

Kishi Care Ltd

# Home Instead Senior Care Tunbridge Wells, Sevenoaks & Edenbridge

## Inspection report

1 The Long Barn  
Mousden Farm, Halls Hole Road  
Tunbridge Wells  
TN2 4RF

Tel: 01732759854  
Website: [www.homeinstead.co.uk](http://www.homeinstead.co.uk)

Date of inspection visit:  
05 February 2020  
07 February 2020

Date of publication:  
04 June 2020

## 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

### About the service:

Home Instead Senior Care Tunbridge Wells, Sevenoaks & Edenbridge is a domiciliary care agency. It provides personal care to people living in their own homes in the community. On the day of the inspection, the service was supporting 11 people with a range of health and social care needs, such as a physical disability, sensory impairment or people living with dementia. Support was tailored according to people's assessed needs within the context of people's individual preferences and lifestyles to help people to live and maintain independent lives and remain in their homes. Not everyone using Home Instead Senior Care Tunbridge Wells, Sevenoaks & Edenbridge receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

### People's experience of using this service:

People using the service were consistent in their view that the service was unique in its delivery of care and delivered outstanding care. Typical comments included, "They are a great company and a great help to me" and "They are so much better than any company we have used before, by a million miles".

We found areas of outstanding practice in the effectiveness of the care provided by Home Instead Senior Care Tunbridge Wells, Sevenoaks & Edenbridge. The provider had developed innovative and effective systems that promoted people's health, improved their independence and enabled them to live in their own home for as long as possible. People and staff universally had their equality, diversity and culture celebrated, and their rights promoted and respected. The service was inclusive, educational and empowering.

Outstanding, person centred and innovative training resources equipped staff with the skills, knowledge and understanding to meet the challenges of supporting people with diverse and complex needs. Bespoke training had been developed to ensure that people remained safe and had their health and wellbeing protected at all times. This increased the overall skills of the staff team which complemented the delivery of high quality care. There was a culture of embracing learning and development within the service. People and their relatives felt confident in the skills of the staff and they received effective care that met their needs.

The registered manager and dedicated and enthusiastic staff demonstrated an exceptional commitment to enabling people to live well with dementia. People received outstandingly high-quality care that met and exceeded their needs, and improved their wellbeing, independence and happiness. Staff treated people with respect, dignity and compassion. They were motivated, passionate and proud of their jobs and people had a regular team of care workers and felt they had become part of the extended family. People and their relatives felt respected, valued and listened to.

The service had built an outstanding model of care and support provided to people. People told us they

thought the service was well managed and they received high quality care that met their needs and improved their wellbeing from dedicated and enthusiastic staff. One person told us, "It's a fantastic service, I literally have no complaints". Innovative and practical technology was used to enhance peoples care, but also to entertain and teach people and staff new skills and increase their knowledge.

Sufficient staff were available to ensure people's wellbeing and safety was protected. A robust recruitment and selection process was also in place. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider had systems of quality assurance to measure and monitor the standard of the service and drive improvement. These systems also supported people to stay safe by assessing and mitigating risks, ensuring that people were cared for in a person-centred way and that the provider learned from any mistakes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: Outstanding (report published 30 March 2017).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor the intelligence we receive about this service and plan to inspect in line with our re-inspection schedule for those services rated Outstanding.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good 

### Is the service effective?

The service was exceptionally effective.

Details are in our Effective findings below.

Outstanding 

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good 

### Is the service responsive?

The service was exceptionally responsive.

Details are in our Responsive findings below.

Outstanding 

### Is the service well-led?

The service was exceptionally well-led.

Details are in our Well-Led findings below.

Outstanding 

# Home Instead Senior Care Tunbridge Wells, Sevenoaks & Edenbridge

## **Detailed findings**

### Background to this inspection

#### The 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.

#### Inspection team:

The inspection team consisted of two inspectors.

#### Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger adults with physical disabilities.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

#### What we did:

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as incidents and abuse. We used this information to plan our inspection.

During the inspection:

We reviewed a range of records. This included four staff recruitment files, training records, records relating to the management of the service and a variety of policies and procedures and quality assurance processes developed and implemented by the provider. We reviewed four people's care records. We spoke with five members of staff, including the registered manager, the deputy manager, a care co-ordinator, and care staff. We met with the registered manager in the office, and observed them working in the office, dealing with issues and speaking with people over the telephone. During our inspection we spoke with five people and three relatives over the telephone.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- Detailed risk assessments had identified hazards and guided staff on how to reduce or eliminate the risk and keep people and staff safe. For example, an environmental risk assessment included an analysis of a person's home inside and outside. This considered areas such as the risk of trip, slip or fall for either the person or the staff member and if there was adequate lighting.
- Other potential risks included the equipment people used and how staff needed to ensure they were used correctly and what to be aware of. Risk assessments were up to date and appropriate for the activity.
- The service planned for emergency situations, such as staff shortages and inclement weather. Additionally, the service operated a 24 hour on call service to support both people and staff.

Using medicines safely

- Care staff were trained in the administration of medicines and people were supported to receive their medicines safely. We saw policies and procedures used by the provider to ensure medicines were managed and administered safely.
- Detailed medicine risk assessments were completed to assess the level of support people required.
- Audits of medicine administration records (MAR) were undertaken to ensure they had been completed correctly, any errors were investigated and learning and changes were implemented to minimise the risk of re-occurrence.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe and staff made them feel comfortable. They told us they had no concerns around safety. A relative told us, "I've asked my [relative] several times if they feel safe with the carers and every time they said they did".
- Staff had a good awareness of safeguarding and could identify the different types of abuse and knew what to do if they had any concerns about people's safety.
- Information relating to safeguarding and what steps should be followed if people witnessed or suspected abuse was available for staff and people.

Learning lessons when things go wrong

- Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded.
- We saw specific details and any follow up action to prevent a re-occurrence was recorded, and any subsequent action was shared and analysed to look for any trends or patterns.

Preventing and controlling infection

- People were protected by the prevention of infection control. Staff had good knowledge in this area and had attended training. The provider had detailed policies and procedures in infection control and staff had access to these and were made aware of them on induction.

#### Staffing and recruitment

- Enough skilled and experienced staff were employed to ensure people were safe and cared for on visits. Staffing levels were determined by the number of people using the service and their needs. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave.
- Staff received regular rotas and any changes were passed onto them by staff in the office. People using the service received a minimum of a two hour care call, and feedback from people and staff was they felt the service had enough staff. One person told us, "They get here roughly when they say they will, they always arrive in reasonable time".
- Records demonstrated staff were recruited in line with safe practice and equal opportunities protocols. For example, employment histories had been checked, suitable references obtained, and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- We found areas of outstanding practice in the effectiveness of the care provided. Staff had creatively and informatively ensured that equality, diversity and human rights (EDHR) was promoted and understood and celebrated by staff and people using service.
- The registered manager and staff organised regular EDHR social and learning events for people, their families and staff. These were held at the office of the service in a dedicated space set up as a comfortable café and learning environment, and staff supported people from the community to attend. The service prominently displayed details of people's protected characteristics and literature signposting people to where they could get further LGBTQ+ information. The service also operated gender-neutral toilets and the registered manager told us, "We want to offer a safe space where people feel comfortable and can discuss what they wish and learn". The information around EDHR displayed in such prominence and passed on in such a sociable and safe setting had created discussion and interest in gaining further knowledge by people, families and staff. Staff were looking to educate older people around the different LGBTQ+ definitions and provided people with a written glossary to help them understand the correct terms and language.
- The service had celebrated the cultural diversity of both people and staff, and staff had a good understanding of equality and diversity reinforced through training. The registered manager ensured that policies and procedures were read and understood, and that staff were aware that EDHR made up a principle part of people's assessments of their care and support needs before they began using the service.
- People's needs were assessed before their care visits started. These assessments were completed by a small number of senior staff. The initial assessment was very comprehensive and included details of the person's health and care requirements, as well as family and social history and information about the things they liked to do. This in-depth, thorough and person centred assessment was a way for the service to check that they were able to care for the person and to determine specific additional training needs for staff.

