

RJ Care Services Limited

Home Instead Senior Care

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This announced inspection was carried out on 23 February 2016. Home Instead Senior Care provides support and personal care across east Nottinghamshire. On the day of the inspection there were 30 people using the service who received personal care.

The service had a registered manager in place at the time of our inspection. 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 felt safe with the staff who supported them who understood the risks they could face. People were encouraged to act safely and to do what they were able to as independently as possible.

People were only supported by staff that they been introduced to and understood their needs. People received a flexible service that suited their individual circumstances. People were provided with any support they needed to take their medicines.

People were supported by staff who were trained and given guidance on how to do meet their needs. People's human rights to make decisions for themselves were respected and they provided their consent when needed.

People were supported to eat a healthy and balanced diet they enjoyed which promoted their wellbeing. People received the support they wanted from staff so they could receive the healthcare support they required.

People were provided with an exceptional, caring and consistent service. People described the service they received in exceptional terms and staff displayed dedication and commitment to their work. People decided what care and support they needed which was provided in a manner that valued and respected each person who used the service.

People were involved in planning and reviewing their care and support which they received in the way and at the time they wanted it. People had regular opportunities to express any issues of concerns and were confident these would be looked into and resolved.

People were supported by staff who were valued and provided with innovative and inspirational leadership. People were put at the heart of the service which achieved their aims and values. People were involved in contributing on how they service was run as well as taking part in research on how to improve home care services nationally. There were systems in place to ensure people received an excellent service.

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 felt safe using the service because staff knew where people may be at risk of harm and acted in a way that reduced the risk of this.

People were supported by designated members of staff who knew, or got to know, people well.

People received support to ensure they took their medicines as prescribed if needed.

Is the service effective?

Good ●

The service was effective.

People were supported by an enthusiastic staff team who were suitably trained and supported to meet people's varying needs.

People's rights to give consent and make decision for themselves were encouraged.

People were supported to maintain their health and have sufficient to eat and drink.

Is the service caring?

Outstanding ☆

The service was caring.

People described their care as exceptional. They were supported by staff who were committed in providing them with the best service possible and treated them with the upmost respect.

People only received care and support they had decided on, which they could alter if they wanted. People were supported by consistent staff who they knew and got on with well.

People were encouraged and supported to maintain their independence by staff who understood the importance and value of respecting their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and support which they were able to continue to influence whilst they used the service.

People were encouraged to report any worries or concerns and were confident these would be taken seriously.

Is the service well-led?

Outstanding ☆

The service was well led.

People were put at the heart of the service which had an open and transparent culture and continually looked at how to improve.

People used a service led by an innovative and inspirational management team who valued and managed committed and caring staff.

People could be assured the exceptional standards of the service would be maintained through thorough and robust quality assurance.

Home Instead Senior Care

Detailed findings

Background to this inspection

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

This inspection took place on 23 February 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone in the office when we visited. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted some other professionals who have contact with the service and asked them for their views. We also reviewed a Provider Information Return (PIR) completed by the provider. 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.

During the inspection we spoke with eight people who used the service and seven relatives. We also spoke with six care workers, the administrator, the scheduling coordinator, the recruitment manager, the training and retention manager, the registered manager and a company director.

We considered information contained in some of the records held at the service. This included the care records for nine people, staff training records, two staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

Is the service safe?

Our findings

People felt safe and protected using the service and trusted the care workers who supported them in their home. People told us they felt safe with the staff who provided them with care and support. One person told us, "Not a shadow of doubt, I am never worried about my safety." Another person said, "I feel safe there has never been anything to make me not." A third person said, "We get on very well I feel safe and happy with them."

The care workers we spoke with demonstrated a good understanding of the different types of abuse and harm people could face, and how these could occur. One care worker said, "I am always on the look out to make sure it is a safe environment and look for any safeguarding issues like neglect or not dealing with finances properly." Another care worker said, "It is our responsibility to pick anything up."

