

Silverlight Care Limited

# Home Instead Senior Care - Eastbourne and Hailsham



## Inspection report

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Date of inspection visit:  
05 October 2017  
06 October 2017

Date of publication:  
05 December 2017

## Ratings

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

# Summary of findings

## Overall summary

The inspection took place on 5 and 6 October 2017 and was announced. This was the first inspection of the service since registering at this location in May 2016. During this inspection we found no breaches of regulations and we found people received an excellent, high quality service.

Home Instead Senior Care (Eastbourne and Hailsham) home care service is a domiciliary care agency which provides personal care to vulnerable adults in the community, the majority living in the vicinity of Eastbourne, Polegate, Hailsham and surrounding countryside. The service provision varies from a minimum one hour visit daily to support people with personal care but also provides companionship services, home help services and dementia care services. The registered manager told us personal care support was currently being provided to approximately 29 people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was exceptionally well-led. The registered manager and senior management team were praised by all we spoke with for their caring manner, open and approachable management style. Care staff all told us of the excellent training, fantastic supervision and support they received.

There were robust systems in place to regularly monitor the service and make continuous improvements. These included audits, home checks, and satisfaction surveys. Where results identified areas for improvement these were delegated and acted upon to ensure accountability. People told us the service was exceptionally well run, all rating the service as first-class.

The service worked creatively hard to improve care for older people locally, supporting initiatives such as a dementia café, 'Dementia Friend' awareness (a national dementia scheme) and signposting to other agencies that might be able to help people and relatives such as day care.

People were supported by staff who demonstrated kindness, enthusiasm and passion. Staff gave countless examples of going the extra mile without thought. People mattered and came first. Small teams of staff knew people well, were matched to their personalities and understood their physical, social and emotional needs. We heard countless examples praising staff for their care and kindness. Comments from people we met included, "They are all bright (staff), all excellent. They help me with companionship and personal care, laundry. 11/10 I'd say – good humour, I'm well cared for and kept clean."

People told us they felt safe. They said they received a punctual, consistent and reliable service. Home Instead knew people exceptionally well, had a system for identifying the most vulnerable people, which meant their needs would be prioritised if there were any problems affecting service provision. People were

protected from abuse and harm because staff had completed training in safeguarding adults, and knew how to recognise and report safeguarding concerns. Home Instead had worked closely with the professionals and the local authority to report and investigate safeguarding concerns and take any action necessary to keep people safe. Staff had received training in possible scams which older people might be vulnerable too. This knowledge helped protect people. Risks to people's health and safety were well managed. Before people began receiving a service an in depth assessment was carried out to assess any risks to the person using the service and to the staff supporting them. Where people needed assistance with medicines, staff had received training and knew how to support people safely. A new "real time" medicine system was being trialled within the service to further ensure people's medicines were well managed.

Staff had the skills and knowledge to meet people's needs effectively. Staff received excellent, specialised training on Alzheimer's and dementia care and a range of topics relevant to the needs of the people who used the service. Staff were recruited based on their values, kindness and compassion. Recruitment and induction checks were thorough. Reflective practice was encouraged to enhance staff skills and people's care. People's health needs were monitored and prompt action was taken to address any concerns or changes. The service had good links with local health and social care professionals and supported people to seek advice and treatment promptly when necessary.

People received an extraordinary, responsive service which was tailored around their unique needs. People's needs were assessed and reviewed regularly to ensure people's choices, aspirations and preferences were met. Individualised care plans were drawn up with each person before the service started. The care plans contained easy to read and clear information about each task the person wanted support with but also the individual ways people liked their support and care delivered. The care plans explained how to support and encourage people to remain independent, support them to socialise and improve their health. People were confident they could raise any complaints or concerns with the provider and these would be dealt with promptly and satisfactorily.

## 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.

Risks were identified and managed in ways that enabled people to make choices and be as independent as they could be.

There were sufficient numbers of suitable staff to help keep people safe and meet their individual needs.

People received their medicines when they needed them and these were managed and administered by staff that were competent to do so.

People were protected from abuse and avoidable harm.

### Is the service effective?

Good 

The service was effective.

Staff received a comprehensive induction and on-going training to make sure they had the skills and knowledge to provide effective care to people. Specialised training in dementia care was provided to support people.

People were supported by staff who knew how to ensure their legal and human rights were protected.

People received the support they needed to maintain their nutrition and hydration, and ensure their health needs were met.

### Is the service caring?

Outstanding 

The service was exceptionally caring.

People were cared for by staff that were special. They were kind, patient and professional and treated people with dignity and respect. Staff we met gave many examples of going the extra mile. People always came first.