Staff skills, knowledge and experience

- People and their relatives were supremely confident in the skills of the staff and told us they received effective care that met their needs. One person told us, "They are all very well trained". A relative added, "They manage to do everything that is required for [my relative]". People living with very complex needs were supported by a range of staff with an excellent understanding about the support and care they required.
- When the service was due to support new people with specific care needs, high quality additional training was sourced. The provider had established outstanding links to local health and social care services to help provide excellent healthcare outcomes for people. For example, staff arranged for a specialist nurse to train

staff to manage a person's specific condition and their chosen system of care. The process was complicated, as through the person's choice, they used a system of care that was outdated and not commonly practiced. With consent from the person, staff videoed the process with input from the specialist nurse. This video is used to show staff how the person wanted their care delivered to train them to provide effective person centred support.

- The service had exceptionally detailed ways of training and developing their staff to deliver outstanding care that met people's complex individual needs. The provider had an in-house dementia training programme, which had been accredited by City & Guilds. The training used a mixture of presentations, videos of real people living with and caring for those with dementia, group work, scenarios and role-play both as someone living with dementia and being a carer. This training enabled staff to develop advanced skills to deliver personalised, effective dementia care which enabled people to live at home safely, enjoy their lives, participate in their care and stay in their own homes for as long as possible. The training was given to staff, but also offered to people and their families, and focussed on recognising symptoms and changes in people, as well as techniques to help cope in times where people may not engage or become distressed.
- Other examples of innovative training included, supporting new staff to understand how to care for a person living with dementia who had a complex and changing condition. It had proved difficult for new staff to shadow and learn effectively when in the company of this person as part of their care visits. The registered manager arranged for a member of staff with the most experience of caring for this person to role-play being the person with a new member of staff, and to show the best way to support this person with their varying abilities for walking, toilet support and transfers. This role-play scenario was videoed and was been shared with other members of staff to deliver a consistent approach which the person is used to and aids their understanding and co-operation.
- The service acted upon feedback and was open to collaborate with care workers to deliver training. For example, we saw how one member of staff was present with a person in their home whilst they were almost the victim of a scam. The member of staff recognised this vulnerable person was potentially going to be defrauded and intervened. Subsequently the member of staff now gives training to other staff on how to recognise scams and what they should do if they were concerned. A member of staff told us, "It's about educating people of how easy it is to be scammed. I was offered specific training around scams which I found really useful. I really learnt from the experience and I have since stopped scams from happening".
- Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised. Systems of staff development including one to one supervision meetings and annual appraisals were in place.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The service had a truly holistic approach to assessing, planning and delivering care to ensure that people remained healthy and independent. People using the service and their relatives praised the provider for being proactive in relation to their health. Comments included, "I am 100% confident they know the best way to look after me" and, "They always contact me if [my relative] is unwell and make sure they see the doctor".
- The provider had established outstanding links to local health and social care services to help provide excellent healthcare outcomes for people. For example, a local pharmacy had worked closely with the provider to determine how they can work in partnership to support people living with dementia to still have a role in their medicine administration. In return the registered manager delivered dementia training to the pharmacy team and systems of further assisting people were developed. Staff at the service also trained staff at a local optician on what it was like to live with dementia and the symptoms people experience particularly with sight, perception and hearing. As a consequence, the optician changed their practices with people they saw if they demonstrated indicators they may be living with dementia. In return the optician

delivered eye health training to care staff.