Staff confirmed they had received training in safeguarding, which had included details of how to raise a safeguarding concern. Care workers told us they would take any immediate action needed to ensure people's safety before reporting their concerns to the registered manager or whoever was on call at the time. One care worker told us, "We were given a leaflet about MASH, it's in the boot of my car." (MASH is the acronym used for the multi-agency safeguarding hub where any safeguarding concerns are made in Nottinghamshire.) Another care worker spoke of how a video depicting abuse they had watched as part of the safeguarding training had impacted on them.

Staff were confident any concerns they raised would be listened to and acted on by managers. Staff referred to whistleblowing if anything was not acted upon, but said they had never had to do this. The provider had recorded on the PIR that, "All staff receive thorough training in this area thereby protecting individuals from abuse and discrimination. We have an open door policy and encourage caregivers to raise concerns however large or small."

Staff described the process they followed when they handled people's money. This included making a record of money given to them and recording all transactions which were accompanied by receipts. The person who used the service was asked to sign the record to confirm this was correct and they had been given the correct change. We saw records held in the office included these details of financial transactions.

People received their care and support in a way that had been assessed for them to receive this safely. People's homes had been assessed to ensure they and the care workers were safe whilst care and support was provided. A person who used the service told us, "They do a risk assessment once a year, I listen to them doing it." A relative who confirmed someone had been to assess their property told us, "They know where the gas and water taps are in case of an emergency."

People had risk assessments completed to show how they should be supported in the least restrictive way to maintain their freedom and independence whilst keeping them safe. These included how they should be assisted with their personal care. A care worker told us they were aware of all the risk assessment before they visited anyone who used the service. They said, "We check the risk assessments to see what the

dangers are."

There were sufficient staff to provide people with consistent care and support which met their needs. People who used the service and relatives we spoke with confirmed they had only had care workers visit them who were assigned as part of their care team, which included ones who would cover any absences. A person who used the service told us, "If they can't come they send a stand in who is fully trained and familiar with me." Another person told us, "They have enough staff, we are flexible with the time."

Care workers told us there were sufficient staff employed to complete the calls they needed to. One care worker said they were not put under pressure to do more hours than they wanted to because there were sufficient staff employed to provide the service. A care worker said, "There are enough staff to cover for each person, I have never been asked to go to someone I don't know and not been introduced to." The care worker told us, "The good thing about this company is you get the hours you want."

The management of the service adhered to their principles and beliefs that people should only be cared for by people they had already met and knew. The registered manager told us some of the office based staff could fill in on calls if needed and they and the training and retention manager often did. They had all been through the process to be introduced to people as part of their care teams. A company director spoke of visits they had made in the past and was still a member of one person's care team.

The visit coordinator showed us the electronic programme they used for planning the future rotas of visits to people. This enabled them to programme in regular fixed time calls and then add any extra calls that had been requested. The rota showed people were only visited by a regular care worker who had already been through an introductory session with the person they were scheduled to visit.

People were supported by staff who had been through the required recruitment checks to preclude staff who had previously been found to be unfit to provide care and support. These included acquiring references to show the applicants suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions.

A person who used the service told us, "The people they pick are marvellous, the lass who has been today is a dream." The provider had recorded on the PIR that, "Following a successful interview and prior to employment caregivers require; 3 personal and 3 professional references. No unexplained gaps in employment history. An enhanced DBS check." Staff recruitment files showed the required recruitment checks had been carried out.

Where needed people were provided with the assistance they required to take their medicines. A person who used the service told us, "I am in the position to take my tablets myself, my carers just say [name] it's time to take them." A relative told us, "They give [relation] their medication from a blister pack, it's always done." Another relative told us when their relation who self-medicated had taken their medicine incorrectly a care worker had suggested an alternative way of managing their relation's medicines. This meant the person maintained their independence but reduced the risk of having another error with this.

