Understanding Care (Warwickshire) Limited

Home Instead Senior Care Warwickshire

Inspection report

Suite 4, Hatton Rock Business Centre
Hatton Rock
Stratford Upon Avon
Warwickshire
CV37 0NQ

Tel: 01789204040
Website: www.homeinstead.co.uk/warwickshire

Date of inspection visit:
03 November 2016

Date of publication:
25 January 2017

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 3 November 2016. At the time of our inspection visit, the provider had moved offices and was running services for this location from suites 5a and 5b, Hatton Rock Business Centre rather than Suite 4 as indicated in this report.

Home Instead Senior Care Warwickshire provides domiciliary care to people in their own homes. Some people required 24-hour care. At the time of our inspection, 170 people were supported with personal care.

The service had a registered manager. 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.

People and their relatives told us staff were always respectful and treated people with dignity, kindness and respect. They told us care staff went above and beyond what was expected, to ensure people were happy and well and were able to achieve the things that were most important to them. People's privacy was maintained. People were supported to make choices about their day to day lives. For example, they were supported to maintain any activities, interests and relationships that were important to them.

People and their relatives told us they felt safe with the staff who supported them. Staff received training to safeguard people from abuse. They were supported by the provider, who acted on concerns raised and ensured staff followed safeguarding policies and procedures. Staff understood what action they should take in order to protect people from abuse. Risks to people's safety were identified and staff were aware of current risks, and how they should be managed.

People were administered medicines by staff who were trained and assessed as competent to give medicines safely. Records indicated people's medicines were given in a timely way and as prescribed. Checks were in place to ensure medicines were managed safely.

There were enough staff to meet people's needs effectively, and people told us they had a consistent and small group of staff who supported them, which they appreciated. The provider conducted pre-employment checks prior to staff starting work, to ensure their suitability to support people who lived in their own homes.

People told us staff asked their consent before undertaking any care tasks. Where people were able to make their own decisions, staff respected their right to do so. Staff and the registered manager had a good understanding of the Mental Capacity Act.

Staff were well trained and effective in their role with the support of high quality training and development. The provider was taking steps to enhance this further so staff had access to coaching and mentoring to make them more effective in their role.

People saw health professionals when needed and the care and support provided was in line with what they had recommended. People's care records were written in a way which helped staff to deliver personalised care and gave staff information about people's communication, their likes, dislikes and preferences. Care plans were updated with the most recent information and were detailed. People were involved in how their care and support was delivered, as were their relatives if people needed and wanted them to be.

People and relatives were confident the service was well run and well managed.
Staff were felt supported by managers and senior staff who were accessible and responsive. The provider had systems in place to act on feedback it received and improve the service provided. The provider worked pro-actively in their local community, and in partnership with other organisations and agencies.

The provider's registration was subject to the condition that the regulated activity of personal care would be conducted from a specific address. The nominated individual for the provider informed us they had been conducting the regulated activity from an alternative address since March 2015, this was in breach of their conditions of registration. The provider had submitted applications for the amendment of their conditions of registration in August 2016 but these had not been processed by the date of our inspection visit.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People's needs were assessed and risks to their safety were identified and managed effectively by staff. Risk assessments were up to date and effective. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines safely and as prescribed from trained and competent staff. There were enough staff to meet people's needs, and people were supported by a consistent staff team.

Is the service effective?

Good

The service was effective.

People's rights were protected. People were able to make their own decisions, and were supported by staff who respected and upheld their right to do so. Where people's ability to make their own decisions fluctuated, this was clearly recorded and staff knew how to manage this and supported people with decision-making appropriately. People were supported by staff who were competent and trained to meet their needs effectively. People received timely support from health care professionals when needed to assist them in maintaining their health.

Is the service caring?

Outstanding

The service was very caring.

People were overwhelmingly supported with kindness, dignity and respect. Staff were patient and attentive to people's individual needs and staff had a good knowledge and understanding of people's likes, dislikes and preferences. Staff consistently strived to understand what was important to people and their families and were supported in this by the provider, who encouraged a culture where people were at the centre of everything they did. People were supported to be as independent as possible by staff who showed respect for people's privacy and dignity.
The provider promoted the well-being of people, relatives and staff through creative and innovative methods. They ensured

people were at the heart of the service, and that care was tailored to people's individual needs and preferences.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support which had been planned with their involvement. People's care and support plans were regularly reviewed to ensure they were meeting people's changing needs. People participated in activities and interests that were important to them. People knew how to raise complaints and these were dealt with appropriately.

