

Silver Lining Care Services Limited

Home Instead Senior Care

Inspection report

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Date of inspection visit:

23 October 2018

25 October 2018

Date of publication:

21 December 2018

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Outstanding 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This announced comprehensive inspection took place on 23 and 25 October 2018. At the last inspection in 29 February, 02 March and 04 March 2016 the service was rated Outstanding. At this inspection we found the service remained Outstanding.

Home Instead Senior Care 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 based in Budleigh Salterton, Exeter and East Devon area. Not everyone using Home Instead Senior Care receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection the branch provided personal care to 42 people living in their own home in the. The service employed 77 care workers, known as Caregivers.

Why the service is rated Outstanding.

People praised staff and said they were exceptionally caring and compassionate. Comments included, "Each carer provided warmth and loving care along with great attention to mums needs and interests," "Nothing is too much trouble for them, they are so kind to her, explaining what they are doing." Staff were matched with people based on their life, experiences, interests and hobbies. This helped them develop positive, meaningful relationships with people. They knew each person as an individual, and what mattered to them and treated people with the utmost dignity and respect. Staff went that extra mile to promote each person's wellbeing and improve their quality of life. For example, taking one person to visit their old home and helping another person reconnect with old friends. The service had a strong, visible, person centred culture which people and staff described as "like an extended family." Staff said, "The hour minimum visit gives us a chance to really connect with clients," "I am proud to work with this friendly professional caring team that always puts the clients first."

People were safe because there was an exceptionally strong emphasis on safety. Staff were skilled and proactive in recognising and reducing risk. They used innovative ways to support people to stay safe in their own homes, lead fulfilling lives and minimise restrictions on their freedom. Staff proactively helped people improve their health and reduce their risk of falling. The service held Falls Prevention Workshops for local community groups to spread message about how to prevent falls. They used an innovative mobile lifting chair to help people up, when they had fallen off the floor, which prevented unnecessary admissions to hospital. The agency has also extended this service to local people through their links with their local GP surgeries, NHS staff and Age UK at their local community hub.

People felt safer because staff worked with the police and the fire service to protect people from crime and improve fire safety. The provider promoted a 'no blame' culture, whereby staff were encouraged to speak up if they made mistakes or got things wrong. This was so wider lessons could be learned and safety improved.

People and families praised the exceptional skills of staff who supported them. Their comments included:

"We are so grateful for the high quality, efficient and reliable care you provide." Staff were well trained using best practice evidence and felt supported in their role. The service used innovative training methods to help staff understand people's experience of becoming frailer, and experiencing visual impairment. They were proactive in ensuring people newly discharged from hospital had increased support.

People living with dementia received best practice care and the agency participated in dementia research. They promoted and encouraged people with dementia to live well. The service worked in partnership with local health and social care organisations to improve people's health. Staff taught people, relatives, staff and local people about the various types of dementia, and how it affected people. They signposted people to other local services and trained local volunteers in first aid and moving and handling.

People received an exceptionally personalised service that promoted their independence and enhanced their quality of life. People were at the heart of everything the service did, they felt valued and that they mattered. The agency worked in innovative ways to enrich people's lives and improve their wellbeing. For example, with the Alzheimer's Society they supported a "Singing for the Brain" group in Exmouth, which used singing to bring people affected by dementia together in a friendly and stimulating social environment. To be more inclusive, the provider was about to start another group, "Singing For Wellbeing", at the Community Hospital Hub in Budleigh Salterton. This will promote wellbeing through singing for a wider range of older people.

People benefitted from a service that was exceptionally well led. The provider had robust quality monitoring arrangements through which they continually reviewed, evaluated and improved people's care. Professionals said, "The service is well led, the management team are always approachable and helpful, I always hear positive comments regarding them in the local community," "Clients tell me how happy they are with the care they are receiving from Home Instead." People's feedback results and a range of awards showed the service was consistently high performing.

The provider had a 'Carer of the month' scheme that recognised, re-enforced and rewarded positive staff values, attitudes and behaviours. The agency was working with the local authority Devon County Council to promote careers in care positively. This was through staff featuring in a series of videos where they spoke about their rewarding experiences of working in care.

People were partners in their care. Their views, experience and contributions were sought and valued and used to make continuous improvements. The agency worked in partnership with local professionals and other organisations to develop joined up, innovative, flexible services and sustainable models of care that improved the health and wellbeing of local people. For example, they contributed to a successful campaign to reopen a closed community hospital as a "community hub," which offered a range of services to local people. They supported a person, newly diagnosed with dementia, to influence policy by helping them to attend their local dementia alliance group.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service has improved to Outstanding.

People were safe because there was a strong emphasis on safety, and staff were exceptionally skilled and proactive in recognising and reducing risk. They used innovative ways to support people to stay safe in their own homes, lead fulfilling lives and minimise restrictions on their freedom.

Staff proactively helped people improve their health and reduce their risk of falling. They held Falls Prevention Workshops for local community groups and used an innovative mobile lifting chair to help people who had fallen off the floor. This prevented unnecessary admissions to hospital.

People felt safer because staff work with the police and fire service to protect people from crime and improve fire safety.

Outstanding 

Is the service effective?

The service has improved to Outstanding.

The provider was passionate about supporting people with dementia to live well. They were participating in research by using techniques thought to help people with dementia better manage daily living tasks.