The management team ensured staff were clear about what support people needed with their medicines through training and supervision, as well as providing the required policies and procedures. Each person was assessed to see if they took any medicines and if they could manage these themselves, or if they needed any assistance to take them. Staff told us that most people only needed prompting to take these. We saw the support each person needed was recorded in their medication assessment. A record was made when

someone was prompted on a medicines administration record (MAR sheet) to show this support had been provided. Previous months MAR sheets that had been returned to the office were completed in full showing the planned support had been provided as intended. One care worker told us when one person who used the service required a skin patch medicine they had a consultation with a doctor about how and when this should be applied. This meant people were supported safely with their medicines.

Is the service effective?

Our findings

All the people who used the service we spoke with felt the care workers who supported them had the skills and knowledge to meet their needs. Relatives we spoke with agreed with this view. A person who used the service told us, "They have the skills, without a doubt." Another person said, "They are definitely trained, one of the carers told me they were going on a training course." A relative told us how care workers who visited their relation had been trained to meet a specific need they had.

People were supported by staff who had the necessary skills and knowledge to support them safely. Care workers confirmed the management team ensured they received any training and support they required to carry out their duties. They told us this enabled them to be able to provide the care and assistance needed by the people they visited. The company director told us they believed it was important that all staff, including the staff who were based in the office, went through the planned training programme. This consisted of an induction when first joining the company which took place in the training room at the office. Care workers then undertook a period of shadowing other care workers on the care team they were going to join.

All staff were then enrolled on the care certificate. The care certificate is a recently introduced nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. The registered manager told us they felt it was important that office based staff completed this training so they understood the work they were supporting the care workers to provide. Care workers told us they were encouraged to complete the different standards within the care certificate and assistance was available if they needed it. The provider had recorded on the PIR that, "All office staff and current caregivers have or are working towards completing the care certificate."

The training was followed up with annual refresher training and there were also opportunities for other courses of need or interest to different staff. There was also a system of individual supervision and appraisal. A care worker told us, "I had a supervision today, it was helpful. We discussed my clients and standards. If I have any issues I can bring them up." Care workers also told us they had an annual appraisal where their work over the year was reviewed.

People had their rights to give their consent and make decisions for themselves promoted and respected. A relative told us their relation was, "Still able to make decisions, very much so and they would not have it any other way." Other people spoke of making decisions and being asked for their agreement over every day matters. One person told us the time they liked to get up was respected and that care workers always, "Ask me if I want to and never tell me I have to." Another person told us, "I consent to everything. I don't sign many things as my hand shakes but I do sign some."

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. All the people who used the service had capacity to make decision for themselves, but the registered manager was aware of the need to assess the capacity of anyone in the future who may not have.

People who required support to ensure they had enough to eat and drink to maintain their health and wellbeing were provided with this. People spoke of care workers finding out what they wanted to eat and preparing food they enjoyed. A person who used the service told us, "They cooked me an egg omelette, it was really nice and I asked them to do it for me again." Another person said, "They are lovely and cook my lunch, they said I see you've got some fish fingers, would you like those next time? I said I did."

Relatives described how their relations were supported and encouraged to eat well. One relative told us, "They prepare meals and ask [name] what they want, [name] likes spicy food and they have prepared some extra meals and put them in the freezer to use later." Another relative described how their relation was assisted to eat well when care workers visited. They also said snacks and drinks were left for their relation to have later when the care workers had left.

A care worker told us they had been concerned when they had visited one person that there was very little food in their house. They told us when they found the stocks had not been replenished the following visit they informed the registered manager and contacted the person's relative. The care worker said the outcome was they now prepared a shopping list with the person and did their food shopping for them.

People received the support they required to meet their healthcare needs. A person we spoke with on the telephone told us, "I was choking a few minutes ago they were straight there hitting me on the back." A relative told us, "They support [relation]'s mental health by coming in with the right attitude."

