

Blue Bay Home Care Limited

# Home Instead Senior Care

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

### About the service

Home Instead Senior Care is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides support to people of all ages and different abilities. At the time of our inspection the service was providing care and support to a total of 37 people, of which 16 people received personal care.

### People's experience of using this service and what we found

Feedback from people who used the service and relatives was consistently good. People told us they felt safe when being cared for by caregivers and this was confirmed by relatives we spoke with. People and relatives were complimentary about caregivers and the service. They told us that caregivers were caring, patient and respectful. They also told us that the service was professional and well run.

Positive relationships had been developed between caregivers and people they supported. People told us calls to their home were never missed and that caregivers usually arrived on time. Consistency was an important aspect of the care provided. The majority of people told us they received care and support from the same group of caregivers.

We looked at medicines management in the service. We found there were occasions where caregivers were not always accurately recording on Medication Administration Records (MARs) if medicines were being administered and MARs were not always completed fully using the key codes. The service had audits in place to check the completion of MARs. However, we found instances where audits failed to clearly detail what the issues were with regards to the completion of MARs. We raised this with the nominated individual and the registered manager and they explained that they would take immediate action in respect of this.

Systems were in place to help ensure people were protected from the risk of abuse. There were appropriate policies in place. People were protected from abuse by caregivers who understood how to identify, and report abuse concerns.

Assessments were carried out to ensure people's needs could be met. Where risks were identified, there was guidance in place for caregivers to ensure that people were safe.

Comprehensive recruitment processes were in place and the service carried out appropriate checks so only caregivers who were suitable to work with people using the service were employed.

Caregivers had completed a comprehensive induction programme, mandatory training and other training relevant to the needs of people. They were supported through regular supervisions and a yearly appraisal to ensure they performed their roles effectively.

People were supported in making healthy lifestyle choices for themselves and to maintain good health.

Caregivers supported people to access healthcare services and liaised with health and social care professionals promptly when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's needs had been assessed and each person had a detailed care plan which reflected their care and support needs. People using the service were involved in the development of their care through regular review meetings.

All caregivers we spoke with told us they enjoyed working at the service and they were well supported by the management team. Staff felt valued, motivated and were committed to the people they were supporting. The service held quarterly team meetings and at each session, a 'Caregiver of the Quarter' award was given to a caregiver who went the extra mile to help and support their client.

The service had a comprehensive system in place to monitor the quality of the service being provided to people. This involved telephone calls, regular visits and a questionnaire. Quality assurance systems and processes included audits looking at key aspects of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 4 July 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service was not always safe.

Details are in our safe findings below

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Home Instead Senior Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector. Following the inspection, one expert by experience telephoned people who received care from the service and relatives to obtain feedback about their 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.

#### Service and service type

The service is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults and people with other needs including mental health conditions and physical disabilities. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service two working days' notice of the inspection because the service provides care to people in their own homes and we wanted to make sure that management were available on the day of the inspection site visit.

Inspection activity started on 5 December 2019 and ended on 12 December 2019.

#### What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We visited the office location on 5 December 2019 to see management and office staff and review a range of records which included people's care records, medication records, staff files in relation to recruitment and staff training, incident and accident records. We also reviewed a variety of records relating to the management of the service, including quality assurance audits and checks.

#### After the inspection

One expert by experience telephoned people who received care from the service and relatives after the inspection. The expert spoke with four people who received care from the service and five relatives about their experiences of the service. The inspector telephoned care workers and spoke with five caregivers. We continued to seek clarification from the provider to validate evidence found. We looked at training data, MARs and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection, this key question was rated Good. At this inspection, we found the provider had deteriorated to Requires Improvement.

Some aspects of the service was not always safe.