The service work in partnership with health and social care professionals and voluntary groups for benefit of people and families. This included delivering dementia awareness, moving and handling, and other training to local organisations and voluntary groups.

Staff were exceptionally well trained and knowledgeable and felt supported in their role. The service had an effective staff training programme planned around people's individual needs. Innovative training methods were used to help staff understand older people's experiences and challenges.

People were asked for their consent and where they lacked capacity, their family, legal representatives and professionals were involved in any best interest decisions.

Outstanding 

People receive a thorough assessment and were involved in planning of their care. Care provided was evidence based and reflected best practice.

Is the service caring?

The service has improved to Outstanding.

Staff were chosen and matched with people based on their mutual interests. They spent time getting to know people and developed meaningful and valued relationships with them.

Care exceeded people's expectations, because staff went that extra mile for people they supported.

People were partners in their care, and staff promoted their independence.

The service was inclusive and care was culturally sensitive. People were treated as individuals and with the utmost dignity and respect.

Outstanding 

Is the service responsive?

The service remains Outstanding.

Outstanding 

Is the service well-led?

The service remains Outstanding.

Outstanding 

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 announced comprehensive inspection took place on 23 and 25 October 2018. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to make sure the provider and registered manager would be available for the inspection. It also allowed us to arrange to telephone and visit people using the service.

The inspection team comprised of an adult social care 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.

Prior to the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we sent 24 questionnaires to people, and received eight replies. We sent 24 questionnaires to relatives/friends, and received three replies. We sent 87 questionnaires to staff and received 42 replies. We sent 23 questionnaires to community professionals and received five replies.

During the inspection we visited two people in their own homes. We spoke by telephone to six people and nine relatives to seek their views about the service. We looked at five people's care plans and at their medicine records. We spoke with both directors, the registered manager and with ten staff which included a care manager, deputy care managers, supervisors, a co-ordinator, recruitment officer and training leads. We looked at five staff files which included details of recruitment, training, supervision and appraisals. We reviewed staff meeting minutes, training records, accident and incident reports, and at complaints and compliments. We also looked at the provider's quality monitoring systems which included audits of

medicines, care records and 'spot checks' where senior staff monitored care staff providing care in people's homes. We sought feedback from commissioners, and health and social care professionals. We received a response from six of them.

Is the service safe?

Our findings

At the last inspection in 2016 we rated safe as Good. At this inspection safe had improved to Outstanding.

People were safe because there was a strong emphasis on safety, and staff were exceptionally skilled and proactive in recognising and reducing risks. The service used innovative ways to support people to stay safe and minimise their risk of injury. Staff supported people to lead fulfilling lives and minimise restrictions on their freedom. They promoted people and families to be proactive and take preventative measures to reduce risks.

People and relatives consistently said care staff made them feel safe. Their comments included: "I feel I know them well, and trust them all the way," "They really look after me ...I don't feel that they are in charge ... more like friends," "They often do more ..., picking things up... they are one step ahead all the time." Relatives comments included; "The focus is around Mum and her needs, it's not regimented," "They enable mum to stay safely in her own home," "We can relax knowing that he is in very, very capable hands. The agency keep us up to date regularly with any concerns for which we are grateful." A staff member said, "We ensure clients are safe and secure."

Staff enabled people to take positive risks that helped them maintain their freedom and independence. For example, a member of care staff told us about a couple they supported who liked to go out for Sunday lunch. One of them was living with dementia but liked to have a walk around their local town on their own afterwards. If they did not return home after 20 minutes, their spouse rang the member of care staff who lived locally. They went to look for the person and escorted them safely home.

Staff proactively reduced people's risk of falls, they were trained to recognise falls risks and prevented unnecessary admissions to hospital due to falls. As part of the agency's ongoing 'Falls Prevention' programme, care staff were trained in assisting and promoting people to exercise and develop core body strength. Staff used a "Five ways to prevent senior hospitalisation" and a "Stand up to falls leaflet" as part of their risk assessment. This prompted people, relatives and staff to do regular visual checks to eliminate any slip, trip or fall hazards such as rugs or trailing leads. Staff helped people to seek professional advice about mobility aids and other equipment to help them retain their independence. Care plans included detailed instructions about how to move people safely. They encouraged people to avoid falls by good nutrition, hydration and to remain active and outgoing.

The agency held Falls Prevention Workshops for local community groups which emphasised importance of falls prevention and correct moving and handling techniques. In 2018, the provider identified a further innovative way to further reduce risks following falls, when staff attended a local NHS ambulance trust falls prevention training event. They were made aware of and purchased a battery operated mobile lifting chair used to get people who had fallen up off the floor. They arranged for ambulance service staff to train the registered manager, care supervisors, and office staff to use it. A falls risk assessment tool was used to confirm the person who fell was unhurt before moving them using the chair. This meant people's health didn't deteriorate by lying on the floor for hours waiting for an ambulance. This significantly reduced risk of

people being admitted to hospital following falls, because agency staff could respond quickly to such emergencies.

