amazing from all at Home Instead."

The registered manager said the service cared for and supported people to remain at home through illness and at the end of their lives. Staff received end of life care training and they told us they were proud to be

able to continue to care for people at this time: they knew it meant a lot to people to remain at home. One person at the end of their life was cared for by the same group of caregivers that had cared for the person for years. Another person whose health had deteriorated quickly following a death of a family member was provided with emotional and spiritual support during their grieving process. The person was unable to attend the funeral so the service arranged for one of their regular caregivers to sit with them for the day to provide emotional support for them during this difficult time.

The service liaised with district nurses for another person to arrange appropriate pain relief and equipment and ensured that the communication between the Multi-Disciplinary Team was working well as it helped the service to provide good and effective end of life care. The service was available on the on-call phone throughout the night to offer support to the family. Caregivers provided person centred care and decorated the person's room with lots of girly touches, which the person liked. During the person's final days her caregivers put flowers in their room and pretty pillows around to make the person feel as comfortable and at ease as possible. It also gave comfort and re-assurance to the family that they were cared for by caregivers who not only knew what they are doing but also listened and understood the family's feelings. The family member told us, "They were absolutely brilliant and became my friends or more like my sisters. The caregivers were from all walks of life, but had one purpose which was to help my [family member] and me."

One person's condition meant that their limbs became gradually weaker, as a result, the person found it increasingly difficult to move affected limbs and found it painful when they were being touched. Caregivers learnt how to position the person's limbs to avoid this being too painful. As their health deteriorated, their trust in caregivers grew stronger. However, with careful planning and very detailed communication (using an alphabet board) the person allowed the caregivers to wash their hair to make them more comfortable. The person's family member told us, "They were very good at doing what [family member] wanted and took notice of anything they asked. It was mainly the same carers that visited so they knew [family member] well."

Is the service responsive?

Our findings

We found that people who used the service received care that met their needs, aspirations, choices and preferences. Caregivers promoted people's self-esteem and quality of life by exploring ways for them to continue to be involved in their hobbies and interests at whatever level they were able. We found that the service was extremely responsive and often went the extra mile to ensure people's needs were not only met but also exceeded. One person told us, "I like water colour painting and the caregiver helped me sign up to a class." They went on to explain that they were very nervous at first but the caregiver introduced the person to everyone in the class which really helped. The person who is in their 90's also went on to say, "I write books and have just bought a laptop, [named caregiver] is helping me to set it up."

People described how the service was flexible and responsive to their individual needs and preferences to enable them to live as full a life as possible. When new people joined the service they contributed to the initial assessment which detailed how they would like to receive their care and support. Care plans were personalised, included information about people's life histories, and explained how people would like to receive their care and support.

People confirmed they were very involved in the planning of their care and support. One person told us, "We are in the process of changing the care calls and I have been speaking with the manager." Another person told us, "I used to have three calls a day, but now I have changed to just two calls." A third person told us, "There is an assessment every six months to make sure all is going well. At the very beginning I kept asking for 'this and that' and nothing was too much trouble. The agency will listen to me if there needs to be changes." A relative said, "Yes I was involved with the care plan and now if we want to change a call provided we give 24hours notice we can do so." The registered manager told us they worked extremely hard to ensure people had support at a time they wanted it. One person's call times were changed to provide support and enable the person to attend their bible readings. Another person's care package was increased at extremely short notice following the death of a close family member.

The service were skilled and confident to liaise with other agencies to ensure the person received all the resources they needed, such as equipment. One healthcare professional told us, "On one occasion when complex moving and handling equipment was discussed as an option for a particular service user, the agency were pro-active in contacting the supplier and organising training for the staff to ensure that they were familiar with the equipment and aware of the benefits."

Another healthcare professional told us, "I work closely with[named registered manager] and we work hand in hand, we email and meet up, I find that they work very well with younger people with Alzheimer's and will go out of their way to meet their needs. I cannot speak highly enough about them."