### Using medicines safely

- We found the service did not have robust processes to ensure that MARs were always accurate and up to date.
- Caregivers were not always accurately recording on MARs if medicines were being administered. We looked at a total of ten MARs and found that there were issues with four of these. For example, MAR sheets for one person showed unexplained gaps for two medicines on the 12, 13 and 19 October 2019. We also noted that on 30 October 2019 one medicine was signed for but a code was not recorded to indicate whether the medicine was administered or refused. On another person's MAR we noted that on 6 and 8 September 2019, the MAR showed a code "O" which according to the key meant 'medication support not provided'. However, there was no explanation recorded at the back of the MAR as to why the person did not receive their medicines. In light of the above evidence, it was evident that MARs were not always completed correctly in accordance with the key and did not always accurately reflect the medicines support people received.
- One person received 'as and when required' medicines (PRN) which included pain relief such as paracetamol. However, there was no PRN guidance which showed how much and in what circumstances this was to be given to the person. Instead, the medication administration record chart stated, "As and when required. Offer and sign on each visit." We raised this with the nominated individual and registered manager and they assured us that they would address this.
- We noted that caregivers completed 'client activity log sheets' for each visit. This included detail of medicine support provided. However, we found that there were instances where the medicines support information recorded was not consistent with MARs we looked at.
- Monthly medicines audits were carried out to ensure any discrepancies and/or gaps in recording on people's MARs were identified and followed up. However, we noted from the sample of MARs we looked at there were some instances where the audits did not clearly detail the shortfalls we found at this inspection.
- We found no evidence that people had been harmed however, systems were not robust enough to demonstrate that medicines were always managed safely. We raised this with the nominated individual and registered manager. They assured us that caregivers who completed the MARs where issues were identified would attend a refresher medicine training session in December 2019 and would have a further competency assessment. The registered manager also explained that they would implement further processes to ensure that where people refused medicines, caregivers would notify the office. They would also, in the near future implement an electronic MAR system which would be completed in real time so that office staff would be able to continuously monitor these.

## Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when receiving care and support from caregivers. This was confirmed by relatives we spoke with. One relative told us, "I am confident with the carers. I feel [my relative] will be perfectly alright. I can go out without worrying. I don't feel I need to watch over [my relative]." Another relative said, "I feel [my relative] is safe. I speak with [my relative] regularly and have been there when the carers are there, and everything has been to my liking."
- The service had effective safeguarding systems. All caregivers had completed safeguarding adults training and knew of the types of abuse and reporting procedures to follow if they had any concerns of abuse.
- Management were aware of their responsibility to liaise with the host local authority if safeguarding concerns were raised.

## Assessing risk, safety monitoring and management

- Risks to people were identified and managed so that people were safe, and their freedom supported and protected. Individual risk assessments were completed which included the environment, moving and handling and physical health. Risk assessments included details of the support method required to reduce the level of risk. However, we noted that one person was diabetic and there was no risk assessment in place to identify potential hazards and risks associated with this. We queried this with the nominated individual and registered manager and they assured us that they would ensure this person had an appropriate risk assessment in place.

## Staffing and recruitment

- Staff records showed robust recruitment and selection processes had been carried out to ensure suitable staff were employed to care for people. A range of checks were completed. These included obtaining four references and undertaking a criminal record check to find out whether a prospective employee had been barred from providing a regulated activity such as personal care to adults.
- Management told us they were safely able to meet people's needs with the current number of caregivers they had.
- We spoke with people and relatives about caregiver's punctuality and attendance. Feedback was positive. One person told us, "Carers are mostly on time, which I appreciate. I am notified if there is a hold up." Another person said, "Carers are remarkably on time. It is very rare they are not on time, but I am informed if there is to be a delay."
- The service monitored caregiver's timekeeping and punctuality using an electronic homecare monitoring system. The system would flag up if caregivers had not logged a call to indicate they had arrived at the person's home and were running late. If this was the case, all staff in the office would receive an automatic notification and the office would call the caregivers to ascertain why a call had not been logged and take necessary action there and then if needed.

## Preventing and controlling infection

- People using the service and relatives raised no concerns with regards to the infection control practices demonstrated by caregivers.
- Measures were in place to protect people from the risk of infections. Staff received training in infection control. Caregivers were provided with, and understood when to use, personal protective equipment (e.g. disposable gloves and aprons) to reduce the risk of cross-infection.
- Senior members of staff monitored caregiver's compliance with infection control policies and procedures as part of their monitoring checks.

## Learning lessons when things go wrong.

- Accidents and incidents had been documented and included details about the accident/incident.

However, we noted that there was a lack of information recorded about subsequent action taken by the service following an accident/incident. We discussed this with the registered manager who confirmed that they would amend the form to ensure that it included a section to record subsequent action and that in future this would be completed.

## Is the service effective?

### Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Before people started to receive care from the service, a care consultation was carried out to ensure their needs could be met. People and their relatives were involved to assess whether the service was suitable for their needs and to enable them to make an informed choice about their care. A relative told us "I was involved in the initial consultation. The agency stepped in straightaway when care was needed." Another relative said, "The first meeting with the agency gave us confidence. They asked questions of the family and [my relative]. They tried to find the best match for [my relative]."
- During care consultations, expected outcomes were identified and results from these assessments were used to develop people's care plans. A relative told us, "After the initial contact with the agency, the manager replied within half an hour and she answered all our questions. There was a quick response and efficiency and transparency. This has meant we feel safe with the agency." Another relative said, "The agency has clear routines, records and well thought out ways. There have been thorough discussions and reviews and they have accommodated [my relative's] wishes. There is good consistency."
- People's care plans demonstrated that their needs had been individually assessed. Details of people's individual needs, including their daily routines, religious, nutrition and communication were documented. Preferences were clearly documented, and this helped staff more fully understand people's individual needs and effectively provide their care.

