

Thames Senior Home Care Ltd

Home Instead Westminster

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?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This comprehensive inspection was commenced on 27 February 2018 and was announced. We spent two days at the provider's office and also visited two people who used the service in their own homes. The inspection visits were completed on 19 March 2018 and we completed telephone calls to people who use the service and their relatives on 29 March 2018. The service was rated as Good at the previous inspection in December 2015. Safe, caring, responsive and well-led were rated as Good and effective was rated as Requires Improvement.

At the previous inspection on 3 December 2015 we had found that staff were not provided with Mental Capacity Act 2005 (MCA) training, which had meant that we had not been assured that the principals of the MCA were followed when staff assessed people's capacity. We had made a recommendation for the provider to seek advice and guidance from a reputable source in relation to the requirements of the MCA training for social care staff. At this inspection we found that staff had received relevant training in this area. The staff we spoke with were able to clearly demonstrate their knowledge and understanding in regards to the MCA, and the minutes for staff's one to one supervision sessions and team meetings showed that this topic was regularly discussed.

Home Instead Westminster is a domiciliary care agency which provides the regulated activity of 'personal care' to people living in their own houses and flats in the community. It provides a service to older adults, people with physical disabilities and people living with dementia who reside in the City of Westminster, City of London and some postcodes within the London Boroughs of Brent, Hackney and Southwark. The geographical boundaries were determined by the national franchise organisation. Not everyone using Home Instead Westminster receives regulated activity, the Care Quality Commission (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 provider was providing services for 40 people, which included six people who received personal care.

There was a registered manager in post at the time of our inspection, who was the owner of the local franchise. A registered manager is a person who has registered with CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their representatives told us that they received an excellent service and felt confident about recommending the agency to other people. They described staff as being "lovely" and "kind" and spoke about situations where staff had shown enormous compassion and thoughtfulness. People and their representatives stated that the high quality of the service had very positively impacted on their comfort, wellbeing and safety. Staff told us that they had developed good relationships with the people they supported. This was aided by the provider's policies to carefully match people with their care staff and

ensure that all visits were a minimum of two hours duration.

People and their representatives regarded the management team as being dedicated to their roles and committed to providing an exceptionally high standard of care and support. We saw that the registered manager and members of the management team keenly worked towards supporting people living with dementia who used the service and at a wider level in the local community via fundraising, providing free training about dementia for the general public and through active membership of a local dementia care alliance.

Staff informed us that they felt well supported and trained by a provider that valued their contribution, and was interested in their wellbeing and career development. The provider had invested in the staff training to support people who were living with dementia and was in the process of introducing a new training package to support staff to develop their knowledge and skills in the provision of end of life care. The culture of the service was described by staff as being "open" and "supportive."

There were clear systems in place to ensure the safety of people who used the service. Staff had received training to identify if people were at risk from abuse or harm. People reported that they felt safe with staff. Sufficient staff were deployed to ensure that people received a consistently reliable service and recruitment procedures to appoint new staff were thorough.

The provider ensured that people's needs were assessed before their care and support package commenced. People were provided with person-centred care which took into account their needs, wishes, preferences, and any cultural and/or religious needs. Staff supported people to meet their nutritional and health care needs. Local health and social care professionals informed us that people received extremely well delivered care and support from the provider.

People received support from staff with their medicine needs, in line with their own wishes to remain as independent as possible.

People were supported by staff who respected their privacy and promoted their dignity. Staff encouraged people to take part in meaningful and stimulating activities to promote their wellbeing.

The provider had a straight-forward complaints policy and procedure in place, and people stated that they trusted the provider to investigate complaints in a professional manner.

The provider had developed positive relationships with local organisations in order to develop and improve the quality of the service. This included an initiative to advise people and their representatives about the risks presented by financial scams.

There were rigorous systems in place to seek the views of people who used the service, and monitor the quality of the service through the use of tools that included spot checks, care planning review meetings and audits.

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 Good.

Staff had training and guidance to understand and detect abuse and the measures to take to protect people.

Risks to people's safety were identified and guidance had been developed to mitigate these risks.

Sufficient staff were deployed in order to safely meet people's needs and staff were robustly recruited to ensure they were suitable to meet people's needs.

People were safely supported with their prescribed medicines by staff who were appropriately trained, assessed and monitored.

Is the service effective?

Good ●

The service was Good.

People were supported by staff who had appropriate training and supervision to meet their needs.

Staff understood how to competently meet people's health care and nutritional needs.

People received support from staff that respected people's rights to make their own decisions where possible.

Is the service caring?

Outstanding ☆

The service was Outstanding.

People, their representatives and local professionals spoke in exceptional terms about the kindness and compassion of staff.

Care and support plans contained detailed information about people's needs, wishes and choices, and were written in consultation with people and their representatives.

Care staff supported people to retain their independence as much as possible and lead fulfilling lives. People were provided

with information about the service and their entitlements.

Is the service responsive?

Good ●

The service was Good.

People's needs were fully assessed by the provider before they began receiving care and support.

People and their representatives stated that the service responded well to their individual needs.

People and relatives were informed about how to make a complaint, and complaints were properly investigated in a transparent and fair manner.

Is the service well-led?

Outstanding ☆

The service was Outstanding.

People who used the service and their representatives told us that the service was very well managed and they were extremely pleased with the quality of their care and support.

The staff team felt they were well supported and valued by the provider.

Comprehensive quality monitoring systems were in place to identify and promptly address any concerns.

The registered manager had developed and implemented creative ways to work with other organisations in order to improve the quality and safety of people's lives.