The client services manager explained that the initial assessment process is very detailed and people were told it would take time as the information the service requested was quite detailed. Once this information has been gathered then the office staff discussed who was the most appropriate caregiver to match with the person. The client service manager explained. "I talk to the registered manager and deputy manager, we

check caregivers skills, knowledge and personality to identify the right caregiver for the person." Care plans were reviewed regularly, which included people's feedback to ensure caregivers were supporting them according to their individual needs.

We were given numerous examples of how caregivers were matched to the person requiring support. One person that was registered blind was matched with a caregiver that had been recruited of similar age, the person had minimal interests and hobbies but was now able to reminisce and talk to the caregiver. The same caregiver was also matched to a person that they had gone to school with and we were told that the person had responded well to this.

One person was identified that while they could speak English they were able to communicate more effectively in French, so was matched with a caregiver that could speak French. A younger person that was very sporty was matched with a caregiver that was very sporty and they were able to discuss football, go bowling and snooker, which were all activities the person enjoyed.

Another person was very outgoing and liked to go out and about was matched with a caregiver that had taken the person on trips to places of interest. The caregiver had also created a photo album of all the places they had been and had given the person this as a Christmas present which they now showed to everyone. This same caregiver had created a list of all the places they had attended including cost, time spent, parking and opening times and shared this with other caregivers looking for places to go.

The service runs a monthly Memory Lane Café for clients, their friends and family. Caregivers also attend with one caregiver playing the guitar to enable a client at 94 to hold a music and movement session at the café. The caregiver told us that they had proved so popular the local women's institute had booked them for September. Different themes and topics were used for the café such as Pancakes in February, Vera Lynn in March, and more recently, the Queen's birthday was celebrated in June. The service also used the café to pass on other events locally that people that used the service might be interested in going to either independently or with caregivers, one of these events being Epping movies that were showing films on a Sunday with wheelchair access.

One person told us, "We have been going to the memory café, it is fantastic and really friendly, the caregiver also takes us to 'singing for the brain'." The person also added that their caregiver is also supporting them to go to Church, which is something they always used to do. They added, "We now have a social life and the girls are all good company."

Written survey feedback about the services and care provided included, "Can you thank [named caregivers] for their amazing kindness, far beyond the call of duty, to my [family members] diamond wedding last week. Very kindly orchids were bought and songs from 1956 were printed out for them too", "Home Instead provide a first class service, staff are matched to the household of the service user. Staff are not rushed and have time to engage with you as a person, not as a job to be done. Office staff know you by name and deal efficiently and promptly with any matters raised with them."

People and relatives said they felt comfortable raising any concerns with their caregivers or office staff. Most people said they had not needed to raise a concern or complaint and other people said if when they had raised an issue they were immediately responded to. Comments included. "I have never had a major concern, but I think the manager would listen to me. I am sure they would do a face to face meeting", "I would start with the carer first and then progress up after that if necessary", "If I had a complaint I would speak to the office who are all very helpful and I know they would listen. One staff came to care and there was a clash of personality and it wasn't working. Office told me they don't have to come again it was very

quickly changed" and "I did have a carer that I did not gel with very well, we have a decline list and clients can decline the carer, it was sorted quickly."

Is the service well-led?

Our findings

There was a clear management structure including a registered manager who had been in place since the service began operating. People and their relatives told us the service was managed extremely well. One person told us, "The service is first class, and I would recommend them and already have." This person also added, "I am always telling people, 'you should go to Home Instead'." Another person told us, "I have recommended this service to others as it is very good." A third person said, "I have always been happy with this agency, I have used other agencies but they are not up to the standard of this agency. I would recommend they are a good sound service."

A relative told us, "Overall we are more than happy, we are thrilled to bits someone sees [family members] every day." They also added, "[Registered manager] is delightful and really puts my [family members] at ease, it is a weight off my mind, they are professional, caring and understand my [family members]." Another relative told us, "I do know the manager and I feel they are supportive, they go above and beyond." Another relative said, "I would recommend the service, the agency seem to find kind and caring people, they consistently recruit great people." A third relative told us, "We used another agency and this one is far better. The staff are like family we really are very fond of the people who come here. When they are off sick we worry about them as much as we would our own family members."