Staff were committed to promoting people's independence and supporting them to make choices. Staff cared for people as they would close family. Dignity and respect for people was apparent

in all interactions we observed.

There was an ethos of involving and listening to people who used the service.

### **Is the service responsive?**

People's feedback described the responsiveness of the service as remarkable.

People received care tailored to their preferences. People were supported by staff that had been matched to their personalities, like and dislikes.

Care plans were thorough, person-centred and reviewed with people to ensure they reflected their current needs.

The service had an effective and thorough process for managing complaints which people told us they would feel confident to use.

Activities were tailored to people's interests, reduced social isolation and helped people develop friendships.

**Outstanding** 

### **Is the service well-led?**

The leadership, management and values of Home Instead (Eastbourne and Hailsham) were distinct; the service was very well led.

People were supported by a highly motivated and dedicated team of management and committed staff. This supported people to feel empowered and voice their opinions.

The provider was forward thinking and had developed links with the community which enhanced people's and families quality of life and knowledge. Continual investment in technology, training and staff ensured people received an outstanding service.

The staffing structure gave clear lines of accountability and responsibility and staff received excellent support.

There was a robust quality assurance programme in place which monitored the quality and safety of the service provided to people and ensured continuous improvement.

**Outstanding** 

# Home Instead Senior Care - Eastbourne and Hailsham

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 5 and 6 October 2017 was announced. We gave the service short notice because we wanted to meet the registered manager and needed to be certain they would be available during the inspection. This also gave the registered manager sufficient time to ask some people if they would be willing for us to visit them and to complete comment cards we provided to ask for their views of the service. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included statutory notifications (issues and events affecting the service providers are legally required to notify us about), other data and enquiries. A PIR (Provider Information Return) had not been requested prior to the inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We requested additional information during the inspection from the registered manager.

During the inspection we went to the provider's office and spoke to the provider and registered manager. We spoke with seven other staff. These included staff supporting people in the community, in addition to the office staff. We spoke with the compliance, development and training manager; the care co ordinator responsible for scheduling visits and undertaking spot checks and the office administrators who welcomed people and staff to the offices and handled telephone enquiries. We visited four people in their homes and attended the memory café where we met people who received support from the agency, other local people and their families and met staff helping with the organisation of the afternoon. We received 13 comment

cards from people who used the service. We also reviewed comments members of the public had left on a care review website.

We looked at a range of records relating to people's individual care and the running of the service. These included three care and support plans, six staff personnel files and records relating to staff training, staff rotas and the quality monitoring of the service.

## Is the service safe?

### Our findings

People told us they felt safe using the service. One person said, "I feel very safe that they come and see me". They told us Home Instead provided a reliable service, telling us, "I feel safe when they are here"; "They are punctual"; "The environment is safe and hygienic"; "Help is always at hand"; "My home is kept clean and safe" and "They've never been late for my calls."

People were kept safe by staff who understood how to identify the signs of abuse and what action they would need to take if they witnessed or suspected that someone was being mistreated. This included an understanding of which external agencies they would need to alert. There was an up to date safeguarding policy in place which staff were aware of. Staff confirmed that they had undergone training in this area. Comments from the registered manager included; "We talk about safeguarding and people's safety in recruitment, the different types of abuse. There is new safeguarding update training – we always encourage staff to feedback any concerns, no matter how small. There is an on call service 24/7. We always take all the details however small, there is an open, friendly approach to encourage staff to raise concerns. Staff confirmed, "I ring all the time and they are great, one Saturday I called three times, I didn't hesitate to call and got all the advice I needed."

Some staff supported people to buy their shopping and prepare meals. Where staff were handling people's money, clear processes were in place and receipts of expenditure kept and audited for accuracy.

People could be confident staff were safely recruited. Recruitment was robust; staff were chosen very carefully and based on their values. Values were tested by through interview questions to check staff attitude, personality and match staff with clients. Records showed that the necessary checks were undertaken prior to an applicant commencing their employment. This helped ensure the right staff were employed to keep vulnerable people safe. Four references were checked, two professional and two character references and staff completed a Disclosure and Barring Service (DBS) check. These ensure the applicant did not have any criminal convictions or been barred from working with vulnerable adults.

People were kept safe by sufficient numbers of staff and there was adequate cover for sickness and unforeseen events. Staff told us they worked flexibly as a team to meet people's needs so people were supported by staff they knew. People confirmed home visits were never missed and they were notified if staff were running behind schedule. People had information about the staff who would be visiting in their homes so they knew which staff to expect on particular days. This information was available in large formats for people with sight difficulty.

