

AC.CC Limited

# Home Instead Senior Care North Devon & Exmoor

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

This announced comprehensive inspection took place on 25 and 26 July 2018. This was the first inspection since the service was registered in July 2017.

Home Instead Senior Care North Devon and Exmoor is registered with the Care Quality Commission (CQC) as a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Not everyone using Home Instead receives 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. At the time of inspection, there were 14 people who received a regulated activity. The frequency of visits ranged from one a fortnight to two a day. The length of visits ranged from one hour to two hours.

There was a registered manager in post. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had been in post since the service commenced in July 2017.

People received outstanding individualised care and support from the management team and caregivers. People were put at the heart of the service and their wishes and choices were always respected. Caregivers were dedicated, extremely kind and very caring. They had developed strong, trusting and respectful relationships with people. There was a strong work ethos and staff were extremely dedicated, enthusiastic and proud of their jobs. People told us of staff going the extra mile to support them and examples were given on when this was done. One caregiver said, "We have caregivers I trust to look after my mother and that says a lot."

People were well respected and valued as individuals. There was a strong, visible person-centred culture. Management and caregivers were highly motivated and offered care and support that was exceptionally compassionate and individual. They demonstrated a real empathy for the people they supported. Respect for privacy and dignity was at the heart of the service's culture and values.

Caregivers involved people's families, friends and pets in their care. Relatives felt they were also cared for and supported by staff. A relative commented, "Finding them (Home Instead) was a Godsend ... light is now coming from within again which gives me such hope for the future ... (family member) is achieving, improving and motivated. We are supported, empowered and listened to."

There was a strong and knowledgeable management team in place who treated caregivers with the same care as people who used the service. The registered manager employed staff based on whether they would want them to look after their own family member. Staff praised the management team and spoke very

highly about them. They felt valued, included and that their opinions mattered. One caregiver said, "From my first point of contact, I knew I was in the right place. A very professional, accommodating and most of all caring organisation to work for. Best care company I have had the pleasure of working with."

Caregivers undertook a bespoke training package to ensure they were prepared for their care roles. Caregivers were carefully matched with people with the same interests, hobbies and attitudes. People and relatives told us they felt part of a family and safe with the caregivers who supported them.

Strong community links were fostered by the provider who was part of several organisations, particularly related to dementia. Good practice and innovations in practice were introduced into the service where possible. The service had robust quality assurance systems in place and the management team used this information to develop and improve the service. There was a complaints policy in place which was accessible although the management team had a proactive approach to resolving complaints before they became serious issues.

Caregivers supported people nearing the end of their life to enable them to remain in their own homes. People who had passed away were treated with respect and dignity by all staff who ensured they were cared for even after death.

People were protected by staff who were safely recruited, trained and supervised in their work. They underwent a thorough recruitment process and undertook training relevant to their role. Supervisions were held regularly and staff felt these were useful.

Staff had received training in safeguarding and knew what to do in the case of suspected abuse. They had been appropriately trained in medicines and people received their right medicines at the right time. People were supported to eat a healthy balanced diet of their choice and caregivers cooked their meals to people's specific taste.

People had personalised care and support plans in place. People were supported to have access to health and social care professionals when needed. Staff accompanied people to GP's, dentists, hospital and opticians.

People were supported to have maximum choice and control of their lives and staff assisted them in the least restrictive way possible: the policies and systems in the service support this practice. Staff understood the Mental Capacity Act 2005 and how it applied in their daily practice. Any decisions made in people's best interests were carried out and recorded with all the appropriate people involved.

People were supported to be part of the local community and accompanied to undertake activities, hobbies and interests of their individual choices.

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

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

People felt safe with the caregivers.

Caregivers had a good understanding of what constituted abuse and who to report any concerns to.

Medicines were safely managed.

Safe recruitment processes were in place and appropriate pre-employment checks undertaken.

Risks to individuals were assessed and recorded to reduce risk in the least restrictive way possible whilst maintaining independence.

Staff were trained in infection control and had access to personal protective equipment.

### Is the service effective?

Good 

The service was effective.

Staff received bespoke training which was delivered by the registered manager. This ensured only the staff with the right attributes were appointed to share the ethos of the organisation.

Staff worked within the principles of the Mental Capacity Act 2005 which promoted people's rights. People were supported in the least restrictive way possible.

Staff undertook training and supervision to carry out their roles properly.

People's different cultural and diverse needs were supported and respected by staff.

People were supported with their health and dietary needs.

### Is the service caring?

Outstanding 

The service was very caring.

People were at the centre of the service and the focus of how the service delivered care. People spoke of staff going the extra mile and above and beyond.

People were always treated with respect and dignity and received individualised care.

Staff were kind, caring and compassionate in their roles. This helped to build people's confidence and encourage independence. They had a real understanding of empathy.

Staff relationships were strong, caring and supportive. The management team cared for the staff team as well as the people they supported.