People and they relatives also spoke of support being provided with particular health care conditions. People who wished to be were accompanied to attend any medical appointments. A person who had regular hospital appointments told us, "I ask if my carer can come in, it's nice to have someone else in the room." The provider had recorded on the PIR that, "Partnership working with GP's, CPN's, Social Workers and the Falls Prevention Team occur regularly."

Is the service caring?

Our findings

People who used the service and their relatives told us they received excellent care and support from dedicated and caring staff. Comments made included, "They are absolutely brilliant", "There aren't the words I can express for the whole outfit, they are superb", "I couldn't wish for more caring carers", "I just want to say they are exceptionally nice and I look forward to them coming" and, "They are cheerful, they make me cheerful." One relative said, "If every carer was as good as the one we have got it would put the CQC out of business!"

The provider had recorded on the PIR that, "HISC (Home Instead Senior Care) focuses on changing the face of ageing by providing a consistent quality service delivered as the client wishes and needs. Our extensive care consultation and initial assessment allow us to record different aspects of the client's life; past, present and future, ensuring that we support the client with the service they require to achieve their desired outcomes promoting independence and choices." Feedback from people who used the service and assessment documentation we saw confirmed this to be the case.

The registered manager shared with us details of how they had supported one person at the end of their life. Their relative had introduced the registered manager to another professional as the leader of, "The wonderful care team that went over and above their duties and made the last few days of [relation] the best that they could have been." Feedback we received from other professionals who worked with the service included, "Our assessor that assesses the care workers out in the community have had nothing but fantastic feedback for the quality of care delivered and how genuinely caring they are."

Any anxiety people had about using the service were overcome through reassurance and having their confidence gained. A person who used the service told us, "I was dead against having carers but I gave in in the end and I am so pleased I did, they are lovely." Another person said, "I was surprised because I didn't want carers but they are as good as my own [relations.] That is saying something. I didn't expect them to be this good." One person who was contacted after their first visit to see how it had gone had said, "It was exceptional. I was a little apprehensive but [name] was delightful." The person had also praised the attention to detail that had been shown in the way the table had been laid ready for their lunch. The provider had recorded on the PIR that, "Our service is about engaging with people, building trust and promoting independence."

People were provided with care and support from enthusiastic and exceedingly motivated staff. We heard throughout our visit staff talk with passion about the work they did with people. One care worker told us, "It is a pleasure to work here. It doesn't feel like a job, I go out and do some good then go home with a smile on my face." Another care worker said, "Genuinely we have a caring approach, you can't be a caring company without caring for each other. Clients speak highly of the other carers, it seems to be across the board." A third care worker said, "We give an excellent service we try to keep people in their own environment giving them as interesting a life as we can."

We saw details about two care workers who had been entered into the regional heat of the British Care

Awards following feedback from people who used the service they had visited. One care worker had been nominated for the new carer of the year category and the other won the dementia carer of the year category. A relative had written a letter of appreciation in which they wrote, "Words cannot express how grateful I am for the wonderful service and care your organisation has provided for my [relation] over the past year. If there is ever an opportunity to nominate a care worker for an award I would be delighted to nominate [name.]"

People were supported by staff who went the extra mile to ensure they received consistent care. One person was determined to remain independent by continuing to walk rather than using a wheelchair. The care worker told us, "They're so determined to walk I am in awe of them." The care worker also told us, "We have increased the time to allow them to do this. I felt I was only doing half a job, it's working better and they are still determined to walk." The administrator had cancelled their annual leave so an activity they organised for people who used the service at the office went ahead as planned.

We saw records that showed how staff went that extra mile. One person had commented on a monitoring form, "All my care givers are exceptional they all go above their job roles. Always put the clients first because they are caring and understand the client needs. A care worker had recorded about an occasion they had remained with a person after their call had finished because they had experienced some upsetting memories. They wrote, "[Name] was a bit down yesterday because of bombings. I logged out at 7pm but just stayed with them a little longer (I don't mind at all) as [television programme] mentioned the bombings. I changed the channel and we talked about other things. We started writing shorthand. [Name] was happy when I left."

