

PM Care Services Ltd

Home Instead Senior Care South Devon

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?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

The inspection took place on 26 and 27 June 2017 and was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care agency to people living in their own homes. We wanted to be certain the registered manager and key staff would be available on the day of our inspection. We also wanted to give them sufficient time to seek agreements with people that we could visit them to find out their experience of the service.

Home Instead Senior Care South Devon is based in Paignton, Devon and provides a domiciliary care service to people living in their own homes in the South Devon area. At the time of this inspection they provided personal care to 37 people. Home Instead Senior Care is part of a franchise that delivers care to people in many areas of the United Kingdom and 17 countries across the world. The service offered includes personal care such as assistance with bathing, dressing, eating and medicines. The staff who support people wish to be known as 'caregivers' and therefore we have used this term throughout this report.

The service is a family run business. The providers are a husband and wife team who are fully involved in the day-to-day management of the service. One of the providers is also the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider told us their aim was "To become the UK's most admired care company through changing the face of ageing." They provided a highly bespoke service for each person, carefully recruiting caregivers to match the personality and needs of individuals. The provider took care to make sure every aspect of the service people received was safe, and people were protected from the risk of harm or abuse. The provider was very selective when recruiting new caregivers, taking care to gather sufficient references and checks to ensure the caregivers were entirely trustworthy, honest and had the right skills and qualities for the post. They looked for staff with a 'good heart' and with good communication skills. Caregivers confirmed their recruitment process was thorough, for example a caregiver told us they had been "Very well recruited." All caregivers received thorough training at the start of their employment including safeguarding and health and safety topics. They also received ongoing training and updates on topics relevant to the needs of people using the service, including dementia awareness.

All caregivers were introduced to people before they began providing care, and if the person did not feel the caregiver was suitable the person's views were respected. They provided a consistent service, with most people receiving care from a small team of two caregivers they knew and trusted who visited them at the same times each week. When their regular caregivers were on leave the cover was always provided by a caregiver they knew, and who had been previously introduced to them. The service aimed to give people the time they needed to complete all tasks without feeling rushed and therefore the minimum length of each visit was one hour. There was a strong emphasis on providing care with compassion, respect and dignity.

People told us they had built up a close trust and friendship with their caregivers and praised the caregivers. One person described the service as "Wonderful!" and went on to say "They are friends. They are human. They are lovely." Another person who enjoyed outings with caregivers told us, "They are my friends. We go places."

Each person had a care plan in place that set out in detail their health and personal care needs, how they wanted to be supported, their daily routines and preferences. The care plans were regularly reviewed and updated. Where changes were identified people's care packages were amended to meet their changing needs. The service was flexible and responded positively to people's requests where possible.

The provider demonstrated a clear understanding of some of the factors that may affect a person's ability to remain living safely in their own homes. Risk assessments were carried out before the service began to ensure the environment was safe. The provider and caregivers demonstrated concern for each person's welfare and safety and, where risks were identified, they explored every possible angle to find solutions and enable people to remain living safely in their own homes. The provider had recognised the risks to vulnerable people of fraud and scams and had provided training to caregivers on this topic. They had also held 'Fraud and Scam Awareness' workshops for members of the public, speaking with local organisations and groups. Where they had identified people who may be at risk they had arranged meetings with the local police to help them find solutions and address the problem.

They had also provided a range of training for caregivers on dementia awareness. Caregivers had become 'dementia friends' which means they had gone out into the community to raise awareness of the condition to members of the public, families, and members of staff in local shops and businesses. The providers had built up close links with local services such as supermarkets, raising awareness of the needs of people who used their service. This promoted a greater understanding and respect for people living with dementia who used the service when they went into the community.

Where people required assistance with their medications, safe systems were followed. All caregivers had received training at the start of their employment to ensure they were competent to assist people with their medications. A caregiver told us the training was "Ongoing, all of the time".

The provider and senior management team promoted a sense of compassion and caring for everyone involved with the organisation. The provider told us their principle objective was "To provide supportive care and companionship which both encourages and enables our clients to remain independent." Throughout our inspection we saw and heard how caregivers aimed to please, taking time and trouble to make sure every small detail of the care they provided met the person's individual needs and wishes. A caregiver told us "This company takes care to the 'Nth' degree to get the package of care right. It's marvellous."

Caregivers were positive and enthusiastic about their jobs. They told us the agency was well-run. They received regular supervision and plenty of opportunity to share and discuss any problems or concerns. Staff meetings were held regularly, and there was also an emphasis on having fun, with social events and competitions. There were also awards and recognition for exceptional service. Comments from caregivers included, "This agency is like 'the cream'. It's all organised. It's all planned. It's marvellous," "I love this job" and "You can phone them at any time – they support you. They have been lovely. Really, really nice. A lovely company."

The providers had systems in place to monitor the service and identify any areas where improvements were needed. They listened closely to the views of people who used the service and their families to constantly

monitor and improve the service. All clients received a quality assurance visit or telephone call every three months to ensure they were entirely satisfied with the service. The agency also used an external company on an annual basis to conduct independent and anonymous surveys. A person who used the service told us "[Management member's name] visits quite often to do spot checks and check I am happy with the service." There was an ethos of learning from mistakes, and making improvements to prevent recurrence. Caregivers were also encouraged to discuss issues and problems during staff meetings, and to share good practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People said they felt safe. Caregivers knew what constituted abuse and how to recognise and report any concerns.

People received care from caregivers they knew and trusted, and who had been carefully recruited to meet the person's individual needs.

People could be confident that any risks to their health or safety had been assessed, and measures put in place to reduce those risks where possible.

People who required support with their medicines could be confident their caregivers had the skills and knowledge to administer their medicines safely.

Is the service effective?

Outstanding ☆

The service was very effective.

People received exceptional care from caregivers who recognised changes in people's health, sought professional advice appropriately and followed that advice.

People were supported by caregivers who had the skills, knowledge and experience to meet their needs fully.

Caregivers acted in accordance with the Mental Capacity Act 2005 and ensured people's rights were respected and upheld.

People were supported to maintain a balanced diet.