Is the service well-led?

Good

The service was well led.

People felt able to approach the registered manager and senior staff, and action was taken quickly and effectively if required. Staff felt supported and valued in their roles, and were rewarded for the work they did. There was a culture of openness within the service, which meant ideas were shared throughout the organisation which helped to continually improve the service. The provider also worked in partnership with other agencies to receive and act on best practice, and took an active role in the local community. There were quality monitoring systems in place which also contributed to continuous improvement. The provider had started to run services from a new office location before it had been granted the authority to do so, and was in breach of its conditions of registration as a result.

Home Instead Senior Care Warwickshire

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.

The service was last inspected on 12 November 2013, and was judged to be compliant.

The inspection visit took place on 3 November 2016 and was announced. We told the provider 48 hours in advance so they had time to arrange for us to speak with staff. The inspection was conducted by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service. We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people, and fund the care provided. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information when conducting our inspection, and found it reflected what we saw during our inspection visit.

Prior to the inspection visit, we spoke by telephone with seven people who received care and support in their own homes. We also spoke with four relatives of people who used the service. During our inspection visit, we spoke with two company directors, the registered manager, the care co-ordinator, a field senior and

the Learning and Development Manager. We also spoke with five care staff.

We reviewed six people's care plans, to see how their care and support was planned and delivered. We looked at other records related to people's care, and how the service operated to check how the provider gathered information to improve the service. This included medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Good

Is the service safe?

Our findings

People told us they felt safe with staff who supported them. When asked what made them feel safe, one person told us, "The staff keep me steady when I am on the move, yes, I would say I feel safe". Relatives agreed. One relative commented, "I can leave the carers to it and not have to worry about anything."

The provider protected people from the risk of harm and abuse. Staff had received training to protect people from abuse and understood their responsibilities to report any concerns. There were policies and procedures for staff to follow should they be concerned that abuse had happened. One staff member told us, "If I suspected any harm or abuse I would get on the phone to my manager straight away." Staff also told us they were aware of how to raise concerns should they feel the provider was not responding and this meant people might not be safe. They were aware the provider had a 'whistleblowing' policy and knew who they should contact. Safeguarding records showed the provider acted when concerns were raised and followed local authority policies and procedures to protect people from harm or abuse.

The provider's recruitment process ensured risks to people's safety were minimised, and that people with the right knowledge, skills and values were recruited to caring roles. The company director talked about how important it was to recruit staff with the right values. They explained, "We only employ people we would allow to look after our own parents. We focus on the individual. We only employ one in fourteen of all job applicants." Staff told us they had to wait for checks and references to come through before they started working with people. Records showed the provider obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions.

Almost everyone we spoke with told us they were supported by a consistent group of care staff who arrived at the times that were agreed, which they found reassuring. They also told us if there was any change in the staff supporting them, they were informed of this in advance. One person told us, "They come at 7am in the week and a bit later 7.30 I think at the weekend. I find these times suit me. If they are going to be late they will let me know although it is rare". One person we spoke with told us they had experienced some changes in the care staff that supported them, which they told us "could be a problem". However, they told us they had raised this with care staff. The registered manager told us they would review how care staff were allocated to care calls to ensure people received consistency across the board.

When planning for this inspection, we received some information expressing concern about the availability of Personal Protective Equipment (PPE). PPE is equipment such as gloves and aprons which should be used when delivering care to reduce the risk of infection. When we conducted our inspection site visit and spoke with people, relatives and staff before and after this, we were told PPE was available when it was needed. We saw care staff called into the provider's office location while we were there, to pick up PPE and there were plentiful stocks available for staff to access.

