

Steadfast Care Limited

Home Instead Senior Care

Inspection report

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

This inspection started with a visit to the office location on 8 November 2017 and was announced. We gave the provider 48 hours' notice of the inspection to ensure that the people we needed to speak with were available. On 9 November we made calls to people who use the service and staff to gain their views and experiences. This was the first inspection of the service since they registered with CQC in February 2016.

The inspection was carried out by one adult social care inspector. At the time of this inspection the service was providing the regulated activity of personal care to 27 people who lived in their own homes. These services were managed by the agency from an office in Bristol. People using the service, their families and the staff used the term 'caregivers' when referring to care staff. Therefore, we will refer to individual staff members as caregivers in the report and staff when we refer to them collectively.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider had a very 'hands on', active approach and presence within the service, with clients, the local public and staff. He was constantly referred to us with praise and always by his first name. For the purpose of the report we will refer to him as the provider.

The feedback we received from people was extremely positive throughout. Those people who used the service expressed great satisfaction and spoke highly of all staff and services provided. One person told us, "The whole experience has been first class, I couldn't have wished for more".

The safety of people who used the service was taken seriously and the registered manager and staff were aware of their responsibility to protect people's health and wellbeing. There were systems in place to ensure that risks to people's safety and wellbeing were identified and addressed.

The whole staff team were highly motivated and proud of the service. The registered manager told us, "We have recruited the most incredible and special people who share our values of compassion, joy, empathy, creativity, intuition and who recognize that dignity, respect and integrity are at the heart of what we do. Without our incredible caregivers the service we deliver would be compromised and pretty meaningless".

All staff were fully supported by the management team and a programme of training and supervision enabled them to provide a good quality service to people. One caregiver wrote in the CQC survey, "This is a fantastic company, the training and the quality of care provided is highest on their list. I truly love my job and enjoy giving support to clients in their homes".

The registered manager, provider and all staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected.

The registered manager ensured that staff had a full understanding of people's care needs and had the skills and knowledge to meet them. People received consistent support from caregivers who knew them well. People had positive, caring relationships with their carer giver and were confident in the service. There was a strong emphasis on key principles of care such as compassion, respect and dignity and promoting independence. People who used the service felt they were treated with 'extreme' kindness and said their privacy and dignity was always respected.

People received a service that was individualised and based on their personal needs, preferences and wishes. One social care professional told us, "Home Instead in North Bristol is a well-respected care agency who take the person centred approach very seriously". Changes in people's needs were quickly identified and their care was amended to meet their changing needs. The service was flexible and responded very positively to people's requests. People who used the service felt able to make requests and express their opinions and views. One person wrote in the CQC survey, "I find the company very efficient and caring. When I have made a request for a change to be made to the usual plan, they are very accommodating".

People benefitted from a service that was well led. The vision, values and culture of the service were clearly communicated to and understood by staff. The provider had implemented a programme of 'planned growth' that had been well managed. The provider and registered manager were totally committed to continuous improvement. The provider and registered manager demonstrated strong values and, a desire to learn about and implement best practice throughout the service.

The provider and registered manager demonstrated an excellent understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of everyone who used or came into contact with the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff had received training in safeguarding so they would recognise abuse and know what to do if they had any concerns.

People received care from staff who took steps to protect them from unnecessary harm. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks.

People were protected through the provider's recruitment procedures. These procedures helped ensure staff were suitable to work with vulnerable people.

People were protected against the risks associated with unsafe use and management of medicines.

Good 

Is the service effective?

The service was effective.

People were cared for by staff who had received sufficient training to meet their individual needs.

People were cared for by staff who received regular and effective support and supervision.

Staff promoted and respected people's choices and decisions. The registered manager and senior staff had a good understanding of the Mental Capacity Act 2005 (MCA).

Where it formed part of people's care, they were provided with a healthy diet which promoted their health and well-being and took into account their nutritional requirements and personal preferences.

Good 

Is the service caring?

The service was exceptionally caring.

The registered manager and staff were committed to providing

Outstanding 

care that was kind, respectful and dignified.

People who used the service valued the relationships they had with staff and expressed unreserved satisfaction with the care they received.

People were very pleased with the consistency of their care givers and felt that their care was provided in the way they wanted it to be.

People felt all staff treated them with great kindness and respect and often went above and beyond their roles to make a difference to their lives.

Is the service responsive?

The service was exceptionally responsive.