For example, the day before the inspection, care staff contacted the office to say when they arrived for their visit they found a person who had fallen when their legs had given way. The person was unable to get up, so two staff were sent from the office with the lifting chair. They had the person up from the floor and in bed within 15 minutes. Prior to using the chair, they had carried out an assessment to confirm the person was unhurt and could be safely moved. The ambulance trainer said, "Staff were really involved and engaged. They implemented the risk assessment tool, and bought the chair, which was a big investment. It was innovative for a domiciliary care agency to take on that." The agency has also extended this service to local people through their links with their local GP surgeries, NHS staff and Age UK at their community hub (located at the old community hospital).

The agency was proactive in preventing risks associated with unplanned hospital discharges. When a person was admitted to hospital, they rang the hospital each day to check on the person and ask about discharge plans. Care staff continued to visit the person while they were in hospital to maintain continuity and reassessment of their needs. They provided ongoing practical support such as bringing them clean clothes and toiletries from home, and kept in contact with family members, where needed. Staff made sure they knew when the person was coming home, and put extra practical help and staff support in place, including overnight care, if needed. This helped the person readjust to being at home and continue their recovery. Monitoring data from accidents/incidents showed these steps had reduced the risks of people having to be readmitted to hospital.

The registered manager told us how, on one occasion, care staff visiting a person in hospital highlighted a hospital prescribing error. A care worker visiting the person in hospital thought the person was unusually sleepy. They were familiar with person's medicines and questioned hospital staff when the person was being given twice the dosage of the medication they gave them at home. This prompted hospital staff to get the doctor to review the person's medicine and reduce it to their normal dose.

The agency worked in partnership with Devon and Cornwall Police to deliver 'Scam Awareness' sessions to vulnerable persons across East Devon. This was to try and prevent people from falling victim to fraud on their doorstep, via telephone and the internet. For example, staff used a 'Senior Fraud Protection Kit', to give people tips and tools about how to avoid becoming a victim of fraud. Care staff helped people to set up voice recognition and call screening on their telephone to avoid nuisance calls. They helped people complete telephone and mail preference requests to prevent them receiving unsolicited calls and letters. In September 2018, the provider helped to set up a Crime and Safety Roadshow in Budleigh Salterton to further raise people's local awareness about safety measures.

To promote fire safety, the fire service trained staff about how to identify people at increased risk of fire in their own homes. Where fire risks were identified, staff arranged for their local fire safety officer to undertake a visit. For example, to fit a smoke detector and other fire safety advice to reduce fire risks. Following a toast fire in a person's home, the provider purchased a new toaster for the person, with their family's agreement. This was because the person was living with dementia and was upset when staff tried to remove the unsafe appliance. The provider went shopping and chose a toaster featuring a picture of poppies, which they knew would appeal to the person. The unsafe appliance was then removed without any upset. A photograph showed how pleased the person was with their new toaster. A relative wrote, "Great team work, they really liked the poppies."

People were protected from potential abuse and avoidable harm. Staff had received safeguarding adults

training and had safeguarding and whistle blowing policies about how to raise concerns. Staff knew who to contact if they suspected or witnessed abuse or poor practice and were confident they would be dealt with. Where increased concerns about potential abuse were identified by staff about a family member, the registered manager appropriately reported them to the local authority safeguarding team.

Accidents and incidents were reported with appropriate actions taken in response to improve safety systems and ensure staff learned lessons. The provider promoted a 'no blame' culture, whereby staff were encouraged to speak up if they made mistakes or did not get things right. This was so wider lessons could be learned and safety improved. For example, in 2017, accident and incident data showed an increase in medication errors related to the use of patches for administering medicines. In response, the registered manager took steps to improve medicines management training and introduced the use of body maps to identify date and location pain patches were applied. Additional medicine competency assessments and spot checks were carried out with staff to ensure staff were following the agency's safety procedures. The registered manager said, "In 2018 we have not had a medicine mistake in a year, which is amazing."

People received their medicines safely and on time. Staff who administered medicines were skilled so ensured people gained the maximum benefit from their medicine. A health professional said; "Their staff are proactive with medicine management, and raise any concerns with GP's." For example, a staff member contacted a person's GP because they were taking a lot of medication, was sleepy and having a lot of falls. The GP reduced their prescription, which dramatically reduced their falls and their risk of injury.

People were supported to stay safe because the agency had sufficient numbers of staff with the right skills to meet their needs. People and relatives said the service was reliable, that staff arrived on time and stayed for time agreed. Their comments included; "They are always on time and often stay a bit longer," "We love the fact that Home Instead provide a minimum of one hour visits each time."

The agency only took on new packages of care, when they had undertaken a thorough assessment and were confident they had staff with the right skills to provide the person with the care they needed. Staff had enough time allocated to each visit to meet people's needs. Staff comments included; "I have always been introduced to a new client before being with them alone," "I can give my clients the care they need without rushing them along all the time," and "I can truly care for my clients, time to talk reduces isolation and makes a good relationship,"

Care staff worked in small geographically based teams, which meant people had good continuity of care. A small group of care staff visited people regularly, so they got to know them and developed trusting relationships. One person said, "They know me and I know them, we chatter away." Where two care staff were needed to provide safe care, they were always available. Where there were any changes to visits, people were informed. A contingency plan was in place to prioritise people most in need of a visit in the event of unforeseen circumstances such as bad weather, whereby available staff ensured those people were visited. A 24 hour on call system provided people and staff with out of hours support and advice by senior staff.

People were safe because robust recruitment practices were followed before new staff were employed to work with people. All the necessary checks were carried out to ensure staff were of good character and suitable for their roles.

