

Happy at Home (Bromley) Limited

Home Instead Senior Care - Bromley, Chislehurst & Orpington

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 inspection took place on 30 and 31 October 2017.

This was the provider's first inspection since they re-registered in December 2016 having previously operated at a different address since 2013. The service is a domiciliary care agency. It provides personal care to people living in their own home. Not everyone using Home Instead Senior Care – Bromley, Chislehurst & Orpington 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 the inspection 76 people were using the service with 40 of these receiving personal care.

The service had 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.

Staff always treated people and their relatives with kindness, dignity and respect. People and relatives told us that staff were always caring and kind. People's privacy and dignity were respected and promoted when personal care was undertaken. People and relatives felt that staff went over and above to provide exceptional care to people. For example one person was regularly visited by staff when they had a period in hospital.

The provider, registered manager and staff were aware of the importance of providing outstanding care to people. People and relatives were highly complimentary of how the service was run and managed and all staff at the service. Staff feedback they felt supported and valued by the management and were listened to. There were effective systems to assess and monitor the quality of the care people received. Feedback from people and relatives showed that there were extremely high levels of satisfaction in respect of the care provided.

People and their relatives told us they felt safe with the staff. The service had clear procedures to recognise and respond to abuse. All staff completed safeguarding training. Senior staff completed risk assessments for people who used the service which provided sufficient guidance for staff to minimise identified risks. The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people and carried out robust background checks on staff before they started working to ensure only the right staff were employed. The service had an on call system to make sure staff and people had support outside the office working hours. Staff supported people so they took their medicine safely. The service provided an induction and training, and supported staff through regular supervision and annual appraisal, which included competency checks and regular team meetings to help them undertake their role.

People's consent was sought before care was provided. The registered manager and staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and only acted in people's best interest.

Some staff supported people to buy their shopping and plan and prepare meals. Staff supported people and their relatives to enable people to access appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed.

People and their relatives told us they were consulted about their care and support needs. Care plans were detailed, reviewed regularly and were up to date. The service had a clear policy and procedure for managing complaints. People knew how to complain and would do so if necessary however there had been no complaints received since the service had been registered.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People and their relatives told us they were safe and that staff treated them well. There were procedures in place to help safeguard people. Staff understood the action to take if they suspected abuse had occurred.

Assessments and management plans were in place to reduce identified risks to people.

There was an effective system in place to manage accidents and incidents to reduce reoccurrence.

There were enough staff to help keep people safe who had undergone robust background checks before they started working.

Staff supported people so they took their medicines safely.

Good 

Is the service effective?

People and their relatives commented positively about staff and told us they supported them properly.

There was an induction and training programme for staff. Staff were supported through regular supervision, appraisal and competency checks to help them undertake their role.

Staff sought consent from people when offering them support. The provider and staff acted in accordance with the requirements of the Mental Capacity Act 2005.

Staff supported people to eat and drink enough to meet their needs.

Staff supported people and relatives to access appointments with health care professionals if needed.

Good 

Is the service caring?

The service was exceptionally caring.

People and their relatives told us they were consulted about

Outstanding 

their care and support needs.

Staff treated people with respect and kindness, and encouraged them to maintain their independence.

Staff respected people's privacy and treated them with dignity.

Is the service responsive?

Good ●

Care plans were developed with people to meet their needs. Care plans included the level of support people needed and what they could manage to do by themselves.

People knew how to complain if necessary however no complaints had been received. There was a clear policy and procedure for managing complaints should they be received.

Is the service well-led?

Outstanding ☆

The service was very well-led.

People and their relatives commented extremely positively about the management of the service.

There was a registered manager in post who, along with the provider kept staff updated about any changes to people's needs.

The registered manager held staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels.

The service had effective systems and processes to assess and monitor the quality of the care people received.

Home Instead Senior Care - Bromley, Chislehurst & Orpington

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.

Before the inspection we looked at all the information we held about the service. This information included the statutory notifications that the service had sent to Care Quality Commission. A notification is information about important events which the service is required to send us by law. The provider had sent us a completed Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted social care professionals and the local authority safeguarding team for feedback about the service. We used this information to help inform our inspection planning.

