Coomber Care Company Limited

Home Instead Senior Care

Inspection report

Marchamont House
116 High Street
Egham
Surrey
TW20 9HB

Tel: 01784477854
Website: www.homeinstead.co.uk

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was announced and took place on 20 January 2017. We gave the provider short notice of the inspection as we needed to make sure we were able to meet with the registered manager, access records and gain permission from people using the service to telephone them or their representatives.

The last inspection of the service was carried out in November 2013. No concerns were identified with the care being provided to people at that inspection.

The service is a homecare agency based in Egham, Surrey that provides for the local community around that area. It is an independently-run franchise of the national Home Instead brand. At the time of this inspection, they were providing a regulated care service to 34 people living in their own homes.

The service had a registered manager, which is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The company director also took a hands-on approach to the running of the service, having set it up five years ago.

People using the service, their representatives, and community health and social care professionals all provided positive feedback about the service. Everyone said they would recommend it to others.

We found that the service provided to people was very caring and responsive to their individual needs; in their own words, to be 'companionship-led.' It strived to match care staff to people based on shared interests, cultures and life histories, and to provide people with the same care staff. People were listened to and their care adjusted accordingly. The service's approach was to enable people's well-being to be enhanced.

Staff were encouraged to go 'the extra-mile' for people in terms of companionship and engagement, not just to provide care. The service's one hour minimum visit time benefitted individuals in terms of improved engagement and quality of life. People were treated respectfully by staff, and were encouraged to be as independent as they wanted to be.

The provider placed a lot of emphasis on the promotion of positive images of dementia in the community. They ran regular Memory Cafés to help local people engage and avoid social isolation. Workshops and gatherings were also provided to local people's family members, to help them understand dementia.

Staff were employed for their ability to show compassion and go 'the extra mile' in their care visits. They were intensively trained on understanding the different ways individuals experienced dementia and physical conditions of old age. This helped staff to empathise and engage well with people so as to support them to experience a better quality of life.

Staff were also vetted and trained to ensure that they were safe to work in people's homes. Their competency was checked on for key processes such as hoisting and providing medicines support. People's care packages were assessed for safety concerns and were kept under review.

The service ensured that there were enough staff to provide a safe service and that staff arrived punctually at people's homes. People were provided with good support for health and nutritional matters. The service worked well with community health and social care professionals to help meet people's needs.

The service listened to people and their relatives, and adjusted people's care packages accordingly. Action was taken to stop concerns developing into formal complaints.

The service was well-led. The management team was passionate about providing people with high quality, individualised care. Staff were recognised and valued as part of this, and were provided with good support for meeting people's care needs and preferences.

The service audited how effectively it was providing individualised care, including through asking people and their representatives their views. Where areas for improvement were identified, the service made plans to address matters, and changes were subsequently made.

Overall, the service promoted a positive and empowering culture that was focussed on making a difference to the well-being of people using it.

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. Staff were vetted and trained to ensure that they were appropriate to work in people's homes. They knew signs of abuse and what to do if they had concerns that abuse may be occurring. Their competency was checked on for key processes such as hoisting and providing medicines support.

People's care packages were assessed for safety concerns and were kept under review.

The service ensured that there were enough staff to provide a safe service and ensure punctual arrivals at people's homes.

Is the service effective?

Good

The service was effective. People were provided with good support for health and nutritional matters. Their capacity to consent to care was sought in line with legislation and guidance.

Staff were trained and supported to provide people with effective care. New staff received a four-day induction process that included good focus on understanding people's specific needs. Established staff received ongoing developmental supervision and training.

Is the service caring?

Outstanding ☆

The service was very caring. Staff were encouraged to go 'the extra-mile' for people in terms of companionship and engagement, not just to provide care. Positive, trusting relationships were encouraged, including through aiming to provide the same staff and providing care in an unhurried manner.

People were treated respectfully by staff, and were encouraged to be as independent as they wanted to be. People were listened to and their care adjusted accordingly. The service tried to enhance people's well-being.

Is the service responsive?

Outstanding ☆

The service was very responsive. It strived to match care staff to

people based on shared interests, cultures and life histories. This helped to promote people's well-being.