Risks relating to people's care needs had been identified and assessed according to people's individual needs and abilities. They had been updated with the most recent information and action plans were in

place about how to manage identified risk, which linked clearly to people's day to day care plans and the outcomes they wanted to achieve. Staff spoke confidently about how they kept people safe, and of how they tried to do this in partnership with people themselves so that people remained in control. One care staff member told us they supported someone who was being 'bombarded' by cold calling and unsolicited mail asking for money. They told us they spoke with a senior staff member about this, who had worked with the person and their family to help keep them safe and reduce their anxiety.

People told us they were supported to take their medicines safely and as prescribed. One person said, "They give me my morning medication in case I forget." Staff told us they had received training to give medicines safely as part of their induction. After training, they watched experienced members of staff giving medicines, and were then assessed by the registered manager to ensure they were competent to give medicines safely.

People's care records included information about the medicines they were taking, what they were for and possible side effects. They also included information about how people preferred to take them. For example, some people managed their own medicines, with support from care workers, whilst others preferred to manage their own medicines without any support. The provider used a clear system to determine what level of support people needed with medication, ranging from level one (lowest level of support), to level three (highest support level). Staff had information on what was expected of them at each level, and there was a policy in place which set out very clearly how people should be supported. Staff we spoke with had a detailed understanding of the policy.

Medication Administration Record (MAR) sheets included relevant information about the medicines people were prescribed, the dosage and when they should be taken. We saw staff usually completed MAR sheets in accordance with the provider's policies and procedures, which indicated people who needed support were given their medicines safely and as prescribed. However, one person's MAR sheet had not been completed clearly on two occasions. We raised this with the care co-ordinator, who explained they had been due to check the MAR sheet but had not yet done so. They told us they would address this with the staff member concerned, and would also talk to all staff about the need to ensure MAR sheets were completed clearly and in line with the provider's policy and procedure.

Good

Is the service effective?

Our findings

People told us staff who supported them had undertaken training and knew how best to meet their needs. One person told us, "I would say they are well trained. Well they are very good at doing everything I need." Relatives agreed. One relative said, "I would say the staff I have seen are very competent at what they do, they know exactly what [person's name] needs are".

Staff told us they had an induction when they first started working at the service. This included being assessed for the Care Certificate, and working alongside more experienced members of staff before attending to people on their own. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support. Records also showed new staff were signed off as being competent by a senior member of staff once they had completed their induction. Staff told us working alongside more experienced staff helped them become more confident in their role. One staff member told us, "I had the opportunity to shadow until I felt confident. You can have as much shadowing as you like." Talking about the support they received while on induction, another staff member commented, "I'm new to care so all the training was brilliant. It really put my mind at ease. I can't fault anything at all. It is all done so professionally."

Staff told us how they had been encouraged and able to put their training into practice. For example, the provider had a dementia training programme which all staff were expected to access. Staff told us they felt they had benefitted greatly from attending this, and that they had been able to use their learning to enhance people's lives through a greater understanding of how to support people living with dementia. One staff member said, "One of the main things [from dementia training] was that, with someone who has dementia, you cannot argue. And you need to be patient as there can be lots of repetition. But you can break that up with distraction and diversion."

The registered manager had a training record of what training each member of staff had undertaken and when. The provider had guidance in place which outlined what training staff should complete depending on their role. We spoke with a newly appointed learning and development manager, who had been recruited by the provider to enhance the skills and knowledge of staff across the organisation, and to give care staff in particular coaching and mentoring opportunities which would make them more confident and effective in their role. The learning and development manager told us, "The vision of the management team has given me the encouragement to develop a first class learning culture."

Staff told us they had regular supervision meetings with senior staff, which gave them the opportunity to talk about their practice, raise any issues and ask for guidance. Records showed these meetings happened regularly, in line with the provider's policy and procedure.

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. The service was not currently supporting anyone who was being deprived of their liberty, but both the care co-ordinator and also the registered manager, understood DoLS and when and how to respond in the event of someone being subject to a deprivation of their liberty. They had established effective links with the local authority so could seek advice on this as and when necessary.

People told us staff asked their permission before supporting them, and that the provider had asked them to agree to the care and how it was to be provided. One person said, "They [care staff] always have a cheery word and check I'm ready to get up". Relatives also told us care staff asked for people's consent. One relative remarked, "I hear the staff ask if [person's name] is ready to do something. They are always very polite, don't rush her just help her."