This inspection took place on 30 and 31 October 2017 and was announced. The provider was given 48 hours' notice because the service is a domiciliary care service and we needed to be sure that the provider would be in. The inspection was carried out by one inspector and an expert by experience. The expert by experience carried out phone calls to people and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we looked at seven people's care records and seven staff records. We also looked at records related to the management of the service such as details about the administration of medicines, accidents and incidents, safeguarding, and quality assurance and monitoring. We spoke with four people who used the service and 14 relatives about their experience of using the service. We also spoke with the

nominated individual, the registered manager and seven members of staff.

Is the service safe?

Our findings

People and their relatives gave us positive feedback about safety and told us that staff treated people well. One person told us, "They [staff] are lovely and I feel really safe with them." Another person said, "Yes, I feel safe they [staff] are very good." One relative told us, "My loved one is safe, they [staff] are very safety conscious, I don't have to worry about my [loved one] at all." Another relative said, "They [staff] are totally trust worthy, I have no qualms about my [loved one's] safety." A third relative commented "No I never worry about my [loved one's] safety now, we are with this agency."

The service had a policy and procedure for safeguarding adults from abuse. Staff understood the types of abuse, and the signs to look for. Staff knew what to do if they suspected abuse had occurred. This included reporting their concerns to the registered manager and the local authority safeguarding team. One member of staff told us, "If I notice neglect, I call the office." Another member of staff said, "If I were to see anything and I feel that is unpleasant, I report to the manager. However, I have not come across anything yet." Staff we spoke with told us, and records confirmed that they had completed safeguarding training. They were aware of the provider's whistle-blowing procedure and said they would use it if they needed to. One member of staff told us, "If I were to come across any form of abuse or neglect to the people, I would inform the manager, if the manager doesn't listen, I shall contact the Director, if the Director doesn't listen, then I shall inform CQC. However, I have not had such a situation so far."

The provider maintained records of safeguarding alerts. The registered manager completed timely investigation and implemented service improvement plans to make sure people's needs were met safely. For example, following a medicines incident, a person's needs were reassessed and it was determined that their changing needs required an increase in care. This was provided, to meet their needs safely. The service worked in cooperation with the local authority in relation to safeguarding alerts.

The service had a system to manage accidents and incidents to reduce the likelihood of them happening again. These included details of the action staff took to respond and minimise future risks and who they notified, such as a relative or healthcare professional. The registered manager reviewed each incident and monitored them. The registered manager showed us examples of changes they made after incidents. For example, when a person was not able to get back into the bed, the staff sought specialist services help. The registered manager reviewed the risk assessment and updated the care plan to reflect the change with adequate staff guidance.

Staff completed a risk assessment for every person when they started using the service. One relative told us, "Yes, we did risk assessments together and these were reviewed when my [family member] had a fall." Another relative said, "Yes, we did risk assessments and very thorough too." Risk assessments covered areas including skin care, falls, moving and handling, nutrition, administration of medicines, accessing the community, and home environment. Assessments included appropriate guidance for staff on how to reduce identified risks. For example, where a person had been identified as being at risk of choking, a risk management plan was put in place which identified the level of support the person needed to reduce the risk. The registered manager told us that risk assessments were reviewed periodically and as and when

people's needs changed. We reviewed seven people's records and found all were up to date with detailed guidance for staff to reduce risks.

The service had enough staff to support people safely. One person told us, "Yes, there are enough staff and I can ring at any time and someone will come." Another person said, "They are good at timings and no missed calls," One relative told us, "My [loved one] has carers in the morning, lunchtime and evening and they are very nearly always on time and they phone if they are more than five minutes away." Another relative said, "Yes, they [staff] are very good at coming on time." The registered manager told us they organised staffing levels according to the needs of the people who used the service. Staff we spoke with told us they had enough time to meet people's needs. Staff rostering records showed that they were allowed enough time to travel between calls. The service had an on call system to make sure staff and people had support outside the office working hours. Staff confirmed this was available to them when required.

The provider carried out robust background checks for all staff before they started working. These included checks on staff member's qualifications and relevant experience, their employment history and consideration of any gaps in employment, references, and criminal records checks, a health declaration and proof of identification. As part of the recruitment process prospective staff were tested to ensure their values were in line with the providers. This helped ensure that the right staff were employed.