Staff were intensively trained on understanding how individuals experienced dementia differently and how to consequently engage well with people so as to support them to experience a better quality of life.

The provider placed a lot of emphasis on the promotion of positive images of dementia in the community. They ran regular Memory Cafés to help local people engage and avoid social isolation. Workshops and gatherings were also provided to local people's family members, to help them understand dementia.

The service listened to people and their relatives, and adjusted the individualised care packages accordingly. Action was taken to stop concerns becoming formal complaints.

Is the service well-led?

Good

The service was well-led. The management team was passionate about providing people with high quality, individualised care. Where areas for improvement were identified, plans were made to address matters and changes were subsequently made. This included for minor records and office systems shortfalls that we identified.

The service promoted a positive and empowering culture that was focussed on making a difference to the well-being of people using it. Staff were recognised and valued as part of this.

Home Instead Senior Care

Detailed findings

Background to this inspection

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

This inspection took place on 20 January 2017 and was announced. We gave the service 48 hours' notice of the inspection because of its smaller size and as the registered manager can be out of the office supporting staff or providing care. We needed to be sure that they would be available.

The provider completed a Provider Information Return (PIR) in advance of the inspection. 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.

Before the inspection, we checked for any notifications made to us by the provider, any safeguarding alerts raised about people using the service, and the information we held on our database about the service and provider.

The inspection was carried out by one inspector and an Expert by Experience, which is a person who has personal experience of using or caring for someone who uses this type of care service. Their involvement was limited to phoning people using the service and their representatives to ask them their views of the service.

There were 34 people receiving a personal care service in their home at the time of our inspection. The agency also provides companionship and home-help services, but these do not fall within the remit of our regulatory responsibilities and so were not considered.

During the inspection, we received feedback about the service from four people using the service, nine people's relatives, five community health and social care professionals, six care staff, three office staff, the registered manager, and the company director.

During our visit to the office premises we looked at five care plans for people using the service plus other records about people's care including visit schedules, medicines records and care delivery records. We looked at the personnel files of three staff members and records about the management of the service such as complaint records, oversight records and the provider's policies. We also requested further specific information about the management of the service from the registered manager and the director following our visits.

Good

Is the service safe?

Our findings

People using the service told us it was safe and that staff were trustworthy. One person explained, "It's the little things like having someone around to help me and make sure I don't fall over." Relatives provided similar feedback. Their comments included, "They do seem interested in keeping my mum safe and well looked after" and "We couldn't ask for better. The staff are wonderful and know what they are doing." Health and social care professionals had no concerns about the safety of the service.

People's care files showed that the service assessed risks to care delivery from the start of care provision. This included matters such as the care environment, the person's mobility, and medicines management. Specific assessments also took place where needed, for example, with handling oxygen at one person's home. There were records of actions taken to address risks, including guidance to staff on helping to keep the person they were supporting safe.

The service took its responsibilities around moving and handling people seriously. Staff received practical training before working with people. There were detailed individual moving and handling assessments that were kept under review. Records and feedback showed that senior staff demonstrated specific moving and handling equipment such as hoists to staff at people's homes, and checked on staff competency, to ensure they supported people safely. One staff member told us that senior staff had been "observing us in our roles and ensuring competency with equipment." An incident record showed that when senior staff recently became aware of an unsafe moving and handling procedure taking place in someone's home, staff were reminded of the appropriate procedure and spot-checks of their care took place.

The service's accident records indicated that appropriate action was taken in response to safety incidents. For example, when one person was found to have fallen and had a bump on their head, medical advice was sought resulting in hospital treatment.

The management team told us that new staff undertook medicines competency checks before supporting people with medicines. The checks included what to do in unexpected scenarios such as if people refused medicines, if gaps were found on the medicines administration record (MAR), or if people had new medicines. Records of the checks in staff files showed there were also checks of ability to administer eye-drops and as-needed medicines correctly. A staff member told us, "If a medicine's not given, I call the office, but it's never happened. We also inform the office if someone starts a course of antibiotics." This helped assure us of safe medicines procedures.