Is the service caring?

Good ●

The service was caring.

People received care and support from caregivers who were compassionate, friendly and respectful.

Caregivers understood how people wanted to be supported and

had a thorough understanding of each person's likes, dislikes and preferences.

Is the service responsive?

The service was very responsive.

People could be confident caregivers had all the information they needed to meet the person's health and personal care needs, daily routines, preferences and wishes. Their care needs were regularly reviewed and care packages were adjusted promptly if necessary.

People received person centred care from caregivers who had the time and ability to meet their needs in an individualised way.

People were encouraged and supported to participate in hobbies, interests, and to go out and participate in the local community.

People knew how to raise concerns and complaints, and confident any concerns they raised would be investigated and actions upon promptly.

Outstanding 

Is the service well-led?

The service was very well-led.

The provider promoted strong community links, worked in partnership with other agencies, including the police, and local authority to benefit the people they cared for and the local community.

People benefitted from a service that was run by a management team with clear roles and responsibilities. The provider placed importance on developing each member of staff's potential and helping them develop a career path

People were confident there were good systems of communication throughout the service. The service was well organised and well-equipped.

The provider had robust systems in place to regularly monitor all aspects of the service and make improvements where necessary. The provider listened closely to the views of people who used the service and their families to constantly monitor and improve the service.

The management team promoted strong values and a person-

Outstanding 

centred culture. Caregivers were proud to work for the service and had a good understanding of the values of the service.

Home Instead Senior Care South Devon

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 checked 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 26 and 27 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure the registered manager and key staff would be available at the time of the inspection. We also wanted to give the provider sufficient time to seek people's agreement that we could visit them in their homes to find out their experience of the service. The inspection was carried out by one inspector.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that gives us some important information about the service, what the service does well and any improvements they plan to make. We also reviewed other information we held about the service such as from notifications. A notification is information about important events which the service is required to send us by law. Before our inspection we sent questionnaires to caregivers and health care professionals. This was to gain their views about the service. We received responses from 14 caregivers and two professionals.

During the inspection we visited three people using the service in their own home to ask them their views about the service. We met and spoke with eight staff. We also spoke with both owners/providers of the service, one being the registered manager. After the inspection we were contacted by one relative.

We reviewed information about people's care and how the service was managed. These included four people's care records and three people's medicine records, along with other records relating to the management of the service. These included five caregivers training, support and employment records, quality assurance audits, minutes of team meetings and findings from a client survey carried out in 2016.

Is the service safe?

Our findings

The provider took care to make sure every aspect of the service people received was safe. They worked with people and their families to ensure the person's wishes and views on their safety were listened to and respected. They considered ways of promoting and improving people's personal safety, for example through liaison with local police, and by providing training and information. People told us they felt safe. For example, we asked one person if they felt safe and they replied "Oh yes." They went on to say they had complete confidence in the caregivers provided by Home Instead Senior Care South Devon and told us they were trustworthy, honest and reliable.

The provider placed a high priority on reducing the risk of abuse. All caregivers received training at the start of their employment on recognising and reporting any signs or suspicions of abuse. They also received regular updates and information during staff meetings, and through memos and e-mails. Caregivers told us they would not hesitate to raise concerns with the provider and senior management team, and knew how to contact relevant external agencies if necessary. A caregiver told us they raised concerns about the welfare of a person's relative with the management team who had liaised with relevant agencies promptly. They told us, "The office team acted immediately. A strategy was put into place the same day. I could see the relief on the relative's face the next day." The provider also told us how caregivers had raised concerns about a person who was at risk of abuse from their neighbours. The provider had contacted the local safeguarding team, the person's family and the local police to ensure solutions were agreed to address the problems. They told us that actions had subsequently been taken that had helped to ease the situation. Another caregiver told us if they had any concerns, "I could speak with any of them here."

The provider had considered all potential risks faced by people using the service and they had put in place systems to minimise the risks where possible. There were safe systems in place to ensure that where people were unable to open their door for caregivers, door keys were held securely in key safes and codes for key safes were held securely. Where people asked caregivers to carry out shopping for them, there were safe systems in place to record all cash received, items purchased, and change returned to the person.

The provider demonstrated a clear understanding of some of the factors that may affect a person's ability to remain living safely in their own homes. Risk assessments were carried out before the service began to ensure the environment was safe. The provider and caregivers demonstrated concern for each person's welfare and safety and, where risks were identified, they explored every possible solution to find solutions and enable people to remain living safely in their own homes. For example, caregivers had recognised the risks to a person living with dementia who lived alone. The person had put their rubbish into the oven instead of the rubbish bin. Caregivers were also concerned that the person was at risk of leaving the gas hob on without it being lit. The matter was discussed with the person and their family and it was agreed that the oven should be switched off when not in use. However, the person subsequently showed increased signs of confusion. The caregivers used their knowledge of the person to help them identify the cause of the person's increased dementia. They realised the person relied on the clock on the oven to orientate them to the time of day and night. The oven was switched back on again and the person quickly regained their sense of time. Caregivers liaised with the person's family to seek a safe solution. The hob was changed from gas to electric,

and the caregivers made sure rubbish was disposed safely.

The provider told us that safety checks were always carried out before they began providing a service, and when they carried out reviews, and these checks were recorded. They also encouraged caregivers to monitor safety on a daily basis, including regular checks on smoke detectors and visual checks on electrical equipment and to report any faults. One person we visited told us that a faulty light bulb had fused part of their electrical circuit. When the caregiver arrived they replaced the light bulb and helped the person reset their fuse board to ensure their electricity supply was working safely.

People could be confident that staff had been very carefully recruited to ensure they were entirely suitable for the job. The provider told us they were very selective about the staff they appointed. They looked for staff with a 'good heart' and with good communication skills. They had given a radio interview discussing the merits of recruiting more mature staff as caregivers as they had a vast array of 'life skills' they could bring to the job. We looked at the recruitment records of five caregivers. These showed that at least four references had been obtained before a new member of staff was appointed; two from previous employers and two character references. They also completed a Disclosure and Barring Service (DBS) check which ensured the applicant did not have any relevant criminal convictions and had not been barred from working with vulnerable adults. The records showed the application and interview process was thorough, and new caregivers were not confirmed in post until the provider was completely satisfied they were suitable. New caregivers completed induction training before they began working with people. The provider told us that if staff were found to be unsuitable at any stage of this process they did not proceed with their employment. The provider said "I will not tolerate poor care."