There were records which showed there had been a number of occasions where staff had contacted relatives to inform them of issues they may want to be aware of that fell beyond their remit and where the relatives had been unable to take the action needed a staff member had taken the necessary action.

The provider had recorded on the PIR that caregivers respond to concerns immediately. They wrote that caregivers, "take immediate action to relieve stress and discomfort and that management can be called upon for support at any time of the day or night." We saw in one person's notes the registered manager had gone to their home in the middle of the night when the care worker needed assistance to meet the person's needs.

People were supported by a service which understood the importance of providing people with consistent and high quality care. Staff told us continuity of care was essential to people. Care workers told us it was important for them to know that people were going to be provided with the same quality of service in their absence. A care worker told us, "I am always covered when I am not here, I am attached to the clients so it is important to know someone is stepping in to cover me when I go away. I wouldn't want to think they have been deserted because I am not here."

People were provided with a service that was individually tailored to meet their needs. People were only visited by care workers who they had been introduced to and knew how they wanted their care and support to be provided. A person who used the service told us, "I get the same workers, they are introduced first." Another person said, "We see the same team, we call them the [my name] team!" A relative told us, "They are matching up another carer of the same age and quality we have already got. They came to watch how our carer met my [relation]'s needs." A care worker said, "I have never come across a client that has had a worker they had not met before." The registered manager told us this had never happened. A company director told us that if a relationship between a care worker and a person who used the service was not working they would look to change this. A care worker told us, "They never expect you to be with a client you don't gel

with."

The length of people's visits was sufficient to enable them to provide people with any physical care and emotional support they needed in a planned and unrushed manner. A person who used the service told us, "They sometimes stay longer if circumstances arise." A care worker said, "They explained at interview there was no call less than one hour. It gives me the time to get to know the client and what I need to do." There was information in one person's care file which described how some of the person's needs were met by a relative who was their primary carer. However the information was included in the care plan so that if the primary carer was unavailable to meet the person's needs the care worker would be able to step in to do so at short notice.

People's individual characteristics were recognised and respected. A person who was from a different culture than the care workers who supported them told us, "They treat me like anyone else, [care giver] likes to hear my stories so I tell them. They accept me for who I am." A care worker told us they had not known much about the culture and said they had, "Researched into the person's culture before I went to be introduced." They said, "I've learnt about their culture and talk with them about it. It has developed me as a person."

Care workers described how they were provided with a talk on understanding issues that affect people living with dementia when they started to work at the service. They told us this gave them confidence in how they supported people living with dementia, which improved the service people received. One care worker told us, "[Company director] made me more aware of dementia when I came on induction and I became a 'dementia friend'." We saw several staff were wearing badges showing they were a 'dementia friend'.

The company director told us how one care worker who had attended one of these sessions had used this training to personalise the care and engage with a person who was living with dementia. We saw records made by the care worker that stated, "This morning was brilliant. They were in giggles as I walked in with a half completed scare crow. I started making it at home and asked [name] to help me finish it this morning. So funny. I love to see them smile. They kept hitting my arm saying 'what you like.' Their neighbour then saw us carrying it (complete with pearls and false eye lashes) down the street. One neighbour said to them how nice it was to see them laughing."

On another occasion the care worker wrote, "We had a tapas evening in the garden yesterday. I took my colourful tapas dishes round and made some non alcoholic Sangria! It was a pleasure to see them enjoying it. I also found [name] to be happy and I captured a lovely big smile picture of them which I think the family will like."

People's views were sought, respected and acted upon to ensure they received the service that they wanted. People were asked about the care they wanted before they started to use the service. They were then asked about how the service had been on a regular basis and if they wanted to make any changes. A person who used the service told us, "They are very very good, they do anything I want." A relative said, "Whatever I have asked of them they have done."