People were protected from cross infection. Staff had completed infection control training. Protective clothing, gloves and aprons were provided for use when providing personal care. Regular checks of staff practice were carried out by senior staff in people's homes, known as 'spot checks.' These checked staff

followed the agency's infection control policy and procedures.

Is the service effective?

Our findings

At the last inspection in 2016 we rated effective as Good. At this inspection effective had improved to Outstanding.

People, relatives and healthcare professionals consistently praised the skills, knowledge and understanding of staff, who supported them to experience care that promoted their health and wellbeing. One person who had a life-threatening emergency said, "I wouldn't be alive today if the carer had not been there." Other people commented, "I can't believe the support I'm getting," "they anticipate what I need," and "they got me back on my feet when I was very unwell." Relatives said, "The carers are all patient, professional and knowledgeable about my parents' health conditions," and "He is becoming much more confident with his movements and general health." A health professional said, "The staff are well trained and communicate well with us."

Staff who responded to our survey and those we spoke with all praised opportunities they had to learn and develop new skills. Staff comments included "The training provided is excellent, well-paced and easily understood with good handouts," and "I was particularly impressed to gain experience using moving and handling equipment and the dementia training is fantastic." Training was adapted flexibly to reflect individual learning needs with one to one support available for staff with literacy, numeracy or language difficulties.

Innovative training methods were used to give staff an understanding of variety of challenges older people faced. For example, the service recently purchased a 'frailty simulator', a virtual reality tool so staff could understand how difficult it was for elderly people to undertake day to day tasks, such as answering the door, taking a phone call and making a cup of tea. A sensitivity kit used gloves stuffed with cotton wool and sticks helped staff appreciate difficulties people with arthritis and numbness in their fingers faced. For example, when undoing caps from bottles, and removing tablets. Sight impairment training tools were also used to give staff an appreciation of how various sight impairments such as macular degeneration, glaucoma and cataracts affected people. These gave staff more appreciation of need to be patient, give people more time to complete tasks, and offer to them assistance with things they found difficult.

Several staff had lead roles as 'Dementia Friends' champions. They did training with the Alzheimer's Society, and gave talks to other staff, staff from local GP practices and care homes as well as to local community groups. They provided information on the impact of living with dementia on people and tips about what they could do to help. For example, staff reminded a person about the day of the week by crossing off days in their diary with them, another staff member put labels on TV remote controls to remind the person what they were for. Other staff had undertaken Home Instead 'train the trainer' courses in dementia, end of life care and supporting people with Parkinson's (a neurological condition). This enabled them to have a lead role to champion best practice those areas.

The service was participating in pioneering research with the Exeter University and the Alzheimer's Society to contribute to best practice by trying out techniques thought to help people living with dementia. The

research, known as the 'GREAT into Practice' project used cognitive rehabilitation (CR) to benefit people living with dementia. The provider and another member of staff had been trained to use cognitive rehabilitation techniques. These were working with several people the agency supported to achieve personal goals to manage and improve daily living activities which were important to them. For example, to call people by their right name, to cook themselves a meal, and to learn how to make calls using a mobile phone to seek help if they became lost or confused.

The service had a dedicated training facility which they also made available for use by local community groups. They provided a comprehensive staff training programme based on best practice evidence and staff had access to learning materials online and from a library. Staff training included health and safety, safeguarding, the Mental Capacity Act (MCA), equality and diversity, first aid, infection control and person-centred care. Assessment booklets and 'spot checks' of staff working in people's homes were used to test staff knowledge and understanding. Staff were encouraged to reflect on their practice, identify what went well and areas that needed to be improved.

The service also worked with local professionals to develop bespoke training relevant to people's individual care needs. For example, in the classroom they learnt about their specialist continence products and practised using them. This meant staff gained confidence, which reassured the person who they were supporting. Individual supervision meetings and staff appraisals helped staff identify further training and development needs. This ensured people received care from skilled, confident and competent staff.

All staff received a 'Welcome to team card', when they first started working for the agency. The provider used the national Skills for Care Certificate, a set of minimum standards that should be covered as part of induction training of new care workers. Their induction included learning in the classroom, and working alongside experienced care staff in people's homes. They also received regular supervision and feedback during their six-month probation period. New staff said, "I was new to care when I came to Home Instead and I felt very informed and well trained to start with clients," and "The best training I have ever had."

Before people received a service, a comprehensive assessment of their needs was carried out with the person, family or others who knew them well. Evidence based tools were used to identify and assess any risks related to falls, risk of pressure sores and nutrition/hydration. From this, a personalised care plan was developed tailored to each person's individual needs, which was reviewed and updated as they changed.

The service worked in partnership with local health and social care organisations to improve people's health. The provider was passionate about sharing their knowledge and said, "I feel privileged to be in a position to influence." They shared good practice information through giving talks in local care homes and to pastoral care teams in local church groups. The provider set up and chaired the East Devon Coastal Towns Dementia Action Alliance across Exmouth, Budleigh Salterton, Sidmouth and Seaton, helping to make these communities dementia friendly. They worked with Age Concern as part of a community outreach programme at the local hub (which used to be the community hospital) by providing additional training for volunteers working there on first aid, dementia awareness, and moving and handling.