People received a punctual and reliable service from a small team of caregivers they knew and trusted. The provider told us they would not agree to provide a new service to a client unless they were confident they had the right staff in place to support them. Caregivers were recruited with the skills and personalities to match new clients. People were involved and updated about each stage of the recruitment process. When caregivers had been recruited they were introduced to the person they had been matched with. If the person did not feel happy with the caregiver they could be confident their views would be respected and the caregiver would not visit them again. The minimum length of each visit was one hour. The provider told us they would not agree to provide visits for less than one hour as they felt it was important that caregivers were not rushed and had sufficient time to ensure people's needs were met fully.

Caregivers always visited people at the times they had requested, and stayed for the correct amount of time. Caregivers always contacted the agency office on arrival and again at the end of their visit before leaving a person. They used a Freephone system (known as an 'IQ timecard') which linked them to the agency computer system. If they were more than 15 minutes late, the agency office would be alerted through their computer system and they would immediately contact the person and the caregiver to find out the reason for the delay and to let the person know what was happening. If for any reason the caregiver was unable to visit as arranged they would make sure another member of their team visited the person instead. This meant the agency office was able to monitor all visits closely to ensure people received a punctual service, and to check that caregivers stayed for the correct length of visit. It also meant that people never experienced a missed visit. The provider told us they believed punctuality was an important commitment, and they monitored arrival times closely. When caregivers were on leave or off sick the person was always contacted to let them know who would be visiting them instead. Office staff always ensured that staff who provided holiday and sickness cover had previously visited the person and understood their needs.

Staff understood the risks associated with each person's health and personal care needs. Risk assessments had been carried out on all aspects of people's physical and mental health and these had been regularly

reviewed and updated. Care plans contained detailed information on the actions staff must follow where risks had been identified. For example, where people needed assistance to help them move safely, staff were given information and training to ensure they assisted people safely and knew how to use any equipment provided. A caregiver described a care plan for a person with complex moving and handling needs and told us the care plan "Gives every detail, step-by-step."

Where people required assistance with their medicines, safe systems were followed. All caregivers had received training at the start of their employment to ensure they were competent to assist people with their medicines. A caregiver told us the training was "Ongoing, all of the time". At a recent staff meeting they had received training on administering eye drops and creams. Assessments were completed to identify and agree the level of support each person required. One of the providers was a qualified and experienced pharmacist, and they used their knowledge to ensure that people received safe support with their medicines. For example, one person had always taken their medicines with a glass of orange juice. The provider was aware that orange juice may affect the efficiency of the medicine. They discussed their concerns with the person, carried out research on the problem, and contacted the pharmaceutical company for more information. They also passed their concerns to the person's GP to enable them to find a solution.

The provider had policies, procedures and recording systems in place to ensure all medicines were administered safely. Where caregivers administered medicines (including creams and lotions) they completed a medicine administration record for each medicine administered. The medicine administration records were returned to the office each month and checks were carried out to ensure the records had been completed correctly. We looked at the records completed for three people. We found the records were usually completed accurately after each medicine was administered. However, one person who also received support with their medicines from other people including family and other employees, we found the records of medicines administered by caregivers were complicated to follow. There were some unexplained gaps for creams that were not clearly explained on the medicines record, although we were able to check with the daily log completed by the caregivers and saw the creams had been recorded to show they had been applied. By the second day of our inspection the provider showed us improvements they had put in place to ensure the medicines records provide a clear explanation for any medicines that have not been administered, including situations where other agencies or relatives may be involved in administering a person's medicines.

Is the service effective?

Our findings

People received a highly effective and personalised service from caregivers who understood their needs and promoted their independence. A caregiver told us "Home Instead Senior Care South Devon is exemplary in providing person-centred care. Staff have a sense of 'belonging' to the team and are proud to be involved in supporting their clients with high quality care."

People were supported in a highly individualised and effective way to maintain good health and wellbeing. Before the service began an assessment of their needs was carried out which included information about their health and how any conditions may affect their lifestyles. Care plans included information on specific illnesses and disabilities, and explained how these affected the person and how they wanted to be supported with their health needs.

We were given many examples of how caregivers had used their knowledge and experience to recognise changes in a person's health and encourage them to seek healthcare services promptly when necessary. For example, a person with poor communication skills due to dementia was persistently scratching. The caregiver realised the scratching was not due to dry skin or an environmental cause. They supported the person to seek medical attention from their doctor, who identified an underlying kidney condition and an interaction with a current medication. The person received treatment for the kidney condition, their medication was reviewed and the itching was resolved. Another example was a caregiver who noticed a person with poor communication skills no longer enjoyed certain foods. The caregiver suspected the person's teeth may be painful, and supported the person to visit the dentist who provided treatment and advice. We also heard how a caregiver used their knowledge of a person living with dementia to spot changes in their behaviour. They supported the person and their relative to contact their GP who carried out tests. Non-Hodgkin's Lymphoma was diagnosed. The family were grateful for the caregiver's observation of the person which led to an early diagnosis of the condition. The family were able to spend precious time with the person due to the caregiver's prompt actions.

Caregivers understood the importance of careful skin checks for people with diabetes. When carrying out personal care a caregiver identified a lesion on a person's toe and supported the person and their relative to seek prompt medical attention.

Caregivers recognised the importance of offering sensitive support to enable people to remain independent, safe and healthy. For example, a person's family had expressed concerns about a person's refusal to acknowledge or accept support with their continence needs. The person's caregiver gradually built up the person's trust to help them recognise the need to seek advice from the community nursing team. The community nurse assessed the person and this resulted in the person's continence needs and personal hygiene being well managed. We also heard about a person with reduced mobility who was fiercely independent. The person was vulnerable to falls. The caregiver gently encouraged the person to seek advice from an occupational therapist. The caregiver and occupational therapist worked together to support the person to use aids and equipment to enable them to maintain independence and also to reduce the risk of falls.