Home Instead Westminster

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 was a routine inspection as we had rated the service 'Good' two years ago. We were not aware of any serious incidents or concerns about the service. The inspection took place on 27 February and 5 March 2018 and was announced. We informed the provider of our plan to return on 19 March 2018 to provide feedback following our two home visits to people who used the service and telephone calls to other people, and their relatives where applicable. The provider was given two days' notice of our intention to carry out an inspection because we needed to make sure that a member of the managerial team would be available to support the inspection process. The inspection was carried out by one adult social care inspector.

During the inspection we visited the office location in order to meet the management team and look at a range of documents. This included four care and support plans for people who used the service, medicine administration records, staff files for training, supervision and recruitment, the complaints log and various policies and procedures. We visited two people who used the service in their own homes, which enabled us to gather their views, observe interactions between people and their support workers and check the quality of record keeping maintained by staff. These visits also permitted us to meet people's relatives and friends and find out their opinions about the service. We also gathered information through speaking with five members of the care staff, the registered manager, the care manager and the care co-ordinator. The care staff were known as 'caregivers' and we have used this job title in the report within the quotes we received from people and their representatives.

Prior to the inspection we reviewed the information the Care Quality Commission (CQC) held about the service. This included any notifications of significant incidents reported to the CQC and the previous inspection report. We also reviewed the 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 spoke with three people who used the service, and the relatives and friends of four other people. Following the inspection we contacted six health and social care professionals with knowledge and experience of the service and received a response from each professional.

Is the service safe?

Our findings

People who used the service informed us that they felt very safe and at ease with their care workers. Comments included, "I think they (staff) are very carefully screened by [registered manager] to ensure they have the right credentials and temperament for their employment. I have always felt safe and trust all my caregivers to keep me safe" and "They (staff) do everything they can to make sure I stay safe at home, it is all very pleasing." One relative told us, "Home Instead is absolutely wonderful and the whole team acts with full integrity, it means we do not have to worry the way we used to when [he/she] employed other agencies. When we ring and visit [our family member] [he/she] tells us they are happy and doing fine, and we can speak with the lovely and kind staff whenever we wish to."

We noted that the provider's safeguarding policy and procedure contained information about how to notify relevant local authority safeguarding teams about any relevant concerns. Records showed that staff had completed safeguarding training and our discussions with members of the staff team demonstrated that they understood their responsibilities. Staff were knowledgeable about the different types of abuse that people could be subjected to and how to recognise the signs of abuse. Staff were aware of the provider's whistle blowing policy. Whistleblowing is when a worker reports suspected wrongdoing at work. Staff understood that they could report any concerns to external organisations if necessary and they expressed their confidence that the registered manager would address any concerns they brought to his attention.

The relative of one person told us that a member of the care staff had protected their family member from possible financial abuse as they had taken appropriate action when they suspected that the person had received a bogus telephone call from an individual who claimed to be from a bona fide financial organisation. The relative praised the member of staff for their swift and vigilant response, and the sensitive way that they had reassured their family member. The registered manager showed us the documentation for a safeguarding alert that the provider had sent to the applicable local authority since the previous inspection. The Care Quality Commission had also been notified, in accordance with legislation. Records demonstrated that staff had promptly and appropriately reported their concerns about the safety and wellbeing of a person who used the service to the management team, and the registered manager had responded in a thorough manner. The management team told us that because this was the first safeguarding alert they had raised, they had afterwards conducted their own reflective written analysis of how they had supported the person and their representatives, and evaluated the quality of their liaison with external professionals. This was undertaken in order to develop their own learning and future practice.

Systems were in place to promote people's safety through the use of detailed assessments to identify and address risks to their safety and wellbeing. The care and support plans we looked at showed that individual risk assessments had been developed to assist staff to protect people who used the service from different risks, for example falls, malnutrition and/or dehydration and the occurrence of pressure ulcers. Environmental risk assessments were also in place, which included actions to prevent accidents due to factors such as uneven floor surfaces caused by rugs, frayed carpets and/or unnecessary clutter. The provider undertook checks if people had been issued equipment including hoists, mobility scooters and wheelchairs, in order to determine that the equipment was being professionally serviced in line with the

manufacturer's instructions. The environmental risk assessments also checked if people had apparatus in place to detect specific dangers, for example fire and carbon monoxide detectors. The registered manager informed us that where necessary, he spoke with people and their chosen representatives about the importance of installing this equipment and referred them to the local fire brigade service if they needed specialist guidance and assistance. We noted that the risk assessments were reviewed at least once a year or more frequently if required. For example, a member of staff told us that a person who used the service was now experiencing increased difficulties with their mobility and we found that the care and support plan with the accompanying risk assessments reflected these changes.

The provider had recruited sufficient staff to meet people's needs and staffing levels were kept under review. People who used the service and their representatives told us that the provider arranged staff rotas so that they were able to receive their care and support from a limited number of care workers, which promoted consistency of care and opportunities to develop positive relationships. One person said, "I have the same few caregivers who have got to know me well. It is very helpful as my needs can fluctuate on a daily basis and this way they (staff) understand if I am feeling tired and need more encouragement." The friend of another person told us, "It works so well and [person who used the service] gets seamlessly delivered care. There is a senior caregiver who supports the other caregivers and the team that look after [person] communicate well with us and each other."

All of the people we spoke with and their representatives confirmed that they never received a visit from a member of the care staff that they had not been formally introduced to by the management team. One relative told us, "[My family member] is a very private person and [he/she] would feel uncomfortable in their own home if they did not know their caregiver. Fortunately [registered manager] has strict rules about this, which was one of the factors that helped us choose this company." The rotas we looked at showed that when a regularly assigned care worker was on leave, the management team organised a flexible response to minimise any disruption. For example, some shifts were covered by the care co-ordinator who was already known to people and their representatives, and other regularly assigned staff were offered additional hours to cover their colleague's period of absence.