The agency worked with one person's family, their landlord and the British Legion to arrange for a person who was wheelchair bound to get a ramp, so they could get out. After difficult negotiations this was achieved. The person was then able to resume going to church, seeing their friends, and identified new interests to try with care staff support. A relative said, "He used to struggle to try and find a reason to get up in morning, now he looks forward to carers coming."

Staff had developed close working relationships with local occupational therapists and physiotherapists.

This meant they worked together to support people with any exercise, moving and handling or equipment needs. A health professional praised foot care given by staff. They said, "It is lovely to see well cared for clean feet. Staff will let me know if there is or has been a problem, they are happy to follow any advice I give them regarding people's foot care." The agency was a member of the Parkinson's Excellence network (Parkinson's is a neurological condition). They liaised with the person's specialist nurse and consultant and incorporated their advice into people's care records. For example, about the importance of timing for the persons' medicines to maximise their mobility.

Staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. One person said, "When I came out of hospital, they made sure the district nurse was coming to check." Another person said, "My feet and legs are bad, and can be painful. A nice hot of warm water takes away the pain. When they have gone I do feel better." A relative said, "When mum's leg was swollen, staff contacted me, and I took her to the doctor." If staff had any health concerns or queries, they rang the office and received advice and support.

The agency supported a number of people at increased risk of malnutrition and dehydration to eat and drink enough to maintain a balanced diet. A 'Stay nourished' leaflet promoted the benefits of healthy eating in older age. Staff knew about people's food likes and dislikes. For example, that one person liked a cup of tea in bed before getting up, and porridge with blueberries and stewed apple for breakfast. Staff helped people choose and prepare their meals and went shopping with a person so they could choose what they wanted to buy to eat. To encourage another person to eat, care staff sat with person whilst they had their meal and ate their sandwich.

People were asked for their consent and staff acted in accordance with their wishes. Our survey showed people were always offered choices, and asked what they would like. Staff respected and upheld people's right to make choices, even when they made choices others may consider unwise.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff had received training in MCA and they had evidenced based policies and tools to guide their practice. They understood how best to support people who lacked capacity or had fluctuating capacity to make as many decisions for themselves as possible. For example, by keeping things simple, such as by offering a person living with dementia a choice between two outfits. A member of staff said, "I've learnt not to give her too many choices." Where people appeared to lack capacity, mental capacity assessments were completed. The agency involved the person, their family, legal representatives and professionals in any best interest decisions. For example, about the need for a person living with dementia to have twice daily visits to support them with personal care, food preparation and housework. This was because the person frequently forgot to care for themselves, so staff acted in their best interest to support them.

Is the service caring?

Our findings

At the last inspection in 2016 we rated caring as Good. At this inspection caring had improved to Outstanding.

The service had a strong, visible, person centred culture. People and relatives praised staff and described them as exceptionally caring and compassionate. People's comments included, "I look forward to them coming, they have empathy, compassion and understanding," "We have a chat and laugh" and "They treat me and my home with respect, I couldn't find a better group of people to look after me." One relative said, "The carers have made the most wonderful difference to my mums' quality of life. Nothing is too much trouble ...they are kind, compassionate and genuinely care about mum and treat her with utmost dignity." Other relatives commented, "All of the carers dad has are fantastic and will go above and beyond, carers are kind, super girls. They know about his life," and "The rapport is like they're good friends, carers are lovely, so happy with mum."

Each person was assigned a deputy care manager to oversee care who acted as liaison between the office and healthcare professionals, family and next of kin. This ensured each person's needs were well known and maintained a 'family feel.' A 'CAREGiver Life Journal' helped match care staff with each person through shared interests. Staff completed the form with details about their life, experiences, interests and hobbies. A member of staff said, "Its brilliant, I feel I've been personality matched with my clients very well and the time we have with them is great." For example, a staff member was keen on ballet and was matched with a person who loved ballet. The staff member practised with the person who gave them constructive feedback. The person and staff member had developed a close personal relationship based on their shared passion.

Staff went that extra mile for people they supported. For example, when a person they supported was admitted to a nursing home, staff drove their husband an hour each way several times a week to visit her. They supported another person to return to their keep fit class. People were at the heart of everything they did, staff made them feel valued and that they mattered. The provider sent each person a birthday card to celebrate their birthday, and reminded all care and office staff to wish them a happy birthday. When people lost a much-loved pet they sent them a pet sympathy card. A member of staff said, "I love my job, I'm passionate about the ethos of Home Instead, it is important we are there for all clients, and I would go out of my way to make sure they had everything they needed."

Staff supported people to express their views, discussed their wishes and beliefs and incorporated them in their care plans. For example, for a Hindu person, the agency found a member of staff who could speak their language. They worked with the person and their family to make sure their care plan was culturally sensitive. The staff member helped other staff to learn key words, by putting signs up around the office, so all staff could communicate more effectively with the person.

People and relatives said staff treated them with dignity and respect. Their comments included, "Definitely ... absolutely, utmost respect and dignity and" "They respect his personality." A staff member said, "Leaving vulnerable and isolated elderly people safe, clean and smiling after a good hour of meeting their needs is

very rewarding." Staff were trained in promoting people's privacy and dignity and discussed practical ways to do so. For example, by covering a person with a towel to protect their modesty when they were having a wash.