Staff supported people so they took their medicines safely. One relative told us, "Yes, they [staff] give medicines when they are visiting." Another relative said, "Yes, medicines are given on each visit." The service trained and assessed the competency of staff authorised to administer medicines. People's Medicines Administration Records (MAR) were up to date and the MAR we reviewed showed that people had received their medicines as prescribed. There were also protocols for dealing with medicines incidents. Staff had a clear understanding of these protocols. The registered manager conducted regular medicine management audits and analysed the findings from the audits and shared any learning outcomes with staff to ensure people received their medicines safely. The service had updated PRN (when required), medicines protocols which guided staff when and under what circumstances individuals should receive their PRN medicine.

Is the service effective?

Our findings

People and their relatives told us they were satisfied with the way staff looked after them and that staff were knowledgeable about their roles. One person told us, "They [staff] are lovely and know exactly what to do for me." Another person said, "I couldn't do without them, they are so good." One relative told us, "They [staff] are very well prepared and I know the agency does a lot of training." Another relative said, "They [staff] are very capable and we know they have a lot of training."

The provider trained staff to support people appropriately. Records showed induction training was completed in line with the Care Certificate which is a nationally recognised way of training staff new to social care work. New staff told us they completed an induction when they started work and a period of shadowing an experienced member of staff, which helped them to get to know and understand the person they were supporting and how to support them with their needs. The registered manager told us all staff completed mandatory training specific to their roles and responsibilities. The training covered areas from basic food hygiene, health and safety in people's homes, moving and handling, administration of medicines, safeguarding and the Mental Capacity Act 2005 (MCA). Staff told us the training programmes enabled them to deliver the care and support people needed.

Records showed the service supported staff through regular supervision and onsite observation visits. We were told staff were introduced to each new person they supported by a member of the office team and were introduced to each routine. For example if a person received support twice a day each member of staff would be introduced to both the morning and evening visits so they knew the person's routine. This helped with ensuring a consistent approach to the care provided.

Annual appraisals were completed for staff that had completed one year in service. Areas discussed during supervision and annual appraisal included staff wellbeing and annual leave, their roles and responsibilities, and their training and development plans. Staff told us they felt supported and able to approach the registered manager and the provider at any time.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA. At the time of inspection the registered manager told us they were not providing care or support to any people who were subject to an application to the Court of Protection.

The service had systems to assess and record whether people had the capacity to consent to care. Staff confirmed they sought verbal consent from people whenever they offered them support. One person told

us, "They [staff] know me so well they don't have to, but if it is one I don't know they do." Another person said, "Yes, they don't need to but they do." Staff also recorded people's choices and preferences about their care and support needs. At the time of the inspection the registered manager told us they do not have people who did not have capacity to make all decisions for themselves. Care records we saw confirmed this.

Staff supported people to eat and drink enough to meet their needs. People's care plans included a section on their diet and nutritional needs. One person told us, "They [staff] help me with breakfast and then make sure I have got something for lunch and then they are back for suppertime." Another person said, "They [staff] help me with everything, and that includes seeing that I have got nice things to eat and drink." Staff told us people make a choice of food, and they make what people choose.

Staff supported people and their relatives to enable people to access appointments if needed and, with consent, liaised with health and social care professionals and family members involved in their care if their health or support needs changed. People's personal information about their healthcare needs was recorded in their care records. We saw contact details of external healthcare professionals and their GP in every person's care record. Staff told us they would notify the office if people's needs changed and if they required the input of a health professional such as a GP or a hospital appointment.

Is the service caring?

Our findings

People and relatives told us staff were "Exceptional." They felt staff exceeded all their expectations and went above and beyond in relation to their caring attitude towards them. One relative fed back, "When mum had an unexpected emergency visit to hospital, [The staff member] stayed with her for hours because mum was in pain and was too fearful to be left alone." Another relative said, "[Staff member] went the extra mile to help my dad, such as buying him new slippers and clothes." A third told us, "Lately, there's been a 'mysterious' bunch of daffodils or tulips arranged beautifully in a vase on Mum's table. Its [member of staff's name] leaving a little bit of spring for the weekend." A fourth said, "One morning a new member of the office staff went round to my mother's flat to deliver an important message because deafness made it impossible for my mother to hear the telephone ringing."