Staff knew people and their families well and had built up positive relationships.

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

**Good** ●

The service was responsive.

Care and support was delivered in a person-centred way. Each person had an individualised plan in place which was up to date.

People were encouraged to undertake hobbies, interests and activities of their choice. Some people were supported to undertake jobs.

The service complied with the accessible information standard and documents had easy read versions. Each person had their communication needs recorded.

Complaints were dealt with appropriately and in line with the organisation's policy and procedures.

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

**Outstanding** ☆

The service was very well-led.

The management team promoted a strong, inclusive and visible culture. They led by example and staff responded by giving high quality support to people. Everybody spoke highly of the management team.

Staff were motivated, enthusiastic and proud of their jobs. They felt valued, included and that their opinions mattered. Regular

staff meetings were held and newsletters produced to keep staff informed of changes.

Robust quality assurance systems were in place to enable the service to assess and continually improve. The management team embraced systems to identify any shortfalls.

Management and staff worked within the principles of their statement of purpose and vision and values for the service.

The provider strived to develop community links with the service and was a member of various organisations which shared good practice and learning.

# Home Instead Senior Care North Devon & Exmoor

## **Detailed findings**

### Background to this inspection

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

This comprehensive inspection took place on 25 and 26 July 2018; it was announced on both visits. We gave the service 48 hours' notice of the inspection site visit because the registered manager is often out of the office visiting people or supporting staff. We needed to make sure they would be in.

Inspection site activity started on 11 July and ended on 8 August 2018. It included reviewing information about people's care and how the service was managed. We visited the office on 25 July 2018 to see the registered manager and to review information related to the running of the service. These included: three people's care files and medicine records; three staff files which included recruitment records of the last staff to be appointed; staff rotas; staff induction, training and supervision records; safeguarding information, quality monitoring systems such as audits, spot checks and competency checks; complaints and compliments; incident and accident reporting; minutes of meetings and the most recent quality questionnaire returned.

One adult social care inspector carried out the inspection with the support of an Expert by Experience who made telephone calls to people, relatives and staff related to the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection, the Care Quality Commission (CQC) sent questionnaires to four people who used the service and received three replies. We reviewed the information the provider sent us in the Provider Information Return (PIR). 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 also reviewed other information we held about the service. This included safeguarding alerts and statutory notifications. A notification is information about important events which the service is required to send us by law.

At inspection, we spoke with the provider, registered manager, two office staff, seven caregivers (care staff), two relatives and seven people who used the service. We visited four people in their own homes to gain their experiences of the service.

Following the inspection, we requested feedback from commissioners, the local authority safeguarding team and health and social care professionals. We also received feedback from a further fourteen staff and one relative.

## Is the service safe?

### Our findings

People consistently told us they were safe and well looked after by caregivers. When we asked people why they felt safe, three said, "I am very safe with this agency ... very happy now", "... of course I am" and "... very much, every day I am safe." A relative said, "I feel confident to leave my (family member) with the carer, I know they are safe, this week I went out for a break from caring and really enjoyed it."

The service employed sufficient staff to enable each person to have a primary and a secondary caregiver who stepped in to cover for annual leave and sickness. Caregivers had the time to meet people's individual needs. They were informed about any new people to the service and any necessary information they might need. Any changes were emailed to caregivers. Personal care was delivered in the minimum time of one hour. This was to ensure the person was not hurried, had personalised care and enhanced people's wellbeing. If extra time was required for people, staff told us they fed this information back to the provider and registered manager. Comments included, "You don't feel rushed, you have plenty of time with the clients. If I feel someone requires more time than has been allocated, I ask for more time" and "Should I have any concerns relating to clients then I have always liaised with (provider) or (registered manager)."

Caregivers were very reliable, visited when they should and never missed a visit. If they going to be more than ten minutes late due to unforeseen circumstances, such as traffic, people were informed. One person said, "They always arrive on time and stay for the full two hours."

People were kept safe because safe recruitment practices were followed before new staff were employed to work with people. All the necessary checks were carried out to ensure staff were of good character and suitable for their roles. Once employed, staff were given a handbook for them to use as guidance.

People were protected because all staff had undertaken training in the protection of vulnerable adults and knew the signs of potential abuse to look for. They knew how to raise an alert if they had concerns. Staff were aware of who they needed to contact both inside and outside of the organisation. There were up to date policies and procedures available for staff to use for guidance. There had been one safeguarding related incident in the last 12 months which was dealt with effectively.

People were supported safely to take their medicines. People and their families were encouraged to manage their own medicines when possible. Staff had completed medicine training and were assessed as competent to give out medicines. Medication administration records (MAR) sheets were checked and monitored regularly to ensure people had received the right medicine at the right time. One person said, "(Caregiver) helps me with me medication because I can be forgetful ... they nag me in the best possible way." If any medicine errors were made, the individual caregiver underwent further training and their competency checked before they were able to manage people's medicines again.