Changes in people's needs were quickly recognised and appropriate prompt action taken, including the involvement of external professionals where necessary.

People felt the service was very flexible and based on their personal wishes and preferences. Where changes in people's care packages were requested, these were made quickly and without any difficulties.

People were supported by caring, suitably trained staff so that they could receive palliative care in their own homes.

Their use of technology clearly demonstrated how this benefitted people who used the service and staff.

People were actively encouraged to give their views and raise concerns or complaints because the service viewed concerns and complaints as part of driving improvement.

Outstanding 

Is the service well-led?

The service was exceptionally well led.

The registered manager promoted strong values and a person centred culture. Staff were extremely proud and dedicated to the service and were supported in understanding the values of the agency.

There was strong emphasis on continual improvement and best practice which benefitted people and staff.

Outstanding 

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

Home Instead Senior Care

Detailed findings

Background to this inspection

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

This was the services first inspection since they registered with CQC in February 2016. One adult social care inspector carried out this inspection.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we had asked the provider to complete 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 planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

For the purpose of the inspection we contacted and spoke with four people who used the service, four caregivers and six health and social care professionals working in the local community who have experience of the service. We also read written testimonies from people who used the service and staff who had recently completed the first annual quality survey. We spent time with the provider, registered manager and senior supervisor.

In addition we read written reflective accounts from the provider and registered manager. We looked at four people's care records, together with other records relating to their care and the running of the service. This included the policies and procedures relating to the delivery and management of the service, minutes of meetings, accidents, incidents, complaints and, audits and quality assurance reports. We also received completed CQC surveys from people who use the service.

Is the service safe?

Our findings

The service was safe. We asked people if they felt in safe hands. Comments included, "They are angels of course I am in safe hands", "I feel very reassured when they visit me" and "They are very kind and caring to me, they make me feel safe".

The provider had an up to date safeguarding policy in place. People's care records detailed the local procedure and contacts for the safeguarding teams in the areas in which people lived. Staff understood what constituted abuse and knew the processes to follow in order to safeguard people in their care. Policies and procedures were available and training updates were attended to refresh their knowledge and understanding. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified would include the local authority, CQC and the police.

Consultations were undertaken to assess any risks to people who received a service and to the care workers who supported them. This included environmental risks and any risks due to the health and support needs of the person. Risk consultations included information about action to be taken to minimise the chance of harm occurring this included, risks associated with epilepsy and seizures, moving and handling and self-medicating.

Staff knew how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and what action had been taken. Any injuries sustained were recorded on body maps and monitored for healing. There was evidence of learning from incidents that took place and appropriate changes were implemented. Monthly audits helped staff identify any trends to help ensure further reoccurrences were prevented. If a person had fallen they reviewed the environment to see if risks could be eliminated, for example, by moving furniture, looking at flooring, and reviewing footwear or walking aids. The staff monitored for signs of infection as a possible cause of accidents or incidents.

People were supported by sufficient staff with the appropriate skills, experience and knowledge to meet their needs. Care was usually provided by one caregiver and more than one in circumstances where dependency and needs were greater. This included such things as a decline in health, when receiving end of life care, or for those following a discharge from a hospital, requiring rehabilitation. People confirmed that regular caregivers supported them and that this was positive for consistency and continuity when receiving care provision.

Finding the 'right caregivers' was paramount to the provider and registered manager. It was imperative that applicants possessed certain qualities and personality traits. Along with a commitment to providing care they looked for qualities such as, kindness, compassion, the desire to make a difference, respect for others, and a commitment to empowerment and promotion of independence. The interviews and references were very much relied upon to ensure potential recruits were suitable, with the same values and behaviours as the provider, registered manager and existing staff team. It was evident that this had contributed to all staff

members pride in how they worked as a team. Safe recruitment procedures were followed at all times. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

People were responsible for their own medicines where possible, if people needed support with their medicines the systems in place were safe. This was demonstrated through the services' policies, procedures, records and practices. Staff completed safe medicine administration training before they were able to support people with their medicines and this was confirmed by those staff members we spoke with. Staff were observed/supported until they felt confident and competent to do this alone. Practical competency reviews were completed with all staff to ensure best practice was being followed.

People were protected by staff who followed good infection control practices. Staff were provided with PPE (personal protective equipment) such as gloves, hand gel and aprons. Staff had received training on infection control and understood their role in preventing the spread of infection. Unannounced visits were conducted by senior staff who checked to see if care staff were adhering to the infection control policy.