People and relatives praised how staff promoted and respected people's independence. One person said, "They stand back, and if they see I am struggling, they will offer to help," which they appreciated. Relatives said, "They encourage mum to be independent, to brush her hair and teeth," and to fold the laundry," and "When they take my husband out, they encourage him to pay for things himself." A staff member said, "It's so easy to take over but we encourage them to maintain their independence by guiding them for example, with how to shave." One person's care plan showed person could control their electric bed to reposition themselves but sometimes needed guidance on which buttons to press. The agency supported another person living with dementia who liked attending a local lunch group, but kept losing their way when using public transport. So, staff arranged to drive the person, and return them home afterwards, so they could continue attending their lunch club.

People were consulted and involved in creating and updating their care plan. One person said, "I'm involved in my care plan, they ask me if anything needs altering." A relative said, "They involve mum in everything, it feels like a family, nothing is decided without her involvement." Each person's care plan included information about their individual communication needs. For example, for people with a hearing impairment, care records included the persons preference of whether staff should talk to them from the front, or lean towards their right or left ear. To support people with hearing aids, staff had received training from a hearing aid company. For example, checking and replacing batteries regularly to make sure they were working effectively. Where a person's speech had declined, their speech was slower and more slurred and they found words hard. Their care plan said, "[Person] would like you to listen actively and take time to understand what he is discussing and communicate clearly."

Is the service responsive?

Our findings

At the last inspection in 2016 we rated responsive as Outstanding. At this inspection responsive remained Outstanding.

People received an exceptionally personalised and responsive service that exceeded their expectations. People's comments included; "I couldn't find a better group of people to look after me," "They are always happy, and want to do as much as they can, nothing is too much trouble." A relative said, "I cannot praise and recommend them highly enough. Using their services is the best decision we could have made for my father after a long spell in hospital. They came to meet dad and the family to find out his needs and interests and created a bespoke care package for him." Another relative said, "Without their care and attention, she most certainly would not have been able to remain in her own home for so as long and would probably be in a home." A professional said, "The family are very pleased, it is a personal service tailored to their mother's needs, which makes a big difference to her quality of life."

People experienced a personalised level of care and support that promoted their physical and mental wellbeing and enhanced their quality of life. A member of staff said, "A client has recently become bed bound and at first expressed a wish to die, however, with regular visits, they are thriving and no longer mention dying, but instead laughs and jokes with us. A staff member told us how they stewed apples from a persons' apple tree and made them apple crumble. They said, "He really liked knowing the apples he nurtured when he was younger were still being used. His daughters still tell me how much he enjoyed this."

The agency worked in innovative ways to enrich people's lives. For example, the agency partnered with the Alzheimers Society to bring "Singing for the Brain" to Exmouth. This used singing to bring people affected by dementia together in a friendly and stimulating social environment. Building on that success, and wanting to be more inclusive, the provider arranged a practitioner to start another local group, "Singing for wellbeing." This group was due to start in November and will be open to local older people with a range of conditions such as stroke and Parkinson's (a neurological condition).

Staff supported people with activities they enjoyed. For example, taking people to clubs, shopping and for walks by the sea. A staff member e mailed a person's daughter a photograph of the person enjoying an ice cream on a trip to the seaside. The daughter responded saying how the photograph moved them to tears. This was because they recognised their mum of old, despite their dementia.

People's care plans were personalised. They included information about peoples' background, their likes and interests. Care plans gave staff detailed clear information about the support people needed to meet their physical and emotional needs. A person said, "Some staff admire the garden and talk about different trees which I enjoy." Staff were responsive to changes in people's needs. For example, a person said, "One day I was poorly, they got onto the GP and phoned my daughter. The GP thought I should go to hospital but I had a chat with the agency. They arranged for a staff member to stay with me overnight and to visit me three times a day. It was organised in minutes, the manager was in charge of that. Everyone thought it went like clockwork. They looked after me very well, so quickly, my daughter was most impressed."

In February 2018, to make the service more responsive, the office opening hours were extended to seven days a week. This meant people's needs could be assessed at the weekend, and there was more support for care staff. The registered manager said, "Office staff are so much more engaged, as they are at work rather than on call. Staff love it, they pop in have a cup of tea with them".

We looked at how the provider complied with the Accessible Information Standard (AIS). This is a framework put in place from August 2016 which made it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Information was made available in different formats according to need. For example, in large print, on different colour paper, so that it was easier for a person with a visual impairment to see. Also, in easy read formats with picture symbols and by using whiteboards for people to write messages on. A member of care staff recognised a person was struggling to communicate because their speech was poor. They arranged to have printed cards of various items available, so the person could point to these to indicate which items they wanted. They took a number of photographs of their personal items to extend this collection. The registered manager said, "It made a massive difference to her."

The service had a written complaints policy, and information was given to people about how to raise a complaint. This included contact details for the branch office, and of organisations people could contact if they were dissatisfied with how their complaint was being dealt with by the service. None of people we surveyed or spoke with had any concerns or complaints about the service. The 2018 satisfaction survey showed 100% of people thought the office team were responsive to queries and concerns.

People said staff listened to them and resolved any day to day concerns. They were regularly visited, telephoned and sent questionnaires to ask if everything was alright. Their comments included; "I'm very happy, I never have any complaint, they ask me questions regularly and check if I am satisfied," "I would feel confident to raise concerns. I feel I know them well, and trust them." A member of staff said, "Small issues are picked up early and stopped from developing into big ones."