The quality of the service was monitored through audits and contacting people to gain their experiences of the service. Up to date policies and procedures were in place. Quality visits included assessing staff competencies and checking records such as care plans and medication records. In May and June 2017 the franchise organisation had undertaken a two day audit that looked at all systems and processes in the service. The results of this audit identified that the service was compliant in all areas. The audit included some best practice recommendations points for the service to work towards. The registered manager was pleased with the results and considered the recommendations helpful. They told us one of the recommendations was to be mindful of language used on care plans that might not demonstrate a person centred approach. The registered manager told us that they had now made a list of words that they planned to discuss in full with caregivers, so they can avoid language like 'double up' when referring to a person that required two people to support them.

The mission ethos of the service was person centred and made sure people were at the heart of the service. The service aimed to go the extra mile and provided a holistic approach to care. Caregivers we spoke to shared this ethos and felt well supported by the registered manager and all of the office staff. Comments included, "I like the job satisfaction, there is a warmth working here. It is a lovely thing", "Working here has done wonders for my confidence, I am really happy, I love it. [Registered manager] has been so kind to me and is so supportive", "We always get support, they are always at the end of the phone and you can pop into the office any time" and "Any problems [registered manager] always listen and tries and sort it out."

We found that the service was extremely pro-active in seeking guidance and involvement from relevant health and social care professionals, for example, occupational health advisers, community psychiatric nurse and local surgeries. They routinely worked with external agencies to ensure people received the

support and treatment they required. Professionals told us that the registered manager was very professional and communicated and received information appropriately. Comments we received included, "I have always been impressed with the professionalism of this agency", "Absolute pleasure to work with an agency that employs staff that really care", "Clients speak very highly of this service" and "I have worked with many members of the Home Instead Team and have always found them to be very professional in their interactions with me and their clients. I have also found the staff to be very warm and empathic in their interactions with their clients. They have a sound knowledge of manual handling and take this very seriously and will often refer to us when they are concerned about a particular client and need for equipment to improve safe handling. Home Instead is very well managed, we always receive very good referrals from them and in my opinion are very good care agency."

Staff meetings were held with caregivers quarterly, the team meeting this quarter was about the service's start to make all staff dementia friends. The registered manager told us about their 'hour of love' every Thursday where they called caregivers or clients that might have had a tough week. On the list for the week we inspected was a couple leaving the service to move to residential care, a caregiver with a poorly dog and a caregiver that was unwell. All staff were recently invited to a fish and chip supper to celebrate working for Home Instead Senior Care for three years. The contributions of caregivers were valued and each month two caregivers were given vouchers for going 'over and above'.

Staff expressed a very high degree of satisfaction with the service. Many staff had remained with the service since it began. This in turn led to the high degree of satisfaction from people because staff did not leave that often. People repeatedly told us they really valued the continuity of having the same carers. The organisation had completed a caregiver's survey in 2016 and results were very positive, any comments or suggestions made in the feedback would be discussed with staff to look for ways to improve. Results indicated favourable results in all areas.

A monthly newsletter was sent to people that used the service, which included information about various events, and competitions for both people that used the service and caregivers. The latest, open to all staff, people that use the service and families is a cutest dog competition, where people have been invited to send in their photographs. A previous competition involved children and grandchildren of all staff drawing designs that could be used for birthday cards to send to people that used the service. There were several joint winners and these drawings are now featured on birthday cards sent to people. The registered manager told us one person was so pleased with their card they wrote a thank you card to the child that had drawn the picture.

The service also had an on-going feature in their newsletter asking people that used the service, caregivers, friends and families to knit 'twiddlemuffs' for people who are living with dementia. These muffs are a useful gift for some people living with dementia as they can provide a source of visual, tactile and sensory stimulation.