People's care plans provided specific medicines guidance based on a risk assessment. Our checks of people's MAR identified no concerns. A staff member said, "The office always checks the MAR and has a key person to ensure they are up to date, changed if necessary to reflect new medications or creams and always signed. I feel it is monitored very well." We saw records of senior staff undertaking monthly checks of people's medicines support. This all helped to demonstrate that people were supported to take their medicines as prescribed.

The service had systems to help protect people from abuse. The service had a policy on abuse and there was summary guidance on it within the staff handbook. Staff demonstrated awareness of what could be seen as abuse. They knew to contact the office or the out-of-hours on-call service if they had any concerns about abuse or neglect of people. Records confirmed that they received safeguarding training as part of their induction before starting to work in people's homes, and then on a regular basis thereafter for refresher training.

A staff member said, "Home Instead thoroughly vets its staff to ensure it has the best carers, which give the clients' families peace of mind." The management team told us that their recruitment approaches aimed to employ compassionate and empathetic staff. Feedback from people and their relatives indicated that this was achieved. Our checks of staff files also found that safe recruitment practices were undertaken. This included through application forms, interviews, and identity and criminal record checks. Additionally, a minimum of four written references, including two from previous employers, were acquired. The management team explained that references were verbally verified through contacting the employer's switchboard, asking to speak with the person put forward as the referee, and checking their job role.

Our checks also established that new staff did not start working with people using the service until the recruitment checks were signed off by the registered manager as in place. The management team told us that new staff remained under scrutiny during induction training and across their probationary period, and so could be released from employment if it emerged that they did not meet the service's requirements.

The management team told us that they did not start providing a service to anyone unless they had capacity to provide a safe and high quality service. People and their relatives told us that staff were punctual and did not miss visits. One person told us, "They're never more than five or ten minutes late. If they are really running late they will phone." Relatives' comments included, "I think they are almost always on time" and "99% of the time they are (on time). It's just the odd occasion and it's not a problem." Staff confirmed this approach to punctuality. One staff member said, "We keep to a strict times, so our clients know when to expect us." Another told us that, when working in pairs to hoist people, the other staff member "does not turn up late."

We checked electronic visit records of when staff turned up at people's homes. We found that where people required two staff to work together, they generally turned up on time and within five minutes of each other. Office staff demonstrated to us that visits were scheduled for everyone using the service for the next six days. They explained that the scheduling system automatically allocated the same staff to the same visits every week where possible. This helped ensure that staff were allocated to turn up on time.

Good

Is the service effective?

Our findings

People and their relatives provided good feedback about the effectiveness of the service. One person, when asked if they thought staff were well-trained, said, "I think they are, never had any problems." Relative's comments included that staff "are very good, and if we have any questions they are always able to help us. They are just so much more professional and caring."

People's individual care plans identified their health needs and guided staff on appropriate support. Records provided evidence of good healthcare support from staff. For example, the service had responded to a relative's request for additional hours to support their family member with afternoon bed rest in respect of preventing deterioration of a pressure ulcer. The relative added that the district nurse had fed back positively about the liaison of care staff with them and their general care of the health concern. Staff told us of contacting the office for advice and support if they had concerns about people's skin integrity. They were confident that action, such as asking for arranging GP involvement, would be taken. The management team told us that basic skin care training as part of the service's induction, and that further comprehensive training was planned.

The registered manager had good knowledge of health matters due to a past nursing qualification, and so was able to provide some guidance in the few instances where people had complex health needs. Staff were providing complex health care to a small amount of people, including someone with medicines via percutaneous endoscopic gastrostomy (PEG). Records and feedback from staff showed that they had been trained on carrying out these procedures by the PEG equipment provider. However, there was no formal process for assessing staff competence embedded into the provider's training policy, to ensure that all relevant staff had the appropriate skills to meet the relevant person's specific health needs. The registered manager promptly undertook to ensure that a competency process would be set up by a qualified person.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

People and their relatives fed back that staff always sought consent for providing care. One person said, "They ask me if I want to do anything first like if I want to have a shower." Relatives told us, "They are always asking her if she is ready to do something, like have a shower or a cup of tea" and "They are very good at asking her and they talk to her about everything." Staff confirmed this approach to consent, and that they would phone the office for advice if a refusal impacted on someone's care.

