Phil & Linda Senior Care Ltd

Home Instead Senior Care - Bourne

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 29 January 2016 and was announced.

The service provides personal care to people in their own home. The office is located in Bourne in Lincolnshire and they provide care to people living in the surrounding area. At the time of our inspection they were providing personal care for around 20 people.

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

The provider and registered manager were committed to providing a high quality service to people. The work schedule ensured that care calls were appropriately spaced so that staff always arrived at people's homes when expected and care was not rushed. Furthermore the registered manager matched people receiving care to staff to support a compatible relationship and always introduced the member of staff to the person.

Staff were supported by a flexible training programme tailored to each individual member of staff's training needs. This ensured staff provided person centred care and that they were aware of how to support people with different conditions. Staff received supervision and appraisals to monitor their performance and spoke highly of support that was always available from the office staff, registered manager and provider.

Care staff had an in depth knowledge of people's care needs and abilities which was supported by neat, orderly and detailed care plans and briefings from the registered manager about the individual needs of people. This ensured care staff had the knowledge to identify where people were unwell and needed extra help. The provider and registered manager had recognised the importance of family relationships and monitored the health and well-being of other people in the home. People's medicines were safely managed with their participation.

Staff supported and encouraged people to be involved with their care and to maintain their independence wherever possible. People's abilities to make decisions were assessed and recorded and staff supported people's decisions while at the same time risks to people were minimised. Staff were quick to raise concerns with the office if they thought a person was at risk of harm and were confident that the office staff would take appropriate action. At the same time staff knew how to raise concerns with external agencies if needed.

Staff respected people's privacy and understood that it was important that people trusted them. They were clear on what information could be shared with other members of the family. Staff understood what was important to people when receiving care and ensured that care was flexible to meet their needs. The provider had recognised how hard it was for people to care for a loved one and provided guidance and

support to help people stay connected and enjoy their family relationships.

People were encouraged to raise complaints and concerns. The office staff ensured people knew how to complain when they rang to ensure that the care provided was meeting people's needs. The staff, registered manager and provider all took action to resolve any issue raised and prevent reoccurrence.

The staff, registered manager and provider all took pride in the company and the quality of care they provided to people. People using the service and staff were asked about the quality of service provided and action was taken to improve the service in response to their feedback. The provider had robust systems in place to monitor the quality of service provided and took action to ensure the service provided was good. The provider had developed links with healthcare professionals and charities to ensure the care provided was up to date with the latest guidelines.

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.

Staffing resources were well managed to provide people with reliable care from consistent staff who had the time, skills and experience to provide safe care.

Staff were committed to keeping people safe from harm and raised concerns internally and with external organisations. Staff were confident that concerns raised within the organisation would be dealt with appropriately.

Risks to people were identified and recorded in the care plan and care staff continually assessed risks before they provided care.

People's medicines were managed safely and people were supported to remain independent with taking their medicines.

Is the service effective?

Good

The service was effective.

Training provided ensured staff had the skills to provide person centred care to meet individual needs. Individual training was provided if staff needed extra support to meet people's needs.

Staff supported people to make decisions and respected people's abilities to make choices about their care and their lives.

Staff understood the importance of people maintaining a healthy weight and encouraged to eat and drink.

Staff ensured people were appropriately referred for healthcare when needed.

Is the service caring?

Good

The service was caring.

People told us that they valued their relationship with staff and trusted them. Staff told us they ensured people enjoyed

receiving care.

Staff were kind, caring and compassionate and valued their relationship with the people they cared for. They also ensured other people living at the house were safe and happy and provided emotional support to families.

People were supported and encouraged to be involved in decision about their care.

Is the service responsive?

Good

The service was responsive.

People received quality care that met their individual needs and was flexible from day to day dependent upon their health and wishes.

Health care professionals had confidence in the service provided.

People were supported and encouraged to raise concerns and complaints. The provider was proactive about responding to concerns.

Is the service well-led?

Good

The service was well led.

The provider had created a culture which put people at the centre of the care provided and cared for their staff as well as the people receiving care. The registered manager was competent and approachable and people receiving care and staff had confidence in them.

People were supported and encouraged to feedback about the quality of care they received and any changes they would like. Systems to monitor the quality of the service were effective.

The provider had established links with local and national organisations to support best practice and ensure staff worked to the latest guidelines.

