

Bishops Senior Care Limited

Home Instead Senior Care

Inspection report

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Ratings

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

Summary of findings

Overall summary

Home Instead is a domiciliary care agency providing a service to older adults. It delivers personal care to 79 people living in their own homes. Only 50 people Home Instead supported received the regulated activity; CQC only inspects the service being received by people provided with 'personal care,' and help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

At our last inspection we rated the service outstanding overall. At this inspection we found the evidence continued to support the rating of outstanding and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Outstanding.

We found staff had received training to safeguard people from abuse. They understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of adults who may be vulnerable. Staff we spoke with told us they were aware of the safeguarding procedure.

Staff members received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

The registered provider planned visits to allow carers enough time to reach people and complete all tasks required. People told us staff respected their privacy and dignity during their visits.

Care plans were organised and had identified the care and support people required. We found they were personalised and informative about the care people received. They had been kept under review and updated when necessary with the support and consent of people and their relatives. They reflected any risks and people's changing needs.

Staff responsible for assisting people with their medicines had received training to ensure they were competent and had the skills required. The registered provider completed spot checks on staff to observe their work practices were appropriate and people were safe.

Staff were provided with personal protective equipment to protect people and themselves from the spread of infection.

The registered provider had procedures around recruitment and selection to minimise the risk of unsuitable employees working with people who may be vulnerable. Required checks had been completed before any staff started work at the service. This was confirmed during discussions with staff.

Positive links had been built with the local community. The registered provider delivered training and support within the health and social care field. They shared their skills and experience to impart knowledge to people who support and interact with people living with dementia within the local area.

They worked collaboratively with the local authority, sharing knowledge and their expertise to shape policies and procedures around safeguarding to improve people's experience when using other services.

The registered provider invested their time and experience to support people within the service and within their local community with their personal development to enhance their wellbeing and quality of life.

When talking about the registered provider and management team people, relatives and staff spoke extremely positively about the person centred culture within the service.

The registered manager demonstrated their understanding of the Mental Capacity Act 2005. People told us they were enabled to make decisions and staff told us they would help people with decision making if this was required. People are supported to have maximum choice and control in their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

Audits had been completed and were linked to CQC's regulatory standards. They effectively captured the level of detail sufficient to provide reliable data and lead to positive change.

Staff promoted compassionate, kind and caring values and have developed good relationships with people using the service. People were exceedingly positive about staff and praised the respectful support they received. Relatives confirmed the staff were caring and looked after people very well.

Staff understood the importance of supporting people to have a good end of life as well as living life to full whist they are fit and able to do so. They shared evidence that they had supported people to have the death they had wished by offering caring personalised support.

When appropriate, meals and drinks were prepared for people. Staff could share the importance of people receiving appropriate support and took time to ensure the support was personalised and effective. This ensured people received adequate nutrition and hydration.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Outstanding

Is the service effective?

Outstanding ☆

The service remains Outstanding

Is the service caring?

Outstanding ☆

The service remains Outstanding

Is the service responsive?

Outstanding ☆

The service remains Outstanding

Is the service well-led?

Outstanding ☆

The service has improved to Outstanding

Staff were supported in their roles and the values and behaviours of staff meant that people were the focus of the care enabling them to lead the life they wanted.

The registered manager demonstrated a passion to provide high quality, person centered care for people, which was shared by staff at all levels.

Positive links had been built with the local community and the sharing of knowledge and expertise to improve people's experience when using other services.

Audits had been completed and were linked to CQC's regulatory standards. They effectively captured the level of detail sufficient to provide reliable data and lead to positive change.

Home Instead Senior Care

Detailed findings

Background to this inspection

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

This inspection took place on 17 September 2018 and 04 October 2018. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that they would be in. We visited the office location to see the registered manager and office staff; and to review care records and policies and procedures. We telephoned people who received support, their relatives and staff to gain their views on the service provided as part of our inspection.

One adult social care inspector and one Inspection Manager visited the office and met with the management team. The Inspector then telephoned randomly selected people, relatives and staff for their views on the service.