Caregivers received training at the start of their employment to ensure they had the basic skills needed to meet people's needs. All new caregivers received classroom based induction training lasting three days before they began providing direct care to people. Over the following weeks new caregivers were supported to gain the Care Certificate. The Care Certificate is a nationally recognised qualification for staff who are new to the care industry. The qualification covers an identified set of standards which provides staff with the basic knowledge and skills to meet people's needs. The provider told us "The first stage of the training is to understand the aging process – what happens naturally and what actions can be done to support someone who is aging normally – but also what are the common diseases and some of the things that can be done to support someone with failing health. This can range from nutritional and hydration needs, typical physical or medicinal support, through managing the client's environment." During the new caregiver's initial period of employment the registered manager and senior staff team continually assessed their competencies and suitability to work with the people who used the service. One caregiver told us their induction had been "Very informative".

Following their initial period of employment all caregivers received regular training and updates on a range of topics relevant to the needs of the people who received the service. The training was delivered in a variety of ways, including computer based training covering topics such as medication administration and moving and assisting people. They also provided training sessions during staff meetings. A caregiver who had recently been employed told us their training had been excellent. They had completed training on essential topics such as health and safety, first aid, moving and handling and safeguarding. They had also received training on topics relevant to the needs of the people they provided a care service to, for example dementia and Parkinson's disease. They told us they could request training on any topics they felt they needed and said "The company is very committed to supporting both staff and clients with any specific issues." A caregiver told us "Home Instead Senior Care Devon provided me with very comprehensive professional training. Both employees and clients are treated with respect at all times." Another caregiver described the training as "Very good." All caregivers were encouraged to gain relevant qualifications such as diplomas and National Vocational Qualifications (NVQs).

All caregivers received regular supervisions, spot checks and annual appraisals. Caregivers told us they felt very well supported. Comments included, "I love this job," and "We have a nice camaraderie between the caregivers. There is such a nice atmosphere." They were able to ring or visit the agency office at any time for advice or support.

Caregivers understood the importance of supporting people to make decisions and remain independent. They had received training on the Mental Capacity Act 2005 (MCA) at the start of their employment, and always ensured they gained the person's consent before carrying out any tasks. The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. Before the inspection the provider completed a Provider Information Return (PIR) in which they told us "Before any care is delivered we seek to obtain the client's consent and ensure that all caregivers understand the Mental Capacity Act 2005. Where clients do not have capacity we always act in their best interests." We were given examples of how they had worked closely with families and other professionals where people were unable to make important decisions for themselves. For example, a person with dementia was at risk of going out alone and getting lost. The provider was in the process of discussion with relatives and social care professionals to consider the use of a tracking device to enable the person to go out on their own, and ensure they will be found quickly if they do not return home at the expected time

Caregivers had received a range of training on dementia and had the skills and insight into the condition to support people effectively. The provider told us they were committed to both raising understanding of dementia in the community, and to identify those skills they could apply in supporting their clients. They had so far trained 21 members of their staff team in dementia care and aimed to provide this training to all other caregivers in the near future. The training followed a programme which had been developed based on recent research carried out at the Home Instead Centre for Successful Aging at the University of Nebraska Medical Centre in USA. The centre is funded by Home Instead and supports research, wellbeing programmes and health education. Their dementia training programme is called CARE – Changing Aging through Research and Education. It was developed in the USA by a panel of experts and was introduced to the UK about three years ago. The CARE programme was awarded the Princess Royal Award in 2016 for excellence in training. In January 2017, the City and Guilds accreditation was reviewed and confirmed for this training. Home Instead Senior Care Group is currently working in partnership with the School of Dementia Studies at the Bradford University to review the programme. The training was in-depth, providing insights into the different types of dementia and helped caregivers understand what some of the people faced, and gave scenarios to help them look at different ways of supporting people more effectively. We also heard about plans to provide three dimensional 'virtual reality' training using computer technologies to enable caregivers to gain a first-hand understanding of the experiences of a person with dementia.

The providers had also received training from the Alzheimer's Society to become 'dementia champions'. This training was then cascaded to caregivers to enable them to become 'dementia friends'. Following the training the provider had given awareness sessions to relatives, and also members of the community and local organisations to help raise their awareness and understanding of dementia. They had given talks and promotions to staff working in local banks and supermarkets to encourage more people to become 'dementia champions' and 'dementia friends'. One caregiver told us they had become a 'dementia friend' and had found the training on the topic so interesting they had gone on to research the topic further on the internet. They wanted to use the knowledge they had gained to help the families of the people they cared for.

Caregivers understood how the use of signs in people's homes helped the person to locate items easily, or to remember important dates. For example, we saw that a caregiver had left a large print note in a person's home reminding them of an outing in the near future.

Caregivers gave examples of the support they gave to people living with dementia, and how they had helped people and their loved ones find ways of coping with difficult situations. A caregiver explained how they had supported a person living with dementia to attend exercise sessions. The person's relative felt the person would benefit from exercise sessions to help calm them. The caregiver had supported the person's relative to find a solution that enabled the person to attend the sessions successfully. The person attended the sessions weekly accompanied by a caregiver. They had been welcomed by other members who attended the sessions, and had gained friendship and enjoyment from the sessions. We also heard about a person who needed to attend the dentist but would not change out of their pyjamas. The caregiver supported the person and their family to find a solution that enabled the person to attend the dentist in a manner that maintained their dignity and respected their choice.

Caregivers used their knowledge of each person and their insight into their needs to help people remain calm and happy. A caregiver described how they had recognised that a person who was living with dementia was physically very active, and this meant it was often difficult for the caregiver or the person's relatives to engage with them. They thought about the problem and considered possible ways of supporting the person and their relative. They knew that the person loved babies, and one day they took a doll with them when they visited the person. They found the person immediately calmed down, and loved nursing the doll. This

enabled the caregiver to diffuse difficult situations when the person showed signs of becoming agitated. This practice was also followed by the person's relative, who found they were able to support the person more effectively to remain calm and contented.