People's injuries, accidents and falls were closely monitored. Records contained a good level of information and showed the appropriate actions had been taken. There was evidence learning from incidents took place and changes implemented. Monthly audits were carried out which looked at any trends or patterns.

Staff had completed infection control training to prevent and control the spread of infection in people's homes. Caregivers had access to personal protective clothing, such as aprons and gloves to reduce cross infection risks. Care workers wore their own clothes to work and when supporting people in the community which people liked. It meant it was less obvious the person was being supported by a caregiver and reduced unnecessary attention from the public.

Contingency plans were in place for situations, such as bad weather. People who were most at risk were prioritised for a care visit. When snow had fallen, the provider had ensured 4 x 4 cars were available for staff to access remote and difficult to get to areas. Staff had also walked to hard to reach and isolated locations. This meant those people most at risk, had received a care visit to keep them safe.

Individual risks to people were assessed and recorded in each care plan. Each person and their family members were involved in regular reviews as part of an ongoing assessment process. Risks relating to the environment were also assessed and managed. One person was identified as at risk of falls. Their family member said, "... for health and safety reasons our carer is not allowed to walk in front of my (family member) when they are going down the stairs, so we assist them together."

## Is the service effective?

### Our findings

People received an effective and personalised service from Home Instead caregivers. Staff supported people to achieve the best quality outcomes in their lives. They did this by completing a thorough, comprehensive and tailor-made training package delivered by the registered manager. A caregiver said, "The training is fantastic ... I know what I am doing and I am passionate about what I am doing."

Caregivers received distinctive and bespoke training at the start of their employment to ensure they had the suitable skills to meet people's needs. All new caregivers received classroom based induction training lasting three full days. During the three days caregivers undertook direct learning, role play and practical training. Caregivers were given a series of workbooks to complete on relevant subjects, such as 'The Ageing Process', 'Building Relationships' and 'Medication'. These workbooks had to be completed within a deadline of two weeks of their employment. Their knowledge was checked and feedback given from the registered manager.

The induction training took place when there were a small group of people who could participate together and build up relationships with each other. The caregivers were observed on how well they interacted with each other. The registered manager was also looking at which people they would be most suitable to support. This meant prospective employees and people were matched from the onset of care to develop meaningful relationships.

During induction training, prospective caregivers undertook practical training so they could have real empathy with people's medical and health needs. They did this by using props and equipment. Caregivers found this training invaluable in giving them an insight into the people they would be looking after. One commented, "The training is in-depth and insightful and tools are implemented to help us get an idea of what it could be like for our clients". By undertaking this training, staff were made aware of what it felt like for people they cared for and this had a positive impact on the person themselves.

By undertaking interactive induction training, prospective staff were made aware of what to expect. They were given the opportunity to ask questions and explore their reasons for being a caregiver. One caregiver said, "I am proud they employed me ... less than 50% of staff get through". Two other caregivers said, "I work here because I like the ethos of the Company ... the depth of training is amazing ... it helped me to be confident" and "The training was really useful and helpful with an emphasis on companionship. It was training with real life experiences and pitfalls ... I was open minded but the training was intense but prepared you well for the role. Another caregiver said, "It was the induction training that sold it to me ... it gave me the confidence to do my job." Some prospective caregivers also realised the job was not for them at this stage.

Following induction training, caregivers shadowed an experienced member of staff who attended the people they would be looking after. The registered manager explained no caregiver visited a new person without first being introduced to them beforehand so they knew who to expect. They said, "It's all about the client ... if it is a new client I will introduce the caregivers." One caregiver said, "I shadowed someone at the

client I was going to look after ... I did a morning, afternoon and evening visit. You're always introduced to people with someone. You need this to make sure you know their little quirks, like how they like their tea, changing hearing aid batteries and how they like their meals serving."

Following generic induction training, further training was delivered which was person centred and specific for caregivers to meet people's specific needs. For example, one caregiver looked after a person living with dementia. The registered manager organised training for the caregiver specifically on dementia so they had an insight into the person's illness. A caregiver said, "I have just completed a course on Alzheimer's and dementia to help me look after my clients and understand them better."

Caregivers undertook further training once in post and attended updates when necessary. The registered manager recognised staff progression and ensured staff continually developed and progressed. Continuous development was embedded in all caregiver's practice as part of their role to deliver high quality care. As a result, all staff attended training in a proactive and enthusiastic way and felt well trained. Comments included, "I feel I have enough training to do my job properly ... training is kept up to date and is ongoing to widen skills", "I feel very confident with the initial training and the ongoing training provided as well as qualification opportunities" and "Training is given to keep everything fresh and up to date in our knowledge and working practices."