Staff understood and worked within the principles of the Mental Capacity Act. The care co-ordinator told us staff had the five key principles of the Mental Capacity Act on their person so they could refer to them when working with people who might lack capacity. Staff told us about the five principles and showed us where they were on the back of their ID badges. One staff member said, "If anyone lacks capacity, you might need to make the best decisions you can with the family and others." Another staff member told us, "You have to assume everyone has capacity unless it is proved otherwise. If not, you need to take practical steps to help them make the right decisions."

People's care plans included information for staff about the level of support people needed with day to day decision-making. Where it had been identified that people's capacity might fluctuate for example, care plans helped staff to decide what action they should take, and who should be consulted if decisions needed to be made in people's 'best interests'. Some people had family members or friends who had been appointed to have 'Power of Attorney'. This is a legal authority that can be given to people to act on behalf of others if the person they are acting for does not have capacity to make decisions. This could be about finances, for example. The provider ensured that where this was the case, they had written confirmation of power of attorney, so people's rights were protected. The provider had recently acted to improve the way it addressed 'best interests' decisions, and had produced new forms and guidance to help care staff and senior staff to do this.

Some people told us care staff helped them prepare and cook food where they needed this support. One person said "My daughter does my shopping and gets me ready meals. The staff will ask what I fancy that day from the freezer and cook it for me. They always make sure it is hot and make me a drink. They will leave a drink for me before they leave too."

Care records showed the provider took action where concerns were raised about people's food and fluid intake. Care staff recorded what people ate and drank, with clear guidelines in place in people's care plans. Care staff shared this information with people's families, for example, so they could discuss this with GP's to help protect people from the risk of malnutrition or dehydration.
Where people had specific health conditions, records showed staff communicated well with health care professionals to ensure people's health was maintained. Where necessary, the provider had arranged for district nurses to give care staff training on how to support people with specific health conditions such as diabetes. One health professional we spoke with told us the provider had, "Always highlighted issues and problems where people have health conditions. They don't sit on problems, they deal with them."

People told us how care staff helped to ensure they could attend medical appointments. For example, one

person explained how staff supported them to attend dental appointments. They told us, "I book the appointment and then a member of staff will take me to the dentist she comes into the room with me as I need help getting on and off the couch."

Outstanding ☆

Is the service caring?

Our findings

People were overwhelmingly positive about the staff and told us they were kind and caring. One person commented, "They all treat me with dignity, they are all very willing." Another person said, "They always treat me with dignity and respect. They can usually tell what I need without asking. They are all very good, very nice."

People explained how staff did things that made them feel cared for and enhanced their well-being. One person said, "I had an anxiety attack and two staff came in off their break to see how I was, now that is really caring." Another person told us, " They [care staff] are very human, like the other day the carer had been on holiday and brought in her IPad to show me her photos it was lovely, very human."

People and their relatives told us staff consistently went over and above what was expected in order to understand what was important to and for people. They also told us staff communicated with them on an ongoing basis to ensure the support provided continued to meet their needs and promoted their well-being. One relative told us, "[Person's name] has very complicated and complex needs. Staff monitor this very carefully. Calls are an hour, but carers will stay until [name] is comfortable and happy. They show amazing patience." The provider's own feedback on the service showed 100% of respondents felt staff went 'the extra mile' for them, and made a positive impact on their lives.

The provider gave us a number of examples of situations where staff went above and beyond what was expected, often doing extra things for people outside of their contractual hours, with people's consent. They told us they supported this as it helped to ensure people were at the heart of the service, and assured them staff had the right attitude and approach to care. For example, one care staff member had been told by the person they supported that they had always enjoyed fishing, but had been unable to do this as a result of their health. The carer had sourced specially adapted fishing equipment and local fishing groups for people with disabilities to try and help the person get involved in fishing again to promote their well-being.

The provider encouraged staff to use creative ways of communicating and building up a rapport with people to better support and understand them. One staff member told us, "One person remembered me by me telling them stories about my dog. The person would remember me the next time because they remembered my dog." Another staff member said, "When it was someone's birthday, I got all my best china, put it on a trolley and put a tier of cakes I had baked, and some sandwiches together so they could have an afternoon tea."