Staff support: induction, training, skills and experience

- Caregivers were knowledgeable, competent and skilled to perform their roles effectively. One person told us, "The carers are well trained for what they do for me." Another person said, "Carers seem quite capable." One relative said, "If there is a new carer they are introduced and then shadowed so they are familiar [to my relative]. The agency will match up carers to the person and match them well. They have the personal touch. There is a good connection. I am pleased that we get both male and female carers. I have recommended the agency to others." Another person said, "Some are more capable than others."
- Caregivers had completed a comprehensive induction programme, mandatory training and other training relevant to the needs of people. The training was classroom based. The nominated individual told us, "It is nice as a touch point. It gives us an opportunity to speak with staff."
- Newly recruited staff received a comprehensive induction that included shadowing experienced staff to learn about their role in supporting people and completing care duties effectively and safely.
- The nominated individual explained that the service focused on ensuring caregivers received a high level of training to ensure that people received a high level of care. She explained that 40% of caregivers had acquired a City and Guild dementia awareness qualification.
- Caregivers received regular supervision and a yearly appraisal. All caregivers we spoke with told us they

felt supported by management and the office. One caregiver told us, "I really enjoy working there. I have had plenty of support. I can always call up the office. I get support straightway." Another caregiver said, "I am definitely well supported. I feel able to speak with the office. They are always very helpful."

- There was a monitoring system in place to enable management to monitor training staff completed to ensure they received the appropriate training to carry out their roles and responsibilities effectively. We noted that caregivers were up to date with relevant training.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were supported to eat and drink enough to maintain their health and well-being. One person said, "The carers get my breakfast and tea. I decide what I will have and it is prepared as I would wish." Another person said, "They [caregivers] get my food for me. They ask me what I would like before they give it to me."

- People's support plans contained information about their dietary needs and preferences. This included information about people's cultural, religious and preferred dietary needs.

- Staff monitored people's food and fluid intake as required and followed personalised guidance of support to ensure people ate and drank enough to maintain a balanced diet.

- People's care plans identified areas where they were at potential risk of malnutrition or had swallowing difficulties. The appropriate support needed for them was detailed in care plans.

- The nominated individual explained how the service had supported one person to positively gain weight. When this person initially started to receive care, she was underweight and malnourished. The service introduced this person to a caregiver who was able to speak the same language and understood her culture. The caregiver prepared cultural foods for this person and sat down with the person when she ate. This encouraged the person to eat and reduced her anxiety. This had a positive impact on the person as she had put on a considerable amount of weight and no longer at risk of being hospitalised.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare service and worked in partnership with other health and social care professionals such as district nurses and GPs.

- Information was shared with appropriate agencies when people needed to access other services such as hospitals. When the service started providing care to people, with the appropriate consent, they sent a letter to the person's GP informing them that they were providing care to the person. The aim of this was to encourage open communication with the GP in respect of people's care needs.

- Care plans and records showed liaison with other health and social care professionals. Records showed that the service worked with other professionals. The nominated individual highlighted two occasions where caregivers had observed health concerns with people they provided care to. The caregivers had acted promptly and informed the office of their concerns. The office then informed the family who were able to take appropriate action. The caregivers had worked with people's family to ensure people received the appropriate care.

Ensuring consent to care and treatment in line with law and guidance

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.