Caregivers were carefully selected for their attitude, manner, compassion and empathy. They supported people on a one to one basis with a minimum time of one hour's care delivered. This meant they could build up relationships, respect people's preferences and personal routines. Staff were kept consistent which started at the 'matching process' on induction. The registered manager met and trained all Caregivers and used their own 'mum test'. This meant that if they did not feel happy the caregiver would suitably look after their own mother, they did not become a team member at Home Instead. A caregiver said, "It is what the client needs that matters, everyone is treated as an individual. No one is rushed, what I like about the job is how I am able to make my clients happy by being understanding and reassuring, giving them back their confidence".

The registered manager recognised that supervision and appraisals were an important part of the caregiver's practice. All caregivers said they received supervision regularly and felt this was an integral part of their jobs. When staff first started, they were telephoned to see how things had gone. All staff felt well supported by the registered manager and provider. Supervisions included competency and spot checks on hands-on practice. Staff also said they did not have to wait until supervision and could approach the registered manager at any time. Comments included, "There is regular supervision and spot checks during client visits" and "I receive supervision and often refer to the office for guidance."

People were supported to eat and drink to maintain a balanced diet. There was a strong emphasis on providing food in a presentable way to encourage people to eat. Meals consisted of home cooked from fresh, frozen or ready meals or serving food which had already been prepared. People chose what they wanted to eat and staff monitored how much people were eating and drinking on their visits. If there was a problem, this information was relayed back to the office. Detailed daily records were kept and these contained a full history of what the person had eaten and drank which relatives often found useful. Staff were flexible to people's choices and if they wanted to eat something different to that prepared, they willingly changed it.

Positive relationships had been developed between caregivers and the people they supported. As people were supported by regular caregivers, they knew each person's food likes and dislikes very well. For example, one caregiver knew to remove as much of the broccoli stalk as possible as the person did not like

it; they also knew the person liked them to sit down and keep them company whilst they ate their lunch. The person said, "I do like the staff and they are lovely to me ... very kind ... I like them to sit with me and have a chat."

Caregivers respected people's homes, furniture and possessions. They reduced risks as much as possible to the person, such as trip hazards, but ensured people accessed the areas of their home they wished. For example, supporting people to have personal care in their bathrooms.

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 they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA and found they were. The registered manager was aware of the process to be made to the Court of Protection if necessary. At the time of inspection, nobody has such an order. Where decisions were made about people care which were in their best interests, they were arranged with all the appropriate professionals involved.

People were supported to have regular appointments with their dentist, optician and chiropodist. They were also supported to access other health care services when necessary and accompanied them to appointments.

## Is the service caring?

### Our findings

Without exception, the management team and all staff respected and valued people as individuals and worked with them as partners in their care. They promoted a sense of compassion, kindness and caring for everyone involved within the organisation which extended to people, families, friends and pets. The Provider Information Return (PIR) said the principle objective in the statement of purpose was "To provide supportive care and companionship which both enables and encourages our clients to remain independent." A relative said, "Staff work very hard and help (family member) to achieve things to the best of their ability, they give them time to think about things, they help them to be as independent as possible." One person said, "I am now about independent ... thank you so much for all the great care I have received which has put me back to being my independent self." The registered manager said, "If people don't need us any more, we have done a good job."

Caregivers were matched to people based on their needs, location and mutual interests to ensure they shared the same values. The registered manager explained how they had worked on finding just the right caregiver to look after one specific person. They said, "We needed a special person who would be suitable for them ... (care giver) came along ... perfect match ... they now deliver 99.9% of (person's) care. The person told us, "(Caregiver) has brought life back into me ... they are fantastic and I am very happy ... my (family member) is over the moon." The family member said, "I cannot praise (caregiver) enough ... they are a great match." The caregiver said, "We were matched up together ... we love Germany, dogs and Devon life. it has to be perfect." Other caregivers confirmed they were 'matched' with people with the same interests.

When we asked two people to explain why caregivers were caring, they said, "They are very good, excellent, they are absolutely caring", "They are wonderful, they could not be better, very caring, attentive and considerate, they are always on time, they take me to appointments, I am very, very happy, they are my friends." One person was sent a bunch of flowers because they had been unwell recently and the provider wanted to "cheer them up" and no other reason.

People told us how caregivers were committed and went the extra mile. The registered manager gave us one example when there were recent heavy snowfalls which resulted in road closures and diversions. Caregivers had to walk to isolated locations and dig themselves out of snowdrifts. One caregiver had to crawl on all fours up one person's driveway. The management team recognised staff commitment during this time and commented, "On top of the amazing things you do for our clients every day, this just shows how wonderful you all are."

We were aware a caregiver had recently gone above and beyond what was expected of them. They had helped to organise a personal celebration for one person who was unable to do it all for themselves. It would not be appropriate for detailed information to be included in this report. However, the impact this support had on the person was amazing, which led to their increased sense of well being.