Home Instead Senior Care - Bourne

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 29 January 2016 and was announced. We announced the inspection so that the provider could ensure that staff were available for us to talk to. The inspection was completed by a single inspector.

Before the inspection, the provider completed a 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 sent out 52 questionnaires to people using the service, their relatives, staff and community professionals. We had 15 questionnaires returned to us and we used this information as part of the inspection. We also reviewed other information we held about the service. This included any incidents the provider was required to tell us about by law and concerns that had been raised with us by the public or health professionals who visited the service.

During the inspection we spoke with four people who use the service and two relatives of people who use the service. We also spoke with the provider, the registered manger and three care workers. We looked at the care plans for three people who used the service and other records relating to the management of the service which included staff training, complaints and the quality assurance records.

Good

Is the service safe?

Our findings

All the staff we spoke with told us they were fully supported and confident to raise concerns about people's safety with the office. In addition they were also confident that the office staff had the necessary knowledge and training and would take appropriate action to keep people safe.

One member of staff told us if they had any concerns about anything they saw while providing care they would report it to the office. They told us they had been concerned recently as they felt a healthcare professional had been a bit rough with a person and they had reported it immediately. They said they were confident to report concerns as they knew that the office staff would contact the local safeguarding authority if needed. They said if they wanted to report anything direct to the safeguarding authority the telephone number was available to them in the documentation in People's homes.

Systems were in place to monitor people's health and to help identify if people were at risk of harm. Staff told us if they had any concerns around people having unexplained bruising or other marks on their body, they completed a body map so there was a record of what they had seen and when and reported the bruises to the office. This record could then be analysed to identify if there were any pattern to when and how often the person had bruising.

Risks to people while receiving care had been identified and care was planned and equipment put in place to reduce the risk to the person. For example, we saw that people's risk of pressure ulcers was assessed and appropriate equipment was in place.

Environmental risk assessments were in place to ensure staff had a safe space where care could be given. These were completed by the registered manager who had a health and safety qualification to support them to recognise risks. One member of staff told us the first time they go into a person's home they always assessed the environment and person for risks even though they know what to expect and have seen the care plan.

Where staff provided companionship calls they often took people out in their own vehicles. The registered manager checked staffs driving licences and insurance details to make sure staff were properly insured in case of an accident.

All risks to people were continually assessed to see if changes could be made to improve care. For example, accident and incident monitoring forms were completed and monitored to see if any action could be taken to prevent the risk of them reoccurring. People's emergency contact information was recorded so that staff could contact their family in an emergency.

People we spoke with told us that staff always arrived when they were expected and that they had a consistent group of staff who provided their care. One person said, "They arrive on time and do everything you want them to do." Another person told us, "They are lovely and always prompt. They are helpful and have a good attitude and are always willing to do anything. You can rely on them." A third person told us, "I

have the same girl every morning, she is very efficient and very good and always arrives on time." People we spoke with also told us that the registered manager always ensured less experienced staff were always supported by an experienced colleague. Staff told us they had regular people who they provided care for and this allowed them to get to know the person and their care needs. One member of staff said, "If we get to have the same clients them we know what is normal for them and so we know if they are not right."

The weekly rotas were completed on a Wednesday. Rotas contained enough time between care calls to enable staff to travel from one call to another. If there were any concerns that there was not enough time allowed, staff could contact the office staff who would include more travel time in the future. Staff told us with new clients they monitored the travel time different times of the day to ensure they took into account the impact any periods of heavy traffic. Staff told us and records showed that if they were unable to provide the care needed in the allotted timescale, they would contact the office staff who would speak to the person and if appropriate their family to discuss the care needed. We saw one person's morning call was extended almost as soon as they started to receive care as the staff had identified concerns.

In addition the rotas were set with enough spare capacity to be able to cover shifts in an emergency. For example, one member of staff told us how when a person had been ill a half an hour call had lasted three hours so they could support the person while an ambulance was called. They had been able to do this as the rota ensured there was capacity in the system and office staff could arrange for colleagues to cover their planned calls. Staff told us they were encouraged to stay with people if they had any concerns about their health. The registered manager told us that the staff they had were committed to providing good care and that they were always willing to pick up extra calls if there were problems on a round. In addition all the office staff were fully trained to provide care and so could go out to cover calls in an emergency.