- Furthermore, the provider ran a monthly foot clinic at their office and staff supported people to attend. A foot health practitioner attends the office for the day to treat people and also provide training and guidance to people and staff on common foot complaints for older people, the indicators to look for, how to help people look after their feet.
- We saw examples of how staff had recognised that people were poorly and had contacted the relevant professionals. People were also supported to access and attend routine health care appointments such as visits to the GP.
- Care plans included detailed information on their healthcare needs and how best to provide support. Care records also demonstrated when there had been a need identified, referrals had been made to appropriate health professionals.

Supporting people to eat and drink enough with choice in a balanced diet

- Staff were supportive to people's nutrition and hydration needs by helping them with shopping and preparing food. Staff were knowledgeable about people's preferences and dietary requirements and gave examples of how they needed to remind and encourage some people to eat and drink sufficiently.

Ensuring consent to care and treatment in line with law and guidance

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- The registered manager was aware of the procedures necessary if a person was subject to a Court of Protection order. Staff had received training on the MCA and told us how it applied to their practice. People were given choices in the way they wanted to be cared for, where possible.
- People's capacity was considered in care assessments, so staff knew the level of support they required while making decisions for themselves. Staff told us how people had choices on how they would like to be cared for.

## Is the service caring?

### Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People were supported to further their independence and enhance their wellbeing and quality of life. For example, we were told how one person was keen to remain at home and continue to do the things they previously did before they were living with dementia. It was important for the person to maintain their relationship with the local butcher and staff supported this person to manage their orders and shopping list. This person had in the past held dinner parties and been a very good cook, but due to their condition, was now unable to cook for themselves. Staff supported this person to choose recipes from their French cuisine cookbooks and helped to cook these dishes together.
- Respect for privacy and dignity was embedded in the service and the care its staff delivered. People and staff told us they felt respected and listened to. One person told us, "They always ask me how I am and what I want. It's a difficult situation I'm dealing with and their help makes my life so much easier".
- People's confidentiality was respected. Staff understood not to talk about people outside of their own home or to discuss other people whilst providing care to others. Information on confidentiality was covered during staff induction, and the provider had a confidentiality policy in place for staff.

Ensuring people are well treated and supported; equality and diversity

- People told us they were treated with kindness and respect when receiving care and support. They said staff supported the wellbeing of both them and their families. They spoke of how close they were to staff and how they had built up positive and meaningful relationships together. One person told us, "As far as I'm concerned, my carers are part of my family".
- Staff demonstrated a strong commitment to providing care that met people's needs. They knew people well and had a good understanding of how best to support them. They provided consistency of care staff, which had a positive impact on people's wellbeing, reduced their anxiety levels and provided stability. A relative told us, "We are very pleased with the team of regular care givers who come to our home. It is very reassuring".
- Peoples' equality and diversity was respected. Staff adapted their approach to meet peoples' individualised needs and preferences, irrespective of their beliefs, opinions and lifestyle. Managers and care workers were clear they did not discriminate against any of the protected characteristics.
- Staff recognised that people might need additional support to be involved in their care and information was available if people required the assistance of an advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

Supporting people to express their views and be involved in making decisions about their care

- People were at the centre of how the care was planned and delivered. The promotion of choice, communication, understanding and involvement was implemented in a way that ensured people achieved good outcomes from their care. People were empowered to make their own decisions and staff were committed to ensuring people remained in control and received support that centred on them as an individual. A member of staff said, "The really positive thing about having two-hour minimum calls is that we really get to know people".
- People and their relatives told us they were fully involved in the delivery of the care. Comments included, "They always listen to me, everything is my choice", "Everything was very well thought out when they put the care plan together" and "We're completely involved in [my relative's] care, we work in partnership".