A care worker told us the care and support they provided was flexible according to situations or if people's needs changed. They gave an example if someone needed some shopping doing they would do this. We were also told by a care worker, "Clients are involved, we ask if they want any family involved." Another care worker said, "It is all about what they want not us."

People were treated in the way they preferred and they found care workers were friendly and respectful. A

person who used the service told us, "They definitely treat us with respect, they are aware it is our home." Another person told us they were given their privacy when possible. They said, "Between us we can manage it, I can dress myself okay so they went downstairs and made me a bacon butty, they are like friends." A relative told us, "They are very polite and respectful. Everything about them is immaculate. Their manners towards us are impeccable."

Care workers recognised the importance of showing respect in people's homes. One said, "I put my coat where they would like me to hang it. I take my shoes off, that is a big thing." Another care worker described adjusting how they conducted themselves according to people's wishes. They described addressing people how they felt most comfortable, and only became less formal if and when invited to do so by the person.

People's rights to privacy and dignity were paramount. The training and development manager told us they carried out training observations on staff at the right opportunity which would not infringe on people's privacy and dignity, even if this meant the qualification took longer to complete.

Is the service responsive?

Our findings

People were involved in identifying their needs and planning what care and support they needed. Before any service was provided the person wanting the service, and any relatives they wanted to include, met with one of the managers to prepare a care plan. A person who used the service told us, "I met them first, we worked out what they would do. They have brought me a folder, they write in it each visit and I sign it." Another person said, "Of course I was involved in my plan, we have a review probably every six months." A relative said, "The care plan really suits [relation] they are really pleased with it."

Staff were able to describe the care plan layout which showed they knew these and how to refer to them. They confirmed the copies we saw in the office were the same as the ones in people's homes. A care worker said, "Any special needs are recorded, we need to know how they move, sit, get out of bed, all sort of things like that." Another care worker said the registered manager was very thorough in preparing the care plans. They said, "The care plans are very thorough they assisted me a lot with the research about their past. They give me an understanding of their medication, and important events in their life."

The registered manager had ensured that care files were focussed on the person concerned, were well ordered and easy to read and refer to. They contained background and emergency contact information. There were assessments to identify any risks people may face and details of what people's needs were and how they wished these to be met. The plans were all recently reviewed and had been updated where needed. The format for recording daily notes was well laid out with separate sections to record the times of the visit, any notes, cash handled, medication support and a meal log.

People received consistent care and support. People told us they received the support they needed as planned. A person who used the service told us, "They will do anything, they know what needs doing." Another person said, "I know they will be here, that's a biggy for me." A relative said, "I am really pleased, they are always on time, they are never late."

A relative described how the care workers supported their relation to get up, dressed and have their breakfast each morning. They also described how they took them out into the community and were working to help them rebuild their independence. The relative told us, "They have been absolutely brilliant with [relation], they know when they are having a bad day. They can read [relation] like a book."

The provider had recorded on the PIR that, "The client calls are for the minimum of one hour and would be exactly when the client requests them for. We provide a flexible rota to meet peoples changing needs eg to assist with visits to the doctors, to see family or go to church. Extra calls are implemented at short notice following discharge from hospital often arranging for the caregiver to meet the client on their arrival home. This is particularly important for individuals with sensory impairment, learning disabilities or dementia."

People had flexibility with their care and support when needed. A care worker said, "We don't just go in and say it is not in your care plan. We don't know how the client is going to be that day. Things can change." Another care worker said, "We report back any changes and the care plan is updated pretty instantly."

People were given opportunities to raise any concerns and told how they could make a complaint. A person who used the service told us, "I phoned last week about a bill error. We can discuss anything and get it sorted. I would know how to make a complaint if I needed to." Another person said, "The carers are good and if I have got a problem I can get hold of anyone." A relative told us that a company director had visited their relation to sort a, "little problem." One person we asked if they had ever made a complaint about the service burst out laughing and said, "Never." They added, "I would know how to, I've got the phone number." The registered manager told us they had not had any complaints made, but they would act positively to resolve this if one was made.