Before our inspection, we checked the information we held about Home Instead Senior Care. This included notifications the registered provider sent us about incidents that affect the health, safety and welfare of people who received support.

We also contacted the commissioning, safeguarding and contracts departments at Lancashire County Council. This helped us to gain a balanced overview of what people experienced when they received support from Home Instead Senior Care.

We looked at information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. All the information gathered before our inspection went into completing a planning document that guides the inspection. The planning document allows key lines of enquiry to be investigated focusing on any current concerns, areas of risk and good or outstanding practice.

During this inspection, we spoke with three people who used the service and two relatives. We also spoke with the registered manager, owner, care manager, trainer, two office staff and seven members of staff. We looked at the care records of eight people, training and recruitment records of three staff members, records relating to the administration of medicines and the management of the service. We looked at what quality audit tools and data management systems the provider had. We reviewed past and present staff rotas, focusing on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day and if the registered provider ensured staff had enough time to travel between visits. We looked at the continuity of support people received and how long staff stayed on each visit.

We used all the information gathered to inform our judgements about the fundamental standards of quality and safety of the service delivered by Home Instead Senior Care.

Is the service safe?

Our findings

We asked people if they felt safe when supported by care staff. One person told us, "What they do is they make me feel safe." A second person commented, "They [staff] do make me feel safe and reassured. I don't think they could be improved upon." A relative commented, "My [family member] is absolutely safe."

The registered provider had procedures to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to describe good practice about protecting people from potential abuse or poor practice. One staff member told us, "Yes we had safeguarding training as part of our induction. It was good." Staff could tell us what they would do should they have concerns related to abuse or poor practice. We observed safeguarding contact details were advertised at the office base.

We found staff had been recruited safely. Staff had skills, knowledge and experience required to support people with their care. All the staff we spoke with told us they had to have relevant recruitment checks prior to employment.

Care plans we looked at contained completed risk assessments to identify potential risk of accidents and harm to people and their environment. Risk assessments had been kept under review with the involvement of each person or a family member to ensure the support provided was appropriate to keep the person safe. Any changes had been updated on people's care plans with involvement of the person. All staff we spoke with told us everyone they supported had a care plan and risk assessments. One staff member told us, "We have care plans and if anything changes we inform the office and the care plan is changed." This showed the registered provider had systems and processes to ensure people's safety was monitored and managed.

We looked at how accidents and incidents were being managed within the service. There was a record for accidents and incidents to monitor for trends and patterns. The registered provider had oversight of these. Documents we looked at were completed and had information related to lessons learnt from any incidents. This meant the service was monitored and managed to keep people safe and allowed the registered provider to learn from any incidents that may happen.

We looked at how the service was staffed. We reviewed staff rotas and focused on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day. We did this to make sure there were enough staff on duty at all times to support people in their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. The number of people being supported and their individual needs determined staffing levels.

Staff members we spoke with said they were allocated sufficient time to be able to provide the support people required. One person told us, "They [management] keep their word about staff coming." Staff told us they had sufficient time to complete tasks safely. One staff member told us, "I am a perfectionist, I would never leave someone not having completed a task." People we spoke with did not have any concerns about staffing levels. No one we spoke with told us they had missed visits. This showed the registered provider delivered support to maintain people's safety.

People and relatives, we spoke with told us they took care of their medicines. Staff did receive training on the administration of medicines. One staff member told us, "I was nervous about administering medicines but I shadowed a colleague until I felt competent and was pleased that management come out and check." All staff we spoke with told us they had received training on the administration of medicines.

Staff understood their role and responsibilities in relation to infection prevention. One person commented, "They do wear gloves, they are very tidy and clean as they go." Staff we spoke with confirmed they had been instructed to wear gloves to prevent infection. We saw evidence that members of the management team completed support visits where they observed staff completing tasks. Within the visit infection prevention best practice was observed, documented and shared with staff during feedback. This showed us the registered provider had systems to manage the risk related to the delivery of personal care and infection prevention. These safeguards supported people to experience good health.

Is the service effective?