Is the service effective?

Our findings

The service was effective. The registered manager ensured staff were equipped with the necessary skills and knowledge to meet people's needs. Newly appointed staff completed their induction training. The induction training programme was in line with the new Care Certificate that was introduced for all care providers on 1st April 2015. Training and development opportunities were tailored to individual staff requirements. Staff felt encouraged and supported to increase their skills and gain vocational qualifications. In addition to mandatory courses, staff accessed additional topics to help enhance the care people received. This included dementia awareness, person centred approaches to care and end of life care. Staff were asked for feedback on all training provided to ensure it was meaningful and effective. Written comments included, "I really understood the training and at time it was fun whilst never losing sight of the reason why we were there", "The initial training made me feel excited about being part of such a caring and genuine company", "The induction training was thorough, with a great emphasis on their ethics towards care" and "The training is thorough and comprehensive with a wraparound ethos of being totally client led and caring. I have been given the skills and training to support and care for our clients to the highest level".

The service had a small, steadfast group of staff who felt supported on a daily basis by the provider, registered manager, and other colleagues. There was a strong emphasis on equality and team work. Support visits, supervision and quality checks were provided to all staff. Staff liked the opportunity to talk about what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore. Testimonials from staff included, "I feel supported and well informed in everything I do, it's like a breath of fresh air", "I can't speak highly enough of Home Instead and the great team that hold it together. It's a real gem and I am so pleased to be working with them", and "The whole team are friendly, committed and sincere in their desire to provide the best possible care to our clients".

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make some decisions. Information in people's care records showed the service had assessed people in relation to their mental capacity. Everyone had a good understanding of the MCA. Staff understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own choices, and respected those decisions. Staff understood how to implement the five principles of the MCA. They knew how they should care for someone assessed as not having capacity and how to support best interest decisions. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals.

People were provided with support to eat and drink where this had been identified as a care and support need during the consultation process. The exact level of support a person required was recorded in the care plan. Staff reported any concerns they had about a person's food and drink intake to the registered manager. We were told about a caregiver who had recently identified concerns that a client and their partner who was unwell had not been eating properly. They had noted that the usual pots and pans had not been used and the bins contained an excess of empty packets of biscuits and chocolate rolls. The caregiver

delivered homemade stews and cottage pies as part of her support visits to ensure they both ate well whilst they were recovering. The provider also provided wellbeing checks and even took in some hot pasties one lunch time. The registered manager told us, "Our approach is not only to support and care for clients, but to provide equal amounts of care and compassion to client's spouses and/or other family members. Referrals were made to speech and language therapists if there were concerns over a person's swallow reflex and an increased risk of choking. Advice and guidance had also been sought from GP's and dieticians when people had been at risk of weight loss.

Staff were available to support people to access healthcare appointments if needed and, liaised with health and social care professional's involved in their care if their health or support needs changed. People's care records included evidence that the agency had supported them to access district nurses, occupational therapists, dieticians and other health and social care professionals based on their individual needs.

Is the service caring?

Our findings

The service was exceptionally caring. Positive, meaningful relationships had been developed with people and their families. We received and read endless heartfelt comments from people and their relatives throughout our inspection and evidence gathering. People told us, "They are such lovely girls, very pleasant, they are perfect, they really do care", "Absolutely exceptional I have no other words", "Their kindness and generosity is unyielding, I don't know what we would do without them".

In addition the service had excellent feedback in their first annual survey results this year. Written comments included, "You are the best care organisation I have come across. Your personal touches, contact, care, concern and engagement from the start has been exemplary, I could not have asked for more", "My caregiver is most helpful. I look forward to seeing her very much. She is lovely and has a great sense of humour, I am so happy and pleased to have someone to talk to", "Our caregiver has become a friend" and "I am continually impressed by the level of care I receive, I feel so supported by such a reliable and caring service".

When the care service commenced people were introduced to their caregivers. Continuity of staff for individuals was an important asset to ensure consistency wherever possible. People appreciated every effort the registered manager made when co-ordinating this. Great emphasis was placed when matching caregivers to people. This rigorous process had a positive impact for people and relationships had been nurtured and were based on trust and confidence. They had really got to know people so that matches would be meaningful and effective for everyone. People confirmed this when we spoke with them and shared with us their thoughts on the process and how it had worked for them personally.