For example, a person did not get on well with a new member of staff, when their regular care staff was on leave. Their relative said, "I spoke to the office, and they were accommodating and suggested a different member of staff." Where a concern was raised, a complaints log showed it was taken seriously, investigated and proactive action taken by meeting with the family. The service regularly shared feedback from people through team meetings, supervision and staff training, and used this information to review, improve and share learning to continuously improve.

The agency supported people nearing the end of their life to have a comfortable, dignified and pain free death. A staff member said, "It's such a privilege to be able to do that." Feedback showed how much their support meant. A relative wrote, "I will never forget your patience and kindness with her. It was comforting to think we did not have to worry about her." Where people had expressed any advanced decisions about resuscitation, the withdrawal of treatment or preferred funeral arrangements, these were recorded in their care plan. This gave people the opportunity to let other family members, friends and professionals know what was important for them.

A staff member told us about importance keeping people receiving end of life care comfortable. For example, through regular skin care and by keeping their mouth moist with a lollipop or pineapple. The registered manager and two other staff supported families and staff providing people with end of life care, by popping in regularly to offer their support.

The agency supported people nearing the end of their life with their wishes. For example, to see friends and

family one last time. They arranged for them to visit over a two week period to coincide with the end of their care visit. That way, the person was refreshed and feeling their best to receive visitors. Another person wanted to go to church one last time but was unable to do so because of their failing health. So, staff arranged for the local vicar to make a house call and conduct a service for the person, which brought them great comfort.

When a person died, all staff caring for the person were contacted to offer them support and sent a letter thanking them for their care. Staff also had access to an employee assistance programme for further emotional support. One staff grew a yellow rose to remember a person who had died, and each year brought the first rose into the office in memory of them. To further enhance 'End of Life' training, the registered manager and another member of staff had completed a City and Guilds accredited Home Instead 'End of Life' training qualification. They were due to starting training staff using this programme in next two weeks.

Is the service well-led?

Our findings

At the last inspection in 2016 we rated well led as Outstanding. At this inspection well led remained Outstanding.

People, relatives and healthcare professionals consistently praised the exceptionally high standards of care provided by the agency. They spoke about the high quality of care provided by Home Instead. People's commented; "The care is exemplary, and we are delighted that we made such an excellent choice of agency," "They are the best thing that has happened to me." Relatives comments included; "This fantastic agency provide care for my father four times a day every day of the week," "[The provider] and his team are wonderful, nothing is too much trouble. It is obvious that the carers really enjoy their job and this shows in the care that they provide," "We are so grateful for their high quality, efficient and reliable care." Everybody we spoke with and surveyed said they would not hesitate to recommend the service to others.

Professionals commented; "They are amazing. The service they provide is second to none for clients and staff," "The service is well led. There is clearly a lot of attention focused on trying to improve their client's quality of life," and "We have found them to be highly professional, caring and responsive to their client's needs. They go over and above in the care of their clients and excel in providing quality care."

Staff comments included; "This is a fantastic company to work for. We get great support, it's like a big family," "Care staff are encouraged to give care that they would want their loved ones to receive, standards are high and staff are proud of the work they do. Staff are regularly praised and thanked for their hard work," and "A fabulous company to work for with a great ethos and employers who support their staff. They are highly ethical, and the standard of care is second to none."

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was led by a dynamic and purposeful provider who promoted a positive culture that was person-centred, values based, open, inclusive and empowering. The directors and the registered manager were passionate about care and had a clear vision for the service. The statement of purpose showed their principle objective was, "To provide supportive care and companionship which both enables and encourages our clients to remain independent." Their ethos was, "To change the face of ageing and be the most trusted home care provider in the area." The provider said, "Older people deserve better. If it is not good enough for your own mum, it's not good enough for anyone else's." The registered manager said, "Ideas come from staff, care givers are our eyes and ears. It's all about empowering them," and "The provider is a positive agent for change."

Care staff were recruited for their compassion and empathy through an extensive values based pre-employment programme. The leadership team had high expectations of staff, they led by example and

encouraged staff to continually learn and try new things. The registered manager said, "I never ask anyone to do anything I wouldn't do, I need hard work and commitment."

Staff were highly motivated, enthusiastic and recent staff survey results showed staff felt proud to work for Home Instead. They consistently praised the good support, communication and teamwork. Staff comments included; "Recently my own parents have been unwell and I have received more support and kind words from the team at Home Instead than from some members of my own family. This is just one example of the fantastic support I have received since working for Home Instead," "I am very happy with Home Instead, they are always there if I ever need them and help me in any way they can, they have made me so more confident with the support I give the clients."

The provider had an award scheme that recognised, re-enforced and rewarded positive staff values, attitudes and behaviours. Each Friday known as "Positive Friday", the registered manager and a director reviewed people's feedback to identify staff who had gone "above and beyond" that week for a person. On Monday morning, they rang those staff to recognise and thank them for their positive contribution. For example, when a staff member took a person back to visit her old school, which meant a lot to them. Every two or three weeks, during an 'Hour of love,' office staff identified and made contact with staff having a difficult time. For example, recently bereaved, or experiencing personal difficulties. They took time to give that member of staff a special hug, or phoned them to check in and ask how they were. A staff member said, "They care, little things make such a difference."