People and relatives cherished their relationships with staff and felt that they excelled when providing care and support to them. One person told us, "They [staff] are lovely; I miss them when they aren't there." One relative said, "Each member of the team has taken the trouble to build a proper relationship with mum and get to know her. It's nice for her to have different people to chat to and interact with as they all have different things to offer. Another relative said, "[Staff members' name] has a warmth and gentleness that makes her a perfect companion and carer for Mum." A third told us, "They [staff] do such a good job that the next door neighbour has complimented [staff member] on his singing. Their humour and encouragement lighten his mood and he is now so much happier." A fourth said, "They [staff] are more than kind, when my loved one was in a hospital they would go round to visit at their normal times and cheer them up." Another commented, "They [staff] are really good, really caring and considerate."

People fed back other examples of where staff went above and beyond in providing care. One person told us, "She [the member of staff] kept looking out for vacuum cleaners and found a suitable one which was on offer which saved me some money. She arranged for it to be delivered somewhere where she could collect it and then collected it and brought it to me in her own time. I couldn't have managed this without her. It is nice to know that I am cared about." A relative told us that a member of staff bought games to their home for their family member to play. They told us, "This gave [the family member] the stimulation that they needed." On another occasion a member of staff took a person's saucepans home to clean them for them as they were not able to.

Relatives told us that it was important for them to also have emotional support as well as their family member. One relative said, "I know that I can place my absolute trust in them when I am not there. I cannot express to you just how much I appreciate this. To be able to leave [their home town] with peace of mind is huge." Another told us, "The most important thing that Home Instead has given me is I no longer worry about Dad, because I know they look after him so well." A third told us, "One of the things we love so much about [staff member] is that not only discovered a lot about all of us, but [staff member] shares her life with us, by chatting about her family, her boys, holidays, days out and so on and so it has become a real two-way relationship. It has given Mum an enhanced sense of belonging in a world that was fast becoming daunting and confusing, where strangers were concerned."

Staff were highly motivated and offered care and support that was exceptionally compassionate and kind. One person said, "She [staff member] is like a friend to me. I feel that I can talk easily about any fears and anxieties and I don't feel so lonely." One relative said, "Mum enjoys the calmness and loving care of [staff member] who is always so kind and gentle and talks a lot of good sense. They [staff] all bring with them that much needed friendliness, common sense and physical help which makes mum's life a less anxious and a more enjoyable one." Another said, "They [staff] are so kind, you can't pay enough, they really look after my [loved one], go the extra mile every time." A third said, "They [staff] are more than kind, they genuinely care and they can't do enough."

People said that staff were always respectful and treated them with dignity. One person told us, "They [staff] know me very well and all my likes and dislikes." Another person said, "Yes, they treat me like a human not a number." Relatives also told us their family members were treated in a very respectful way. One relative said, "He [their family member] was a private and dignified man, who found his increasing dependency embarrassing. [Staff names] won his confidence and he allowed them to apply cream to his wounds after some surgery." One staff member said, "I respect the person's preferences, I always give them a choice of wash or shower, and help them with what they choose." Another member of staff said, "Sometimes, I spend extra time 10 to 15 minutes due to their care needs."

Staff described how they respected people's dignity and privacy, and acted in accordance with their wishes. Staff fed back how they would ensure people were properly covered, and curtains and doors were closed when they provided care. One relative told us, "My [loved one] is treated with a lot of respect." Another relative said, "They [staff] treat my [loved one] like a human being, are genuinely interested and my loved one is very happy with them." Staff explained to us how they kept all the information they knew about people confidential, to respect their privacy. The service had policies, procedures and staff received training which promoted the protection of people's privacy and dignity.

Staff involved people and their relatives where appropriate in the assessment, planning and review of their care. One person told us, "I have been involved in setting up the care plan." Another person said, "I was involved but I leave a lot of things like that to my family member." One relative told us, "Yes, I have been involved over three years that we have used the agency." Another relative said, "We did care planning and have reviewed a few times since." We saw people and their relatives where appropriate had signed a care agreement with the provider, which detailed what care people needed and how this would be delivered.