Staff told us visits were a minimum of one hour, they confirmed if they were running late they would ring people and let them know and advise the office. The service used a Freephone telephone system (known as "IQ" timecard). On arrival to people's home staff contacted the office using this system. If staff were over 15 minutes late, this triggered the office to call and check staff and people were safe. This system allowed the providers to check people had received their visit as planned and on time. People we spoke with and who provided feedback all commented on the reliability and punctuality of staff.



At times of sickness, holiday or when new staff started there were introductory meetings so people knew the staff that would be providing care. One person told us, "[X] is always punctual and comes when expected. If she's not able to, another carer comes who I am familiar with." People all told us they knew and trusted the staff that supported them. All staff wore identification badges and people confirmed they would never have a staff member visit them they did not know. Staff told us, "We are asked to come in and read about people before the initial visit, we are introduced. It puts the client and us at ease."

Health and safety checks were undertaken to ensure people's homes, utilities and equipment were safe and in good working order. Lone working procedures were in place for staff. Staff knew to report any environmental concerns.

People were kept safe by staff who understood what action to take in the event of an incident and followed internal procedures for reporting and documenting these. Staff described a recent incident where they had been required to act quickly and alert emergency services. Staff had received fire training and were aware of the exits in people's homes and emergency procedures to follow in the event of a fire.

People were supported by staff who managed risk effectively. Staff told us, "We read people's care plans, check equipment, medicines and record everything." People had documentation in place relating to the management of risks associated with their care. The risk assessments were detailed and provided staff with specific information on all areas where risks had been identified. This included environmental risks within the person's home, as well as risks in relation to their care and support needs.

Staff understood the importance of a person's choice, regardless of disability, to take everyday risks and to keep people safe but not be intrusive when they monitored them in their home. Staff balanced actively supporting people's decisions so they had as much control and independence as possible with ensuring their safety at all times. Staff gave examples of how they supported people to manage their own mobility as far as possible but being mindful of potential risks and ready to step in and support as required.

People were safely supported with their medicines if they required, and had care plans in place which detailed the medicine they were prescribed and the role staff were required to take. Staff who were responsible for administering medicines received thorough training. Training included explanation of medicine administration sheets, practical observation of administration, watching films about medicine administration and practical teaching sessions for example with eye drops. Staff competency was checked through shadowing, observation, knowledge tests and scenarios. Staff confirmed they understood the importance of safe administration and management of medicines. One staff member told us, "We have gone over medicines a few times. I've been observed doing medicines. Any queries I ask [x]. I document any refusals and report." Staff confirmed stock checks occurred each day to ensure people had received all of their medicines. Good records were in place in relation to specific medications for example body maps were used for pain relief patches.

## Is the service effective?

### Our findings

People received an effective service from staff that understood their needs and supported their well-being. All people spoke positively about the skills, knowledge and experience of the staff supporting them. Comments we received included, "All staff are well trained".

Home Instead had its own training department and training manager, providing training to small groups of staff to stimulate discussion and reflection.

The agency had developed a comprehensive induction programme for new staff. This included four taught days which staff had to pass to continue with their 12 week induction. The programme "Safe caregiver" included information on health and safety, safeguarding and covered a range of essential topics such as policies and procedures, infection control, health and safety, medicine administration, moving and handling, the mental capacity act and equality and diversity. New staff then went on to shadow more experienced staff to build on their knowledge and experience.

Staff new to care shared, "The induction was comprehensive and I liked and needed that, I loved it. Felt I needed to do the workbooks and Care Certificate, all very helpful." During the three month probation staff completed the Care Certificate, a detailed national training programme and qualification for newly recruited staff, 'spot checks' were undertaken and staff practice observed to ensure competency. Observational checks included assessing staff communication and their interactions with people. Staff told us the induction process gave them the skills and confidence they needed to support people effectively. One member of staff said, "I used to just do companionship but someone I was supporting became unwell and required personal care. The training was brilliant – felt I had all the training I needed, never been left with a client until I felt comfortable – always at my pace, it is never frowned upon if I say I'm not ready."

Staff were encouraged to complete the Home Instead franchise unique Alzheimers accredited course. This six week course went through the signs and symptoms of dementia, diagnosis, how to communicate with people to best support their individual needs. Staff gave an example of undertaking this and then having a better understanding of supporting a person who had been sexually inappropriate, they shared they were better able to understand where these behaviours originated from. In addition, the provider had places on the "dementia bus" training in October to enable staff to have an experience of what it might be like to live with dementia.