The provider helped to raise awareness of local groups and services such as the Torbay Stroke Survivors Computer Group. Their web site gave information about local groups, and people who used the service, caregivers and families were made aware of the groups and encouraged and supported to join or make contact with the groups to gain peer support, self-esteem and confidence.

Caregivers completed an activity logs at the end of each visit. The logs provided information about all aspects of the support provided, including personal care, medicines administered, liaison with other professionals, activities the person had participated in, the person's health and mood, and their food and drinks. The activity logs were returned to the office each month and audited regularly. Caregivers provided evidence of support given to people to attend health appointments such as dentist, optician, hospital and doctors' appointments.

People were supported to eat a healthy and balanced diet to suit their individual needs and preferences. Where people needed assistance with meal preparation their care plan set out clearly the assistance they needed, including likes and dislikes and dietary needs. The plans also explained how to support the person to have as much involvement as possible in choosing and preparing their meals and drinks. For example, one person who had previously enjoyed cooking to a high standard had lost the ability to follow a sequence, and therefore was unable to cook their own meals. Caregivers worked with the person to enable them to participate as much as possible in the preparation and cooking of their own meals. They supported the person to cook simple meals, for example porridge, by putting signs on the dials of their cooker, and to help them follow step by step instructions.

Another person living with dementia had lost a significant amount of weight before the agency began providing a service. Caregivers realised the person had lost the ability to make their own meals or drinks and this meant their diet had been severely restricted. The caregivers built up an understanding of the person's likes, dislikes and had helped the person to regain weight. The person's health, happiness and well-being had also increased significantly as a result of their improved diet. We visited the person in their home where they were being supported by a caregiver. We heard about the foods the person enjoyed, such as fresh fruit cut up with fresh yoghurt, and fresh vegetables such as celeriac, carrots and sweet potato. Caregivers supported the person to draw up a shopping list, accompanied them to the supermarket, and supported the person in meal and drink preparation as far as the person was able. They also made sure food was available for the person before they left the person's home.

Is the service caring?

Our findings

The provider and senior management team promoted a sense of compassion and caring for everyone involved with the organisation. The provider told us their principle objective was, "To provide supportive care and companionship which both encourages and enables our clients to remain independent." They aimed to build a relationship of trust and friendship, and said that caregivers were carefully recruited for their compassion and empathy. Throughout our inspection we saw and heard how caregivers aimed to please, taking time and trouble to make sure every small detail of the care they provided met the person's individual needs and wishes. A caregiver told us, "This company takes care to the 'Nth' (utmost) degree to get the package of care right. It's marvellous." A person who received the service told us, "They are friends, they are human, they are lovely."

Caregivers told us they felt the provider and senior management team cared about them. For example, one caregiver said, "I think [senior management member] is the most amazing person ever. She is kind, caring. She always has time for us." They told us all the staff based in the office were all kind, caring and very friendly. This promoted a sense of caring and concern that was, in turn, shown to every person who received the service and to their family and loved-ones. The provider told us they recognised some of the stresses caregivers faced, especially when supporting people with dementia, end of life care, or other difficult situations. They encouraged caregivers to 'come in and talk', and offered support as necessary.

Where caregivers had shown exceptional care to people this was recognised through the provider's 'Extra Mile' reward scheme. In the past year, 12 caregivers had been given this award for their outstanding care. The provider told us, "We will continue to hold up these examples of good care as aspirational for all of our staff. Even within our recruitment process we highlight these examples as benchmarks of our care. To us it is really personal." They told us they reinforced the principles of caring from the start of each caregiver's employment through training, supervision and staff meetings.

We heard examples of staff going 'above and beyond' their duties, and showing care and concern for people. For example, a caregiver had recently visited a person living with dementia and found them on the floor with a broken shoulder. They called an ambulance and went with the person to the hospital. After the person had been examined and the broken shoulder confirmed, the hospital staff wanted to discharge the person back to their own home. However, the caregiver realised the person was unable to manage on their own in their home without 24 hour support until their shoulder healed because the person lived alone with no family members able to support them. The person had become increasingly confused as a result of the injury. The caregiver contacted the agency office to share their concerns. A member of the management team contacted the person's relatives and a 'best interest' decision was reached between the relatives and hospital staff that the person would not be safe if they returned to their own home. The caregiver stayed with the person in hospital until suitable alternative provision could be arranged. Residential care was arranged for the person on a temporary respite basis. The caregiver went ahead to the residential home to make sure the staff were aware of the person's needs. They waited for the person to arrive from hospital and helped the person settle in. The caregiver had recognised the situation was particularly stressful and confusing for the person and had given the person constant reassurance throughout the day, answering

their many questions. They had also continued to visit the person in the care home to offer support and friendship.

Caregivers gained close friendship with the people they supported and demonstrated a determination to ensure people were happy and fulfilled. They were concerned for people's well-being, and were passionate about making sure people were listened to and respected. We heard about the pleasure the caregivers gained when they made people smile, and when they supported people to gain happiness and fulfilment. A person who received the service told us, "They are my friends. We go places." The person loved music and singing, and we heard how they enjoyed 'karaoke' sessions with their caregiver when they travelled in the caregiver's car to the supermarket or on outings. The caregiver described some of the things the person enjoyed, such as flowers. They sometimes went for walks with the person to a local park where the person loved to sit and look at the flowers or the scenery. The caregivers had helped the person attend a flower arranging class and the person proudly showed us an arrangement they had recently made.

Another person we visited told us about some of the ways the caregivers had supported them. The person took a pride in their home and liked to have things in the right place. They told us "They know I am a fuss-pot." They explained how they had previously owned their own retail business and cleanliness and presentation had always been important to them. Their kitchen had recently been upgraded and the caregivers had cleaned the cupboards out for them, and replaced all the items when the work had been finished. They described how they liked to have tins "facing the right way" and the caregivers knew this, respected their wishes, and made sure everything in the kitchen was just how they liked it. They described how the caregivers put their clean laundry away for them with care saying, "They know which drawers to put the clothes in." They also showed us a postcard on their mantelpiece from one of their caregivers who had gone away on holiday, and they had clearly appreciated the thought shown by the caregiver who had sent the postcard. They told us the caregivers, "Always ask if I am alright. They always ask 'do you want a cup of tea or coffee before I go?' They chatter about their homes, gardens and family life."