Our findings

People and their relatives consistently praised the effective care delivered by staff. One person told us, "I have the best carer I have ever encountered, no doubt about it." A second person told us, "I don't think they could be improved upon." One staff member told us, "My clients know me and I know them."

Our previous report documented thorough care planning, the registered provider had identified and addressed not only health and physical care needs but also social and emotional needs. We saw examples that this holistic approach to effective care had been maintained. At this inspection the high standard of information had been maintained and care plans had been regularly reviewed and reflected people's current needs. For example, the risk of isolation or loss of independence, was identified as an area people needed support. This was addressed through comprehensive, personalised care plans. The risks around people's ongoing health needs were clearly documented and actions to take to manage these and keep people safe were evident with people's care plans.

Home Instead Senior Care visits are for a minimum of one hour not including travel. At our last inspection care staff told us the visit times enabled them to build and maintain positive relationships. Staff we spoke with this time echoed this stating the timeframe allowed time to not only complete tasks but to do so effectively. The registered provider told us by not including travel time within the commissioned visit time it is less stressful for the care giver and client and minimised risk. One person told us they had been supported to maintain and strengthen relationships with local shopkeepers through continuity of support and routine. They laughingly shared, "The carer knows my routine better than I do and the shopkeepers wonder where I am if I don't go each week." One staff member told us, "We get to know clients and their preferences and they get to know us. It becomes a more relaxed experience."

The registered provider was committed to ensuring the staff team was well trained and had their own trainers to work alongside professional agencies to deliver a structured person development framework to each member of staff. All care staff were well trained to do their jobs effectively. There was an emphasis on developing staff potential within a positive learning environment to create a high functioning service.

New staff had four days training known as 'RASP' [Recruitment and Selection Process] before the start of their employment. One staff member was very complimentary about their induction and told us, "There was a lot of information, it was good. I learnt a lot." New staff also worked alongside established staff to gain practical experience. A second staff member told us, "[Experienced staff member] was amazing, they said let's just take our time. I learnt so much." One relative commented about staff skills, "All the staff have been fantastic, they have been made for the job." This showed current training still ensured staff developed the skills to successfully meet people's needs.

We spoke to the registered provider about the training they delivered. They told us they delivered flexible training that was person centred to staff needs and abilities. For example, one staff member did not like the classroom environment so the trainer met them at a local coffee shop to complete vocational training in a relaxed atmosphere. We asked why invest in staff outside of the structured training framework. We were

told, "There are things you cannot train, such as heart of gold personality. If staff have that they are worth supporting."

A member of the management team had received training around Quality. The registered manager told us the training was beneficial to the service and supported the staff member's personal development. The staff member told us, "The training enabled me to recognise people's communication styles and to plan to their strengths."

We asked about supporting people after their training. We saw there was a structured framework of regular contact including telephone calls, face to face meetings and observations within the workplace. A member of the management team told us, "When I started as a carer, I felt I was free fall parachuting, out of control and not sure what to do. I don't want any new staff to feel like that and the contact helps." Staff we spoke with all said they felt supported and could visit the office if they needed guidance. This promoted staff confidence, guided staff with their professional practice and encouraged excellent outcomes for people receiving support.

We saw evidence people's care and support was delivered in line with legislation and evidence based guidance. For example, the National Institute for Health and Care Excellence (NICE), The Mental Capacity Act 2005 (MCA) and Care Quality Commission publications. The registered provider was proud and proactive in participating and shaping local health and social care policies. For example, members of the management team were members of Lancashire safeguarding committee, worked with Healthwatch and local dementia organisations as well as the local university around hydration and nutrition.

We asked how this impacted on the service being delivered, the registered manager told us, "It's about creating a culture of continuous improvement. We are not perfect, we make mistakes but it is about recognising this and knowing what good care looks like." This indicated the registered provider was committed to delivering care that in line with current legislation.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Policies and procedures were in place in relation to the MCA and Deprivation of Liberty Safeguards (DoLS).