In line with the provider's own policy, people did not receive visits that were less than two hours duration. We noted that some people who used the service had chosen to have considerably larger care packages, including 24 hours' care. People and their representatives told us that their care was never delivered in a rushed manner. The registered manager stated that staff were given sufficient time to travel between their visits to different people, which meant that people did not usually experience the late arrival of their care worker. People said that care staff were reliable and punctual, and the registered manager had assured them that they would receive a telephone call if their care worker was delayed due to exceptional circumstances. The provider used electronic call monitoring in order to check whether staff had arrived at people's homes, which meant the management team could identify any potential problems in regards to the safety and welfare of people who used the service and also check on the safety of members of staff who frequently worked on their own. The registered manager informed us that there had never been any missed calls since the service began operating in March 2014. People who used the service, their representatives and staff were able to access the designated on-call officer outside of weekday business hours and at weekends. The care manager informed us that the on-call responsibilities were managed on rota basis by her, the care co-ordinator and a team leader. Relatives told us that they had never experienced any problems if they called when the office was closed and the care staff we spoke with confirmed that they could promptly access advice and support from the provider at any time of the day or night.

The provider ensured that staff recruitment was undertaken in a rigorous way, so that people were supported by staff with suitable knowledge and experience for their roles and responsibilities. The staff files

we checked demonstrated that the provider sought a minimum of two references, which were verified to determine their authenticity. Other checks included proof of identity, proof of eligibility to work in the UK and a Disclosure and Barring Service (DBS) check. The DBS provides criminal records checks and barring functions to assist employers to make safer recruitment decisions. The provider checked any gaps in the employment history of prospective employees and the interview notes evidenced that candidates were carefully assessed to determine if they had the right skills and approach to support people who used the service.

We noted that there were well organised arrangements in place to support people who used the service to safely take their prescribed medicines. People's care and support plans contained information about their individual medicine needs, which enabled staff to clearly understand whether people were able to administer their own medicines independently, if people needed verbal prompts or they required a more comprehensive level of assistance. The management team looked at people's medicine administration record (MAR) charts when they carried out 'spot check' visits to people's homes and all MAR charts were collected at the end of each month so that they could be audited. Records showed that staff had received medicines training and refresher training, and their competency with medicine administration was assessed each year.

During our visits to people's homes we found that medicines were safely stored so that they could not be inappropriately accessed, for example if a person who used the service was at risk of incorrectly taking their medicines due to cognitive impairment. One person who used the service explained to us that they were keen to remain as independent as possible and take their medicines with minimal staff support, however due to changes in their health care condition this task had become more challenging. The provider liaised with health care professionals and the dispensing pharmacist in order to implement measures that enabled the person to maintain their independence. The person told us "They (staff) have made everything more enjoyable for me. They have an attitude that nothing is too much trouble."

The registered manager and the care manager kept detailed records in regards to any incidents and accidents that occurred. We saw that the management team analysed these records and where feasible they took timely action to minimise the risk of future occurrences. For example, we saw that the registered manager had spoken with people and their representatives if a person had experienced falls to check whether the person could be assisted by a medical review of their health care needs by their GP. We noted that in some circumstances people and their representatives had subsequently received support at their local NHS falls clinic and/or received home visits from a relevant professional, for example district nurse, occupational therapist or physiotherapist. In other circumstances, the provider had noted from their analysis of accidents and incidents that people could benefit from increasing their care packages and this was sympathetically discussed with them.

The provider had taken appropriate actions to protect people from the risk of infection. Staff had received infection control training and they were provided with personal protective equipment (PPE) to use, for example disposable gloves and aprons. There was a comprehensive policy and procedure in place to guide staff, and the members of the staff team that we spoke with demonstrated a clear knowledge of their responsibilities. We noted that the 'spot checks' conducted by the management team checked whether care staff adhered to the provider's written guidance.

Is the service effective?

Our findings

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.

At the time of the previous inspection we had found that the provider and the staff team were unclear about their responsibilities under the Mental Capacity Act (MCA) 2005. The registered manager had informed us that he had not yet attended MCA training but a date had been booked, however arrangements had not been made for staff to also attend MCA training. This had meant that the provider could not effectively demonstrate that staff were aware of the legal requirements when assessing people's capacity, supporting people to make decisions and ensuring that the least restrictive option to meet people's needs.

At this inspection we found that the management team and care staff had undertaken MCA training, and people's care and support was provided in line with the MCA. People and their representatives where applicable, confirmed that staff politely requested their consent before delivering their personal care. The care and support plans we looked at demonstrated that people signed their consent to their care. We were shown copies of the documentation that the registered manager had obtained if people had a Lasting Power of Attorney (LPA) in place, which verified that legally authorised representatives were permitted to sign on behalf of people. We also noted that where it was no longer possible for people who used the service to arrange for an LPA, the registered manager had liaised with people's relatives and health care professionals so that decisions could be made in their best interests.

Our discussions with care staff demonstrated that they understood the principles of the MCA and were committed to supporting people to make their own choices whenever possible. A member of the care staff told us, "We have had MCA training and other training about the needs of people living with dementia. [Person using the service] can no longer make difficult decisions but can make decisions every day about whether to go out for lunch, what to have for dinner and whether they would like to go out shopping or to a concert. This helps [person] to feel more independent."