Staff said they felt very well supported by the provider, registered manager and their colleagues. There were good informal support networks and staff regularly visited the offices for a chat, cup of tea and cakes. They received three monthly supervisions (one to ones) and an annual appraisal. Reflective practice was encouraged for example we were told of a new staff member who had put cold water in someone's tea so it was cool enough for them. Their reflective account shared how next time they would ask whether this is what someone would have wanted despite it being done with best intentions.

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. We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). Staff had received training and demonstrated an understanding of the requirements of the MCA. When people lacked the mental capacity to make certain decisions, the service had followed a best interest decision making process. Care plans showed that the service had initiated these discussions when required and contributed to best interest processes for a range of decisions, including when the service had been concerned people were neglecting themselves.

People told us staff supported them to maintain their hydration and nutrition where required as part of their support package. Where there were concerns about people's food intake staff had gone above and beyond to cook homemade meals for them at home and bring them to them. For those people staff had noticed struggled to eat well, referrals to community dieticians were arranged promptly and support with meal preparation or home delivery of meals was arranged.

Care records showed that staff supported people to access appointments if needed and liaise with health and social care professionals involved in their care if their health or support needs changed. Good working relationships had been built with people's doctors and district nurses. The service sent a letter to people's GP's to advise they were involved when people started using Home Instead. Staff shared how people's needs had changed as their dementia advanced or they had aged and their health deteriorated. Additional visits were put in place promptly for people at these times.

## Is the service caring?

### Our findings

Home Instead (Eastbourne and Hailsham) was a relationship-led service; this meant staff were matched with people and vice-versa to build a trusting relationship as quickly as possible. 100% of people in the feedback survey believed they were well matched with staff. One relative shared, "Mum has bonded very quickly with the carers who were carefully chosen to match mums needs and personality." Another relative commented on the genuine and caring nature of staff employed, "The staff that came into mum were like angels in my eyes, even bringing me hot coffee and pastries in the mornings after long nights!"

People told us the care staff who visited were very caring, would always ask them how they were feeling and what they would like help with. People valued the companionship, comfort and assistance provided. Staff told us, "It's hands on, all about building relationships with people, getting to know the person." Comments we received all praised the high quality care and attention people received, "Everything has been excellent, cannot fault a thing. Carers are wonderful and treat me with dignity and respect. They have, without fail attended to all my needs and requests"; "I'm listened too"; "Very caring and helpful, I look forward to them coming"; "Staff are caring, treatment excellent"; "Help is always at hand."

Internet comments left on the care home review site were outstanding. They included, "highly recommended to me by a rehabilitation centre as the best care"; "I've been matched with an ideal carer and one of his greatest assets is making me laugh."

The values and culture of the service were evident in all our discussions – compassion, caring, adaptable, flexible and willingness, without thought, to go the extra mile for people. The service was organised so staff had time to care for people. The caring ethos was evident throughout policies, staff rotas, care plans, home visits and all discussions we heard. People came first. The registered manager told us, "I really love what it is all about, hearing about the amazing lives they have." We observed the affection staff displayed for people during the inspection. Everyone we spoke with commented on the generosity and kindness of all staff at Home Instead. One person commented, ""Everyone listens when I speak to them – a wonderful lot of girls".

We observed office staff welcoming and greeting staff throughout the day. All staff we spoke with told us they felt cared for and valued. We heard moving examples of how staff had supported people, for example giving someone a pot plant which seemed to have helped distract them from their pain and another staff member finding out one person enjoyed painting and colouring so they had bought them art materials. This had also helped occupy their minds and forgot their health needs. Other staff had considered how they could build relationships with people they worked with and had made up World War 2 quizzes which the person enjoyed and kept them stimulated. Thoughtful staff undertaking drives out with people brought them a packed lunch for the journey and one member of staff took a person flowers as their own daughter had been unable to visit. A review comment left by family told us, "On several occasions the carer came in for her contracted hour, and stayed much longer, even accompanying mum to hospital. Throughout the whole time the carers were incredibly sensitive, caring and really focused on the person." Going above and beyond was the norm at Home Instead, "The carers visit three times a day. They will always go the extra mile to ensure Dad's safety and well-being. Nothing is too much for them."

The registered manager told us that staff retention at the service was good. This meant people received a consistent service from a team of care workers they knew and trusted, and who had an excellent understanding of their support needs. Consistency of staff meant strong relationships had been built with people and their families. We observed through our discussions with staff and family and during home visits that people were nurtured and they mattered, they were treated as family. One person commented, "I have been so chuffed with your service, [x] has been like a breath of fresh air in my life."