Shared personal interests were always taken into consideration including, mutual appreciation of history, culture, music, literature and politics. One gentleman was supported by a caregiver who had a mutual musical appreciation for the Tuba. They both enjoyed playing their instruments together and we saw photographs had been taken to remind the person of those 'precious moments'. Two relatives recently wrote in their surveys, "Home instead were very careful to match my husband with a carer who shared his interest in art and design. She is gentle, caring, friendly and imaginative in finding things for them to do together. This can be challenging because he has had a stroke, but they seem to get on very well together" and "Home Instead had been a wonderful life-giving service for the last days my father experienced at home. I know he was being cared for not only expertly but with genuine love and personal connection. He was a very happy man because of those visits".

Staff equally valued how they were matched to people and how this had a positive impact when providing companionship and care. Staff testimonials we read included, "I love the fact that I am always matched up with clients I share similar interests with and it makes you passionate when providing care to the individual", "To care for another person through creating a positive and safe companionship is a great honour" and "I was very impressed with the provider and manager when they echoed my feelings about the importance of matching clients and carers".

Staff were highly motivated and inspired to offer care that was kind and compassionate. They were determined and creative in overcoming obstacles in achieving this. Staff were proud of their approach towards people; they always made time for people and had good listening skills. Caregivers were respectful of people's privacy and maintained their dignity. Staff testimonies stated, "We make a difference to people's lives, I love seeing the smile on my clients face when I arrive", "I very much enjoy finding out about their lives, interests and what makes them laugh. Working for Home Instead inspires me to have fun with my clients, revisit their interests and explore new ones", and "Working for Home Instead is very rewarding and meaningful. To care for another person and create a positive and safe companionship is a great honour".

The service had a strong, visible person centred culture and was exceptional at helping people to express their views and wishes. Service delivery was based upon a clear philosophy of person centred care. The registered manager shared with us some lovely examples where supporting personhood had ensured a positive impact on people's wellbeing. In addition these examples had clearly demonstrated where staff dedication went above and beyond their duty. One lady had recently moved to Bristol to be near her children. She didn't know the area well and had a talent for needlework, and painting. Her caregiver was aware of this passion and interest and organised a visit to a stately home equipped with pencils and sketch pads. The registered manager told us, "The client was truly delighted and spent a lovely afternoon sketching a fish which was painted on a stately vase. They later admitted to the caregiver on the way home that this was the first time she had sketched in 12 years!".

One relative told us, "It's the small things they do that make the world of difference, as a family that's very assuring". The registered manager shared with us examples where staff had instinctively gone beyond the call of duty because those were their natural attributes. Recently, a delivery van reversed into a 96 year old person's car, thankfully no one was in the car at the time however there was significant damage and this had caused obvious distress. The caregiver took the initiative of taking the drivers details, photographs of the damage, contacted family, spoke with the insurance company, and completed a detailed report for the office. Realising the person was shaken up by this incident and somewhat bamboozled by the order of proceedings, the caregiver popped back in to see the person later that day as a follow up visit, in her own time, to make sure she was ok. The family passed on their personal thanks to the registered manager and said, "We wanted to express our gratitude to you for going above and beyond and lifting Mum's spirits. It certainly makes a difference knowing that Mum has such good support from you. A huge thank you and well done".

We were told about one person who following a recent stroke had been admitted to hospital. A team of caregivers took it in turns to support and visit them in hospital to offer companionship and help reduce the likelihood of boredom and monotony during their stay. Another person had fractured their femur one night and subsequently over the following days and weekends his caregiver, unprompted, visited several times, taking him in magazines and treats to help him remain buoyant. At the time of the inspection there were five people whom caregivers continued to support despite them moving to a care home facilities. This had been at the request of families as they understood and recognised the importance of the relationships that had been built over the course of time with Home Instead and the value of personal meaningful engagement.

Staff were exceptional in enabling people to remain independent and rehabilitate where necessary. Through continual consultation and monitoring staff were able to identify if people's conditions had deteriorated and take appropriate action. People had easy access to help in restoring movement, rehabilitation and reducing the risk of injury or illness. The registered manager shared with us examples where their care and diligence had provided a positive impact for people. This involved psychological support to develop self-confidence in addition to improving peoples skills to mobilise using equipment. This was achieved by working as a team and in partnership with the person, their family and community

physiotherapists and occupational therapists.