The service had a 'Caregiver of the month' and a 'Caregiver of the year' scheme with awards for staff who went that extra mile for people to make a difference for the people they supported. For example, for a quick response to a medical concern, for wonderful support when a staff member took a person to visit the croquet club, where they had spent many happy years. They also had long service awards which were presented to staff at celebratory events. These included details of how many care hours the staff member had worked. The agency had high staff retention rates. To further improve retention and value staff, their exit interview with staff leaving was renamed a "thank you chat." This valued the staff members contribution and left the door open for staff to return, which they often did.

The service worked in partnership with other health and social care providers to develop services in response to the changing needs of local people. For example, they developed local links with local GP practices, Age Concern, and Devon Dementia Care Partnership. This meant people were signposted to local services available. They supported a person, newly diagnosed with dementia, to influence policy by helping them to attend their local dementia alliance group.

The service demonstrated a commitment to developing joined up, innovative, flexible services and to developing sustainable models of care that improved the health and wellbeing of local people. For example, when Budleigh Salterton community hospital closed, they were involved with the Neighbourhood Plan and a successful campaign to reopen it as a "community hub." They continued to support and champion improving lives of older people in their community it by giving talks to community groups to actively raise awareness of dementia, and risks to vulnerable adults. A professional said, "The directors are very involved in the community and helped Age Concern in the management of dementia. They arrange an annual information day relating to care in the community. They regularly engage in and support community projects."

The provider was a founder member of the South West "Proud to Care" group, a partnership of 16 local authorities and Health Education England working together at a regional level to raise the profile of a career in care and health. As part of this group, they were currently working with Devon County Council to make a

series of videos. Care staff interviewed were positive ambassadors about their experiences of care. This promoted careers in care positively, and helped overcome negative stereotyping. The provider said, "We want to professionalise care, make it a real career."

The provider was committed to continuous improvements and used evidence based best practice guidance of what works well to improve quality of people's care. As part of the national Home Instead franchise, the provider and staff had access to accredited training, as well as evidence policies and procedures based on the National Institute for Health Care and Excellence (NICE) guidelines and the Social Care Institute for Excellence (SCIE). They were part of a national network of domiciliary care providers who shared ideas and innovations from other branches. During 2018, they helped several other providers set up new Home Instead branches in the South West through sharing their knowledge and expertise. The service was participating in ground-breaking research in dementia care using techniques to retrain people's brains to commit information to their longer term memory.

The agency had won several good practice awards. They won the 2018 Exeter living awards in the health and wellbeing category, were finalists in the dementia category and semi-finalists in five other categories. The registered manager won the 2018 Devon and Cornwall outstanding community manager gold award and the service were winners of the Quality Provider of the Year award. The homecare UK association of online reviews by people showed Home Instead branch had average scores of 9.8 (out of 10) from respondents who were extremely likely to recommend the agency to others.

The service used a range of quality monitoring systems to continually review and improve the service. During 2018 the provider introduced a Total Quality Management (TQM) quality monitoring management tool, which used key performance measures and analysed a range of monthly data, to identify and patterns and trends. The franchise did an annual audit, which showed the service was fully compliant with all areas audited in three successive years. In preparation for the Care Quality Commission (CQC) inspection and rating visit, the service completed a self-assessment against the CQC Fundamental Standards.

The service was committed to continuous learning from accidents, incidents, complaints and from training. At monthly meetings staff received praise for good work and feedback about any issues that had arisen. The agency monitored people's feedback, the findings of staff 'spot checks,' audits of care records, medicines management, accidents/incidents, complaints and staffing levels. Where any gaps or areas for improvement were identified, these were identified and followed up. For example, following feedback from staff in 2017 about online update training, in 2018 this was improved to a face to face training day.

People's feedback, views and suggestions were regularly sought through regular reviews and annual customer satisfaction surveys. For example, improvements were made in response to feedback about last minute changes to people's rotas which caused some people anxiety. Last Christmas, to remind people of the agency's "no gift" policy, the agency implemented an illuminated "Treasure Tree." This was so people could write messages to staff which were hung on the tree for staff to read and enjoy. The registered manager said, "There were lots of tears at our Christmas meeting, staff loved reading people's comments."

Staff spoke with pride about the service, and said they were consulted and involved in changes, day to day, through local team meetings, and via a staff newsletter. Staff comments included; "This is my first job within the care sector and I can't imagine a better company to work for," "It is the best job I've ever had," "As a care giver, I feel we provide exceptional care, we have time to get to know our clients and our concerns are listened to." In a recent staff survey, staff were asked why they liked working for Home Instead. Their responses included; "They take care of their caregivers as much as their clients," "The support and kindness make me feel proud," "Always there for me," and "Great care and training."

Further improvements planned included the planned introduction of electronic records in January 2019, with staff using smart phones and tablets to complete care records. Future training planned included diversity training on improving care for lesbian, gay and transgender people.

The provider supported leadership and management development within the staff team through education and training through the franchise and accessing external courses. Five staff had completed level five leadership and management, with other completing level four courses. Speaking about their leadership and coaching training, the registered manager said, "It's made a massive difference, I've adopted a different approach, and changed my leadership style to delegate more responsibility."

The registered manager sent us regular notifications, as required by the regulations. People's care records were kept securely and confidentially, and in accordance with the legislative requirements. The agency displayed their CQC rating in accordance with the requirements of the regulations.