People were supported to be as independent in their care as possible. For example, a person wanted their visits increased to allow the person to go out shopping with the member of staff as the person was no longer confident going shopping alone. This service was increased accordingly and the person had an improved quality of life and retained some of their independence. Staff told us that they would encourage people to complete tasks for themselves as much as they were able to. For example, one member of staff told us, "I encourage them [people] to wash their body they can reach comfortably, and the rest of it I do." One person wanted to go to a wedding, as well as arranging for staff to take her to the wedding, staff assisted the person to choose and buy and outfit. The member of staff also stayed until the end of the evening to ensure that the person got back to their home safely.

Staff showed an understanding of equality and diversity. The service completed care records for every person which included details about their ethnicity, preferred faith, culture and spiritual needs. For example, one member of staff told us, when people are specific about certain aspects of their faith; I respect them whilst providing care to them. Another member of staff explained how they supported people to fulfil their spiritual needs. Staff we spoke with told us that the service was non-discriminatory and that they would always seek to support people with any needs they had with regards to their disability, religion, sexual

orientation or gender.

Is the service responsive?

Our findings

The service carried out a thorough assessment of people's needs when they started using the service. Where appropriate, staff involved relatives in this assessment. Assessments were used as the basis for developing a tailored care plan to guide staff on how to meet people's individual needs.

Care plans were detailed and contained information about people's personal life and social history, their physical and mental health needs, allergies, family and friends, and contact details of health and social care professionals. They also included the level of support people needed and what they could manage to do by themselves. Staff told us, that before they went to people's homes, they looked at their care plan to see what they could do for themselves, and what support they needed. This meant they were able to provide the care that people wanted.

Care plans were reviewed regularly and were up to date. Staff discussed any changes to people's conditions with the registered manager to ensure any changing needs were identified and met. One person told us, "Yes, when my needs change, the service reviewed and updated the care they provide, they have made several changes over the last year." One relative said, "Yes, when my loved one's health needs changed in the summer, it was sorted out very quickly." Another relative commented, "When they [staff] notice change, they tell us and we all agree the way forward." The registered manager updated care plans when people's needs changed and included clear guidance for staff. For example in relation to providing change of visit times and meeting additional specific care needs. Care plans we reviewed were all up to date.

Staff completed daily care records to show what support and care they provided to people. Staff told us that they ensured people's needs were met according to their care plan. Daily care records showed staff provided support to people in line with their care plan.

People and relatives told us they knew how to complain and would do so if necessary. One person told us, "I haven't needed to but I am sure they would help if I did." One relative said, "I really can't fault the service." Another relative commented, "Nothing wrong to complain about."

The service had a complaint procedure which was available to people and their relatives about how to complain if they were unhappy or had any concerns about the service. It clearly outlined the process and timescales for dealing with complaints and how to escalate if they remained unhappy with the outcome. The registered manager told us they had not received any complaints since the service was first registered in 2013.

Is the service well-led?

Our findings

People and relatives thought very highly of the leadership and management of the service. Comments included, "At times she [their family member] has needed increased care at short notice after accidents. The office staff and care-givers have always taken mum's requirements in their stride and put her needs ahead of any inconveniences to themselves", "They have made a huge impact on my mum giving her reassurance and encouragement with her daily needs. I would certainly recommend them to anyone seeking this type of support" and "Home Instead is a highly professional senior care establishment, I personally could not sing their praises enough", "I am absolutely thrilled with it [service] I could not be happier" and "They [office] make sure it all runs smoothly, they are second to none, really, really good."

Steps were taken by the provider to drive improvements and to provide the best possible quality of care to enhance people's lives. They worked with external organisations to help with this. The registered provider regularly provided Dementia Friends information sessions and is a member of the Bromley Dementia Action Alliance the aim of which is to make the London Borough of Bromley a dementia friendly community. The registered provider also looked for opportunities to enhance people's lives. They identified an awareness documentary programme for a national broadcaster which was looking for people that were approaching their 100th birthday to give their views on the ageing. They involved a person using the service with their permission who fed back how positive they found the experience and were given a DVD as a memento of the event.