People were supported to build and regain lost confidence. Caregivers did this by building up extremely positive and trusting relationships with the people they supported. They often became part of

people's families. One relative said, "Home Instead have built great relationships with us ... this has helped us have confidence in letting them in our lives ... (Caregiver) is a great match! ... they have a great relationship with us both." One person said, "After Christmas I lost it a bit after a fall so that is when I started having carers. They help me with everything and I am improving, it is knowing she is here for me, I could not do without her." Records showed another person had gained confidence with their caregiver over time. The caregiver had built up trust with them which had a positive impact on the person as they now ventured outside of their flat for visits to local areas.

Caregivers were proud of their jobs and spoke with enthusiasm, motivation and interest. They spoke of the different personalities of people and all spoke about them with respect, tenderness and genuine caring. One caregiver said, "We have a huge range of clients, but they are all so interesting." Caregivers encouraged people to gently make progress with their support. For example, a caregiver started by taking one person out for short walks which then extended to one hour. Now the person goes to a café for coffee and is supported to do a 'big shop'. The caregiver said, "I am really proud of them, they so enjoy it. One day they just asked me, 'Will you take me?' and they have never looked back. It makes my day."

When people's health and care needs increased and they required residential care as oppose to community care, they were very positive and complimentary about the care they had received. Relatives of two of these people said, "We are very, very pleased with the help and support from Home Instead. They would never have been able to manage without you for the last five months. Actually I can truly say there is not one thing about your care that I consider needs improvement. It is top class" and "We are so grateful for your support and to all the caregivers ... please extend our appreciation to them ... thank you so much."

The service operated a strong, person centred culture where the person came first. The registered manager was visible and met each new person at the start of their care delivery. We saw the positive, friendly and comfortable way people greeted the registered manager and it was clear close, genuine relationships had been built up. People knew all about them, their lives, their family and their interests. Conversation took place in an easy flowing way and one person said it was "great to catch up" with them. One person said they enjoyed the "gossip" with them and chatted away easily with great communication between them. The person said, "They go above and beyond for me." Their relative commented, "Home Instead have built up great relationships with us from the management, caregiver to the admin in the office. Helped me to let go and trust that the care given I love dearly is delivered in a completely person-centred way. I cannot praise (caregiver) enough. (Person) looks forward to their visits in the day and they notice when they are tired, unwell, low in mood and appropriately supports."

Caregivers recognised how important pets were to people's wellbeing and included them in the support package. One person's dog needed to go to the vets for dental work. The caregiver took the dog in their own car and picked it up when their operation was complete. They followed the vet's orders and left clear, detailed plans and instructions for fellow caregivers to follow to ensure the dog was cared for properly. This gave the person peace of mind to know their pet was being looked after properly. Another caregiver spoke of a person's pet whose owner had recently passed away. Caregivers had all got used to supporting the dog as well as the person and "took it for long walks across the fields as the person could not manage". Two caregivers came forward and offered to give a home to the dog if the family could not take them.

Caregivers supported people's well being as well as meeting their care and support needs. They often had to 'think outside of the box'. One example of this was when one caregiver found bees in a person's bird box. They took advice from a fellow caregiver who was a beekeeper and ascertained they were a certain type of harmless bee and would remove them if they became a problem. A second example was when caregiver noticed a rat in a person's drainpipe in the garden. They immediately reported it and called the local pest

controller who removed the rat problem successfully.

People told us they were treated with privacy, dignity and respect. One person said, "They hold my arm when I'm walking, wait outside the shower when I shower and help me to dress, I could not do it without them." A relative told us, "When the carer is assisting my (family member) to shower, they put a towel up to protect their dignity, and I have heard them asking him 'Would you like to do your privates yourself.'"

Caregivers had a high degree of satisfaction in their work. Comments included, "From my first point of contact, I knew I was in the right place. A very professional, accommodating and most of all caring organisation to work for. Best care company I have had the pleasure of working with", "Joining Home Instead is a career change for me, it's been the best move... I love my job. It's extremely rewarding and being able to make a difference to their daily lives makes me happy in return", "There are no negatives... I am impressed with their continuing solid ethos towards clients and caregivers alike" and "I couldn't ask for a better employer, they are very welcoming and understanding and they care about the staff as much as the clients".

There had been very positive reviews left on the Home Instead website where people and their relatives had praised the care received from the service. Five out of five ratings had been given on the standard, staff, care, management, dignity and value for money of the service. Comments were too many to mention but two said about the staff, "They are sensitive, comforting and respectful in very difficult circumstances, thank you" and "Service and level of care was excellent." All the reviews said they would be extremely likely to recommend the service to others.

## Is the service responsive?

### Our findings

People received a care service that was responsive to their needs. All people we spoke with told us their needs were fully met by Home Instead. They were extremely positive about the service and full of praise. Comments included, "They (don't wait to be asked, they always know what I need and when I need it)", "Very good, excellent, they could not be better, very caring, attentive and considerate" and "They're just perfect".

Before people received a service, the management team visited the person to assess their personal and healthcare needs. The initial assessment included detailed information so the management team could decide if the service was suitable and their needs could be fully met. A package of care was agreed and an initial plan drawn up and agreed.