People's care assessment records included checks of whether anyone was formally acting on their behalf. Where this was the case, copies of relevant paperwork was in place. Records showed the subsequent involvement of relevant people at care reviews in response to welfare concerns. People were asked to consent to the service providing them with care. The registered manager demonstrated understanding of capacity assessments of people for specific decisions, and of following the best interest process where capacity could not be established. Records confirmed its use and family involvement.

The management team told us of working in people's best interests. They told us of one person they were providing care to, who socialised well at the service's memory cafés but for whom care in their home was not promoting their well-being. Records confirmed that best Interest meetings were held with family. This resulted in the person moving into a care facility where their regular care staff visited to help them settle in. The person was reported to be much happier there.

The service ensured that staff had the skills needed for their care roles. New staff praised the service's induction process. One staff member said, "I had my three-day induction training which covered all aspects of my role. This was followed by medication training and moving and handling. Even though I came from a care home environment I feel that I still learnt a great deal."

The management team told us the induction content had increased in the last year, and so was now four days long. It followed the Home Instead brand's standard format, but had been expanded on to accommodate different learning styles and other training such as emergency first-aid that the management team believed necessary. We saw that the training included experiential aspects such as wearing "sensitivity" glasses and gloves that helped simulate different conditions such as reduced vision and feeling in the fingertips that someone using the service might experience.

Induction and staff refresher training included a module on supporting and communicating with people about eating well and avoiding dehydration. Staff were given a handout on the topic, to help remind them. People's care plans included a section specifically for individual dietary support such as how much the person tended to eat, if they needed fortified diets, and how independent they were with preparing their meals. Care delivery records indicated exactly what people had to eat and drink.

The service was also ensuring that new staff completed a 12-week national training award as part of their ongoing induction. We saw records of assessment in people's homes in respect of this, plus certificates from external companies to confirm practical moving and handling and emergency first aid training. Certificates in staff files showed that the process was completed in due course after staff started work.

Staff provided positive comments about developmental supervision processes. One staff member told us, "I had my first supervision within my first week, this was to ensure I was happy and comfortable and that I had all the tools that I needed to carry out my role. I have had further supervisions." Another staff member said, "The supervisions have been fairly standard, generally not a lot has to be said in those meetings as if we have any issues or if we need something we are able to express that at any point."

Staff files showed that the service ensured that new staff received a support and development supervision within a month of working with people. Supervisions then took place at a six-month frequency, along with an annual appraisal and occasional staff meetings. Supervision records showed developmental progress. For example, one staff member's supervision planned for them to undertake a first-aid training course with an external company. A certificate in their file demonstrated that this occurred within a month.

Outstanding ☆

Is the service caring?

Our findings

People spoke highly of the service. Their comments included, "The staff are very friendly" and "They always treat me very well." Relatives provided similar feedback. Their comments included, "I think they treat him really well. They are always talking to him and make sure he is alright", "Everyone that comes around is cheerful and really friendly" and "After the last agency we were with the carers here seem amazing." We noted that recent online reviews of the service, by people using the service and their relatives, were very complementary, for example, that care staff "restore one's faith in humanity." The service's compliments file contained similar comments such as "You need to shout your quality from the rooftops."

The management team emphasised that their service was 'companionship-led.' There were agreed tasks for staff to support people with at their visits. However, the visits were fundamentally about what the person wanted and needed that day, so as to help enhance their well-being.

The management team explained that the service strived to enable people to have a better quality of life. This could be in response to people living with developing dementia, or due to the loss of their partner. We saw many emails and records of staff and the service providing care and support that they would term as 'Going the extra mile' for people. For example, staff reported concerns for someone's partner to the office, which resulted in additional funding being provided for the person so that the partner gained respite visits in addition to the care already in place. This helped the person to avoid going into a care setting during respite periods, which would have been contrary to everyone's wishes.

In another case, the service was called out-of-office-hours by the wife of someone using the service as they did not know what to do about a sudden burst pipe leaking into the person's bedroom. A staff member and the registered manager promptly attended. They helped find a plumber and deal with the impact. There were also records of the service volunteering to support this person with community matters in support of the care of them and their wife.