The person also told us the caregivers always ensured they were treated with dignity and respect when carrying out personal care tasks. They told us the caregivers always made sure the room was warm, checking the radiator was on, and wrapping them up with a warm towel to keep them covered up. Curtains were kept drawn when personal care was provided.

A caregiver told us they felt an important part of their job was to develop relationships and build up trust. For example, a person had experienced difficulty maintaining their home environment before Home Instead Senior Care South Devon began supporting them. The person had initially been reluctant to receive support, but gradually and carefully caregivers had been introduced, and began to build the person's trust. The person began to accept they needed support to help them 'de-clutter' their house and make it safe, but they did not want to lose treasured possessions. A caregiver told us how they had slowly supported the person to transform their home, their health and their well-being and said, "You have to have a lot of patience and understanding". The person had difficulty communicating verbally and the caregiver explained how they had learnt to listen and "put it all together to understand what they were saying." The person had previously found ways of coping, but caregivers initially found the person's behaviours hard to understand. They slowly began to understand why certain rituals had become important, and they were able to support the person more effectively when they understood this. They told us "Routine is everything for them".

The provider and caregivers had worked closely with other health and social care professionals, and with the person's relatives to ensure the person received compassionate and caring support tailored to their individual needs. They supported the person to make their home safe, have heating installed, a shower and a refrigerator. Caregivers built up trust with the person to allow them to support the person with personal

hygiene, to buy new clothes and shoes, and to ensure the clothes they wore were clean, tidy and suitable for the time of year.

Caregivers told us about the care and compassion given to people at the end of their lives, and to their family and loved ones. For example, a caregiver told us how they had supported a married couple, initially by providing companionship, but when they had built up trust in the caregivers the couple also began to accept the need for support with personal care tasks. When one of the couple developed a serious medical condition the caregiver supported the couple and their family to find residential and nursing home care that met their needs. They had continued to visit the couple when they were in a care home in their own time, and supported their relatives when the couple died.

We also spoke with a relative whose loved one had recently been admitted to a hospice. They praised the caregiver for their exceptional care and had supported the provider in their nomination of the caregiver for the 'Caregiver of the Year Award 2017'. They said, "Without [caregiver's name] we would be completely lost. She's a friend as well as a carer. Mum trusts her completely. She understands Mum and they have a good laugh together. [Caregiver's name] always goes the extra mile – even to her own detriment. There have been many times when I have asked her to stay when things are difficult and she's done it – even when she's shattered." They went on to say, "She couldn't be better matched. She paints Mum's fingernails and makes her feel special. She is totally committed. She's selfless and it's been obvious – particularly when we had a bad patch. You could see her flagging and she would always say, "Leave Mum to me and you go and have a coffee. She puts her clients as a priority – no matter what is going on in her own life." The relative told us the caregiver had contacted them regularly since the person had been admitted to the hospital, showing concern and caring for both the person and their family.

The provider told us, "Where we support people who are nearing the end of their lives we work closely with other professionals and family members to ensure the client is supported and treated with dignity and respect. Care plans are reviewed to ensure that spiritual and emotional needs are identified and provided for." In 2015 eight caregivers had attended bereavement training provided by a funeral service, and this had been very well received. The provider told us they planned to repeat this training in the near future for caregivers who had been more recently recruited.

Is the service responsive?

Our findings

People received a care service that was highly responsive to their needs. Before people began to receive a service a senior member of staff visited them to assess their personal and healthcare needs, agree a package of care, and draw up an initial plan of the care needs. The initial assessment also included the person's cultural, spiritual and social needs, and how they wanted to be supported in these areas.

Caregivers were carefully matched to clients to ensure they were compatible and had similar interests and personalities. People were able to specify the gender of the caregivers who supported them. One caregiver told us before they were introduced to a new client; the management team gave them as much information as possible about the person. They gave an example of how found out that a person loved a certain brand of ice cream and so they took a pack with them when they went to meet them for the first time. They said "We got on well from day one!"

People and their families and friends received a highly personalised service tailored to meet people's changing needs. A relative who lived many miles away described the support given to a person living with dementia. The person had initially been resistant to receiving help, even though they were not coping, and often forgot to take their medication. The relative said "She very reluctantly agreed to let Home Instead help her and even though specific members of staff had been identified as good matches to support her and also personally introduced at a meet and greet session. My mother remained very unfriendly and withdrawn." They described how a care giver slowly built up a trusting relationship and "became her lifeline." The person's dementia worsened and could no longer use the telephone so the relative relied on telephone contact with the agency and with other people who supported the person. They told us, "They have all rallied around my mother and treat her with great care and respect. In addition to the general physical care, cooking, laundry and companionship that Home Instead provides, they have also been very supportive and taken over duties to help me as I just live so far away." They went on to say "She may have dementia, but she is appreciative of the care and support the staff provide and especially the continuity of care. It makes all the difference to be cared for by the same small group of staff that you have learned to like and depend upon. It makes my mother feel safe and I am relieved that my mum is able to remain in her own home. This has always been her greatest wish."

Care plans were detailed and covered all aspects of each person's health, personal care needs, risks to their health and safety, and personal preferences. The person's usual daily routines were set out in detail, giving caregivers very clear and easy to follow instructions on each task the person required assistance with. The care plans also provided a brief background history of the person, and information about their interests and hobbies. The care plans were regularly reviewed and updated. A caregiver said the care plans were, "Extremely detailed and up-to-date." They also told us that caregivers were involved in reviews of care plans to ensure every detail was correct.

The provider had begun to introduce 'Life Journals'. These were documents that caregivers could draw up by sitting and talking to clients to identify important details about the person's life. The aim of the life journals was to provide more detailed information to caregivers to help them care for people if, or when, the

person became unable to express their feelings, wishes or preferences. They expected the journals to provide prompts to caregivers to ensure the care they give supported the person's happiness and well-being.