The office operated an out of hours on call systems and staff knew that if they had any trouble outside of office hours they could arrange for support from the on call manager. This meant if they were delayed at any calls, support was always available to rearrange care calls to ensure everyone received the support they needed.

There was a clear process for appointing new staff which included checking six references, three personals and three professional. The interview process was robust and checked any gaps in employment and other concerns which may indicate the person was not appropriate to work with the people using the service. There was a clear indication of why the provider has employed each member of staff. The registered manager told us that they had a list of people waiting for care from them and that when they were interviewing new staff they did so thinking about the people on the list and if the staff personality would fit with anyone waiting for care. However, the registered manager was very clear that they would only provide care for new people if it did not impact on the people they already provided care for.

Where people had capacity they were supported to manage their own medicines. This included the provider liaising with the GP and local pharmacies to arrange for medicines to be put into monitored dosage systems. A monitored dosage systems is where medicine are packaged according to the day and time they should be taken. This made it easier for people to manage their own medicines and retain their independence. Where support was needed this was set at a level which supported the person to remain as independent with their medicines as possible. For example some people only needed gentle prompting.

Where people did not have the capacity to manage their own medications staff told us how they would involve them in their care by removing their medicines from the package in front of people so they knew what they were being asked to take. Medicine administration records had been fully completed.

Staff we spoke with were aware of the provider's policies and procedures in relation to medicines and could explain what actions they would take to secure the medicine if a person refused to take them .They also told us that whenever a person refused to take their medicines they would contact the office staff to make them aware in care any interventions were needed from other healthcare professionals.

Good

Is the service effective?

Our findings

People told us that staff had the skills required to care for them and that their training was reflected in the care they provided. For example all the people we spoke with said that staff used equipment correctly to prevent the spread of infection. A relative we spoke with told us when they had raised a concern that a member of staff needed more training it had been arranged immediately.

The provider had recognised the importance of providing quality training to support staff to provide safe person centred care to people. The provider was a member of the UK Homecare Providers Association which provided a resource guide and training programme for the provider to work with. This ensured that any changes in the national policies and procedures were reflected in the care staff provided and was embedded in the training they received. The provider had employed a qualified nurse to provide in house training to staff. In addition the registered manager had appropriate qualifications to train staff and support them with moving and handling techniques.

Staff told us they received a comprehensive induction which supported them to have the skills needed to provide safe care for people. During the induction process staff were observed giving care to ensure that they demonstrated they had understood they training they had received and could provide safe care to people. Staff also shadowed a more experienced member of staff until they were confident they could provide safe person centred care for people.

The provider had created a culture where staff were able to raise concerns about their skills without fear of repercussions. Staff told us this encouraged them to be open and forthcoming about the skills they possessed. They said if at any time they were unsure they had the necessary skills to care for people then they were not asked to support that person until they had received extra training. One member of staff said, "If there is a call where I am not confident, they won't send me in and they will provide extra training and if I need to I can shadow a more experienced staff member again." Staff told us they were encouraged to gain nationally recognised qualifications which supported their care skills.

Staff told us that if at any times they had concerns about the care they were providing the registered manager or trainer would visit the person's home with them. They would observe the member of staff caring for the person and advise them if they could support the person in a more appropriate way. If this identified a need for extra training this would be arranged. The registered manager told us how at times they were asked to provide some specific care that people needed at the end of their lives. In cases like this the registered manager visited the hospital to receive training from hospital staff to that they could facilitate getting the person home as quickly as possible while still having all their care needs met.

Staff received different types of supervision which monitored the quality of the care they provided. For example, the registered manager would complete spot checks on them while they were providing care to ensure they were following company policies for uniform and infection control. In addition the registered manager would ring people received care to get feedback on their performance. We saw one person's appraisal recorded, "I really enjoy my job and I always have lots of support from my manager and the office

team.

As well as formal supervisions care staff told us they were fully supported by the office staff. One member of staff said, "If I have any problems, I can pick up the phone and speak to anyone in the office." They said they would rather report everything no matter how small the concern than miss reporting something important.

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.