We were told of another person being supported by staff to dictate their memoires as a process they wished to go through before their death. By working with the local hospice, the person's choice of dying at home was also enabled.

The director told us of the importance of working with and supporting people's family members as part of the service. They had organised family workshops for this purpose, to help family members learn about dementia and adjust to the individual symptoms of their relative's condition. A key component was to help relatives to understand the person's reality, that "if they say it's black, it's black" regardless of the colour that others saw. This helped relatives minimise conflicts with the person living with dementia, and reassure them and the person through understanding their condition and mental state.

Feedback from some relatives and a community health and social care professional confirmed that this approach benefitted people living with dementia and their families. The workshops, and other events organised by the service which family members could attend, also helped signpost relatives to other

resources, enable them to make contact with others in similar positions, and establish informal support networks.

The provider's minimum visit length was one hour, which supported the companionship-led approach. Staff confirmed this approach with comments such as, "Their strength would be how dedicated they are to the clients and their needs" and "It's good to have an hour, it gives us enough time."

Staff and the management team told us they aimed to provide the same staff member or small team of staff to people, to help develop positive caring relationships. One person had therefore been supported by one staff member for five years, who helped with organising health appointments and shopping trips for example. A staff member told us that they were scheduled to visit "the same clients week after week, so we develop a good bond." A social care professional confirmed that the service did not "chop and change" care staff.

The management team told us of how providing the same staff had particularly helped one person to communicate despite deteriorating health as staff who knew the person could better understand the person's speech and handwriting. As the person's verbal abilities decreased, there was liaison with community healthcare professionals to set up a specific piece of communication equipment that enabled the person to point to key phrases. Staff also adapted their approach to give the person more time and enable the person to answer questions using body and facial expressions. These inclusive methods of communication enabled the person to retain much more control and independence.

Visits were also about encouraging the person's independence and where possible, reablement of skills. We saw that staff were trained to encourage people's independence and engagement, and that people's care plans emphasised this such as with supporting the person with preparing their own lunch. As such, the service was trying to support the person's best interests, even if that meant reducing the number of care visits due to having helped them to regain skills.

Staff were encouraged to make caring checks, such as whether there was enough in-date food and not to walk past full bins. A staff member confirmed this occurred when they explained that they checked one person's home for used continence equipment that the person may have hidden.

Staff were also trained not to leave someone distressed when the visit time had elapsed, but to call the office to arrange to stay longer or enable other support. Records and feedback showed that care staff reported concerns about people's safety and welfare to the office. Office staff in turn contacted healthcare professionals or people's representatives, or visited the person, to ensure that action was taken to address the concerns.

People and their relatives told us that staff treated them with respect. One person said, "They will shut the door when changing me." Relatives' comments included, "They speak to all of us politely and it's very dignified and professional" and "I have seen them close the curtains and the door when they are changing him. They will also make sure he is well dressed before he leaves his room."

Staff told us of different ways they treated people respectfully, based on training they had received. This included covering people's bodies where possible during personal care, ensuring doors were closed, and keeping people's information confidential. One staff member said, "I always put myself in their place, how would I feel if I was being given a shower?" Another told us they treated people "as I'd want my family treated."

The management team informed us that staff did not wear uniforms as policy. This was so that their support would look like friends or family members when supporting people in the community, and so not draw attention to people.

Staff and the management team told us that the service ordinarily introduced any new staff member to the person before leaving them to provide care. Staff told us of usually having a 'shadow shift' where they worked with another staff member to get to know the person. There were records confirming this approach.

Staff told us of helping people to be actively involved in making decisions about their care. Records showed that one person recently phoned the service to say that their visits needed to be later than agreed. The care visit records showed that this was immediately attended to, and sustained at the later time.

Outstanding ☆

Is the service responsive?

Our findings

People and their relatives told us that staff provided care that addressed their individual needs and preferences. People's comments included, "We have time to talk about anything and everything" and "If I need to change the times of the call they will sort it out right away." A relative told us, "They are amazing, they will change anything to the best they can." Another relative said that staff "know exactly how to look after him. They always try and engage him."