Is the service well-led?

Our findings

People received a high quality service which met people's requests and informed them of their rights. A person who used the service told us, "I just ring the office if I need any extra time, they have always provided what we need." A relative told us, "We have got good lines of communication with the office and the owner." Another relative told us how they had been advised as to their relation's rights about the services they were entitled to receive.

People used a service which had an excellent management team who motivated and valued their staff. A company director told us how they wanted to recognise the considerable contribution to the service from care workers. They described a number of initiatives they had implemented in order to do so. This had included organising a pamper day at the office where each care worker could choose some sessions from beauty therapists brought into the office for a day.

Staff who provided people with care and support were valued and had their contribution to the business recognised. A company director told us they used the job title care givers for the staff who cared and supported people to recognise what their contribution to the service was. The provider had recorded on the PIR that, "The Care Manager attended a four day training at our HISC National Office, this included how to manage effectively getting the best out of all off our staff, ensuring we make people feel valued and part of a team."

Care workers who provided an outstanding piece of work were given a thank you card and a meal for two voucher in recognition of their efforts. The registered manager told us the last recipient of this had worked one weekend covering calls due to a staff shortage when they should have been off duty. We saw there were more occasions where good work and loyalty were recognised as well as details of other staff incentive schemes. The provider had recorded on the PIR that, "It's important to us that our office team and caregivers all believe in the same ethos and values."

Care workers felt they were supported and valued. A care worker told us, "If they need to a senior will come out and help, it feels like a professional family. They are interested in us. They make our job recognised and not taken for granted." Other care workers spoke of occasions when they had been supported beyond their expectation to provide the service. One of them spoke of a time a company director transported them to their calls because they had car problems and another described the efforts made to keep the service running in severe adverse weather conditions. This meant people received their services as planned.

A company director told us they were developing an initiative called 'WOW' which stood for what's on when. This would provide information about the resources, events and other goings on in the various local communities they provided services in. They said this was to give care workers the tools to enrich people's lives.

A company director was very clear that they felt a responsibility to the staff employed as well as the people who used the service and their families. They told us they followed the 'mums test' when interviewing

potential new care workers, asking would we want them looking after our mums? A care worker said it was, "A brilliant firm to work for, they not only support the client but support the care givers too." Another care worker said, "They are very good at looking after their staff." The provider had recorded on the PIR that, "A positive attitude from management promotes a display of positive team work and happy responsive care givers."

The registered manager described how they supported the care workers in their role. They told us how they gave one care worker additional support with how information was given to them due to their needs. A care worker told us, "The manager is so on the ball, it doesn't matter whose house you go in they know where everything is. By far the best manager I've worked for."

Records made of what took place during visits to people showed there was contact made with other professionals when needed. This included care workers contacting health care professionals such as GPs and district nurses to pass on information and highlight any concerns. On several occasions this had led to a health care professional visiting the person concerned and arranging the treatment the person required. We also saw records made showing where health care staff had passed information and guidance about people's needs to staff. On one occasion when staff had concerns about one person's wellbeing they had contacted the person's GP who visited and left details of the treatment to be followed. Staff followed the advised treatment but when the person's health still gave cause for concern they contacted the GP again who arranged for the person to be admitted to hospital. On another occasion a community physiotherapist contacted the registered manager to explain some exercises one person needed to do and some problems associated with the person completing these. The care workers supported the person to complete these exercises during their visits.

The service was involved with Nottingham University in a research study (broadening our understanding of good home care BOUGH) into what quality means in home care for people with dementia. The purpose of this is to improve care in this sector. This involved a researcher from Nottingham University joining the team of care workers, having been through the full recruitment and induction process. Additionally some care workers, having been trained, were taking part in a diary study to provide information about their experiences of caring for people living with dementia to assist with the research. People who used the service who were involved were asked if they agreed to take part in this project and share their experiences to make a positive contribution for others in the future.