Staff we spoke with could describe what was meant by a person having capacity. One staff member told us, "We never presume when supporting someone, we always ask." People told us they were always offered choices during the support they received. For example, we read one relative had requested care staff support their family member to a hospital appointment. We read that the family members consent had been gained before arranging transport. Staff members identification badges had the five key principles on the back to reinforce positive and lawful ways of delivering support. This showed the registered provider valued and respected people's rights in shaping their own support and guided staff on how to respect and honour this.

There remained a strong emphasis on supporting people to eat and drink well. One person told us, "They help me with my meals and provide endless cups of coffee." A second person commented, "They are always here for my breakfast and they make drinks. My carer puts fruit out for me every day and encourages me."

One staff member told us they had concerns that one person was not eating and kept saying, "I've eaten, I've eaten." They explained they took their own lunch into the person's home and sat and they ate together. They shared this encouraged the person to eat often preferring the care staff member's lunch rather than their own. They also stated they spent time each week shopping with the client for their favourite foods then cooking their preferred meals and adding fresh vegetables.

A second staff member told us how they supported a client with fortified drinks to maintain their weight. They also liaised with the dietician with the person's partner to ensure treatment was reviewed. We spoke with the registered provider who emphasised diet and nutrition was discussed in training and staff were to document what was eaten or drank not what was offered. This showed the registered provider had maintained their focus to support people where appropriate with a balanced diet.

Relatives told us the registered provider was flexible and able to support people with their health appointments. We saw documentary evidence where staff had liaised with family members and health professionals. We noted care staff had co-ordinated the supply of medicines to combat new infections, monitored the outcome and sought additional specialist advice when no improvement had been made. We spoke with the registered provider who shared they had liaised with the local primary care trust on supporting people out of hospital, offering rehabilitation to people within their own homes as part of a pilot project. The registered manager told us this involved a multi-disciplinary co-ordinated approach to deliver positive outcomes to people. This showed the registered provider had established strong links across organisations to support people to live physically healthier lives and enhance their wellbeing through access to healthcare services as appropriate.

Is the service caring?

Our findings

Home Instead Senior Care continued to promote person centred culture. People were overwhelmingly positive about the service they received and said the service was exceptionally caring. They told us they valued the relationships with staff. One person told us, "They keep their word about staff coming. I found them all to be very nice."

A second person said, "I'm thoughtful and pray. I put things down to our lord and they respect that. I approve of them." Staff understood it was a person's human right to be treated with dignity and respect. Staff could tell us they were a guest in someone's home and they had a duty to respect people's home environment.

Every person or relative we spoke with told us the support delivered was personalised around the needs of the person and family circumstances. For example, one relative told us, "We schedule visits around our work shift patterns. We discuss regularly with [member of the management team] to agree future visits, they [Home Instead] are flexible." One person told us they were actively involved in their care and office staff listened and acted on their requests. They commented, "[Member of management team] will do anything for me." This showed person-centred care was at the heart of the care and support delivered by Home Instead Senior Care.

Staff we spoke were exceptionally positive about the people they supported, spoke compassionately about the care delivered and felt the time they had allowed relationships to develop. One staff member told us, "I love my job and I love my clients." A second staff said, "I really do care. I take them home in my mind and look forward to seeing them. They tell me they are lucky but its me." A second staff member of staff commented, "I build up a friendship with people because I have the time. On a personal level I enjoy visiting, as just being with them, I get a lot from them."

We noted that the registered provider had over 90 % consistency rate related to same staff continuity. Clients consistently had the same staff visit on set days. People valued the continuity and valued the opportunity to build strong relationships with people whose company they enjoyed. One person told us, "There is a very good understanding between carer and client you don't get that when different people visit." They also shared they had a carer they "Didn't click with." They spoke with the registered provider and that carer was substituted for someone whose company they enjoyed more. When we spoke with staff about people, they spoke positively and promoted their skills and abilities. One staff member commented, "They know my life story and I know theirs. You can do that when you have continuity."

We asked if people were respectful when entering the person's home. People told us care staff were respectful and supportive. "One relative commented, "It's never ever a stranger that visits [we have introductions first]." One person told us, "They will do anything for me that I ask." A second person commented, "I'm fond of my house, and they [staff] make it a home. They make the house come alive."