People and their representatives commented favourably about the skills, knowledge and experience of their care staff. Comments from people who used the service included, "They are all very well trained" and "I would recommend my caregivers. They have the ability and sensitive training to understand when I have felt embarrassed about the support I have needed. They know about the practical issues with my illness, and why I have to receive my care and help with my exercises in a very precise way." A relative told us, "They (staff) are confident in how they support [my family member] as they have had all the right training. That makes [my family member] feel [he/she] is in safe hands."

The provider demonstrated that people's needs were assessed and their care and support was delivered in accordance with current legislation, in order to ensure that they received effective outcomes. For example,

the management team had developed links with a local voluntary sector organisation Opening Doors London, that supported older people who identified as LGBT+ (Lesbian, Gay, Bisexual, Transgender and other ways that people can define themselves, for example Q (Questioning) and I (Intersex)). The care manager and care co-ordinator showed us information they had gathered at the meetings they had attended, which included guidance for companies to shape their policies and procedures, staff training opportunities and posters about leisure activities and discussion groups that people who used the service could attend. The management team told us that their involvement with this organisation had enabled them to develop the service, taking into account contemporary research, legislation and national strategies. For example, the service had appointed a LGBT+ champion and publicised this on their website. We also noted that the management team referred to up to date professional guidance, including 'The Handling of Medicines in Social Care' from the Royal Pharmaceutical Society of Great Britain.

The staff we spoke with informed us that they received a programme of thorough and helpful training that enabled them to understand and meet the needs of people who used the service. They spoke very positively about the quality of the service and stated that they felt valued because their employer invested in their training and development. The provider ensured that staff received a detailed induction which took place during the first week of their employment. A staff member told us, "We spent the first week learning about our responsibilities, which included training from [the registered manager] and on-line training too. We then shadowed senior care workers." The registered manager told us, "Not everyone who starts the initial training completes it, as we have high standards for training and monitoring staff performance."

Staff were required to successfully undertake the Care Certificate, which is an agreed set of standards that sets out the skills, knowledge and behaviours expected of specific job roles in the health and social care sectors. It is made up of 15 minimum standards and forms part of a robust induction programme. Although the training was primarily developed for staff who were new to care positions, the registered manager told us that all staff completed the certificate during their probationary period. We noted from looking at recruitment files that newly appointed staff had applicable experience and training for their roles, gained through their previous employment and via relevant qualifications they had achieved in higher and further education. One staff member told us that they had extensive experience working in social care and had recognised qualifications. They found the Care Certificate useful as they had formerly worked with a younger client group, therefore the training from the provider had broadened their understanding about how to meet the needs of older adults.

The mandatory training for staff included moving and positioning people, safeguarding vulnerable adults, basic food hygiene, health and safety, basic life support, and understanding equality and diversity. The individual training records for staff and the provider's training matrix showed that the care manager closely monitored when staff were due to attend refresher training. At the time of the inspection we found that all members of the staff team were up to date with their training. Staff had been supported by the provider to undertake the City and Guilds 'Award in Dementia Awareness and Certificate in Dementia Care'. Staff told us that this course was "excellent" and "highly informative" and it involved various assessments and marked assignments. We noted from the staff training records that the dementia training included topics to enable staff to understand about positive risk taking, advocacy, the impact of delirium on people living with dementia and the use of assistive technology. Staff also received separate training to understand how to support people with mental health needs and people with a learning disability.

There were clear systems in place to support staff through one to one supervision, team meetings and an annual appraisal. The management team ensured that new staff received their first supervision within their first month of employment. Records showed that staff received a minimum of four supervision sessions each year, although this could be increased if necessary. The registered manager told us that most care staff

supported two or three people who used the service. Therefore, an additional supervision session was scheduled after a staff member was assigned to a new person so that the management team could ascertain that the staff member understood their new responsibilities and check how they were progressing.

The minutes of the team meetings demonstrated that sometimes these meetings were held for care staff who were looking after one person who used the service, to enable staff to discuss the person's needs and ensure that care and support was being provided in a consistent manner. The care co-ordinator explained to us that they temporarily looked after people for a few hours in order to facilitate staff to attend these meetings with the registered manager and the care manager. This meant that care staff had opportunities to develop their practice with their peers while people received their care from an employee they were already familiar with.

People who received support to meet their nutritional needs told us they were pleased with the assistance they received from care staff. One person told us, "I send them (care staff) out shopping and they bring back the things I need. I like to sort out my own breakfast and stay independent in the kitchen, my caregivers will help with main meals and they encourage me to eat healthily as I don't always feel like it." The friend of another person who used the service told us that care staff were "wonderful and marvellous" with their approach to supporting the person to eat a balanced, varied and enjoyable diet. We observed how a senior care worker supported a person who used the service to make meaningful choices at teatime, as they knew exactly what beverages and snacks the person liked. The senior care worker explained that although the person was no longer able to verbally express their wishes, they continued to closely observe the person's reactions to different food items on their frequent trips to the local supermarket. The care co-ordinator told us that staff were able to support people who used the service to eat freshly prepared foods as visits to people's homes were always at least two hours. The care and support plans showed that detailed information was recorded in regards to people's dietary needs, for example if they needed their food to be prepared at a specific consistency, if people had preferences, dislikes or allergies, and whether there were any cultural or religious dietary needs to be taken into account. Where required, the care and support plans contained written guidance from relevant health and social care professionals including dietitians and speech and language therapists about how to meet people's nutritional needs. The staff complied with instructions from health care professionals to monitor people's weight and report any significant findings.