A company director told us they were a dementia friends champion and had delivered some dementia friends sessions to local businesses and services to raise awareness of dementia and introduce people to dementia friends. A dementia friends champion is a volunteer who encourages others to make a positive difference to people living with dementia in their community. They do this by giving them information about the personal impact of dementia, and what they can do to help. A company director told us one local business they had delivered a dementia awareness session to had contacted them to help safeguard a person they knew used the service who was putting themselves at risk. The company director and the local business person jointly acted to address this risk.

People were supported to be a part of the running and operation of the service and were given the facilities to make this a reality. A company director told us they tried to present the office as an information and resource centre to make it more welcoming for people who used and worked for the service. One regular event that took place was a monthly 'knit and natter' session where people who used the service and anyone from the local community could, and did, attend. One office staff member provided transport to anyone who needed assistance to attend.

A company director described the thinking behind the layout of the offices. They were designed to be welcoming for people who used the service and any new and existing staff. There were designated rooms for training and storage. There were pictures of all the staff to help familiarise staff with who else worked for the service. A company director said, "Anything to help them to feel comfortable is going to help."

Throughout our visit we were provided with the information we requested to complete the inspection. Staff were aware of why the service was being inspected and keen to tell us about their experiences of being an employee. One care worker said the registered manager had told them prior to meeting with us, "Answer the questions honestly." Another care worker said, "I have never worked for a care company as good as this one, I am not just saying that."

We received consistently positive feedback from other professionals who worked with the service and comments we received included, "All contact I have had with the above organisation has been entirely professional, caring and easy to engage with. All employees have demonstrated a wish to provide a personalised service for their customer. I regard them to actually provide the service which they advertise."

The management of the service was open, visible and inspiring. People spoke of being visited by the registered manager and the company director. A relative told us, "We have contact with [registered manager] they have been round a number of times." Another relative said, "We have contact with the director, it shows they are involved in the service."

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service.

There were systems in place to ensure the service was achieving the standards expected and to identify where improvements could be made to the service. A person who used the service told us, "I am very happy with the service, they may be a bit more expensive, but I can't fault them." A relative who worked in the care industry told us, "I picked these as I had seen them and they are the best I have seen. They have never let me down, not once."

The registered manager told us they did quality assurance visits to ensure people's visits were going as planned and if any changes needed to be made. They said these were initially after the first visit, then after two weeks, then a month then continued every three monthly. These included asking the person who used the service if they were getting along okay with their care worker, if there were any changes needed and whether there was anything more they could do to help or improve the service. They said they informed families to expect regular contact as part of the service so they could monitor how this was going and make sure it was right.

We saw records kept for the calls made to check on the service provided and these had been carried out as planned. We also saw quality assurance forms completed by people commenting on their service, the suitability of their care worker and their experiences when contacting office based staff. There was also a system for sending out full survey forms to seek people's view on the service. We saw the most recent survey which showed the service was viewed very positively.

We saw there was a system to bring back all records made in people's homes on a monthly basis. These were then audited to ensure they had been correctly completed and were reviewed for any information that needed to be acted upon. These were signed and dated to show when they had been audited. The registered manager told us that although there were auditing systems in place they tended to make changes

and improvements as soon as these were recognised. They told us, "Any improvements however small I endeavour to implement as soon as possible." We saw actions taken following monthly reviews of people's records included bringing details of one person's actions to the attention of a relative and making changes to planning meals for another person.

A recent survey of employee views showed a high level of satisfaction with the service. As well as seeking staff views on the service there were also questions asked on how improvements could be made to the service, for example with communication and attendance at team meetings. As a result one initiative was to organise a series of staff meetings across their region in suitable local premises which would cut down on travelling for care workers.

The service is operated as a franchise of a national organisation. The national organisation monitors and audits the performance of each office and we saw that audits carried out on this service had achieved positive results in relation to their performance.