We also received entirely positive feedback from community health and social care professionals about the responsiveness of the service. This included about reliability and helpfulness of the care staff and the service.

The management team told us that people's life histories were very relevant to which care staff were assigned to provide the person with care and support. The director said, "We are trying to connect every client that we work with back to things that they used to like to do." She explained that this was to counter the isolation that she saw many older people experiencing when she first set up the service. Therefore, it was important to match staff who would connect with the person.

Staff confirmed this approach. One staff member said, "We make sure the carers going to the homes are well suited to the clients as best we can and if necessary change them around if problems or incompatibilities come up." Another explained, "By finding out about what life they have led I think we can start to build a picture of them and match an appropriate carer." We saw that staff application forms asked about interests, and for very new staff, a 'This is me' profile was filled out to assist with the matching process.

The management team provided us with examples of how this process had worked out well for individuals. One person grew up in a town some distance away. The service had a staff member who knew that area. In time, the staff member helped the person to revisit the town and reminisce.

Another person used to lie on their bed all the time. By exploring the person's life history with friends and family, it was found that they used to be a florist. Their care staff brought flowers along to the visits and managed to engage the person with flower-arranging. In time, the person started attending to their garden again.

Staff explained the personalised approach of the service. Their comments included, "I would say their strengths are on how much they care about the clients we look after and how personal that care is. It's like a big family" and that senior staff are informed "of any changes that the client prefers." A senior staff member said, "We regularly review and update the care plans to ensure we are adapting to any change or deterioration in their health or ability. All of their wishes are documented in their personal files and all carers are notified of any changes to care."

Records showed that the service responded to people's requests. Where someone phoned to say they did not want a particular staff member visiting, the staff member was not sent again. When the same person

asked for later visits than what was being provided, this was accommodated within a day and was kept to.

The company director told us of setting up and running Memory Cafés in four different local locations within the last eighteen months. This was the result of attendance at local improvement groups and a desire to provide greater understanding and support for people living with dementia and their families.

Along with this providing a service for up to 50 people at a time from the local community, a few people using the service had been supported to attend a local Memory Café, which helped them to reduce their social isolation and enhance their well-being. For example, one person enjoyed dancing there, re-engaging with an activity that they used to enjoy. The free-to-attend cafés were advertised in the recent newsletter sent to everyone using the service.

The director told us that she was the co-chair of the local Dementia Alliance group, whose aim was to provide support and educate in the community. She was also a qualified 'Dementia Champion' through City and Guilds training. Amongst other things, this had enabled her to develop the service's extensive dementia training that not only benefitted care staff but also, according to her records, 100 people in various local community settings including care homes and for family members of people using the service.

The director told us that she shared this best practice to enhance the knowledge and skills of the staff who delivered the care by providing training to staff. The training was three-hour sessions spread over six weeks with a lot of 'hands-on' exercises that tried to help trainees empathise with someone living with dementia. The trainees were also provided with engagement techniques, for example, to help at meals times by emphasising presentation of food and encouraging staff to eat with the person (if agreed at the assessment stage). Staff confirmed the usefulness of the training. One told us, "Dementia training was extremely helpful for understanding clients." We saw that people's individual care plans identified their individual dementia care needs and what support staff were to provide.

The registered manager told us that it was important to undertake a comprehensive assessment of a new person's needs and preferences. She currently undertook this for all new people, but we saw plans for this to be delegated to senior staff via a phased process, to ensure they undertook the assessment competently. Everyone's care files had evidence of this comprehensive process, in handwritten form from the initial meetings. There followed a detailed care plan, which we saw had been set up within two days of starting the service. The plan guided staff on their care and support responsibilities through a summary at the end of the document, but backed by more detailed consideration of needs, preferences and risks. Along with health and care needs, the plans paid particular attention to people's interests and activities, and their individual routines. Plans were specific enough to clarify which arm people used first when putting on tops, highlighting the extent of individualised care that was being provided.