The service was responsive to people's changing needs. They operated an out-of-hours call service 24 hours a day, seven days a week. They were able to respond immediately to any requests for assistance at any time of day. For example, they were able to respond within 30 minutes of a request for help early on a Saturday morning. They also supported people who required urgent medical attention, either by requesting a home visit from a medical professional, or by escorting the person to the doctor or hospital.

Caregivers adapted their routines to suit each person. For example, caregivers adjusted the times of their visits to ensure people received prescribed medications at the correct times. A caregiver described how one person enjoyed having breakfast in bed, and time to read the newspaper. The caregiver had adapted their routines to give the person time to eat their breakfast and read the paper before assisting the person to get up and dressed.

People received support to enable them to maintain interests, participate in activities, and be a part of their local communities. For example, one person told us caregivers had helped them attend events and outings run by a local organisation which supported people with dementia by reminding them when events were planned, and adjusting their visits to ensure the person was able to attend groups, outings and activities. Caregivers also provided transport and accompanied them to the local shops, or to attend other activities such as swimming, and a flower arranging class. They were regularly supported by caregivers to go shopping, and to go on outings to places of their choice, such as local beauty spots and local pubs, or to go out for a walk. A caregiver described how they had supported another person living with dementia to attend keep fit lessons, and said "We used to have such a laugh. People welcomed her." Caregivers also followed advice and instructions from health care professionals such as physiotherapists, supporting people to carry out regular exercises to improve their mobility.

The provider was also planning group outings and activities for people who used the service over the summer months, including cruises on the River Dart using specially adapted vessels for people with disabilities.

People were supported by caregivers who understood the importance of enabling people to remain independent. Care plans explained the tasks people could do for themselves, and those they needed assistance with. Where people needed assistance with only part of a task, this was agreed with them and described clearly in their care plan. For example, one person was unable to turn the shower on, but was otherwise able to wash themselves. We heard how caregivers supported people with daily household tasks such as cooking and laundry, working alongside the person to promote their independence.

People knew how to make a complaint and told us they knew who to speak with if they had any concerns. The complaints procedure was set out in each person's care plan. A person told us they would not hesitate to ring the agency office if they had any complaints. The provider had received 13 written compliments in the last year and two complaints. Their records showed they had taken the complaints seriously, investigated them promptly, taken action where necessary, and made sure the complainants were satisfied with the outcome and the actions taken. They also used the learning from the complaints to improve their service to prevent similar problems occurring again, for example by providing further training for caregivers. Compliments included "I feel safe and confident with my carer and enjoy stopping for coffee and feeling part of normal life again."

Is the service well-led?

Our findings

People received a service that was exceptionally well-led and well managed. Home Instead Senior Care South Devon was a franchise, and was supported by the Home Instead Senior Care group. The provider told us they felt one of the main benefits of being part of the group was that the national office was constantly reviewing best practice, sharing experiences and cascading learning to all branches. They also followed the policies and procedures provided by Home Instead Senior Care group. Where they identified areas where policies and procedures could be amended or improved they were able to raise this with the national office and they were confident this would be acted on promptly. For example, at the time of this inspection the medication policy and procedure was in the process of being reviewed by the national office following research and consultation with national bodies to ensure the policy and procedure reflected nationally recognised best practice.

The parent group had their own quality assurance team who shared best practice through weekly bulletins, additional training, and ad hoc updates when necessary. They also carried out regular audits of the service, and each franchise was able to compare their results with other franchises to ensure they were meeting targets. There were systems in place to analyse management processes such as recruitment, and community links and compare these to national statistics. There were also regular meetings where they were able to meet and develop links with other franchisees. The group also produced a national newsletter for franchise members. An annual two-day conference was specifically designed to share best practice. Home Instead Senior Care had an Academy on their intranet complete with tutorials, legislative updates and user forums specifically designed to share best practices. In the last year a review was carried out by an independent homecare organisation on 751 agencies registered with the CQC in the Southwest, and ranked Home Instead Senior South Devon within the top 10. This was based on a survey which asked people to rate their agency on the overall standard of the service, care and support, dignity and respect, staff, management and value for money. They also asked how likely people were to recommend this care provider to friends.

The service was a member of, or worked with, local and national organisations who provided support, guidance, and information about best practice. These included the UKHCA (United Kingdom Home Care Association) the Torbay Sensory Team, Alzheimer's Society, and Torbay Mental Health Team. The provider made sure publications from these organisations were made available to all caregivers.

The service also worked closely with local organisations and professionals to gain knowledge and closer working relationships. They had received presentations from representatives of various organisations, for example in staff meetings, and also staff training sessions. These presentations had benefitted people who used the service in a number of ways. For example, caregivers had received a presentation from a health professional on the prevention of falls. The session highlighted the importance of exercise and suitable footwear. Following the presentation all caregivers were encouraged to check their clients' slippers for fit and encourage the use of house shoes. They were also given handouts and internet links to suitable exercises, both sitting and standing, and they shared these with their clients and offered to assist clients to follow the exercises. Caregivers subsequently provided feedback confirming clients whose mobility had improved as a result of the exercises. We also heard how a talk by a representative of a local firm of solicitors

had increased caregivers awareness of the role and importance of Lasting Power of Attorney and wills. Caregivers shared their knowledge with clients and this had resulted in some clients deciding to seek Lasting Power of Attorney. A presentation by a member of the local Sensory Team to caregivers had improved understanding of sensory loss and enabled caregivers to talk to clients about the sort of equipment that is available and how to source it.

The provider and management team put people at the heart of the service. They constantly looked for ways of improving the service to benefit their clients. They worked collaboratively with families, health and social care professionals and local agencies such as the police to ensure people were safe and lead fulfilling lives. For example, the provider had recognised the risks to vulnerable people of fraud and scams and had provided training to caregivers on this topic. They had also held 'Fraud and Scam Awareness' workshops for members of the public, speaking with local organisations and groups. The sessions had so far been given to approximately 450 people in the locality. The training had heightened caregivers' awareness of fraud and scams, and helped them identify people who may be at risk. The provider gave us an example of a person who received the service who had been targeted by a fraudster. They had reported their concerns to the local Department of Trading Standards to help them find solutions and address the problem.