Care plans and life journals had the personal details which enabled staff to deliver care according to people's wishes and supported them to have conversations with people, for example "[X] likes beautiful flowers and the 'X factor' on television. Where people had fallen, staff worked hard to rebuild their confidence and independence again so they could still do their favourite things and didn't become socially isolated. One person was being supported by staff on short walks up and down the stairs and within their accommodation following a fall so they were once again able to go to their favourite café. This supported the exercise plan in place from their health care team.

The caring ethos of the provider and registered manager were felt by people, staff and visitors alike. One person told us, "My family and your staff make me so happy" and a relative, "We consider ourselves blessed to have found such wonderful people." We observed the interactions of the provider, registered manager and staff at our visit to the dementia café. Staff welcomed and greeted people with friendliness and warmth, staff held people's hands, hugged people and danced with them to the singers which had been arranged. Staff had baked cakes in their own time for the event. People felt included and told us how the setting up of this monthly event had made a positive difference to their lives, reduced social isolation, helped them make friends and feel valued. They looked forward to coming and they shared how they looked forward to the day for weeks.

Staff loved their jobs. One told us, "It's all so lovely, we really do make a difference to people." One staff member we met had come 12th out of 180 nominations for the "Caregiver of the year award" (a Home Instead franchise award). We met them during the inspection in tears because they were going on holiday and not going to see a person they visited and deeply cared for. They had also supported people and taken all their washing home to launder, with the person's permission, when the person was struggling with this. A relative commented, "They have all enriched my mother's life, never let us down."

There was an ethos of involving and listening to people who used the service. People's interests were noted and this skill helped people to build trusting relationships with staff. For example, one staff member was matched with a person based on their joint love for a particular football team. These discussions had created a bond between them which had led to the person being able to share personal worries with staff. One person we visited told us, "They are all beautiful. We have such a laugh and a joke, so helpful. Don't know what I'd do without them." The communication skills of staff had helped develop trusting relationships with people reluctant to accept help. For example, staff gave people time and patience; the service learned who the person trusted most, which enabled people to express their feelings. Gradually staff were able to improve their quality of life through the rapport that had been developed. This person now had a better diet, improved social circle and was enjoying trips out with staff. Another example was staff supporting one person to re-engage with their garden and grow vegetables again which gave them a sense of purpose, enjoyment and kept them mobile.

During our visits to people, staff had an enquiring nature. There was no pressure of time felt as staff spoke with people and listened to their memories and stories. Every small detail of their conversation was heard, for example one person we visited said a new staff member didn't close their curtains as they liked. This was noted immediately and addressed so the staff member knew for next time. People were involved and

consulted in drawing up and regularly reviewing their care plan. People were asked for their views during their home visits and in quality assurance survey. Comments from the 2017 quality assurance survey included, "Carers are very caring, friendly and approachable"; "Management team and the whole company have impressed me by how efficient and caring they are"; "The most excellent, caring service"; "The experience of mum's care has been very positive. They all bring something different to mum. I sometimes ask her if she is happy with the ladies and it is always an unreserved yes."

People cared for staff too. During our visits to people they asked about staff that had left, happy to hear they were doing well and interested in their lives. Staff were committed to promoting people's independence and supporting them to make choices. Examples were given of people whose health had deteriorated but they wanted to remain at home. The service worked flexibly to enable them to remain at home being cared for by people they trusted and loved.

People told us that care staff treated them with dignity and respect. One person said, "Staff respect me and my home" and a relative, "They treat my mother with the full dignity that she deserves... full marks for the carers." Care workers described how they respected people's privacy and dignity when supporting them with personal care, knocking before entering and making sure the curtains were closed. They told us how they supported people to do as much as they could for themselves, and we saw that care plans promoted this, for example, "[X] can wash her face and top parts of her body independently". Staff didn't wear uniforms so people received a service without other's in their neighbourhood being aware. Data protection procedures were in place so people knew their private information would be kept confidential and secure.

## Is the service responsive?

### Our findings

Care people received from Home Instead (Eastbourne and Hailsham) was organised around their needs, diverse circumstances and social stories. This exceptional, distinctive ethos of care and outstanding staff skills enabled innovative, responsive, individualised packages of care to be delivered. For example one person was isolated in their home, had very low confidence and unable to access their money which was a distance away. This had meant they were not caring for themselves. They were not eating well and didn't have the clothes and equipment they needed. The service matched the person with a staff member who was good at rebuilding trust and liaised with social workers to arrange for the person's money to be closer to their home. The support with finances meant the person received a considerable back payment of unclaimed money owed to them. They were able to purchase a 4 wheeled rollator walking frame, home essentials and quality food. They were now enjoying activities and a better quality of life.