The visions and values of the organisation were at the heart of how care was provided. The registered provider, registered manager and all staff that worked at the service were passionate about delivering high quality care to people and recognised the impact of their work. The Provider Information return (PIR) stated, "We have created a culture that is open, fair and transparent which encourages our CareGivers to follow by example. It is important to us that our office team and CareGivers all believe in the same ethos and values." We found this to be the case based on people, relatives and staff comments. One member of staff told us, "I strive to make a difference to someone's life everyday be it something small or of huge significance. If I make someone smile then I'm on the right track." Another told us, "I feel that clients should be treated in a manner that would be expected for oneself or family member and I'm therefore very happy to be working for a company that shares this ethos and provides outstanding care."

The registered manager told us they used staff induction and training to explain and embed the service values to staff. A positive culture, where people and staff felt the management team cared and valued their opinions and included them in decisions about their work and the care provided. We observed staff were comfortable approaching the registered manager and their conversations were friendly and open.

The registered provider organised a workshop in Bromley in partnership with the London Brain Project (a social enterprise that engages people about the mind and brain through art and science). Two people using the service created artwork as part of this event which they enjoyed. The artwork from the workshop was subsequently displayed in an art gallery in London. Both people were supported to see their work on display which "Thrilled them". The relatives of one of the people fed back that the day out had a very positive

impact on their family member. A dementia friendly cinema screening for people that used the service and relatives was organised which was well received. A carol service was also organised for people and their relatives to attend which was also attended by the Chair of the local Health and Wellbeing board. They commented that, "There was a great atmosphere and I am sure this was a help to many who attended. Thank you on behalf of Bromley for all you and your team did today and throughout the year." The registered provider is part of the Bromley Dementia Action Alliance whose purpose is to encourage local businesses to be dementia friendly. Additionally the registered provider took part in a campaign to raise awareness to help protect older people from fraud and scams.

Staff fed back how positive they felt about working for the organisation and that this impacted on how they delivered care to people. One told us, "I always give and have given 100% to any job I undertake and I felt that Home Instead were the company that I would most like to work with. They represent me and I represent them. I would never associate myself or my high standards with anything less." Another said, "I have recommended Home Instead to lots of people as I feel confident that the company provides not only a top notch service to its clients, but also it treats its staff with respect and is extremely supportive when necessary. I can't tell you how many people have asked me if there are any vacancies at Home Instead as they can all see how much I enjoy my job."

Staff described the leadership at the service extremely positively. One member of staff told us, "The manager is good, they care about clients and it's all about client centred." Another member of staff said, "The manager is always available to speak to, for example if I'm stuck about a care plan, I ask them about how to phrase correctly."

The registered manager held staff meetings, where they shared learning and good practice so they understood what was expected of them at all levels. Records of the meetings included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health care professionals, training plans, and any changes or developments within the service. Outside organisations such as the Parkinson's Society and the Stroke Association also attended staff meetings to pass on best practice and learning.

People's views about the service were sought and acted on to improve the quality of care. One person told us, "Yes, they [office] really listen and take note of what you say." Another person said, "Yes, we get asked for our views and see the summaries too." One relative told us, "Yes, they take my [loved one's] views into account too, they wanted to remove rugs as a trip hazard but when my [loved one] objected they [staff] kept them but tapped them to the floor very securely instead." Another relative said, "Yes, we are asked about improvement to care and opinions taken into account." A third relative commented, "Yes, our views are sought and taken notice of."

The service had an effective system and process to assess and monitor the quality of the care people received. For example, the provider had an electronic call monitoring tool which enabled senior staff to monitor if a care worker had arrived at the scheduled time and when they arrived and left people's homes. According to the PIR the service had a 100% attendance for the visits staff undertook. Spot checks and reviews covering areas such as the administration of medicine, health and safety, care plans and risk assessments were also undertaken. As a result the service had made improvements, which included updating care plans to reflect people's change of needs and staff meetings were held to share learning.

People completed satisfaction surveys in 2017. The provider analysed the findings which showed that all people felt the care was delivered professionally, and 100 percent of people felt staff were well matched to their needs and they arrived on time; 98 percent of people said office staff always communicated any

changes to their visit schedule in advance. Staff completed satisfaction survey about service improvements in 2017. The registered provider analysed the findings which showed that all staff felt proud to work for Home Instead Senior Care. The provider had also implemented improvements in response to feedback from staff for example, which included pay rise and mileage allowance increase.