The provider supported people who used the service to meet their health care needs. We saw that people's care and support plans contained information about the assistance that people needed, for example one person we met was encouraged by staff to carry out a daily programme of exercises in order to maintain their mobility. Staff also accompanied the person to an external specialist exercise class. The person had a very good knowledge about their medical diagnosis and told us how important it was to get this support from staff, "I go to a weekly ballet class hosted by the English National Ballet that has been designed to support people with [health care condition]. My caregivers encourage me to follow an exercise routine at home and each day they tell me how well I am getting on." Records showed that people were also supported to attend health care consultations and senior staff liaised with people's health care professionals to arrange appointments, if people or their legal representatives had given their consent for this. We received extremely positive remarks from health and social care professionals about how staff supported people to meet their health care needs. One professional told us, "All the caregivers I have met at [resource centre for people living with dementia] have been caring, competent, supporting, happy to be involved and fully active with clients. They are always professional and know their clients well. The clients are relaxed and happy to be with their caregiver." Another professional who supported older people with complex needs stated "Home Instead carers had provided outstanding care to one of our patients back in 2017. In other cases, patients and their families are overall satisfied with their services and in my opinion

Home Instead carers are proactive, attentive and helpful."

Is the service caring?

Our findings

People and their representatives told us that the provider was outstandingly caring and they felt very fortunate to have discovered the service. One person who used the service told us that they originally began using the service three years ago for household support and gradually increased their support package to include personal care. They commented, "The service was recommended to me by a neighbour and I would now recommend Home Instead to people. The caregivers are so kind and understanding, particularly when I needed more intimate personal care and it was difficult for me to accept that my needs were now greater." Another person stated, "They (staff) are all supportive and especially kind, [care worker] was a tower of strength [during a difficult period] last year." Relatives and friends told us, "They look after [family member] with such great care and attention. I think [his/her] life could have been quite a struggle if we hadn't found this agency" and "We think all the caregivers are superb, understanding and compassionate. They have helped [friend] to stay in the home [he/she] loves, close to friends, our church and the local places that matter."

We noted that the provider had received written comments and compliments about the service from people, their representatives and professionals which highlighted the kind and thoughtful approach of the staff team. The relative of a person who used the service wrote, "I want to nominate [member of the care staff] for carer of the year. [He/she] has been absolutely marvellous ... well beyond the call of duty or service expectation." The registered manager informed us that the care worker had been nominated for a national award bestowed by the franchise company and had been shortlisted within the final 12 candidates at the time of the inspection. The relative of another person remarked, "Thank you for all your advice and attention, we are both pleased and relieved you have introduced [care staff]. They are both so caring and allow [my family member] [his/her] dignity." The friend of a person who used the service wrote to the registered manager, "Thank you and the caregivers for organising such a lovely birthday party for [my friend]. The team are so kind and caring and a great credit to Home Instead. Their work is not always easy and it takes great skill, courage and compassion to care for those who have lost their life skills to Alzheimer's." A person who used the service commented, "I can't tell you what a joy I'm getting with your carers, it's completely changed my life" and the relative of another person stated, "Thank you for all you are doing to care for [family member]. [He/she] looks so much happier and brighter and healthier. We are very grateful." A local health and social care professional wrote, "It has been a pleasure working alongside your effective and caring team" and a second professional stated, "The carers provide hugely impressive and personalised care, promoting independence as far as possible."

The registered manager explained to us that he had implemented different protocols to ensure that people who used the service felt comfortable with their allocated care staff. In addition to the mandatory introduction meeting before care staff began working at a person's home, the management team endeavoured to match people with members of the care staff team with similar interests. During a home visit to meet a person who used the service and a member of staff who regularly supported the person, we noted that there was a shared interest in classical music, going out to cultural events and attending church services. The member of staff pointed out a prominently displayed painting and told us how it reflected the person's remarkable sporting accomplishments. The person was not able to tell us about their past

achievements but became engaged in looking at the painting with us. At the other home visit we carried out, the person who used the service told us about their career, former hobbies and interests. At this visit we were accompanied by the care co-ordinator, who also undertook care shifts for the person from time to time. Again we saw that there were shared interests between the person and staff member, and a stimulating conversation about travel, cycling and exploring historic London took place. Our observations demonstrated that people who used the service benefitted from the reassurance of receiving their care and support from staff who understood them and knew how to motivate their involvement in meaningful activities.

People and/or their representatives told us that they had felt fully consulted when the registered manager and the care manager originally visited them to inform them about how the agency operated and conduct an assessment of their needs. The care and support plans showed that people were asked for their views about how their care and support should be delivered and they were encouraged to make their own decisions wherever possible. People were asked if they wished to receive their personal care from staff of the same gender and their wishes were respected. This collaborative approach was also evidenced during review meetings.

During our discussions with staff we found that they knew people very well and were familiar with their family backgrounds, individual likes and dislikes, food preferences and their favoured daily routines. People's care and support plans contained detailed information to initially guide staff and we observed that staff continued to learn more about the needs, wishes and aspirations of the people they provided care and support to. Staff told us that the agency's ethos was to provide person-centred care of a high quality and they felt that the provider's policies and procedures enabled them to achieve this, and feel a sense of pride in their work. One member of the care staff told us, "I had studied [degree related to health and social care] and was attracted to working for this organisation when I spoke to [registered manager] about his approach. I mainly work with one or two people and we don't do short visits, this means we can really get to know people and understand their sometimes complex needs." Another member of the care staff told us that they had previously worked for many years in a professional role within the care sector. They explained that they would not have felt comfortable working for an employer who rostered visits in a way that staff felt rushed and could not spend time talking with people as well as being able to deliver their personal care in a relaxed manner.