- Records showed the service and caregivers obtained consent from people and understood the principles of the MCA. Caregivers received training and understood the relevant requirements of the MCA. Staff sought people's consent and supported them to make choices and decisions, to maximise people's control over their lives.
- People's support plans included details about people's ability to make decisions about their care. Where a person lacked the capacity to make specific decisions, the best interests decision making process was followed and documented.
- People's support plans included details about people's ability to make decisions about their lives and care. These included day to day decisions to do with their care.
- Caregivers we spoke with were aware that it should be assumed people had the capacity to make decisions about their care and other aspects of their lives unless assessments showed otherwise. They knew that people's relatives, healthcare and social care professionals would be involved in making decisions to do with people's care and treatment in the person's best interest when needed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Feedback from people who received care from the service and relatives was consistently good. One person said, "The times the carer is with me, I am always pleased to have her here." Another person told us, "All have got a sense of humour. I get help with dressing and don't feel uncomfortable." One relative told us, "The carer has a personal touch and a bubbly and positive nature"
- The service recruited caregivers using a "mum and dad test". The nominated individual explained that if they felt that a caregiver was not good enough for their own loved ones, then they would not be good enough to provide care to people who receive care and support from the service. Compassion and a caring nature was an important trait they looked for.
- People and caregivers were matched together based on their personality and interests so that they built positive meaningful relationships. For example, one person was matched with a caregiver who had similar interests. The person wanted to visit National Trusts and English Heritage sites and was supported to do this by a caregiver. Together they visited sites for example Hever Castle, Hugheden Manor and Colchester Castle. This person's relative told us, "Carers are kind and helpful. One or two exceptionally so. They are able to empathise and some [my relative] feels are friends. They enable trips to happen and this makes such a difference to his quality of life."
- Information about people's individual equality and diversity needs was included in people's support plans. Staff were knowledgeable about people's differences and knew about the importance of respecting people's diversity and human rights. People's diverse needs were recognised and supported by caregivers. People's personal relationships, beliefs, likes and wishes were recorded in their care support plans.
- The nominated individual put together a compilation of case studies to illustrate what the service did to positively impact on people's life. Examples included arranging a key safe to be fitted into a person's home to ensure that the person felt safe and decorating the outside of a person's home for Diwali.

Supporting people to express their views and be involved in making decisions about their care.

- People were involved in making decisions about their care. People's preferences were clearly documented in care records.
- The service conducted a minimum of two quality assurance visits and two service reviews each year. People had regular opportunities to express their views during reviews. People and relatives were involved in personalising their care according to their needs and wishes.
- A copy of people's care plans was kept in their homes and the staff updated them in response to any changes or comments people had made.
- The service had a service user guide in place which provided important information about the service. It

highlighted procedures, contact numbers and important information about what people could expect from the service and how they could access other organisations and networks. They also included important information sheets.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with told us caregivers respected their privacy and dignity. Caregivers we spoke with were aware of the importance of ensuring people were always respected. One caregiver told us, "I am always mindful of the person's needs. I always ask questions. I never want to make anyone feel uncomfortable in their own home."
- Staff received training about treating people with dignity and respect. They knew about the importance of respecting people's confidentiality and not speaking about people to anyone other than those involved in their care.
- People's care records were stored securely in the office so only staff could access them.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People using the service had an individualised care plan based on their needs and how they wanted their care to be. Plans were reviewed regularly, and people told us staff from the office came out and checked their care was appropriate to meet their needs.
- Care plans were detailed and showed people's preferences and interests had been taken into consideration. People's individualised care plans provided staff with clear guidance on their care and support needs, and what was important to the person. This helped to support the effective delivery of care.
- Care records included details of personal information, including people's likes and dislikes, personal preferences and information on the person's life story. Their plans included a background history of the person, communication needs, mobility needs, nutritional support and health conditions. They also included information about people's past, previous interests and occupations as well as their current interests.
- Where required, people's care records included a Herbert Protocol form which detailed important information about the person. The form included information about people's care needs, medicine needs, important contact details and a photograph of the person. The aim of this was to ensure that important information was readily available to the police in the event a person went missing.
- There was brief information in people's care support plans about people's oral care needs. We discussed this with the management, who said that they would review this with a view to include more detail.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager explained that the service actively considered AIS as part of their initial care consultation with people and reviews. If the service identified a need, they would meet the person's needs. For example, the service would be able to produce all documentation in larger print and print on coloured paper if this was required.
- People's communication needs were recorded in their support plans in line with the AIS.

Improving care quality in response to complaints or concerns

- There were policies and procedures on raising complaints, concerns and compliments. People were provided copies of these when they started receiving care from the service.
- Records showed the service had not received any formal complaints since the last inspection and this was

confirmed by the registered manager.

- Records showed the service received compliments from people using the service and their relatives. These included; "Just wanted to thank everyone for the amazing care [my relative] has received the last couple of days whilst she has been a bit poorly" and "We can't thank you enough for all the care [my relative] has received from Home Instead this last year. The staff have been a pleasure to know, with their professionalism, kindness and reliability."
- All people and relatives we spoke with said they felt able to raise concerns. One person told us, "I feel the carers would listen to me if I had any problems." Another person said, "One carer wasn't really on my wave length and I mentioned this to the office. [The caregiver] has not been so much since."