We checked whether the service was working within the principles of the MCA. We found people's abilities to make decisions were clearly recorded in their care plans. Staff told us they had received training in the MCA and knew that they needed to offer people choices in their everyday lives. Staff had received training in dementia and understood how the level of dementia impacted on people's ability to make decisions and communicate those decisions. They also knew as the dementia increased people became more confused by choices and they needed to be simplified to help the person engage and still make choices about their everyday lives. For example, by offering simple choices and breaking decisions down to levels people could choose from such as asking if the person would like a hot drink or a cold drink then offering a choice of hot drink.

Staff were aware that people could make unwise decisions that put themselves at risk. One member of staff told us they knew that people had the right to make unwise decisions and the only time they would stop anybody doing anything was if there was an immediate danger. Otherwise they would work with the person to enable them to do what they wanted with as little risk as possible. For example, if someone had out of date food in their fridge they would make them aware that the consequence of eating it may be that they were ill.

Staff told us they were aware of decisions people had made about the health care they wanted to receive at the end of their life. They knew where important paperwork was stored in the care plans and that it was immediately accessible if needed in an emergency.

People told us they were happy with the food staff provided for them. One person told us, "They always write in the notes and they write down everything I eat."

The registered manger told us that they prefer not to do microwave meals and that staff would cook the meal. One member of staff explained how they had been supporting a person for seven months and that at times the person had been reluctant to eat. The staff member explained how they had encouraged them by commenting on how nice the food smelt while being cooked and how enjoyable it would be to eat. They said the person responded to this and would eat and over the months they had got to know what the person enjoyed most so could tempt them with their favourite food if needed. Another member of staff explained how they presented the meal made a difference and that they were careful to personalise it to people's needs. For example, if people had a delicate appetite they did not overfill the plate and put people off eating.

Staff knew when people were at risk of not drinking enough to maintain their hydration levels and ensured a record was kept so that other staff who supported the person knew if they needed to raise a concern. Staff also understood that the consequences for people not drinking enough could be an infection which would make them feel poorly.

Staff were supported to know which healthcare agencies were involved in providing care for people as the care plans listed who was involved in people's care, for example community nurses and the hospice nurses. Care staff knew who they could contact for guidance and support, for example they knew they could contact the Marie Curie nurses if they had any concerns about a person receiving palliative care.

The care staff worked in collaboration with other healthcare professionals to ensure people received the care needed. For example one member of staff told us how they helped the community nurse by supporting the person to move safely while the nurse provided care.

Where people needed equipment to receive safe care we saw the appropriate professional agencies had been contacted to ensure equipment was used safely. For example, we saw occupational therapists had assessed a person using the hoist and had ensured they had marked the hoist sling and left detailed instructions so staff could move the person safely.

Good

Is the service caring?

Our findings

All the people we spoke with told us they were happy with the service they received. One person said, "Ten out of ten and you can't get better than that." Another person told us, "They always say good morning and they are always cheerful." People who received care told us that they were never expected to receive care from a member of staff they had not been formally introduced to. A relative told us, "Staff were always introduced by [registered manager]." Staff confirmed that they were always supported with an introduction. One member of staff said, "I did not go anywhere without being introduced."

The provider had created a culture where staff were committed to providing support which met people's individual needs and ensured people enjoyed their experiences while receiving care. We spoke to one person in a same sex partnership who told us how the staff have been respectful and supportive of their relationship and how they had supported the person they were caring when their moods were low. One member of staff said, "The main this about caring is to make the client feel special and that you care about them." Another member of staff told us, "You don't speak about your own problems, you go in cheerful." Staff told us about how they had empathy for people and understood that their lives may not be easy. For example, one member of staff told us that one person they supported would often shout at them. They knew that this wasn't personal as the person was often in pain which was reflected in how they communicated their needs.

The registered manager explained how they tried to match people with staff they thought they would get along well with and who would be able to provide care to meet personalised needs. For example, they explained how it was important to ensure that when they were providing care for one person that their partner did not feel like the staff were taking over their responsibility of caring for the person. If there were any difficulties and a person no longer wanted to receive support from an individual carer this was arranged.

It was clear from discussions that staff considered the health and wellbeing of all members of the households that they visited. They were encouraged to raise concerns with the registered manager and office staff if a family member was ill or needed support as they understood the impact this could have on the person they were providing care for. One member of staff told us, "If I had any concerns with [name] or even with [name's husband] then I will ring the office and let them know." The registered manager told us, "Although we are there to provide care to the individual, the care is there for the whole family." One relative told us, "They treat you like an extended family, when Mum was sick in hospital they supported Dad." We saw that in one case where the spouse was struggling the registered manager worked with other agencies and arranged for some respite care to give the spouse a break.