The service regularly reviewed risks and quality in respect of people's care plans to make sure they reflected the most up-to-date information. Records showed that this included a phone call to the person or their nominated representative within a few days of the service starting. Within four weeks, and then at least every six months, a visit took place to review and adjust services if needed. Where people's needs changed, a senior staff member or the registered manager visited to review care needs and identify further actions to be taken. Risk assessments and care plans were consequently updated. In one person's case, their care records indicated positive feedback from a healthcare professional about the service's early intervention helping to address skin integrity concerns.

Staff confirmed that they were provided with enough advance information about people they were to visit. One staff member said, "The office will text or email to advise of a new or changing situation with a client."

This helped to ensure people received consistent care that met their individual needs.

People and their relatives told us that they could contact the office if needed and get a prompt response. Relatives' comments included, "Never had a problem in getting hold of someone" and "If I can't get hold of them I will ask them to call me back and they will very quickly." Everyone confirmed that they felt listened to. One relative said, "They take on board anything we say."

People and their relatives told us that they knew how to complain if needed but most had not needed to. One relative said, "We haven't made a complaint. I guess if we had to I would phone the office and ask to speak to the manager." Another told us, "I would phone the office. I have no problems in complaining."

The service had an accessible complaints procedure in place. Care files had evidence of the complaint process being shared with people and their relatives. The service's complaints folder contained details of complaints made and responses. Whilst there was no record of a formal complaint in the last year, a number of expressions of dissatisfaction were documented there. Responses were apologetic where appropriate, and took action to ensure the matter was not repeated or provided some recompense such as not charging for a late visit. Most complaints were broadly related to the embedding of new computer systems at the office, especially around invoicing correctly. The management team told us these matters were now resolved.

Good

Is the service well-led?

Our findings

People and their relatives thought the service was well-led and provided good feedback about the management of the organisation. One person said, "Everything is running smoothly and it must come from the top." A relative told us, "I would imagine it is well-led. The carers I have talked to always seem happy."

People and their relatives told us they occasionally received surveys asking them questions about how satisfied they were with the service. One person said, "I am sure they sent out a survey not too long ago." A relative told us, "They send out surveys and we can chat about whatever we like."

The Home Instead brand undertook an independent survey of all its franchises in June 2016. The management team told us they received their results of this process in October. Whilst there was very good engagement and feedback from staff that outranked the brand's national average, there were fewer results than expected from people using the service and their representatives. Analysis showed positive feedback but at lower levels than the service's 2015 results and the provider's 2016 national average. The management team told us that the results reflected changes to office staff and systems that took place shortly before the surveys. For example, electronic visit-planning systems had been recently introduced whereas before there had been greater reliance on paper records. There had also been some turnover of office and senior staff at the time of the survey. An action plan was set up to address the concerns, including a staff meeting to convey findings and how to address them.

The management team told us that the switch to electronic systems included facility for live monitoring of staff logging-in at people's homes to show they had arrived. Staff, including the on-call person, were alerted if no-one had logged in within ten minutes of the scheduled start time. There was ongoing learning about using this system well, as the process had not worked properly recently, resulting in one person experiencing a missed visit. An incident form and other records demonstrated that on-call staff were now avoiding providing visit cover if possible, as this stopped them from monitoring that visits were taking place as planned.

At this inspection, a few staff told us of communication difficulties, explaining it as the only noteworthy weakness of the service. One staff member explained, "There could be more help with the rotas and ensuring care-givers are where they should be." However, some staff said there was no problem and that they received workable rosters in good time. One told us, "The office call me each week to run through my schedule and ensure everything is correct and clear."

We checked electronic data for visit times and lengths at seven people's homes for the first three weeks of January. Overall, people received their visits on time and for the expected length of time. However, weekend visits were occasionally shorter than the hour minimum that the agency provided. For the weekend of 7 and 8 January, one person's consecutive visits lasted 39 and 14 minutes respectively.

The weekend of 14 and 15 January was difficult to audit properly as out of 39 planned visits, 10 did not have staff logging-in and out times. Most of these occasions were by senior staff. Another person experienced a 37

minute visit that weekend compared to the allocated hour. This all indicated that there was scope for improvement in visit scheduling and ensuring that all visits were properly logged-in and out.