The provider valued people who used the service and endeavoured to celebrate people's special occasions and achievements, and their unique talents and skills. People were sent birthday and Christmas cards by the management team and in line with their known wishes, staff supported people and their representatives to arrange celebratory lunches and parties. People and/or their representatives, as well as members of the staff team, told us about some of the events that had taken place since the previous inspection. We also observed that many photographs were displayed in the provider's office to commemorate these occasions. One person who used the service had been actively involved in activities in their neighbourhood and continued to access community resources with support from staff. Staff supported the person to go out to a nearby park and take photographs of a public mural, as the artist had featured the person along with other local residents and well known landmarks. Another person was supported by their care worker to attend a function for older people at Buckingham Palace. The staff we spoke with described how delighted they were to share these special moments with people, their relatives and friends. The registered manager showed us other photographs where he had joined people at their birthday parties and also when the staff organised a surprise lunch party at a person's favourite restaurant. The staff we spoke with firmly felt that people mentally and physically benefitted from these social events, for example they were more motivated with their exercise programmes and expressed an enthusiasm to try new activities.

The management team promoted a caring philosophy which staff described as "inspirational". Staff were supported to engage in local initiatives to enable them to improve the quality of care they provided and support people living with dementia to lead fulfilling lives. The registered manager and a group of care staff had attended a project at the Victoria and Albert Museum, which aimed to give them creative ideas and skills to share with people living with dementia who used the service. A member of the care staff told us, "We went to workshops at the museum one afternoon a week for four weeks. It was fascinating and we explored the Gilbert Collection, curated by the artist Albert Gilbert. We learnt how to use art and design to connect with the people we support. Afterwards I showed pictures of the collection to [person who used the service] and they really opened up and talked about the art they enjoyed." The registered manager had identified that these ideas could also be implemented when care staff supported people who did not have dementia but could not visit museums and art galleries on a frequent basis due to their physical frailty.

The management team were actively involved in supporting people living with dementia who used the service and they also engaged in different projects to support the wider local community to understand more about dementia. They demonstrated a passionate and committed approach to raising awareness about dementia and took part in fundraising events as well. The registered manager had undertaken training to become an Alzheimer's Society 'Dementia Champion'. At the time of the inspection he had conducted 45 training sessions within the boroughs that the agency covered, which had been attended by over 500 members of the public. Informal training and discussion sessions had also been provided for the relatives and friends of people who used the service who were living with dementia. The care manager and the care co-ordinator took part in sponsored walking and cycling challenges, and management team arranged cake sales within their main premises. One person who used the service and the relatives of other people spoke with us about these events and said the management team's genuine interest in others and their compassionate approach had further reinforced their belief that they had chosen an agency that shared their values and principles.

People were provided with written information about how the service operated and their entitlements which could be presented in other formats if required, for example large print or braille. This included a service user guide when they commenced their care package and a newsletter three or four times a year. At the time of the inspection none of the people who used the service accessed the services of an advocate. An advocacy service is a free and independent service that supports people to make informed choices about their life, and helps them to express and present their views. The registered manager told us that he had established links with other organisations through being a Dementia Champion and a member of the steering committee for the Westminster Dementia Action Alliance, and therefore could signpost people to advocacy services at Mind, the Alzheimer's Society and Age UK. The provider showed us a book that they gave free of charge to the relatives and friends of people living with dementia. It supported informal carers to understand more about dementia in a non-clinical way and contained useful contact details for UK voluntary sector and professional organisations that might be of interest to readers.

People told us that staff always upheld their entitlement to be treated with dignity and respect. We saw that staff had received training about how to provide care and support in a way that promoted people's dignity and privacy, and encouraged them to be as independent as possible. People and relatives told us that staff were non-judgemental and respected their choices and relationships. Staff told us that they always ensured that they only shared information with individuals or parties with a valid reason to enquire, for example people's GPs and district nurses. Staff told us that they had received guidance from the provider about the importance of not discussing confidential information about their employment on social media platforms. People's files were stored securely in the provider's office and computers were password protected.

Is the service responsive?

Our findings

The relatives and friends of people who used the agency told us that the provider conducted a very thorough and detailed assessment of their family member/friend's needs prior to beginning a service. One person who used the service told us they were impressed with the quality of the assessment process, having worked at a senior level within the health and social care field prior to their retirement. People and their representatives confirmed that they received a personalised and responsive service, as they had regular contact with members of the management team and received a prompt reply if they contacted the office.

At the time of the inspection all of the people who used the service were privately funded. Relatives and friends told us that they had either used or had discussions with other domiciliary care agencies before they decided to purchase services from Home Instead. One relative told us that when they first contacted the service, "I noticed that [registered manager] did not quickly broach the subject of fees. He asked about [family member's] needs, interests, personality and wishes, and how we could create a bespoke package of care to ensure [family member] is safe, well looked after and happy. Other agencies did not talk to us in this way." The registered manager told us that he usually visited people at their permanent home with the care manager to assess their needs, unless they were temporarily in hospital, at a care home or staying with relatives. We noted from people's files that the management team asked people's representatives for copies of assessments by health and social care professionals so that they could obtain a comprehensive understanding of people's needs.

The initial assessments were used in order to develop individual care and support plans for each person who used the service. People and/or their representatives were encouraged by the provider to be part of the care planning process. These plans contained full guidance for staff in regards to people's needs and wishes, and how they liked to be supported. We noted that people's care and support plans and accompanying risk assessments were regularly reviewed. Relatives and friends confirmed that they were invited to attend review meetings, and their opinions were carefully considered.