One person had been in hospital for 40 weeks due to repeated falls following infections and other complications. Following discharge to his home he was determined to stay mobile and rehabilitate in order to maintain his own personal care. Initially the person was provided with a frame to assist with walking and a plan was put in place to initially walk around the house, then small goals were set for example walking along the pavement. Gradually over several months the person was able to walk for 20-30 minutes, using walking sticks rather than his frame. A major milestone was when the caregiver took the person to the M-Shed museum, and then to the 'Matthew' & 'SS Great Britain'. The registered manager told us, "The staff were brilliant, and the persons smile in this photograph sums up the joy he felt, being free again. The photograph repeatedly brings joy to the team and it epitomizes our goal to bring joy to the elderly and helping them live life to the full irrespective of their challenges. Careful matching, careful planning and coordination with other support teams and the family have enabled this person to feel great, and to feel proud about his recovery".

Is the service responsive?

Our findings

Home Instead provided an exceptional responsive service. They provided a service which was available 24 hours a day, seven days a week, 365 days of the year. Thorough consultations were completed when people were considering using the service. They were encouraged to invite significant others to be part of the consultation. This included family, hospital staff, GP's and social workers. The service respected that their role was to facilitate consultations during hours that would accommodate those families who felt it was important that they were in attendance, this included weekends and evenings. Two examples shared included a consultation that took place at 6.30pm on a Saturday at Southmead hospital, this was to accommodate a husband's visit to his wife so they could both contribute to their individual care plans and involve the hospital discharge team. The registered manager told us, "When matching the appropriate caregivers we included dog lovers because the client had a guide dog". The second example was a consultation completed on a Saturday morning, a person's family felt it appropriate to be there for the first meeting but were unable to meet during the week due to their own working commitments. Another person when asked about the assessment process told us, "The whole experience was managed wonderfully. I felt at ease the moment I first came into contact with them".

The registered manager shared with us various examples where they had gone above and beyond to provide a responsive service. The care manager visited a 'very frightened' client at 10pm one evening following an allergic reaction to some antibiotics they were taking. Another example included a caregiver going to visit/support a client with motor neurons disease and their live in carer at 2:30am, following an emergency. The registered manager told us, "This was only possible due to the truly inspiring relationship the Caregiver had with the client". A third example shared with us was about a client whose wife was his main carer. One Saturday lunchtime the service received a call from an ambulance crew who were at the client's house, waiting to take the client's wife to hospital for admission. The client was unable to be left alone so the service immediately arranged for 24 hour support. Caregivers who were familiar with the client were arranged to be with him that day and continued throughout the weekend and until 2:30pm on the Monday afternoon. The registered manager told us, "We coordinated with social workers, hospital staff and a team of caregivers whilst still ensuring that the client's wife was fully informed and reassured of her husband's safety and our actions whilst she was in hospital. Achieving this is an example of outstanding responsiveness having a significant positive affect on both our client and their immediate family".

The initial consultations ensured the information gathered was detailed and supported the registered manager and the person to make a decision as to whether the service was suitable and their needs could be met. Care plans were developed detailing how people wanted to be supported. The care plans were informative and interesting. They reflected that people had been fully involved in developing their plans and outlined personal preferences, likes and dislikes. Records provided caregivers with a good level of guidance about people's preferred daily routines and what level of assistance was required. People's changing needs were responded to quickly and appropriately. The registered manager continuously reviewed the planning, delivery and management of people's care and support. As a result people received a service that was responsive, innovative and based upon a person centred approach and best practice.

The service was flexible and responsive in finding creative ways to enable people to live as full a life as possible. People's individual wishes and aspirations were identified with plans put in place to achieve these. Descriptions about people's personalities and the lives they lived before receiving the service were colourful and interesting. Two people wrote in their recent surveys, "All I can say is everything is perfect" and "My caregiver is someone that always anticipates ones needs with a bright, cheerful disposition, I look forward to her visits". Staff had written in their recent surveys, "I like the commitment of staff towards providing excellent care and the respect they have for clients individual wishes" and "At Home Instead we have time to care. Day to day my role includes taking my clients out for interesting trips, I feel what I do is so important".

Staff recognised when people were unwell and reported any concerns to a person in charge. They were confident to contact GP's or emergency services when required. We heard examples where continuous daily evaluation helped identify deterioration in people's health, where needs had changed and intervention was required. This included things such as treatment for infections, review of medicines and consultation for equipment in their homes. One relative called the office recently to thank a caregiver who had found their loved one on the floor with a broken back and had called the emergency services. The caregiver stayed with the person for three hours to offer comfort and reassurance whilst they waited for an ambulance. They said, "The caregiver was wonderful and I feel it's very, very important to say how lucky you are to have someone like her in your team, she went the extra mile".