They had also provided in-depth training for staff on dementia awareness, and caregivers had become 'dementia friends'. They had run dementia awareness training sessions for local businesses and the community. We also heard how the provider had carried out research and consulted with local professionals where they had identified a concern with a person's chosen method of medicine administration that may adversely affect the effectiveness of the medication.

The office was well-organised, and each member of the office staff had clearly defined roles. The office staff had received in-depth training at the Home Instead Senior Care national office. This included how to manage effectively by supporting all caregivers and staff to ensure they felt valued and part of a team. The provider encouraged key staff to visit other branches of the Home Instead Senior franchise and build their own peer groups to share best practice. They were also encouraged to 'network' with other branches through the use of the Home Instead Academy and user forums. The providers and office staff held daily 'huddle' meetings to ensure they were kept updated with "What happened yesterday? What is going on? What needs to be done?" The provider constantly reviewed their management arrangements to ensure the service was running smoothly. For example, changes had recently been made to the structure to provide a client liaison manager and also an operations and scheduling manager to improve client engagement. One of the providers had taken on the role of inducting and training staff. A community professional told us, "The agency are reliable, person-centred and respond to any concerns about the individual promptly."

The office was well-equipped with computers and computer software packages that enabled them to plan caregiver's rotas, plan the visits to each person who received a service, and ensure people received a reliable service. People who used the service and (with the person's consent) their relatives could log into their own personal computer records using a secure password system. Caregivers were also able to check their weekly rotas by logging into their section of the computers. All confidential information was stored securely in the agency office, and no information was shared with other healthcare professionals without the person's written permission. There was a well-equipped training room with overhead projection equipment to provide training in a variety of ways, including videos and presentations.

The provider had systems in place to regularly monitor all aspects of the service. There were monitoring checks carried out regularly, and wipe boards to monitor progress with key tasks such as recruitment of new staff. The provider regularly reviewed their business plans and had developed their future strategies to take into consideration local and national agendas.

Weekly meetings were held to look at progress towards plans and targets. There was a weekly 'scoreboard' to identify progress and help them review the service. They held weekly development meetings to track new client referrals and review the progress of new caregivers being recruited to match the person's needs. They constantly looked for ways of improving the well-being of the people who used the service. They had recently introduced '360 degree' leadership meetings seeking input and views of other people in the organisation to help them look at what was working well, identify any problems and seek solutions. This had helped them identify where members of the management team were under-performing, and also to better utilise individual interests, strengths and skills. They had provided coaching and support leading to personal career development. They reviewed the structure of their management team and the changes they made had resulted in greater efficiency and improved performance. Staff meetings were held bi-monthly for key management staff and quarterly for the whole staff team.

The provider placed importance on developing each member of staff's potential and helping them develop a career path, offering promotion to suitable staff where possible. We heard examples of staff who had been promoted within the organisation where their skills had been recognised and utilised effectively. The provider also promoted a strong sense of teamwork, keeping caregivers involved, and making sure they felt valued. Caregivers and office staff were encouraged to take part in team events such as parties, competitions and events. They offered rewards and awards to motivate and thank caregivers. Caregivers were positive and enthusiastic about their work, and praised the providers and management team. A caregiver told us the company was well run, saying, "They have a reputation to maintain. It's a developing business. I am more than happy. We have good contact with them." Other comments from caregivers included, "This agency is like 'the cream'. It's all organised. It's all planned. It's marvellous," "I love this job," "I love their ethos," and "You can phone them at any time – they support you. They have been lovely. Really, really nice. A lovely company."

The provider told us their aim was to become "the UK's most admired care company." They wanted to show other companies how good care should be provided. They listened closely to the views of people who used the service and their families to constantly monitor and improve the service. All clients received a quality assurance visit or telephone call every three months to ensure they were entirely satisfied with the service. The provider told us, "By completing regular quality assurance visits/calls and service reviews with our clients we are able to monitor our clients, to ensure they are receiving a good consistent quality service, ensuring they are receiving their care as they wish to do." Following the last annual survey they had identified additional training needs and as a result they completely overhauled their training programme. They increased the focus on mental health issues including dementia and the Mental Capacity Act 2005 through the use of booklets and videos, and through additional training sessions, e mails and staff meetings. A person who received the service told us, "[Management member's name] visits quite often to do spot checks and check I am happy with the service."

The provider also used an external company on an annual basis to conduct independent and anonymous surveys seeking the views of people using the service and their relatives. The surveys were called 'Pursuing Excellence by Advancing Quality' (PEAQ) and were aimed at enabling the agency to make continuous improvements to the service. The results of the last survey in 2016 were shared with clients and with the caregivers. These showed that 100% of clients who completed the survey were satisfied with the service and rated the quality of the service as good or excellent. The results also showed that 100% of caregivers were proud to work for Home Instead and would recommend the service to a friend. The survey identified an area for improvement - 88% of caregivers who responded felt they were given enough time to deliver desired levels of care to clients. The provider considered ways of improving this result. Through discussion with the staff team they identified clients who would benefit from more time, and liaised with the clients and their relatives to seek solutions. They had offered to increase the visit times if needed. They had supported

people whose mobility was failing to seek medical assessment and treatment which may help them gain independence and reduce their increasing reliance on caregivers. They also offered support and advice to caregivers to help them find ways of supporting people more effectively within the agreed visit times.

There was an ethos of learning from mistakes, and making improvements to prevent recurrence. For example, the number of medicine errors had been low, but where these had occurred, caregivers had quickly identified when an error or omission had been made, notified the office, and actions had been taken promptly to address the problems, where necessary by contacting the person's doctor for advice. Investigations had been carried out to identify any possible cause of the omission or error and actions were taken to prevent the problems happening again. Caregivers were also encouraged to discuss issues and problems during staff meetings, and to share good practice.