Care plans showed care was delivered in the way the person wished. Care plans were in place for each person and were person centred. Family and friends were involved whenever possible. People's choices and preferences were recorded and how they wanted staff to support them. People's care plans included information relating to their personal care, their daily routine, life histories, activities and interests. They were organised, contained all the information required and clearly laid out for staff to follow. Care plans had been reviewed regularly and updated as necessary. People's changing needs were responded to quickly and appropriately. The registered manager continuously reviewed the planning, delivery and management of people's care and support. As a result, people received a service that was responsive and based on a person-centred approach.

People were continuously cared for when they needed 'end of life' care. The service worked in partnership with other health care professionals, such as the GP and community nurses to continue to support people in their own homes. The management team had undertaken formal training with the local hospice to broaden their knowledge in end of life care. Caregivers ensured the whole family and those important to the person were also cared for with their views considered. The Provider Information Return said, "Care plans are reviewed to ensure that spiritual and emotional needs of the client are identified and provided for." The management team ensured when a person was end of life, that they also supported the caregiver at this time. At the time of inspection, one caregiver was supporting one person with their end of life care. They were experienced and well suited to this type of care. They said, "My job is to ensure a smooth transition into death. When you care for someone at end of life, not all caregivers can do this. You cannot walk in with emotional baggage. It is an honour to do this."

The service was flexible and responsive to people's needs. One caregiver found the person they had arrived to give support to had unexpectedly passed away. The person also had a guest staying at their home. The caregiver handled the situation in a respectful and dignified way. They were supported by the registered manager who was qualified to certify death. They had to inform the house guest of the death which was upsetting and stressful for all concerned. The guest wrote, "Thank you all so much for your huge help in making (person's) last few months happy and peaceful. They always enjoyed your visits, news of what you were up to, your stories. They were tremendously fond of you all and considered you their friends." The registered manager always ensured people who had passed away were washed, dressed and presented in a

dignified way. They felt it was their role to ensure this last caring action took place and felt honoured to be able to do this. They felt the person needed to look their best when they left their home.

The service was available and responsive 24 hours a day. An out of hours call service operated and any requests for help, assistance or guidance was available at any time of the day. Caregivers used an electronic system to enable them to register when they were arriving and leaving a person's home. By using this system, the management team could record the times spent at each person's care visit and monitor whether the times of the visit were correct and if additional time was required.

We looked at how the provider complied with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People had information about their communication needs in their care plans to guide staff how to ensure they had the information required. Where people wore hearing aids or glasses, this information was included in the care plan to remind staff to ensure they were in place and working.

People were supported to take part in their individual social activities, hobbies and interests that were important to them. One person, who had been in a life changing accident, was being supported to learn to prepare and cook meals. They told us how much they had liked cooking in the past and would like to take this hobby up again. They enthusiastically told us what they were going to make for the evening meal with their caregiver. Their relative said, "Discussing recipes and making lists for ingredients ... makes (person) enthusiastic again."

There was a complaints policy and procedure in place which people, relatives and professionals had access to. The registered manager and provider worked hard to ensure people had a high level of satisfaction with the care and support at all time. They were proactive in complaints management and any minor issues or niggles were identified, dealt with and resolved before they became a problem. The service had received a number of compliments and many positive comments about how the service was run. One relative said, "(Caregiver) encourages and motivates change to help (person) reach their goals." Other thank your cards read, "As a family we can't begin to thank you all enough for everything you have done for (family member)" and "I really appreciate your hugs, kindness and support. You're amazing."

## Is the service well-led?

### Our findings

People received a service which was extremely well led and well managed. Home Instead Senior Care North Devon and Exmoor was a franchise and supported by the Home Instead Senior Care group. The service followed the corporate policies, procedures and processes in place by the national office. Where areas were identified which required amending or improving, the provider raised these with the national office for it to be addressed. Whilst the provider and registered manager used the standard paperwork and record keeping within the branch, they had the opportunity to put their own mark on systems in the service. One example of this was the additional training and supervision offered to new caregivers. The bespoke induction training gave each new caregiver the preparation they needed before they started supported people. Because of this people received a service from skilled, knowledgeable and capable caregivers, who were confident and understanding in their approach to care and support.

The service had a registered manager who had managed the service since it began in July 2017. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider and registered manager worked together as the management team. People, relatives and caregivers spoke very highly of them. They 'led by example' and were well respected by staff as role models for their own practice.

The management team demonstrated excellent leadership skills within their roles. They were both extremely dedicated, motivated and enthusiastic in caring for people. They were committed to delivering a high quality service at all times. The Provider Information Return said, "We focus on our Caregiver needs such as self-esteem, social needs and professional needs ... we have created a culture that is open, fair and transparent which encourages our caregivers to follow by example ... we all believe in the same ethos and values." This statement was supported by comments received from caregivers, with the majority speaking of the positive and inclusive 'ethos' of the service. One said, "I feel honoured to be part of this service and lucky to have the guidance and support of (registered manager) who has a wealth of knowledge and experience and imparts it in an easy to understand and interesting way". Another said, "I have nothing but praise for Home Instead ... not only have they been supportive of my role but extremely patient on my own personal journey to learn as much as possible."