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At the last inspection, we found examples of outstanding practice in person centred care. At this inspection we saw these outstanding practices had been sustained. We also saw further outstanding examples of how the service was flexible and responsive to people's individual needs and preferences and found innovative and creative ways to enable people to live as full a life as possible. People praised the provider's commitment to person centred care and the exceptional results this achieved. A relative told us, "My [relative] has dementia. They support her to live a good life, they really understand her condition".
- People received an exceptionally high standard of personalised care that was responsive to their needs. The care delivered and attention to detail ensured people received outstanding care that increased their sense of worth and improved their wellbeing. The provider offered bespoke care and support to people with diverse needs and individual requirements. We saw examples of ongoing and consistently outstanding care.
- Detailed individual person-centred care plans had been developed, enabling staff to support people in a personalised way that was specific to their needs and preferences, including any individual religious beliefs. These included, people's choices around what they did during the day, for example which room they liked to eat in, their preferences around clothes and personal grooming. Care plans contained personal information, which recorded details about people and their lives. This information had been drawn together, where possible by the person, their family and staff. A relative told us, "We spoke about what we needed and wanted at the beginning, it was all very thorough".
- These in-depth assessments were highlighted to office staff to see potential 'matches' of people and staff around age, gender, languages spoken and interests. For example, one person had very complex needs and had isolated themselves at home. They required care delivered in very specific ways. Staff spent time matching care staff who were able to respond to the person's precise requests and who also had held similar spiritual beliefs which was also important to the person. With the input from dedicated staff, this person gained in confidence and was able to access the local community, join a community group and make friends. People were able to choose who supported them and the service ensured this was done in line with people's preferences for staff they got on well with and who had similar interests. For example, one person had issues with their mobility, staff had got to know them and discovered their taste in music. Staff now sung and played music by the Rolling Stones to them during their visits, which motivated the person to move and engage with their care. A member of staff told us, "I love how the manager's try to fit us carers to the clients. I love nature, outdoors and art, so I'm matched with clients with those interests". We spoke to people about care matching. They gave us examples of being matched with care staff who would be most suitable to effectively meet their needs. One person told us, "I am very happy with my care givers, we enjoy each other's company. I look forward to their visits". We also saw that one person had been matched with a member of staff as they had expressed an interest in learning the language that the care worker spoke. The

member of staff was now teaching this person their language.

- People received care from a consistent and regular staff team. One person told us, "I have regulars, they know what needs to be done". Staff had an excellent understanding of how to support people to live well with dementia. Staff gave examples of how they responded in a personalised way to people's individual needs. They told us this was particularly important where people were living with dementia and experienced anxiety. Care calls were a minimum of two hours to allow for staff to provide personalised care and support. Where people needed additional care this was provided. Examples were seen in the care records where staff stayed longer with a person, for example at their request to accompany them to an appointment.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People continued to enjoy living their lives how they wanted, taking part in interests, activities and being a part of the communities they grew up and identified with. A central focus of the service was to support people to fulfil valued roles as members of their local community, and to enable them to freely access local services and facilities. The provider had forged strong community links to support their work in developing people's presence and independence. For example, one person was living with the early stages of dementia and was still driving their car locally. It was important for this person to drive themselves to the shops once a week. There had been some concerns with the person's ability to drive safely, however they did not want to stop driving. Therefore, with consent, staff arranged for a care worker who used to be a driving instructor to follow this person each week in their car to observe the person's standard of driving and report any issues or concerns. This arrangement had given confidence to the person and their family in respect to their standard of driving. Once at the shops, the care worker also assisted the person to buy their groceries. This input from staff enabled the person to continue to drive and be independent.

- The provider was at the heart of its communities and was involved in a number of community initiatives providing a service and a safe space for people living with dementia to come together. The provider was involved in setting up 'Forget-me-not Cafés', hosting people living with dementia, their carers/family and friends. These were free of charge and offered companionship, peer support, talks, wellbeing activities, advice and fun. The cafés were set up in local communities and also within the providers office. Staff supported people to attend the café and they took part in activities which included, Tai Chi, African drumming, music, singing and education events such as workshops and presentations. Furthermore, the provider was in the process of developing a 'dementia allotment' to cater for people who had an interest in gardening.