The provider had a caring ethos which was evident in the way the service was conducted. For example, the provider regularly supported people and staff who had been identified as either doing outstanding work, or who had been through difficult times in their lives. They called this the "hour of love".

Relatives told us staff cared about people and wanted to do a good job. They told us this was down to the ethos of the provider, and explained how staff at all levels of the organisation had a caring attitude. One relative told us, "Home Instead have kept me going when it has been very stressful. [Director] has always

said, 'if you need to talk, please ring me.' They support the whole family. I think it is important to them that they have done the best they can."

Staff told us they were encouraged by the provider and the registered manager to support people in a compassionate and caring way. One staff member said, "Because we see the same people regularly they know exactly what to expect. That is important." They added, "If someone is in hospital for example, I will see them regularly in my own time, to make sure we don't lose that bond." Another staff member commented on how the provider supported them if people needed more time, for whatever reason. They said, "If there was an incident I would stay over an hour. I won't rush anybody, that could make people anxious. I could phone the office and they would provide cover."

We spoke with staff about what made a caring service for them, and how they ensured people's privacy and dignity was respected. They told us continuity, trust, listening and emotional support made up a caring service. One staff member said, "Winning that person's trust and building a friendship, building up a rapport." Another staff member told us, "You have to respect people's privacy and dignity. There was one person who suddenly needed help with personal care. Initially they didn't want us to help so I said, 'I'll tell you what, let's just freshen up your face'. We were then able to do more and more with [person's name]."

Relatives told us the provider helped people live more independent lives. One relative said, "They [care staff] have done an amazing job, to the extent that they got Mum eating again, walking again." A medical professional who worked regularly with the provider commented, "They [care staff] are guiding and helping people, not taking over. It is very individualised." Staff understood the importance of helping people to be as independent as possible. One staff member said, "I will do the things I am there for but, for example, I encourage people to do the things they can for themselves. Like putting clothes on the airer themselves, even if I put them in the washer."

Everyone we spoke with told us they were involved in deciding how their care and support should be delivered, and were able to give their views on an ongoing basis. For example, people had signed to say they agreed with their care plans. People we spoke with felt care staff worked with them to ensure they chose how they wanted to be supported. One person commented, "I get on very well will my carers they do everything I ask of them and more."

People's care plans were written in a personalised way, and contained information about people's personal history, likes, dislikes and preferences. Staff told us they used this information to know what people might like to talk about. They told us this helped them build up a bond with people.

People were supported in ways that promoted their dignity and privacy. People's care records reminded staff they must respect the fact that they were going into people's own homes. For example, staff were reminded to knock and introduce themselves on arrival. Records showed this was one of a number of key questions people were asked by the service when it sought feedback about how satisfied people were with the care and support they were provided. This feedback showed people agreed staff ensured their privacy and dignity was respected at all times.

Good

Is the service responsive?

Our findings

People we spoke with said they made choices about how they wanted to be supported. They also told us staff respected their choices and ensured they cared for people in the ways they preferred. One person commented, "They [care staff] know my likes and dislikes. They know when I want my mint tea, for example." Staff were supported in this because care plans included detailed information on people's preferences. For example, the care plan for one person who needed support to prepare food stated, "When [person's name] has scrambled eggs, they like three eggs and black pepper cooked on the hob."

Relatives told us care staff were attuned to people's individual needs, and met them in a holistic manner. One relative said, "We went through all Mum's needs. They were able to put everything in place that was needed." Relatives also told us staff were able to respond to people who had specific needs, and could adapt how they supported people as their needs changed. One relative said, "If we have a problem we can phone and they [provider] will do everything they can to put it right. They have always accommodated changes and have been very understanding." A medical professional told us, "I see all types of care in the community but Home Instead have always offered a very high standard. The care is always responsive and holistic."

Care plans explained people's individual likes and dislikes and how they preferred to be supported. Care plans were detailed and described the outcomes people wanted to achieve, and the steps people wanted to take to achieve them. There was also information about how staff should support them to take each step. Staff told us they had helped to put together people's care plans so they were knowledgeable about how best to meet people's needs. Care plans were usually regularly reviewed, and people and their relatives confirmed they were involved with this. Records showed how this was achieved, but for one of the care plans we looked at, this review was overdue. The care co-ordinator assured us this would be arranged as soon as possible.