People and their relatives were extremely positive about the management team and spoke very highly of them. There were many compliments and comments which showed a high degree of satisfaction. People and relatives knew both the provider and registered manager well who were visible, approachable and easy to get hold of. The management team were both very 'hands on' in the service and regularly dropped in on people to check how they were doing. A relative who particularly wanted to share their feedback and experiences with us said, "Finding them (Home Instead) was a Godsend ... light is now coming from within again which gives me such hope for the future ... (family member) is achieving, improving, motivated. We are supported, empowered and listened to." A second relative said, "We trust in the support and have not been let down in the care provided."

Caregivers were very happy and proud to work for Home Instead. They felt valued, included in the running of the service and that their opinions mattered. Comments included, "I couldn't ask for a better employer ... they are very welcoming and understanding and they care about the staff as much as the clients", "(Registered manager) does not know how good they are ... their work ethic is amazing" and "Home Instead have been fantastic to work for ... I feel appreciated and everything is always to a high standard ... this is thanks to a fantastic team and great management ... (provider and registered manager) are fantastic to work for."

Three caregivers gave examples of when the registered manager went over and above to care for them at times when they had problems in their personal lives. They commented individually, "... (registered manager) took the stress away from me", "They couldn't have been more supportive but discreet at the same time ... they are so friendly and supportive, I love working for them" and "(Registered manager) was very understanding and made me feel relaxed."

The service had developed a positive culture in its first year which was inclusive and person centred. The management team put people at the centre of the service by achieving very good outcomes for people. The service was well known in the local area and networks had been built up, such as with the local GP's, community nurses and other care professionals. They worked together to have a positive impact on people in the local area and promote health and wellbeing. For example, the management team had organised for a Community Wellbeing Event to take place in October where care professionals, commercial organisations and charities will attend. People were made aware of the local services, resources, equipment and help available to them, such as flu vaccinations and benefits.

There was a programme of 'steady growth' in place which was carefully managed and reviewed. Networks had been built with the local community and strong links. A caregiver said, "I have been here from the beginning, I have enjoyed watching the hard work involved in setting it up ... we all have the same work ethic." The registered manager said, "We are not risking growing too fast and losing the quality of the service ... we want to make a difference to clients and have an ethos to encourage people to get better." The management team and caregivers were all proud of the achievements made in the last twelve months and the building up of the business. There was a reasonably small, but very committed, staff team who worked together, respected the management team and were focussed on providing individualised care. Together, they all worked towards the provider's vision for the service "To be the most recommended care provider in North Devon by delivering the best quality care to the largest number of people."

People benefitted by staff working together, enjoying their jobs and being proud of the service. All staff were highly respected by the management team. Caregivers spoke of how welcoming the key players (office staff team) were when they visited or when they telephoned the office. The management team appreciated all their staff and made sure everyone felt valued. One caregiver said, "Every time you go in the office, they ask 'how are you?' and 'how's things? – are you alright?' ... this makes me feel part of a family ... this is better than work and I've never felt like that. They all smile and say, 'lovely to see you'." During the inspection, staff visited the office and were welcomed in a friendly, warm, and professional way. The management team acknowledged it was a leadership choice to support caregivers to enjoy their work. This in turn had a positive impact on the people they cared for.

Caregivers felt valued and recognised for their hard work. There were incentive awards for staff to gain both monthly and yearly. One of these was the 'extra mile awards' given out at each team meeting. Caregivers were nominated and rewarded for their hard work for 'care giver of the month'. The registered manager said, "We give awards at team meetings for when staff have gone above and beyond what they should. We ask for nominations two weeks before the team meetings. Our team do wonderful things and we want to recognise and praise them. We present them with a certificate for their dedication and hard work and a gift card. Every

single award given has been deserved." Reasons for these awards being presented included; working with a person who needed extra support; determination and genuine caring nature; taking to the new role like a 'fish to water'; going the extra mile with medication; dealing excellently with a difficult situation; receiving fantastic feedback from three people, and wonderful work with a person until the end of their life.

Caregivers were shortlisted for the caregiver of the year awards and invited to attend the national "Home Instead Baftas". One caregiver at the service had been nominated for the caregiver of the year award due to take place in December. They said, "I don't know why I got it (nomination) .... I was just doing my job ... it's the norm for us." There were also incentive rewards for the service based on the business and milestones for the provider to achieve.