- Staff understood what was important to people and what mattered to them individually. For example, one person's health had declined and they were admitted to hospital. The most important thing in this person's daily life were their cats and they were very anxious they were cared for. Staff arranged for care staff to visit the person's home every morning to look after the cats. The care staff would video the cats on their phones then go straight to see the person in hospital to share the videos, reassure them and support them with eating their lunch. This input calmed and motivated the person to engage in their treatment which took several weeks, and they were able to return home for the end of their life with their beloved cats.

- We saw examples of staff supporting people to attend important events in their life and maintain friendships with people. For example, staff supported one person to attend a family wedding. Another person was supported to organise an exhibition to display their artwork in a local gallery, and a further person was regularly supported to visit their friend who lived in a care home.

- Practical and imaginative technology was also used to entertain people and support them to receive timely care. People were issued with a tablet device designed specifically for older people. The tablet had large buttons and sensitive touch screen making it easy for older people to use, even if they were reluctant to use technology or had never used technology in the past. The tablet enabled people to stay in touch with their loved ones and also their care workers and office staff at the service. Furthermore, the tablet provided stimulation through games, photo sharing and music.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- We saw evidence that the identified information and communication needs were met for individuals. For example, information leaflets about the service could be translated into braille or large print. Staff ensured that where required people's communication needs were assessed and met.

### End of life care and support

- Nobody receiving a service was receiving end of life care. However, we were told that peoples' end of life care would be discussed and planned, and their wishes were respected should this be required.

### Improving care quality in response to complaints or concerns

- People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed. A relative told us, "I've not needed to complain, but I know we have information on how to". The procedure for raising and investigating complaints was available for people in their homes, and staff told us they would be happy to support people to make a complaint if required.

## Is the service well-led?

### Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

#### Working in partnership with others

- The provider was involved in numerous community initiatives, in partnership with other health and social care organisations. These were all based around supporting people to remain independent and to feel part of the societies they lived in. The registered manager had been instrumental in setting up a network of 'Forget-me-not Café's' both in the office of the service and local communities. These cafes provided outstanding opportunities for people living with dementia and their families to meet, learn, have fun and have their health and wellbeing improved.
- We were shown numerous testimonials from stakeholder organisations including Kent County Council, The Alzheimer's Society, Westerham Town Council, Age UK and other care providers. Feedback from people involved with the cafes included, "[Registered manager] has built up from scratch one of the most established and successful dementia friendly communities in Kent which works collaboratively across the community to support individuals affected by dementia", "[Registered manager] has trained all our volunteers and run Dementia Friendly Sessions in the community. Home Instead have always provided excellent support and we have built on that work by organising two Memory Walks. Westerham Town Council could not have set up the Forget-me-not Café or carried out any of its dementia work without the invaluable support of [registered manager] and Home Instead Senior Care", "[Registered manager] has engaged and led award winning dementia friendly community initiatives across west Kent over a number of years, successfully fundraising for and establishing the Forget-me-not Cafés which support people in smaller communities who often find it more difficult to access bigger towns, combatting social isolation and loneliness", and "Over the past 18 months, I have seen first hand the positive impact these cafes have not only on those with memory issues, but also a support network for their friends, families and carers".
- The registered manager demonstrated an exceptional commitment to enabling people to live well with dementia. They worked as a dementia friends champion within the local community to deliver awareness sessions for members of the public to increase understanding of dementia and how they can help people. This had led on to supporting local businesses, which people using the service used, to become dementia friendly services. The registered manager had trained over 100 people in dementia awareness within the local community, as well as providing free training in dementia for families of the people the service supported. Feedback from a volunteer was, "As an extension of her own staff training programme [registered manager] has developed a very popular and well attended series of workshops for carers of people with dementia". This outstanding practice of participation in the local area and its events had significantly increased people's confidence, skills and wellbeing, and had also assisted to educate the local community about the service and the condition of dementia.
- It was important for the registered manager to raise awareness to the public about people living with