#### End of life care and support

- At the time of the inspection, no one received end of life care from the service, however the service had previously provided end of life care for people. When doing this, they had worked closely with other community healthcare professionals.
- The nominated individual gave us an example of the support they had provided to a person who was on end of life care. She explained how they ensured the person's spiritual and emotional needs were met and ensured that only a small team of experienced caregivers supported the person and their spouse. The service liaised with district nurses and limited the number of caregivers going in and out of the home to minimise disruption in the home. The nominated individual provided us with details of the feedback obtained from the relative who said, "Home Instead has been wonderful, from the initial meeting with the manager to the carers themselves, who all grasp the complexity and sensitivity of our situation. They support me, as well as [my relative] and adapt to the rapidly changing situation. I would recommend Home Instead without hesitation."
- Caregivers involved in providing end of life care were provided with training that gave caregivers the personal skills and knowledge to deliver appropriate care as well as equipping them with the practical and emotional support they needed when providing end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was well led. The service was led by a nominated individual and registered manager. Management demonstrated compassion and empathy in their commitment to providing person-centred and high-quality care by engaging with people who use the service and stakeholders.
- There was a clear management structure in place. Management, caregivers and office staff were clear about what was expected of their respective roles. The nominated individual, registered manager and other senior staff met weekly to discuss operational and management matters. Office staff also participated in a weekly meeting which focused on the running of the service and important updates.
- There was a registered manager in post who understood their responsibilities under the Health and Social Care Act 2014.
- Caregivers spoke highly of the registered manager. One caregiver said, "[The registered manager] is very supportive. She is fantastic." Another caregiver told us, "[The registered manager] is very approachable. She is lovely."
- Caregivers spoke positively about working at the service. They said communication was good in the service. Morale was positive and they said they felt valued working at the service. One caregiver said, "I definitely feel valued. They appreciate the work I do. They complement me if I do anything well. We have the caregiver per quarter award. I got some flowers. They show their appreciation." Another caregiver told us, "I do feel valued. Staff in the office are amazing. They are supportive too."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- When asked about management of the service, people spoke positively about how the service was operating. One person told us, "I have had care from this agency for over a year. My impression is that it is well organised at the local base and does a good job. All staff in the office are helpful. So far I am confident with the management. There are visits asking for feedback every two or three months." One relative said, "Management is approachable. I know all the office staff. [My relative] really clicked with the supervisor and when the carer was off the supervisor has stood in as they have been conscious of [my relative's] anxiety levels and have only provided people she knows."
- The service had received awards for their achievements. The service was recognised in August 2019 as being a top 20 recommended care provider in London by an independent reviews organisation. This was based on reviews from the public. The service achieved an overall review rating of 9.9 out of 10. The service was also awarded first and second place in 2018 -2019 in the Home Instead quarterly franchise performance

league and third place in 2019-2020.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Management understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness.
- The registered manager was aware of the need to notify CQC or other agencies of any untoward incidents or events within the service. We noted that the service promptly sent the CQC notifications, with the exception of one incident where there was police involvement. We raised this with the registered manager and she explained that this was an oversight which would be rectified.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The service regularly engaged with people who received care from the service through review meetings, quality monitoring visits and client satisfaction surveys. An independent annual client survey was carried out in June 2019. The results were positive with 92% of people saying that their caregiver was properly introduced before they started working with the person, 91% of people saying that they would recommend the agency and 100% people said they received care on time.
- The service promoted an inclusive and open culture and management recognised caregiver's performance and contributions in a positive and rewarding way. The service held quarterly team meetings and at each session, a 'Caregiver of the Quarter' award was given to a caregiver who went the extra mile to help and support their client.
- The nominated individual explained that the service had developed community links. The service hosted a Coffee Morning in September 2019 for Macmillan Cancer Support. The nominated individual, registered manager and a team of caregivers did the Alzheimer's Society Night Memory walk in London in October 2018.

Continuous learning and improving care

- The nominated individual and registered manager demonstrated leadership, governance and culture to promote the delivery of person-centred care.
- Systems were in place to monitor the quality of the service and make improvements where required. A comprehensive system was in place to obtain feedback from people about the quality of the service they received through the service's own "quality assurance process" which included a next day courtesy telephone call after a new client started receiving care from the service, followed by a visit by a member of staff after four weeks of receiving care, followed by three monthly visits by management. The registered manager explained that they were in regular contact with people so that they were able to build close relationships and ensure people felt comfortable raising issues.
- Quality assurance systems and processes included audits looking at key aspects of the service. The service also carried out various checks of records which covered staff recruitment, care records, client activity logs, and MARs.
- An external audit was carried out in August 2019. This audit looked at care records, documentation relating to the running of the service and systems and procedures in place. The audit identified areas that the service was doing well and areas where action was recommended. We noted that one action was to ensure that medication errors were addressed and actions taken were to be recorded and evidenced.
- Policies and procedures were in place to ensure the service was run appropriately and safely.