People were cared for by staff who had respect and understanding of social and cultural diversity, values and beliefs and how they may influence people's needs and preferences regarding their care and support. The provider ensured that human rights and diversity was respected and promoted throughout the whole organisation. The social and cultural diversity and values and beliefs of staff were identified, supported and celebrated. Staff felt empowered and confident to express their personal circumstances and lifestyles including their sexual identity and orientation, race, religion and language. This demonstrated an ethos of equality and respect amongst the whole staff team. For the purpose of the report and to protect confidentiality we have not been able to share specific examples of this. This had enabled staff to adopt an approach to care that promoted individuality and embraced the differences in people they cared for and their families.

The service used various innovative systems of technology to help ensure a responsive service was delivered. Caregivers used an electronic system which enabled them to register when they were arriving and when leaving a client. The registered manager told us they preferred this system of technology to others as it can make it appear staff are clock watching. This technology demonstrated that caregivers stayed for the whole duration in addition to enabling the service to monitor and identify if care/support should be increased or on occasions decreased for example where a client had improved and their needs were less. In addition it was used to ensure the safety of caregivers whilst working alone so that the service knew where they were. The registered manager told us, "As all of our caregivers use smart phones, this has resulted in us effectively communicating with our caregivers, clients and family members via text and provides a responsive resource to communicate. We also use (encrypted) 'WhatsApp' for team notifications and this results in immediate responses and continual dialogue".

The service worked alongside GP's and pharmacists to introduce automated, medicine dispensers in order to empower clients who become increasingly confused or their physical wellbeing deteriorates when handling their medicines. The system promotes independence so that people can continue to manage and administer their own medicines. The registered manager told us, "To date, when we've made these recommendations to families as 'next steps' the family has embraced our ethos and understands the importance of the client being in control themselves. This technology has been intrinsic to our clients wellbeing".

At the time of the inspection there were no clients receiving end of life care. The service had worked in partnership with other health professionals for example district nurses and hospice staff and they felt supported. Staff supported the 'whole family' when providing care and support to an individual particularly those living with the client. They had previously built positive relationships based on trust and mutual respect. This helped to support sensitive, emotional situations when people were receiving end of life care. Bonds were built between staff, spouses and family members and staff genuinely cared about them all. The registered manager told us, "Due to the inspiring relationships built over the course of months with our caregivers, we provide companionship to clients and a 'wrap around' support to our clients families. We have extended our support to ensure that clients are able to pass away peacefully at home surrounded by their families and loved ones. Our caregivers are invariably and personally invited to funerals because they are seen as friends of clients and not as 'workers'. This in fact underpins the caregivers understanding of the client's beliefs and wishes". Written comments from relatives expressing their thanks included, "Thank you to you and all the girls for making mums last days so happy and content" and Mum was very lucky to be supported by such a lovely team, nothing was too much trouble and we are very grateful to all the lovely ladies who helped mum and made her final days happy".

Since the service commenced they had received two complaints and seventy-one compliments regarding the care and support they had provided. The complaints policy and procedure was provided to people when they started using the service and kept in a folder in their homes. It helped people understand how to express what they were feeling and what they could do if they had any concerns. The registered manager and all staff encouraged people to express any concerns or anxieties and dealt with these promptly. They felt that this approach prevented concerns escalating to formal complaints from relatives and relieved any anxiety that people may be feeling. One person told us, "I can't ever imagine anyone would need to complain, its excellent all round".

Is the service well-led?

Our findings

The service was very well led. The provider and registered manager demonstrated effective leadership skills within their roles. Their knowledge, enthusiasm and commitment to the service, the people in their care and all staff members was without doubt exemplary. They both led by example and were effective role models. All staff embraced and shared their vision which ensured the vision and values were put into practice. In their reflective account they wrote, "Our vision is to touch 500 lives in 5 years, bringing joy to the elderly by helping them live life to the full. This has attracted 'living angels' to join our team, we apply the 'Mum Test' to every applicant and after further vetting we simply provide the training, structure, support & culture to enable them to fly".