People told us that the registered manager had gone through their care plan with them so they were confident that the care would meet their needs. People had signed their care plans to say they were happy with the care plan. In addition relatives told us that staff worked alongside the people they supported instead of taking over from them. One relative said, "They try to work with mum instead of taking responsibility from her." Where people had trouble communicating staff understood that they needed

patience. A member of staff told us, "If you give them time they will eventually say what they mean." We saw the provider and registered manager has stopped to consider people's feelings when they wrote the care plans which people could access and read. For example, we saw one plan commented that the person "lived in a lovely bungalow." Care plans also recorded details about people's lives which were important to them as well as listing family and other people who were involved in their lives on a day to day basis.

When offering choices to people with dementia staff showed they had understood their training and limited the choices offered so they did not overwhelm the person and make it impossible for them to be involved in decisions about their care.

One relative told us how staff ensured they were involved with giving care as they had wanted to provide care for their partner. They told us, "Staff gave us space at night so I could be with him on my own and they respected our relationship."

People told us that staff were good at supporting them to maintain their dignity and privacy. Staff told us how they protected people's privacy while providing care by making sure they were covered as much as possible. One member of staff explained how they referred to all areas of the body with respect. They told us, "You have to put yourself in their place and if you wouldn't like it why should they."

Staff told us that they were aware that they were in people's homes and respected their wishes. For example in some people's homes they wore plastic covers over their shoes to protect people's carpets from dirt.

As well as care calls the service also offered companionship calls. A member of staff told us how they supported a person to go out and access the local community. They told us when they did this they did not wear their uniform so it was not obvious that the person needed a care worker to support them. This helped the person to retain their privacy and dignity in public places.

Staff also supported people to maintain their dignity around continence concerns. For example, one member of staff explained how they did not contradict a person's description of how their bed became wet but arranged support for them to have continence pads at night.

Staff dementia training had equipped them to support people with dementia and to help people maintain their dignity. For example, one member of staff explained how they never contradicted a person with dementia but would join them in their reality and personalise the care to match their perceived needs at that moment. Another member of staff told us they had learnt what upset people and how people's life journals could be used to personalise care. For example, they explained how they always completed the care notes for one person when they were not looking as the person had become concerned that they were writing nasty things.

Staff told us they were given advice from the office about the level of information the person wanted sharing with their families. For example they said that if a person was deteriorating they would be careful about what they recorded in the care plan as it was available for whoever was in the house to access and may be distressing for them. However, they said they would raise concerns with the office staff who would arrange for someone to go out and speak with the family.

When staff were providing palliative care for people they ensured they had discussed with the family the actions they wanted when they person passed away. For example, who they wanted informed and which funeral home was going to be looking after the deceased. This helped staff to provide appropriate support to help the family at a difficult time.

Staff told us that they were privileged to look after people at the end of their lives. They said that they felt they could give something to these people by making them comfortable and being calm and reassuring if they were frightened and by just being there so they were not alone. The provider ensured that where people suffered a bereavement they continued to care for the remaining family and to show their respect for the involvement they had in that person's life. Office staff ensured that the staff who had the most input into people's care were free to go to the funeral, which the registered manager and the provider also attended. In addition after the funeral the registered manager visited the bereaved to ensure they were well and did not need further support. The provider had identified a bereavement service so that they could support people to access help when they had lost a loved one.

Good

Is the service responsive?

Our findings

People told us they were happy with the care they received and that the service was flexible to meet their needs. One person told us, "They are responsive if plans need changing and at providing extra care when my husband went into hospital." Another person said, "I would recommend them to anyone." A relative we spoke with said, "I would recommend them to anyone, I resented them at first as I didn't want to use carers, but I watched them and then I knew I could trust them." A relative who completed our questionnaire said, "This company is by far the most competent that I have been associated with. Their carers are extremely caring and well trained. There are only a few carers concerned thus bringing my husband familiar faces and care practices."

Healthcare professionals who completed our questionnaires said, "Happily incidents involving Home Instead are very rare. On the exceptionally few times there was an issue, it was dealt with promptly and courteously and there was no reoccurrence… There is always a high degree of confidence when using this agency."