The management and staff team put people at the heart of the service. They constantly looked at ways of how they could improve. Systems and processes were embedded in the running of the service and the management team were committed to constantly monitor and improve the quality of the service. They strived to deliver the best quality service for people to receive at all times and recognised the need for demonstrable data to underpin this. They saw this as an important and necessary responsibility within their leadership roles which led to proactive improvements. For example, learning from complaints, using feedback and taking action with 'near miss' incidents. One such incident was recorded and appropriate action had been taken. However, as a result of an analysis of the event, systems were put in place to improve communication and record keeping, together with a decision to employ an extra member of staff.

Various monitoring systems were in place to review and audit the safety and quality of the service provided, such as those relating to medicines, care plans and staff recruitment. The quality monitoring reports showed a thorough and detailed quality assurance process across the whole of the service. The service was supported by an internal national quality team who carried out regular compliance monitoring visits. Continuing improvement plans were drawn up and monitored until issues were fully resolved. The service's business plan was regularly reviewed and updated to develop future strategies and take into consideration local and national agendas.

The service kept up to date with latest innovations and updates. The national office shared best practice through weekly bulletins, additional training and ad hoc updates when necessary. There was a national newsletter and attendance at an annual conference. The management team kept updated by accessing in-house programmes on latest guidance, legislative updates and user forums.

The management team genuinely cared for the caregivers as well as the people they supported. They recognised the staff team and cared for their well being. As well as attending formal staff meetings and receiving a newsletter, informal meetings were also arranged just for staff to network with fellow caregivers. The registered manager said this was particularly helpful for the staff who worked in isolation and did not manage to see other caregivers regularly at work. A coffee morning had been arranged in a local hotel, where caregivers were invited to drop in for a coffee and a chat. In the last newsletter, the management team had advised staff they might receive a phone call; "Random calls to caregivers have been happening recently and will continue going forward. This is a wonderful way for us in the office to stay connected with you and ensure that everything is well. We are not calling to chase paperwork, talk about schedules or anything else work related. We just want to genuinely know how you are."

People, relatives and staff feedback was regularly sought and their experiences valued. This was carried out through regular telephone calls, informal chats, meetings, visits and surveys. Any negative feedback received was followed up by the management team. An independent survey for this specific service had been completed but feedback had not yet been received or analysed. The results from a national survey sent out

for Home Instead Senior Care was very positive; 96 per cent of people were likely to recommend the service to others and 95 per cent of caregivers were proud to work for Home Instead. These surveys showed an exceptionally high satisfaction rate from both people and staff.

The management team were aware of their responsibilities in relation to submitting the statutory notifications to the Care Quality Commission (CQC). These had been forwarded when necessary relating to important events within the service.

The service worked collaboratively with families, health and social care professionals along with local agencies such as the police to ensure people were safe and led fulfilling lives. They also delivered information via several forums including the Home Instead website, Facebook page and WhatsApp applications for staff. For example, the management team had worked in partnership with the National Trading Standards and recognised the risk to people from telephone, computer or postal scams. They provided training to caregivers on this subject and also delivered this to a wider public group. Caregivers then took the information to the people they looked after. The publication on the Home Instead website read, "... raise awareness of scams and how you can protect yourself and your loved ones. Please look out for this new scam and warn any older friends or relatives who are potentially vulnerable." Other areas of risk identified included printing off Halloween posters for people to put in their windows to prevent people being bothered with "trick or treat" door knocking and an alert about certain frozen foods contaminated with listeria.

The provider felt strongly about strengthening community relationships and improving care outcomes for people in the local community. They did this by belonging to different organisations to educate, build relationships and get people the help they needed. For example, they were members of the South Molton Community Connections (free service offering advice, links to professional organisations and signposting), the local Rotary club to be part of the fundraising community and the Torridge Dementia Group.

The service worked collaboratively with others to support strategies undertaken to foster practice and constructive engagement with other organisations. They promoted good practice, were an excellent role model and shared positive change. For example, they belonged to the local South Molton Dementia Action Alliance. This was a charity based organisation which supported people with dementia and raised awareness of dementia in the local area. They identified solutions, services and resources to meet the needs of people, broke down barriers and removed the stigma associated with dementia. As a result of one survey carried out, they found that people needed help most with local authority funding, help at the point when it is needed and support to fill in forms. The provider helped to offer this support from the service when people needed it. One key office player had been trained in a previous role to assist people to claim the benefits they were entitled to. This meant the service had the potential and mind set to offer this help to people when they needed it.

The provider had undertaken an accredited course on dementia, was 'train the trainer' qualified and a Dementia Champion on behalf of the Alzheimer's Society. They had delivered training to a variety of audiences to "help people understand how to care for someone with dementia" and how that person will change as the condition progresses. This included speaking to students at the local community college in September about dementia, with a view to raising their awareness of the condition. They also delivered a shortened training session to people and their families living with dementia and basic life support training to those that wanted it. They promoted people to become 'dementia friends' by giving talks and encouraging people to support the initiative. They delivered training sessions in various locations in the North Devon area and had recruited approximately 100 people to this role (dementia friends learn about dementia and how they can help in small ways to support people living with dementia).