Feedback from people and relatives was exceptional, all saying how people's quality of life and social isolation had been reduced, how proactive the service was to address people's diverse needs promptly and with skill. Comments we received included, "We've received an excellent, reliable service from Home Instead tailored to the needs of my mother"; "Following my father's recent emergency admission to hospital, the carers increased the care package on the same day meaning mum was able to stay at home" and "Everything from the initial enquiry onwards has been dealt with in a positive manner"; "The agency responded instantly to mum's changing needs."

People received a flexible service that was tailored to their unique individual physical, social and spiritual needs. The registered manager consulted thoroughly with each person and/or their families and representatives to draw up and agree a plan of their support needs. There was also input from health and social care professionals if required. People confirmed they had been involved in setting out how they wanted staff to support them in all aspects of their care. Personalised care and attention to detail was evident throughout the inspection.

Home Instead carefully matched staff to people's personalities and needs. People's backgrounds, interests, the age and gender of staff were considered. After the initial visit and introduction, checks were frequently made to check with people they were happy with the staff who visited. Staff were aware of the challenges people experienced as they moved between services and how important consistency and excellent communication was. One relative commented in an online review, "Although my parents were initially resistant to care input, the carers were carefully matched to their personalities and needs." This helped people who were reluctant to receive support in their homes. For example, one person was reluctant to receive paid care and concerned about their neighbours' views. Staff were matched closely to the person's age and didn't wear uniform so not to draw attention when visiting. A rapport was established enabling the person to go out again and reduce social isolation. This gave their daughter peace of mind. The minimum one hour visit allowed this, ensured care was never rushed, and changing needs were quickly identified.

Responsive care was provided through knowing the whole family's needs. For example, one person the service supported had dementia, their family support network also had end of life health needs. This meant



the support family were able to provide, fluctuated. Home Instead adapted what was required, without hesitation, according to the families' situation. This was a tremendous support to the whole family. When another person had a fall and required hospital admission, Home Instead ensured a smooth transition liaising with the hospital in the absence of family, ensuring the person had everything they required in hospital, for example clothes and that their needs were known to hospital staff. A review of the person's care was undertaken by the registered manager to ensure that as soon as the person was ready for discharge, the service was prepared. This meant the person was able to return home as soon as possible. A high staff to client / person ratio meant the service could adapt and be flexible when people's needs changed quickly. The registered manager told us, "We engage with the clients in hospital, visit them in hospital, and talk to the professionals providing their care. This helps us prepare for getting them home. Our interventions have also prevented clients being discharged before the correct package is in place, thus preventing re-admission."

Another example was a person who was living with dementia and had no family support locally. The person's physical health deteriorated and their ability to care for themselves became a concern. Home Instead became the link to co-ordinating professional support. This meant being responsive as medicines were prescribed which required an immediate change to visits, accompanying the person to hospital, and changes to their diet implemented to improve their well-being. This personalised support, tailored around the person's changing needs, meant they were able to stay at home. This enabled them to remain as independent as they wished, and we heard they were now enjoying trips out for fish and chips, visits to local attractions and we saw them enjoying a dance with the registered manager at the dementia cafe.

As staff worked alongside people they completed life journals together. This helped staff develop a deeper understanding of people and provide care according to their unique needs. Staff were exceptional at thinking of how people's values, beliefs and previous hobbies could be used to improve their quality of life. These important journals would be helpful to other staff when the person was no longer able to express their wishes and communicate. The service also offered companionship which included taking people to watch the opera they loved, another person loved cars so staff were trying to arrange for one person to test drive a Mercedes. Social isolation and loneliness was reduced through the setting up of the dementia café where they were able to meet other older people from the local area, have a chat, engage in one of the many planned activities, and have cake and tea.

Activities were personalised and unique to people. One person liked the arts and staff arranged for them to attend the local theatre and a dementia friendly art workshop. This helped reduce her social isolation. We were shown a photo of her at the theatre looking very happy. The provider also gave staff a monthly activity resource to share with people in their homes. This resource included quizzes and activities to provide interaction and stimulation for people.

Home Instead staff planned care proactively around people so they felt consulted and listened to. For example we were told about someone who had been resistant to support with their diet but with time they accepted help in this area. Detailed assessments and care plans were person centred and included medical details, risk assessments, information about daily routines, the support people needed with activities of daily living, and information about their background and interests. This ensured the correct level of care was provided. For example, when a person's cognitive ability declined, best interests meetings and alterations to care occurred quickly.

Copies of the care plans and risk assessments were in the office and each person's home. There were signed forms consenting to the provision of care, guidance about how to make a complaint and contact details so people knew who to contact at the agency for advice or support. The plans were detailed, easy to read, and



gave staff good information on how to support the person with each task. A relative commented, "I am also impressed with the full details that record in the daily log my mother's care."