The management team were aware of their responsibilities in relation to the Accessible Information Standard (AIS). Since 1 August 2016 all organisations that provide NHS care and/or publicly funded adult social care are legally required to follow the AIS. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services and their informal carers with a disability, impairment or sensory loss. We discussed the AIS with the registered manager as it was not applicable to the agency at the time of the inspection, as the people who used the service were self-funding. However, the registered manager had spoken with the staff team about the importance of the AIS and currently none of the people who received a personal care service needed additional support to access information.

People who used the service and their representatives confirmed they had been advised by the provider about how to make a complaint and they were confident that the registered manager would deal with any concerns or complaints in an open and responsive manner. One person told us they had informed the registered manager that they did not feel that one of their new care workers was a good match in terms of

compatibility. The person stated that this was not a complaint and the registered manager introduced them to a new care worker, which was successful. The registered manager said that he readily made these changes if requested to do so, as it was important that people were supported by a care worker that they had a rapport with. The relative of another person who used the service told us that they had raised one or two issues, which were satisfactorily and promptly resolved.

At the time of the inspection the provider was not supporting people who were receiving end of life care. The registered manager informed us that the service had supported people with end of life care needs since the previous inspection. We were informed about a person had been using the service for three years and received end of life care for the last 10 days of their life. They passed away shortly before we commenced the inspection. A relative of the person wished to speak with us as they were so pleased with the quality of care their family member received, particularly during the final stage of their life. The relative said that the registered manager and the care staff had enabled their family member to experience a dignified and peaceful death in their own home where they wished to be. The management informed us that they had worked closely with the local district nurses and specialist community nurses from a nearby hospice. The end of life care plan had been developed by health and social care professionals, who also organised for specialist equipment to be installed such as a pressure relieving mattress. The care staff who looked after the person already knew [him/her] well and were able to arrange for a minister of worship to visit, which was important and comforting for the person and their relatives.

We received very positive comments from health and social care professionals in regards to how the staff met people's end of life care needs. One professional told us, "They provided comprehensive home care for one of my patients...who unfortunately passed away late last year. I thought the care [he/she] received was excellent. The staff knew [him/her] well and were clearly very respectful of [his/her] wishes. As [his/her] condition progressed we met the [relatives], the care manager and the palliative care team. We discussed and planned [his/her] palliative and end of life care and [he/she] died peacefully at home in line with [his/her] previous wishes."

Staff had received on-line end of life training and had received guidance from the visiting nursing professionals to meet people's individual needs. The registered manager had sourced a detailed end of life City and Guilds accredited training course for staff to commence this year and provided us with written information about the modules and assessments that staff were required to undertake to successfully complete the course. The aim of this training was to provide staff with additional skills and knowledge to build on the existing positive standard of end of life care.

Is the service well-led?

Our findings

People who used the service and their representatives told us that the quality of their care and support was excellent and they thought the management team were incredibly well organised and dedicated to their roles and responsibilities. One person told us, "I pay more for this service but it is worth it to get such wonderful care" and a relative said, "I can only describe this agency as being life changing for [my family member] and for us too. Without the marvellous staff led so ably by [registered manager] the outcomes for [family member] and us could have been so very different." Written comments from people and their representatives included, "[The registered manager], [the care manager] and all [his/her] caregivers do a remarkable job in caring for [my friend] and I am so grateful that Home Instead has made such a difference to [his/her] life since becoming [his/her] care provider" and "[Care manager] is very responsive and keen to maintain up to date care plans and to ensure [my family member's] changing needs are understood and addressed."

Positive opinions about the exceptionally high standards provided by the agency were also received from health and social care professionals with experience of using this service for their patients or clients. Comments included, "Home Instead were professional, well-led and delivered very good care", "I am aware that they appear well organised and seem to work well as a team. They also appear to be deeply committed to the care and support of people living with dementia. I have had good reports from family carers who have used their services" and "Their input with patients with multiple health care needs has been outstanding. [The registered manager] and [care manager] will attend reviews and assessments and their input and detailed knowledge of the needs of patients is invaluable. They have supported people with complex medical and social needs to remain at home in a safe, nurturing and supportive environment."

The staff we spoke with stated that this was the best health and social care sector organisation they had ever worked for and described the registered manager as being "approachable." Staff said that they felt valued for their contributions, spoke extremely positively about the culture at the service and felt that they were encouraged and assisted by the management to provide exceptionally high standards of care and support for people. One staff member told us, "It is such an honour and privilege to be able to spend time with the people we support and get to really know them. In this job I feel like I am doing something to make a person's day happier" and another staff member said, "I am really happy working, it is a dream job. [Registered manager] and all the office staff listen to our views and support us when we have any issues that could affect our work." Written comments from staff included, "I just wanted to say that it's with great honour to be part of the Home Instead team. Making a difference in people's lives is what Home Instead is all about" and "I am proud to have been part of [the team]. The experience has introduced me to an excellent standard of caregiving and end of life care."

One of the comments that we regularly received from people and their representatives and from professionals was in regards to how staff went 'the extra mile' to provide a "superb" and "outstanding" service. For example, two people who used the service told us that care staff had offered practical help to members of their households at critical times and a relative said that a member of the care staff had stayed on after their shift had ended because the person who used the service was unwell. We found that the

registered manager had a clear policy in place in relation to staff undertaking any additional duties, which was confirmed when we spoke with members of the staff team. Staff were advised to inform their line manager or the designated on-call officer if an incident arose and people needed additional support beyond their allocated hours. Staff were paid for any additional time that they stayed on at a person's home. It was recognised that staff could not always remain at work if they had other commitments and in these circumstances arrangements were made for the care co-ordinator or another member of staff to offer their assistance. The registered manager stated that he was committed to ensuring that the welfare of staff was never compromised in any circumstances and staff were offered access to an employee assistance scheme.