The registered manager told us it was important for the provider that they would only accept new packages of care if they did not feel they could meet people's needs in the ways they wanted. They told us, "We won't start a package of care if it can't be delivered to a high standard. We might say to people that we could take the package on a temporary basis for example, and when we have more capacity, that we could then provide more consistency. They explained how they matched care staff to people using a 'traffic light' system, so that where people had specific needs, such as the management of diabetes for example, or interests in history, these were colour coded. They would then look to match these with care staff who had specific knowledge about diabetes, or had a keen interest in history which would flag as 'green' lights, when a match was found. They told us they hoped to make this system more consistent.

Where people had specific and complex needs, ongoing health conditions for example, care plans included clear and detailed information for staff about how they needed to support the person. They also included information about what staff should look out for that might be a sign of deteriorating health, and when and how they should escalate this to senior staff.

Staff confirmed they were able to support people with specific needs, and that they could adapt their approach as people's needs changed. One staff member told us, "You have to be good at thinking on your feet. If a care plan needed updating, I would report it back to the manager. If a person needed a lot more care for example, it would be dealt with."

People told us they felt able to complain if they were unhappy with the service. They had been given information which included contact numbers of who they could complain to and how they could be contacted. One person commented, "I do know there are numbers in the folder and I could ring the manager, but I would speak to my daughter and she would sort it out." Staff were able to support people if they wanted to raise a concern. One staff member said, "I would give the person a card with contact details for the office so the person could ring them. I generally say to people if there is anything I am doing that is not right, please tell me because I want them to be happy."

The registered manager kept a record of any complaints and compliments they received. The records showed one complaint had been made in the past 12 months. Records showed this had been dealt with effectively, according to the provider's policy and procedure, and to the complainant's satisfaction.

Good

Is the service well-led?

Our findings

People we spoke with were positive about the provider and the service they received. They said they felt very comfortable and happy with a consistent and dedicated group of care staff. They also told us they thought the service was well managed and well run.

Relatives were happy with the service people received. One relative told us, "I have already recommended them [provider] to other people. The hour long calls are so important. It reduces the risks and helps carers make sure they have done everything well."

The provider had taken steps to ensure people who required care at support at specified times, for example, for the administration of prescribed medicines, could be supported in the event of something happening that would cause disruption to care services, such as flooding. The registered manager showed us a 'disaster recovery plan', which identified the people who would be at most risk if they did not receive care at a specified time. They told us that, in the event of care staff being unable to get to people, the provider could contact emergency services to ensure people who were most at risk were safe and well.

Staff spoke positively about the registered manager and senior staff. The registered manager had been in post since September 2014, which meant that consistent management arrangements had been in place. One staff member told us, "There is a real family atmosphere here. It has remained like that, even though the organisation has grown. That's important as there's a danger that as things grow it can become faceless. But here, everyone is accessible." Another staff member commented, "The boss actually phoned me up last week to thank me for all my hard work. Where else would you get that?" Staff told us regular staff meetings took place to ensure this positive ethos was maintained. Records of staff meetings confirmed this, and showed the registered manager and other senior staff regularly congratulated staff for the work they did.

One of the co-directors told us how important it was for the provider to ensure staff felt valued and appreciated. They explained this was because it helped them to recruit and retain staff so people using the service had consistent care staff. They told us about events the provider organised regularly for staff. For example, they told us about a recent barbeque which care staff could attend with their families if they wanted to. The co-director told us they felt it was important to reward staff, but also that it would help set the provider apart from other employers to encourage good, committed staff to stay with the company.

A director told us about another initiative called 'Have Your Say', which they had established in order to give staff the chance to meet the company directors and other senior members of staff. Time was set aside every month for staff to meet with the senior team and share their views, any concerns they might have, suggestions for improvement, or just to talk to senior staff. A director said, "We don't want people to feel intimidated as we own the business. We want them to know we are here, and that we are no different to them, and we think this helps."

The provider looked for ways to continually improve the service it provided. One of the methods the

provider used was to instruct an external company to survey people using its services, their relatives and staff to get their views on the service provided. Records showed that people who completed the previous survey were all positive about the provider, and said they were likely to recommend the service to friends. A medical professional also told us they would not hesitate to recommend the service. They said, "I recommend Home Instead every day. There is nowhere better."