We saw care plans had been recently reviewed which meant the information they contained about people's support needs was up to date. Care plans were reviewed frequently with people and as their needs changed. The care plans we read reflected the care of the people we met and staff feedback about people's lives, routines and hobbies.

The agency provided regular additional information and updates to staff to ensure they were kept well informed about the people they were supporting and the service. This helped to ensure the support provided was responsive and flexible. Staff told us they were always kept informed about people's needs and any changes to people's care. The weekly office meeting included discussion about client reviews which were due and any changes. A system called, "people planner" ensured office staff had thorough notes of any calls from people, relatives or professionals. Any actions from enquiries were allocated to staff to increase accountability and ensure action was taken, for example if a doctor required information. The information held on "people planner" was analysed for themes and trends and provided a clear history of events.

Quality assurance processes and reviews of care ensured people, relatives and professionals experiences and views were listened too. For example, a survey had identified that the office responsiveness had fallen to 90% satisfaction. This was due to there not being consistent administrative support across the five day week. The management team responded immediately by recruiting another administrative person.

The service had an effective complaints policy, which meant any complaints would be documented, investigated and responded to within clear timeframes. We reviewed a complaint received by the service which had been thoroughly investigated. The registered manager told us, "We establish an environment of openness with our clients where they feel they can feedback to us. This means that complaints are infrequent. When we do receive complaints we ensure these are fully investigated, that there are clear outcomes and actions are communicated." People told us they would not hesitate to raise any concerns if they had any, and were confident they would be taken seriously. Comments included, "Any issues are dealt with" and, "Any concerns I would call the office."

## Is the service well-led?

### Our findings

The service was exceptionally well-led.

Home Instead Senior Care (Eastbourne and Hailsham) was a family owned service. The office was part of Home Instead Senior Care, a world-wide, award winning company specialising in high quality, relationship based care. They were the first care provider to receive the Queens Award for Enterprise for its innovative, committed approach to care at home.

The provider and registered manager shared with us the start of their journey when they bought the business, "We sat down and thought deeply about the culture, values and ethos we wanted to underpin the business". This led to their mission statement, "Our mission is to be the stand out provider in our territory. We will be the recognised employer of choice and pioneer for providing high quality and innovative home care in the local area". They told us the regularly referred back to their values to ensure the business direction and all decisions made were in line with these. For example, the culture and ethos led recruitment and staff management. The provider and registered manager had created a culture where all office staff stopped working, said hello and gave care staff time and a warm greeting when visiting the office. Surveys we reviewed told us, 97% of staff were proud to work for the company; 100 % said the service was well run and managed and 97% said the management team lived the Home Instead values.

Home Instead Senior Care (Eastbourne and Hailsham) was special. Feedback we received on all aspects of the running of the service was first-class. This included everything from the initial enquiry to the service, the thorough assessment of people's needs, the value based recruitment of staff, excellent training, the outstanding kindness of staff and the committed, hands-on registered manager and provider. People repeatedly told us, "The most excellent service." When we asked people to rate the service out of 10, no one said less than 10/10.

Home Instead Senior Care (Eastbourne and Hailsham) was in the Top 10 Agency Awards 2016 as one of the most recommended agencies in the region. This award was based on reviews from people, family and friends who had used the service. People, relatives, staff and professional feedback all described a remarkable service. Comments included, "There isn't a day that goes by when I don't appreciate the loving and consistently high quality of support that you give to my mum"; "We have received an excellent, reliable service from Home Instead".

Staff told us, "Brilliant company – never met two other people with more passion and enthusiasm"; "The best things about the company are extremely supportive, v approachable – feel so grateful I came to them first. I'm valued for what I do, they supported me to fit into a role to support my progression and give me further opportunities" and "You just know they care for the clients and us – incredibly supportive, family orientated and encouraging"; "They are just amazing (referring to the registered manager and provider)". Staff told us there were regular staff meetings, "We are asked how we all are, given praise, feedback on any information from the management team for example client feedback, employee of the quarter is celebrated, staff benefits information shared and yes, you are able to contribute ideas and suggestions." As a result of

staff feedback a "who does what" in the office guide was produced so they knew which office staff had responsibility for particular areas. Regular email communication was sent to staff so they were abreast of latest developments in the business as it continued to develop and respond to local need. Staff felt recognised, supported and motivated. Care awards recognised skilled, dedicated staff that went the extra mile and their compassion was celebrated. We met this staff member who cared for people as if they were, "extended family". They had been nominated by colleagues and we read in a local newspaper review, "[X] has made an outstanding impact on her client's well-being". The personalised approach, empathy and desire to always go above and beyond were evident in examples shared with us during the inspection.