The managerial and supervisory team consisted of the registered manager, the care manager, the care co-ordinator and one senior member of the care staff, known within the service as a senior caregiver. At the time of the inspection the registered manager was establishing a senior caregiver mentorship role to assist with the training and the ongoing development for care staff. The registered manager had previously managed services within the human resources sector and told us that he purchased a Home Instead franchise in order to develop a business that could make a tangible improvement to people's lives. The care manager, care co-ordinator and the senior caregiver all had prior experience of supporting people with a range of health and social care needs, including people living with dementia, people with mental health care needs and people with a physical disability. We saw that the senior team were supported by the registered manager to undertake training that complemented their previous voluntary and employment experiences, their interests and different graduate backgrounds. Records showed that the senior team had been supported to gain 'train the trainer' qualifications, undertake courses on topics including safeguarding by local authorities and enrol on management and leadership courses. The franchise company provided short courses for managerial and supervisory level staff and other training was funded by the registered manager. For example, the care manager informed us that she had attended a four day management course run by the franchise company and found it very useful. All of the senior team stated that they were encouraged by the registered manager to source training courses that would promote their professional and personal development. This demonstrated the provider's commitment to enabling staff to continually improve their knowledge and skills, and progress in their careers if they wished to.

The provider had systems in place to efficiently monitor the quality of the service and closely check whether people's needs were being safely and effectively met in a manner that met their expectations. For example, we noted that people who used the service or their representatives received a courtesy call after they had received care from a member of staff who was new to them, which was in conjunction with a one to one supervision session for staff within the first two weeks of their placement with a person who was new to them. Records showed that the provider maintained regular contact with people and/or their representatives. The registered manager, care manager and care co-ordinator visited people at home at least once every three months in order to check that they were pleased with their care and support, and they additionally carried out telephone quality monitoring calls.

The provider asked people and their representatives for their views about the quality of the service in an open and transparent way. The registered manager had commissioned the services of an independent company to seek people's feedback through questionnaires, and he also sought the views of the staff in the same manner. The findings from these questionnaires demonstrated that 100% of people who used the service were very pleased with all aspects of their service provision, and the staff team strongly felt that they were fully supported and well trained for their roles and responsibilities.

The provider carried out its own rigorously conducted audits to ensure that any issues or discrepancies were identified and promptly addressed. We saw that audits were conducted every month by the registered manager and the care manager in regards to how staff completed the daily written entries in people's care

files and whether staff completed their entries in the medicine administration record (MAR) charts. The registered manager also audited documents written and updated by the care manager and the care coordinator, for example assessments of people's needs and wishes, care planning documents, the minutes for review meetings, one to one supervision with care staff and the outcomes of 'spot check' visits to people's homes. An annual audit was also undertaken by the franchise company. The registered manager showed us a copy of the most recent audit and we noted that it comprised detailed checks of all aspects of how the service operated. Where necessary, an action plan had been promptly devised and any areas for improvement had been achieved.

The provider demonstrated that they operated exceedingly well in terms of their partnership working with a range of local societies and other health and social care providers. In addition to the provider's link with Opening Doors London and the dynamic training role undertaken by the registered manager as a Dementia Champion, he was also a member of the Westminster Dementia Action Alliance and formed part of the steering committee. Membership was open to all types of organisations and included the NHS, police, fire brigade, entertainment venues, cultural and faith groups, the local Healthwatch and other domiciliary care agencies. The aim of the alliance was to connect with other organisations, share good practice and take action, working in partnership with people living with dementia, their relatives and friends. In addition to achievements the alliance had made to create a more dementia friendly community, the registered manager and the senior staff team had liaised with the providers of local 'dementia cafés' to research how to launch one. Dementia cafés are safe and friendly spaces for people living with dementia and their informal carers, which enable people to meet and socialise, and receive helpful information and support. At the time of the inspection the provider was viewing venues to find the suitable premises to hire for the café.

Through speaking with people who used the service, their representatives and other local people who attended the Dementia Friends training sessions, the registered manager found that people were worried about the risk of financial fraud. In particular, people expressed concerns about scams that were directed towards older people and/or those who were vulnerable due to their disability and health care needs. The provider was working in partnership with the local Trading Standards office as part of an initiative to enable communities and organisations to understand scams, talk about scams and cascade messages throughout communities. The registered manager had delivered talks to community groups about how to protect themselves. This joint working enabled the provider to protect and support people who used the service and meant that staff were also able to increase their knowledge of how to safeguard people from the risk of financial abuse.

The service benefitted from its close working relationship with the national franchise company. The registered manager attended an annual conference held by the franchisor and showed us the agenda. This included information and advice sessions about current issues in health and social care, and franchisees were also supported to develop action plans to improve their franchise. There were also networking opportunities for registered managers and/or proprietors with services in the London area. This enabled individuals to share good practice and update their knowledge. The registered manager showed us the 'in-house' magazine that was sent to franchisors from the national office which contained articles to support staff to update their knowledge, for example the edition we looked at explained how providers could meet the Accessible Information Standard.

The provider understood its responsibilities in regards to informing the Care Quality Commission of any notifiable incidents that had occurred, and were aware of when they were required to inform other organisations of events at the service, for example local authority safeguarding teams. The provider had displayed its current rating on its website and this information was also displayed at the office for the attention of visitors.