Each person had a care plan in their home that guided staff on how to care for the person. People and their

relatives told us they had worked collaboratively with the management team in the building of the care plan. They said the plan was reviewed regularly and reflected people's requests and preferences.

The plans also held information around people's likes, hobbies and social history. For example, we could see people's unique backgrounds and experiences. Collecting a social history provides people with the opportunity to share their life story, their attitudes, interests, and significant experiences that have shaped their lives. It helped staff see the person helped build and strengthen relationships. The registered provider told us, "Make it [care plans] real so staff understand. What made the person who they are today?"

The care plans reflected if people had a gender preference of male or female carer. One male carer shared, "I only have male clients." This was an identified preference which was recognised by the registered provider. This indicated the registered provider supported people to express their views and valued and respected their decisions on who provided their care and support.

We looked at how people were engaged and involved in developing their. We saw the registered provider had concerns for people's and their relative's wellbeing through seeking feedback and ensuring they are involved in decisions about their care and support. We noted there was a clear framework for staff to follow to collate views from people commissioning a service to a post consultation process.

The registered provider promoted empathy and active listening throughout the process which included a courtesy call after 24 hours followed by quality assessment visits at specified times throughout the year. The framework guided staff on how to make requested amendments to client documentation to ensure changes are responsive and consistent. The same framework guided office staff on how and where to store information to ensure all relevant staff were aware of people's requests and preferences.

The registered provider ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office. Where office staff moved away from their desks we saw computer screens were turned off to maintain information security. A confidentiality and data protection policy was in place and gave staff information about keeping people's information confidential.

Is the service responsive?

Our findings

At the last inspection, we found that people who used the service received care that met their needs, choices and preferences. Care workers understood the support that people needed and were given time to provide it in a safe, effective and dignified way. At this inspection, we found staff also felt confident to remain with people beyond their allotted time to meet people's current needs. A relative commented, "It is really good that carers stay if things happen. They won't just jump up and leave. That is a comfort, they are very good."

When people's needs changed, this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected. We tracked the care of one person who had suddenly become ill. The fact that they required medical attention was immediately identified and acted upon by the service. One person told us, "I have had a few health problems, the girl stayed with me and got a G.P. They are more than giving." This showed the registered provider fostered a person-centred culture.

The registered provider continued to be creative and provide support to integrate people into their local community and combat social isolation. We noted the social club created and run by the registered provider had moved to ensure it was more accessible and at the heart of the local community. We saw craft activities reflected people's personal hobbies such as gardening. There were planned trips out and people told us they had enjoyed the boat trips. One person commented, "Social outings are not my scene. However, the canal trips are delightful, very good. They are interesting and you meet other people." A relative told us their family member was reluctant to participate in activities but had enjoyed attending the boat trip and was considering attending the social club run by the registered provider. This showed the registered provider was creative and continued to provide valued activities to stimulate and maintain people's wellbeing and social health.

People were assessed to ensure their care plans met their individual needs. People told us their care plans were regularly reviewed, they had agreed to the support they received and staff sought consent before the carried out and tasks. One person told us, "[Member of management team] does everything to meet my requests." A second person said they had built valued relationships with their carers through continuity of support. They told us, "They make a big effort for continuity. If I got a different carer every day it would drive me up the wall. I don't and I appreciate that." A relative commented, "Each month the care plan and level of support required is reviewed." This indicated the registered provider listened to people and their relatives and shaped the support delivered to provide personalised care that enhanced people's lives.

The service had a complaints procedure which was made available to people supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. We saw the service had a system for recording incidents and complaints. This included recording the nature of the complaint and the action taken by the service.

Everyone we spoke with knew how to raise a complaint and felt they were listened to and were confident action would be taken. One person told us they had once made a complaint and the registered provider was

very responsive in their actions. A relative told us they had made a complaint and had been visited by the registered provider. They told us, "The [registered provider] was very apologetic and there were lots of meeting internally. It never happened again." A member of staff commented, "I complained once, they [registered manager] listened. We had a sit-down meeting and they acted straight away." We noted all complaints received had been resolved in line with company policy.