The provider and registered manager requested staff complete a "This is me" document. This information staff completed enabled Home Instead to match staff to people, get to know staff as people and tailor gifts for them. This idea supported people to be better matched with staff and staff to feel valued that presents were tailored to their likes and dislikes.

The provider and registered manager had created an online suggestion box. Although it had yet to be used by staff, this allowed staff a method of communicating if they did not have the confidence to raise suggestions directly with them. Staff were able to use this anonymously if required.

The company's goal was to be the best specialist dementia care company. The management team had considered how they could influence better care for people living with dementia in the local community recognising this would improve their independence and enable them to stay at home longer. They realised they had a wider role in the community to improve the social isolation older people experienced and difficulty accessing services. In 2017 initiatives included increasing staff training in the city and guilds accredited dementia training programme and linking with other organisations to influence and improve knowledge about dementia. The provider was the chair of the Wealdon dementia action alliance group. They had sourced funding for a monthly dementia group for the local community. We visited this group and saw people who used the Home Instead service and other local people and their families enjoying the group and building friendships. Relatives and other carers could gain information and support at this group, for example signposting to other agencies that might help them care for their family member. In addition, the provider held a dementia information event during dementia awareness week. They arranged for other service providers to be invited. This led to one relative hearing about a day centre which now provides them with valuable respite as a carer for their wife.

The provider was also involved in setting up an Eastbourne local dementia action alliance. They had set up a dementia forum to make Polegate more dementia friendly. As a dementia friends champion they now had nearly 300 dementia friends. Dementia friend sessions run by the provider had delivered training to key staff including firemen, police and social workers. These initiatives developed strong links with other organisations in the local community, heightened awareness and understanding of dementia. Through networking and delivering these events, links with the named nurse for dementia care have been established. Through the provider's community links, information about a dementia friendly holiday company were discovered. One person had since enjoyed a holiday to the Isle of White with this organisation.

External organisations from the community were invited to give talks at staff meetings. This supported staff to be aware of agencies locally that could support people, for example the East Sussex Association for the Blind, East Sussex Disability Association, Age UK (Scams Team), Well Being Lifeline (an independent living technology provider) and the local day care centre. The management team were part of the East Sussex Against Scams charter. This has enabled staff to be mindful of potential scams older people might be subjected to and take action to protect them. A scams awareness event was held to increase staff, people

and relative awareness. This helped staff identify one person at risk. The scams team investigated and a telephone blocker was put in place to protect them.

The provider and registered manager were committed to improving the quality of service provision and had been proactive in this respect. The provider had a quality assurance system to ensure they continued to meet people's needs safely, effectively, responsively and in a caring way. Regular audits of all areas of care were carried out, looking at areas such as the completion of MAR charts, training and recording. The quality of the service was also monitored through the completion of regular 'spot checks'. Quality review meetings were regularly undertaken and feedback continuously encouraged and acted upon if there were any issues. The personal touch was important for the management team and they were looking to recruit a deputy manager with the same values they held to support ongoing expansion and maintain quality. As the service expanded, the management team were changing with the needs of people and staff. For example, some people they supported had larger packages of care so specific meetings involving all staff had been set up to respond to this. Another example was the new "Caregiver Forum". This meeting had been developed to respond to the need to adapt communication with staff as the company grew. The first meeting planned to discuss the staff benefit package and promote a two-way exchange of ideas.

A monthly scorecard detailed information such as staff training, supervisions held and support visits which had been completed. The provider and registered manager kept a close eye on these statistics, responding as required to any issues identified. An online task management system ensured any actions required were delegated and tracked to completion. For example, as the service was expanding through word of mouth, monitoring staff recruitment was important. If scores fell in this area one month, increased attention was given to this area the following month.

Information technology supported people to receive an efficient service and staff to get the information they required at all times. Staff had a "portal" they could access using their mobile phones, laptops or computers to see changes to their visits. The "IQ timecard" system was also in place ensuring staff arrived safely at people's houses and people were made aware quickly if staff were running late. A new "real time" medication system was being trialled and due to be rolled out locally later in 2017. This would allow monitoring of people's medicine to enable timely review and prompt action if required. A closed social media group had been created for staff to use and share ideas about places of interest or activities that might interest people. This initiative has increased awareness of what is on locally and supported staff lone working.

The registered manager was proactive in keeping their knowledge up to date and using this knowledge to improve the lives of the people they supported. In addition to being the registered manager, they were a trained nurse and required to maintain and update their knowledge and skills. These clinical skills benefitted people and staff when there were queries about people's health for example their skin.