Staff told us that care plans were available in people's homes for them to refer to. However, before they went in to see anyone for the first time their received a verbal briefing from the registered manager about the person and the care they needed and were introduced to the person. They said that office staff would inform them if there were any changes to their rota which meant that they were visiting a person for the first time, so that they knew when they needed a briefing. In addition, when a member of staff started working with a person they were supported to get to know the person and their care needed by shadowing another member of staff. One member of staff told us, "You shadow all that days calls and will get a complete picture as people's needs and abilities will fluctuate through the day." One person we spoke with told us how important this was to them as their partner's care needs changed throughout the day and the agency supported them to provide some very personal care themselves.

We saw that the care plans were ordered and neat and that information was easily accessible when needed. Care plans also contained information to support the care to meet individual needs. For example, we saw one care plan recorded that a person needed to be rolled gently as their pain levels increased when they were moved. Records showed people's care was reviewed when their needs changed, if they had been in respite care or every six months. Care plans were clear on the care the staff needed to provide and people were able to be clear about what care they preferred to complete themselves. In addition where family were providing some of the care this was also recorded so that all people involved were clear on their own responsibilities. Any changes in people's care needs were written in the daily notes and recorded on a communication sheet for the next member of staff. However, any concerns were immediately reported to the office staff so that they could brief the next member of staff who supported the person before they arrived at the person's home. This meant that staff would never arrive to deliver care at a person's home without having been made aware of their changing needs in advance.

People told us that staff had understood what they wanted from care and what was important to them. A relative told us how staff ensured they followed the same routine. They said, "They kept to the routine as it

was important to orientate him and for the rest of the day to happen as planned." However, other people preferred care to be more flexible. For example, the amount of care one person received depended upon how much pain they were experiencing. A member of staff told us they always assessed how the person wanted their care personalised. For example, did they want to talk a lot or were they happier being quiet and that this could change on a daily basis depending on how the person felt.

We saw care plans supported people to regain some independence. For example, one person's care plan said they needed to be helped to stand slowly as they often got dizzy. This person had fallen and needed support and encouragement to get their confidence back. Staff told us how they had supported a person who was depressed and had dementia to enjoy their time. They encouraged them to get out of bed and to go for little walks when the weather was nice and spent time talking with them.

People told us that the service they received was flexible and that the provider and staff were happy to accommodate people's wishes when supporting them to access and enjoy the local community. One person said, "I go out on a Tuesday and I have a lovely time, we play it by ear for using the wheelchair. I feel relaxed and enjoy the day, I can't fault them in any way." While a relative told us that plans were not fixed as to what happened at a call but if their relatives wanted to go out then they were supported to do so. Care plans recorded people's hobbies and their involvement with the local community.

We saw where people had dementia the provider recognised how it was sometimes difficult for the family members to care for them. The provider had provided them with literature to help them understand their relatives needs and behaviours better. In addition the provider was working with the local community to provide free dementia workshops to support people with dementia when they access the community.

Complaints were used as a tool to improve the quality of care people received and people were activity encouraged to complain by staff. A member of staff told us, "I was speaking to a client and they did not like one member of staff and I supported them to raise concerns with the office." Records showed when the office staff called to review the quality of care they confirmed with the person how they could put in a complaint if needed.

People we spoke with said that they knew how to raise any concerns or complaints. No one we spoke with had made a formal complaint. One person said, "I am happy to ring the office, they are always helpful." Another person said, "I have never had to make a complaint but I would speak to the office." One relative told us, "The manager comes out if there are any concerns, but you only have to mention something once and it's sorted." Another person told us, "There were one of two staff that I didn't feel were right for us, and I spoke with the registered manager and they were changed."

Staff we spoke with knew they had to report any complaints people made to them to the offices. However, staff told us they did not wait for the office to investigate the concern. They said if anyone indicated that they were not happy with the way they were doing something they would take immediate action to try to improve how they performed the task to ensure it was done to the person's satisfaction.

Good

Is the service well-led?

Our findings

People told us they were happy with the way the service was managed and that it had a positive impact on their care. One person we spoke with told us the provider had a good management system as the staff always arrived on time and if you spoke with the office they knew who you were and who was caring for you. They said, "They are brilliant." A relative told us, "They are very kind and the organisation is good."