The provider explained how they had acted on feedback they had received in order to improve the service provided. They told us they had received comments from people and relatives that communication with the office could sometimes be an issue. They had analysed their service to try to identify what might be causing the problem. As a result, they were in the process of finalising a restructure which saw changes to the role of senior staff. The changes meant senior staff were in the office more frequently, and had more time and capacity to communicate directly with people who used the service. The provider told us they had been trialling this approach, and had already had some feedback from people and staff that communication had improved as a result.

The provider told us it was important for them to be involved in partnership working and to be active within the local community, in order to help people living in the area. For example, they worked with a local group promoting and supporting the rights of older people. The Senior Citizens Action Network meets regularly and the provider contributes to their events. For example, a recent event focused on social isolation. The provider attended to give advice and guidance to older people on how they could keep themselves safe and be part of the community, as well as making them aware of support available to them. A director told us, "This is important as it is about making sure people in the community know what is available to them, and helps to link people together. For example, one person did not want or need care, but asked about mobility scooters. Because of our community links and knowledge we were able to redirect the person to someone who could support them."

The provider talked about other ways they tried to make a difference in their local community. They ran a dementia training and education programme, which is certified by City and Guilds. The provider used this programme to train and equip staff to support people living with dementia. The provider opened this training programme out to the general public. The director told us they offered this training free of charge, as one of the provider's mission statements is to reduce the stigma of ageing and dementia. They told us it was targeted at family members and carers. They commented, "It helps give people knowledge and tools to help support loved ones." Written feedback received by members of the public following this training included comments like, "The dementia awareness session was excellent in every way;" "I would definitely recommend [the training] to other carers;" "I have changed my approach to the way I now try to care for my wife."

The provider had been recognised for providing high quality services for people. We saw the provider had been rated in 2015 by a national home care organisation as one of the top 10 agencies in the West Midlands for the provision of domiciliary care. The ratings were based on recommendations by people who used domiciliary services. We also saw the provider had received "The Queens Award for Innovation" in recognition of how they had developed their business and for the work they did within the community.

Regular checks were undertaken by senior staff. These were to check staff remained skilled and competent, and that they were working safely and in line with the provider's policies and procedures. The provider completed "Next day courtesy calls" where they contacted people to ask them if they were happy with the care staff that had supported them. The registered manager told us they did this for all new staff as a matter of course, but also with established staff on a regular basis. This gave the provider assurance that care staff were working in the ways the provider expected, and that people were happy with the care they received.

Records showed people's care plans were checked by senior staff on a monthly basis. Senior staff looked at MAR sheets, daily notes staff recorded about how people had been supported, and at other records staff had completed. The checks were recorded, along with comments on action that needed to be taken. For example, some people's care plans had been identified as needing to be updated. Records showed this had happened quickly following these checks. The care co-ordinator told us the training staff received on record keeping had been updated to ensure staff knew care plans must reflect people's changing needs.

The registered manager ensured people received care calls at the times that had been agreed. The provider used an automated system which meant care staff had to 'log in' on arrival. If there was no log in within the expected timeframe for any given care call, office staff contacted the person to tell them the carer was running late and to ask if they were okay. Records showed care calls usually happened within the timeframes that had been agreed on people's care plans.

We were told regular audits were completed by other directors from the provider organisation. They looked at staff files and people's care records, amongst other things, to assure the provider that the service was being delivered to a high standard. We were told an audit had been completed recently, but the report had not yet been received by the service. We have been unable to view a copy of the audit report, as the service have advised they are seeking to clarify some of its findings before they share it with us.

The provider's registration was subject to the condition that the regulated activity of personal care would be conducted from a specific address. The nominated individual for the provider informed us they had been conducting the regulated activity from an alternative address since March 2015, this was in breach of their conditions of registration. The provider had submitted applications for the amendment of their conditions of registration in August 2016 but these had not been processed by the date of our inspection visit.

The registered manager understood their legal responsibility for submitting statutory notifications to us. This included incidents that affected the service or people who used the service. These had been reported to us as required throughout the previous 12 months.