However, we also noted that the visit records showed that improvements had already taken place for the third weekend of January. Additionally, the director sent us information to demonstrate plans to improve on the monitoring of electronic data, particularly in terms of punctuality and staying the full length of time. They added that staff may leave early if running an agreed errand for the person using the service, as long as the office were informed and a record made of the occurrence.

The Home Instead brand had audited the service's quality twice in the last two years. The first audit identified some necessary action. However, the service addressed these matters and subsequently the second audit, in November 2016, identified that the brand's standards were being upheld and so no further action was needed. There were recommendations arising from this latest audit, for which the service had updated action plans addressing the issues.

The management team told us that all senior staff now had performance indicators by which to measure the effectiveness of their work. We saw records of these targets being set and reviewed, and noted that there was a supportive approach and recognition of achievements. The registered manager said she had attended Home Instead's leadership training that dealt with, for example, service improvement and getting the best out of staff. There was an emphasis on promotion from within, to help value staff members and to ensure that they understood people's care delivery needs. We noted that there were two new senior staff in these roles within the community. The registered manager was providing them with close support and guidance for their new roles. Records and feedback indicated that the empowerment and development of staff was important, but that the provider also followed processes to cease the employment of staff who consistently did not uphold the service's values.

Staff fed back that when they were providing care there were occasional unannounced visits by senior staff. These are known as 'spot-checks' and are used to ensure that staff provide a safe, individualised and caring service. Records on staff members' files indicated that these took place every six months. A monitoring spreadsheet was used at the office to track that spot-checks took place for each staff member regularly. The spreadsheet was also used to monitor that staff supervisions and appraisals took place. We identified a small amount of entries that were either inaccurate or not up-to-date. In response, the registered manager told us it would be monitored with greater scrutiny, and that the system would be transferred into the office computer package which would enable better governance.

When we asked to be sent copies of key information some people's ongoing service records, the registered manager told us that the new software systems had not been "used very effectively" for this purpose. We were subsequently sent the requested information, which the registered manager confirmed was gleaned from the old recording process. As such, the information was available, but processes to switch to the newer systems had not been embedded, which the registered manager said was now being addressed.

During the inspection, we pointed out to the management team that the identification cards for staff were not laminated and so could be tampered with. The writing on them was also in a small font, and so may not be easily readable to people using the service. We were subsequently sent a copy of a new format for the card and told that lamination would start occurring. This helped to demonstrate a willingness to implement learning from feedback in support of providing a higher quality service. It was also encouraging that staff received these cards before starting to visit people using the service.

We identified that care and management records could be more accurate and complete. Some staff spot-

checks had not been signed by the staff member being checked on. One staff member's recent supervision record was undated. Despite capturing good information of people's needs and preferences, people's initial care assessments tended to lack clarity on who was present, and some lacked dates. One person's care review lacked the date of the month it took place, and their updated care plan did not include the date of the update. However, despite these inaccuracies, it was evident the person had benefitted from better care by these processes, which was of primary importance.

A few days after our visit, the registered manager sent us an action plan, backed with evidence of actions already taken, in respect of matters we highlighted for improvement.

The service undertook monthly checks of people's care delivery records and medicine administration records. This was to help ensure appropriate and complete records were being made, in line with the person's care plan, and to check if any aspect of the service needed altering to better meet the person's needs. For example, the recent audit of one person's records had identified that one staff member tended to be working when the person sometimes refused their prescribed medicines. The plan was therefore to minimise this staff member working with that person.

Staff fed back that they could call the office for support if needed. One staff member said, "If any information is needed while at a call it's easy to speak to the office about anything." Another staff member told us, "Office support is brilliant so far." They gave an example of the office helping to them to access someone's home when the person was unable to get to the door.

Staff reported that the service provided a positive and empowering culture. One staff member said, "The branch that I work for in Egham, really does care for both its staff and its service users and will always do their best to ensure that as much as possible everyone is happy." Another told us, "Home Instead really values the contribution we make and our input into our clients' care. Our views are well received and any concerns we have are listened to." There were informative and inclusive monthly staff newsletters that included recognition of staff who had gone "the extra-mile" in support of people they provide care and support to. All staff we spoke with said they recommended the service. As one staff member put it, "We are dedicated kind and passionate about our role."