The provider had as their strapline, "To us its personal." and we saw that this ethos was clearly lived up to in all areas of care and management that we looked at. The registered manager was clear that good care takes time to complete and therefore the policy was that calls were normally no shorter that one hour. They told us, "We are clear that we cannot fit an hours work into half an hour." In addition they were clear that the earliest call they would complete was 7am and the latest call was 9:30pm as they felt these were the acceptable times to be entering a person's house.

While there was an ethos of providing individual care for people and being kind caring and accessible to people the provider was clear about the professional boundaries that staff needed to adhere to. For example, they were clear that the relationship which existed was professional and that friendship outside of the caring relationship was discouraged as it could impact on the quality of care received.

We saw all of the staff we spoke with looked professional in their uniforms and their uniforms looked clean and well cared for. A member of staff told us they could have a new uniform when they needed one. They told us, "I want to look smart and professional and I reflect the company and the person I am caring for."

A member of the care staff told us that they had recently spent time in the office and had been impressed with the office staff's knowledge of all the people who use the service and their families. They told us that no matter who rang up the office staff knew who they were talking about, what family was involved in the care and what the person's care needs were.

A member of staff said, "The office staff, the registered manager and the provider all make staff feel appreciated. You can speak with them at any time and they wouldn't ask the caregivers to do anything they were not prepared to do themselves." Another member of staff told us that when they were out in the community caring for people it was nice to know that they had back up when needed. They told us, "It is less stressful with a good management team." Staff also commented that the language the office staff used made them feel valued. For example they would say 'do you mind' or 'would you like to do' instead of imposing things of care staff. Staff told us that the registered manager was supportive in both a professional and personal way. One member of staff told us, "The manager gives support to both clients and staff and it's always above and beyond. She is fantastic. One time I rang with a concern and she came out to the person's home 10 minutes later."

The registered manager told us and records showed that quality reviewed were completed after the first days care had been received, after care had been received for two weeks and then at six weeks and then repeated three times a year. We saw quality assurance forms recorded that people were happy with the care

they received. We saw comments such as "Caregivers were fantastic" and "Caregivers were very compatible."

Staff spoke about what a positive place it was to work and how the provider and registered manager ensured they were supported when people passed away. One member of staff said, "They always tell us compassionately and we are always told when the funeral is." In addition they also have links to Marie Curie to offer staff counselling when people they have been providing care for die.

The provider had a call monitoring systems which staff had to contact when they reached a person's home. If they had not called within 10 minutes of the agreed care time then an alert was sent through to the office so they could contact the staff member to ensure they were safe and call the person to inform them of a delay to their care.

The registered manager told us how they had completed a staff survey in 2014 to see what staff thought of the service they provided and had identified that staff did not feel valued. The registered manager told us they had looked at different ways to improve the staff's experience of the company which include having better communication with staff and increased staff meetings to discuss concerns and changes to the business and putting two seniors in place to support the care staff.

We saw that the provider had also gathered feedback from people who used the service and identified that people did not know who the office staff were. The registered manager had supported the office staff to accompany care staff on care calls so that people would know who they were when speaking to them on the phone.

Home Instead Senior Care is part of a national franchise. This meant that the provider was required to work to and implement as their own all the national policies that the franchise developed. This meant that policies and procedures were kept up to date with any changes in law or good practice. In addition the franchise managers visited the service on a regular basis to complete audits to ensure they have implemented the policies.

There were systems in the office to monitor on-going care and management tasks. For example, there was information available when each care plan was due for review and when each member of staff last had and was next due a supervision. The provider also had a system of audits in place to monitor the quality of the care people received. For example we saw that reviewed call times on their electronic monitoring systems and reviewed daily logs and medication administration records to see if they were correctly completed. We saw that these checks identified that staff were working to the provider's policies and were providing a high quality service to people.

The provider had plans to develop the business and to increase their involvement in their local community by working in partnership with the local Alzheimer's charity. The provider had been strengthening their networks links to ensure they can provide the correct support and advice to people when needed. For example, they had been meeting with the local NHS Independent Living Team, the rehabilitation team and the community nurse team. This ensured they could arrange timely input from the NHS Independent living team to help people to remain in their own home and avoid going to hospital. In addition the different organisations working together ensured that people with degenerative illnesses were supported to remain in their home and have a dignified death.