The registered manager wrote, "One of the things that I am particularly proud of since the start of my journey with Home Instead has been having an incredible amount of enthusiasm and to openly share, impart, and breath the strong values and ethos that we both share; delivering exceptional care to vulnerable elders in our local community, bringing joy and making a difference. We have recruited the most incredible and special staff who share our values of compassion, joy, empathy, creativity, intuition and who recognise that dignity, respect and integrity are at the heart of what we do. Without our incredible care gives the service we deliver would be compromised and pretty meaningless".

We read positive written comments received from health and social care professionals. These included, "I have never heard a poor comment about Home Instead. They are very well thought of by patients and their families", "The provider is great and very proactive. His film club which he established has become very popular and is a welcome addition to available entertainment and engagement for many of the elderly within the area" and "They liaise with me when necessary in order to have a clear approach to providing care for some of our most vulnerable patients. I would highly recommend to my family and friends".

The service had developed and sustained a positive culture in their first year. Throughout our inspection we found the provider and registered manager demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high quality service was provided, that care givers were well supported and managed and that the service was promoted in the best possible light. There was a strong emphasis on continually striving to improve the services provided. The provider had implemented a programme of 'planned growth' that had been well managed. The service was proud of the achievements to date. They had slowly built a small staff team with a clear management structure. They were all feeling settled and excited about moving the service forward. They were proud of the service and wanted it to be a positive experience and place for everyone.

There was an emphasis on teamwork amongst all staff at all levels, everyone was equal in value respectful towards each other and played a vital part within their individuals roles and responsibilities. All staff were highly thought of by the provider, registered manager, people who used the service and fellow colleagues. The provider told us, "Bringing joy to the client, needs a joyful office that decants joy and support to Care givers, who in turn decant joy to clients. Creating a joyful office is a leadership choice, and requires shared values, honesty about feelings and worries, plus mutual support and commitment to learn and grow

together". Comments from people included, "I look forward to seeing my carer, she is lovely with a great sense of humour, I'm so happy and pleased", "The people in the office are great and offer support at any time when needed. They explain everything you need to know in great detail, at all stages of what is expected so that we can give clients the best possible care" and "I have always felt totally supported, no one is ever too busy".

Staff were positive and proud about what they had achieved to ensure the quality and safety of people was promoted and maintained. They had firm perception about Home Instead as a provider and what it was like to work for them. Written testimonies from staff included, "I love working for Home Instead. I feel cared for and appreciated", "I feel proud and I know they are a company who genuinely care about their clients as well as their staff", "They work tirelessly to ensure everyone is more than just happy with the care and companionship they are receiving", "The ethos is great, it's a great place to work" and "Home Instead is the best company I have worked for in 32 years. From the first meeting the ethos of the service was communicated very well and having worked for the company for six months I have found the ethos to be completely authentic and of a very high standard".

The service had a track record of being an excellent role model and had created and provided innovative methods to educate the wider community on the issues faced by people living with dementia and other health conditions. They had provided 'Senior Snippet' articles in local newspapers / publications. The topics covered included, staying cool in summer, preparing for winter, boosting your mood in winter, safe tips for gardening, fraud awareness, support for primary carers and how we can all help combat loneliness in the community. The provider had also given several talks at various lunch clubs in the area. These topics included, fire safety in the home, changing the face of ageing and what to consider when choosing a care at home provider.

They had also worked in partnership with other organisations to promote good practice and to promote positive change. The provider was an active member of the Bristol Dementia Action Alliance, a charity which focused on widespread education, aiming for Bristol to become the most dementia friendly city in the UK. He also attended the Dementia Providers Forum, a quarterly meeting of NHS & other providers to encourage & exchange best practice. The service was part of several local groups including, Dementia Friendly Churches, a working group that is collating & sharing best practice across all denominations and Working Group for Older People, a community group that was part of the Neighbourhood partnership. In addition Home Instead had been invited to participate in wellbeing days organised by local GP surgeries.

There were various systems in place to ensure services were reviewed and audited to monitor the safety and quality provided. Regular audits were carried out of the service including health and safety, environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements/changes that were required. Quality monitoring reports demonstrated a thorough quality assurance process and reflected interactive engagement with people, relatives and staff. Recommendations and feedback was documented and followed up by the registered manager and staff team. An independent survey completed in their first year provided excellent percentage ratings. One hundred percent of the people who used the service agreed that care givers arrived on time, that care givers were well matched to individual needs and the office was responsive to any enquiries. Ninety seven percent said they would recommend the service to others.

The registered manager and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. Notifications gave sufficient detail and were all submitted promptly and appropriately. We used this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider.