The service had also received numerous compliments from people and their relatives. One relative told us, "They are fabulous." We read compliments that included, 'You always communicated any changes in [relative]'s health and wellbeing. [Relative] soon made friends with everyone and enjoyed their visits.' These sentiments demonstrated the culture and ethos the service maintained by putting people first.

We looked at how the registered provider supported people with their end of life decisions and support. Where people had expressed a preference, their advanced wishes were recorded and whether they wished to be resuscitated. For example, one person was born and lived in their home all their life. They expressed a wish to die at home. The registered provider provided support throughout their deteriorating health and supported them to achieve this last wish and were present when they died at home. One staff member told us, "The end of the ladies' life was where she wanted to be with staff who she liked and who liked her." The registered manager told us, "I still think about [person] fondly, they taught us so much, and I got so much from the experience."

About their experience of end of life care a second staff member told us, "I thought I was lucky to be there. We are privileged to support people when they need us the most. My role is to keep people comfortable and lessen their worries." We saw feedback from relatives who were thankful for the compassionate care people had received at the end of their lives. This included, 'I'm writing to express my heartfelt thanks for the physical and emotional care you and the Home Instead carers provided for my [loved one], in the last weeks of his life.' This showed the registered provider ensured people received the emotional and practical support they needed at the end of their life.

Is the service well-led?

Our findings

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (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 who used the service spoke extremely positively about the staff and the management team. Relatives told us they had strong links with the management team but equally could speak with the registered manager and nominated individual who were the owners of the service if they needed to. One relative told us, "If I had a pound for saying how good they [registered provider] are, I would be rich."

One person told us they thought the service they received was exceptional. About the registered provider they said, "It's an organisation I very much admire. It's a good, thoughtful organisation, it's made a difference to me." A second person shared, "I have a wide experience of work and know what's good, and they are good."

The registered provider was committed to providing care that was individualised. It was clear the registered manager was involved in the care and was kept well informed by her team, as they understood the individual needs of the people they were caring for. We saw there was a strong motivated management team that had clear roles and responsibilities and were decision makers in their fields of expertise.

Staff were highly valued by managers and their contributions were appreciated and celebrated. One staff member told us, "They [registered provider] are flexible around my child care." A second staff member commented, "I have enjoyed working for the registered provider and I hope to carry on. I get enough support and the on call is very good." The on-call system was an out of hours management support system to offer accessible and responsive support to carers at any time. A member of the management team stated, "We go out of our way to welcome and support staff." There were a range of incentives for staff. For example, staff could be nominated for their positive work practices and win a 'Superhero Award'. The nominees were anonymised and people were able to vote for their winner. The winner received flowers and a monetary reward.

We noted information on personal safety and welfare was sensitively placed in the office allowing staff to discreetly obtain contact details should they require it. This clearly indicated staff benefitted from the registered managers inclusive person-centred ethos. The registered manager told us, "Support we give clients has to be person centred and it has to be the same for staff as well."

The registered provider worked independently and in partnership with other organisations to promote good practice within the local community and within the wider healthcare service. For example, they worked as part of a pilot initiative with the primary care trust to support people out of hospital and were part of a multidisciplinary team offering reablement to people within their local community to speed up people's discharge from hospital.

The registered provider organised monthly events held within the local community on dementia, 'What is it? and how to deal with it'. The registered provider told us, "We speak with families, resident's associations, members of the public their friends and neighbours. We meet people who are desperate or in crisis and share information on where to get support." The registered provider produced a regular community guide that is distributed throughout the local community. The guide highlighted social and well – being events, hobbies and interest groups tailored for adults and older people. This had generated a lot of support and was supported by health professionals and community agencies such as MacMillan nurses and local GP's. The registered provider told us, "It helps get people out and prevents social isolation. It is good for signposting people to services they may require." This showed the registered provider had been creative in offering bespoke services within the local area that were exceptional and distinctive and positively impacted on people within the local community.