dementia and therefore members of the public were invited to attend the forget me not cafe. It was clear people received outstanding outcomes in respect to their quality of life, learning and playing an active part in their community. A volunteer told us, "[Registered manager] organises the activities and is very passionate about helping those with dementia lead fulfilling lives. To volunteer at the café is a privilege, as there is such a noticeable difference to those living with dementia who come".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives told us the service was exceptional and distinctive. Comments included, "The service is run with compassion, common sense and good judgement", "It is very well led with approachable management. They always answer the phone, always contactable if there's a problem", "There is trust between the carers and the clients", "They are so much better than any other care agency I have used or hear about" and "I am extremely happy. It is all very well organised and they are there when I need them". There was an open culture at the service. Leaders and managers made themselves available, led by example and modelled open, co-operative relationships.
- People and staff spoke extremely highly of the service and felt it was well-led. Staff commented they felt totally supported and had an excellent understanding of their roles and responsibilities. One member of staff told us, "Can I just say I love working here. It's the best company I've ever worked for. We are all a team, even though each care call is an individual. I'm really happy". Another member of staff said, "The level of care is excellent, and the management team are excellent. Communication between carers and management is open".
- The registered manager and staff told us that the care of people using the service was the most important aspect of their work and they strived to ensure that people received high quality, care. The registered manager said, "We build good relationships with people and their families and people are genuinely pleased to see us. We try to enable people to do as much as they want to in their day, we want them to be happy and fulfilled and our staff want to do this".

Continuous learning and improving care

- The service had a track record of being an excellent role model for other services. It worked in partnership with others to build seamless experiences for people based on good practice and people's informed preferences.
- We saw many testimonials from other care providers regarding joint working and the care delivered. These included, "Your enthusiasm for your work and commitment to make positive changes in the dementia community is outstanding and thank you for involving us in your work" and, "At no time has my experience of working with Home Instead been anything but positive. Their dedicated focus is on what is best for their clients, and that is clear, in my experience, from everything they do".
- The service had a strong emphasis on team work and communication sharing and staff commented they all worked together and approached concerns as a team. One member of staff told us, "I have never worked with staff who have each other's backs as much. There's a clear line of communication between carers, management and clients which helps. We swap ideas and learning, so if you're struggling with something then the others would ask 'have you tried this?'".
- The registered manager ensured that staff had an excellent understanding of caring for people with dementia and understanding the condition. For example, the registered manager had sourced virtual reality training equipment that enabled staff to visually and tactilely see and feel what it was like to live with dementia.
- Staff had a good understanding of equality, diversity and human rights and explained how they would make sure that nobody at the service suffered from any kind of discrimination. Feedback from staff indicated that the protection of people's rights was embedded into practice, for both people and staff, using and working at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were consistently high levels of constructive engagement with staff and people who use services. Feedback was used to drive improvement.
- Client surveys were completed and the responses reflected that care workers were of high quality, and delivered a person-centred and professional service.
- Staff meetings and staff satisfaction surveys were carried out, providing management with a mechanism for monitoring the service provided. The provider told us how they encouraged staff to engage with the service and continually improve.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The provider undertook quality assurance audits to ensure a good level of quality was maintained.
- We saw audit activity which included health and safety and medication. The results of which were analysed in order to determine trends and introduce preventative measures. Senior staff also carried out home visits, reviews and spot checks to ensure that standards of care remained high.
- Policy and procedure documentation was up to date and relevant in order to guide staff on how to carry out their roles. There was a clear management and governance structure with different teams responsible for various parts of the business, some of these were independent to the operations side of the business which meant there was a degree of impartiality.
- Notifications to CQC were submitted in a timely manner and there was evidence that the provider acted swiftly when concerns were raised. Learning outcomes from complaints, incidents and safeguarding concerns were used as an opportunity to drive improvement.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.