The management team had a strong community presence within the local area. They were actively involved in several committees related to health and social care and the development of the local workforce. For example, the nominated individual was the chairperson of dementia friendly communities linked to the Alzheimer's society. The registered manager worked with a local school as an enterprise advisor. They told us, "It is all about giving back and developing a future workforce. The students I have met have been phenomenal, it is a real honour to take part." They were also judges on a local apprentice of the year event. It was noted that a member of the office team had been an apprentice and now had a permanent post. A third member of the management team was a member of the local safeguarding adults board. Their attendance allowed them to share their experience and to be at the forefront of changes within service delivery. This showed there was high levels of constructive engagement with people and organisations to support the delivery of high quality and sustainable services across agencies.

The registered provider had a clear vision and strategy to deliver high quality care. They had used current legislation standards and best practice guidance to build a resilient service. The registered manager told us they had followed NICE guidance, 'plan to fail'. This had led to a structured approach to problem solving to ensure their service maintained their high quality performance, had robust risk management and could meet their regulatory requirements. For example, they shared their plans to combat extreme weather to ensure people were not vulnerable and isolated. They had identified high dependency clients within each geographical area and documented who could visit or who needed to be contacted. This showed the registered provider had systems and strategies to deliver continuous support.

The registered manager told us they wanted to foster a culture of continuous improvement. They shared, "We are rated as outstanding but we could improve, we are not perfect, we make mistakes." They told us they used Care Quality Commission publications, European Quality standards and NHS England guidance and ongoing leadership training to benchmark and improve their service. The registered manager told us training had provided a structured approach to introducing new ways of working. They explained that any proposed changes in service delivery were reviewed by the management team within a quality meeting before they were introduced in a planned way. They also stated training had improved communication between the management team.

The registered manager was proud to share they had supported staff to achieve nationally recognised vocational training qualifications to aid their personal development. They had worked collaboratively with staff who had enrolled at university to work towards degree level qualifications in nutrition and hydration. The staff member told us the registered provider was very interested in what their research reveals and was open to changing work practice to incorporate their findings and enhance people's lives.

We looked at what meetings took place to engage with staff. We noted there were regular staff meetings and these followed themes. They had used the forum to share information on health conditions, people's welfare and financial wellbeing. For example, staff from a local bank attended a meeting to offer staff advice on their financial wellbeing. A second staff member told us, "I have never had that anywhere else I have worked. I found it of personal value and will be following the advice given." Written feedback from staff was exceedingly positive and included, 'The seminar really got me thinking about my finances as I am wanting to buy a house.'

There was a 'morning huddle' between the management team. One member of the team told us, "This is where we discuss any issues and plan." We also saw there were regular quality and safety management meetings. Subjects discussed included governance included data protection, safeguarding and training.

The registered provider shared they had arranged an anniversary party to celebrate the service being open five years. The registered provider told us clients, their families and staff were all present. They said, "It was nice to see people together and to chat informally." The registered provider also produced a monthly newsletter that shared up and coming events and celebrated staff achievements. For example, we saw a planned cupcake day to be organised by the registered provider to raise funds for the Alzheimer's society. This showed the registered provider had interactive systems to promote and encourage ongoing accessible open communication with people and their relatives related to the support delivered.

We saw the registered provider used a range of quality monitoring tools such as surveys, telephone courtesy calls, care service reviews spot checks, staff shadowing, staff supervision to monitor the quality of the service and customer feedback. Feedback was overwhelmingly positive and included, 'Thank you all so very much for your care and compassion.' In the independent Client and Staff survey, feedback included that over 90% of staff were proud to work for Home Instead, and over 90% of people would recommend Home Instead.

There were robust auditing systems to review service delivery, maintain their quality service and identify areas of improvement and build on successes. For example, monitoring that staff visit clients on time had shown the registered provider had achieved a 98.2% success rate within the agreed visit timescales. The registered manager told us they review any incidents that had occurred and look for the root cause analysis to find out why it happened and lessons learned. We saw where areas of improvement had been noted staff had been contacted and incidents reviewed. This showed the registered provider had governance systems to deliver an accurate oversight of the service and drive improvement where necessary.

The registered provider had on display in the reception area and on their website their last CQC rating, where people could see it. This is a legal requirement from 01 April 2015.