

Abercare Limited

Home Instead Senior Care

Inspection report

67 Windmill Road
Croydon
Surrey
CR0 2XR

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15 March 2018

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17 April 2018

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

This inspection took place on 15 March 2018 and was announced. We gave the provider six days' notice to become available for the inspection. This was our first inspection of the service since they registered with us on 6 March 2017.

Home Instead Senior Care provides personal care and support to older people in their own homes. There were 15 people receiving the regulated activity, personal care. Most people funded their care privately.

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

People received care from a service which was extremely caring. Staff cared for people in a very kind, compassionate manner. The provider had excellent systems to match people with staff who had complimentary personalities, shared linguistic and cultural backgrounds or shared hobbies and interests. People received full choice in their care, including choice of staff who cared for them. The provider went the extra mile in ensuring people received high quality, compassionate care. People developed open and honest relationships with staff.

People received care from a service which was highly responsive. People were supported in creative ways to live full lives and to do activities that were important to them. Staff understood and met people's dementia-related needs and staff were trained to be 'dementia friends'. The provider established excellent links with the local community and supported local charities and business in understanding how to recognise if people may have dementia and how to respond to them.

People were supported to maintain their independence and were treated with privacy, dignity and respect.

Staff were trained in end of life care and were able to provide practical and emotional support to people at the end of their lives. The service had a suitable procedure in place to investigate complaints. People were supported to receive care at the right time through an electronic monitoring system. People's care plans contained sufficient detail about their needs to guide staff and people were involved in their care plans.

The provider supported people to integrate into their local community by training local businesses, charities, GP and hospital workers to be dementia friends. The service took a key role in the local community as a member of the Croydon Dementia Action Alliance which aimed to support organisations help people with dementia live well. The provider also actively supported local charities and community groups.

People were safeguarded from abuse and improper treatment due to systems the provider had in place. People felt safe with staff and staff received training in their responsibilities to safeguard people.

Risks relating to people's care were reduced because the provider had systems to identify and manage risks. Risks relating to medicines management were also reduced. Records showed people received medicines as prescribed and the provider had systems to check this.

Recruitment processes were followed by the provider to check staff were suitable to work with people. There were sufficient numbers of staff deployed to support people.

Care workers received effective support to carry out their roles through induction, training, supervision and appraisal. Staff were supported to understand some of the difficulties older people may experience as part of their induction. In addition staff were encouraged to do diplomas in dementia to enhance their understanding of people's dementia-related needs.

People received care in line with the Mental Capacity Act (2005). If the provider had reason to suspect people lacked capacity in relation to their care they carried out MCA assessments. Where the provider found people lacked capacity they made decisions in people's best interests through liaising with their relatives and others involved in their care.

People were supported to maintain their health. People received their choice of food and drink. The provider matched people with staff who could prepare food from their cultures where possible. The provider assessed people's needs and helped people receive coordinated care when they moved between services.

The service was well-led with a strong management team. The provider had good systems to communicate openly with people, relatives and staff. The provider had quality assurance systems in place to monitor people received good quality care and to improve the service if necessary. The provider worked in partnership with key organisations to provider joined-up care to people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Systems were in place to safeguard people from abuse and neglect.

Risks relating to people's care were managed well. People's medicines were managed safely.

The provider carried out recruitment checks so only staff who were suitable worked with people. There were enough staff deployed to support people.

Good 

Is the service effective?

The service was effective. Staff were supported with suitable induction, training, supervision and appraisal. The induction encouraged staff to consider the difficulties some older people experience.

People received care in line with the Mental Capacity Act 2005.

People were supported with their day to day health and received choice of food and drink.

Good 

Is the service caring?

The service was outstandingly caring. People were treated with exceptional kindness, compassion, dignity and respect. People developed excellent open and honest relationships with staff.

People were expertly matched with staff who had complimentary personalities, backgrounds or shared interests. People received full choice in their care, including choice of staff who cared for them.

The provider went the extra mile in ensuring people received compassionate care. People were supported to maintain their independence.

Outstanding 

Is the service responsive?

The service was outstandingly responsive. The provider went the extra mile to ensure people were supported to live full lives and to access activities through creative means. Staff met people's dementia-related needs extremely well.

The provider played a key role in the community and were supported people to integrate into their local community.

Staff were trained in end of life care and were able to provide practical and emotional support to people at the end of their lives.

The service had a suitable procedure in place to investigate complaints.

Outstanding 

Is the service well-led?

The service was well-led. The provider had good systems to communicate openly with people, relatives and staff.

The provider had quality assurance systems in place to monitor people received good quality care and to improve the service if necessary.

The provider worked in partnership with key organisations to provider joined-up care to people.

Good 

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 visit to the service took place on 15 March 2018 and was announced. We gave the provider six day's notice to give them time to become available for the inspection. The inspection was undertaken by an inspector and an expert by experience who telephoned people using the service and their relatives after the inspection. An expert by experience is a person who has direct experience of care services.

Before our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR contains information about the service and how it is managed by the provider. We also sent questionnaires to people using the service, their relatives, staff and professionals to gather their views on the service. We received responses from five people who used the service, five staff and three relatives and friends and two professionals. We reviewed this information as part of our inspection.

Before the inspection our expert by experience spoke with two people using the service and ten relatives.

During the inspection we spoke with the two directors, the registered manager, a care-coordinator and four care workers. We looked at four people's care records to see how their care was planned, records relating to medicines management, three care workers' recruitment files and records relating to the management of the service.

After our inspection we contacted five health and social care professionals to gather their feedback and we received responses from two.

Is the service safe?

Our findings

People were safeguarded from abuse due to the systems the provider had in place. One relative told us, "I have total trust in our regular carer and relief ones as well." A second relative said, "Mum is safe in their hands." A third relative told us, "[My family member is] totally safe and our regular carer is probably the only person I feel completely confident about leaving my husband with." Staff we spoke with understood the signs people may be being abused and the action they should take to keep them safe. This was because staff received training in their safeguarding and their responsibilities in relation to this. The provider also had a dedicated line for staff to 'whistleblow' to raise any concerns.

Risks relating to people's care were reduced as staff managed risks well. One relative told us, "My husband has poor balance and they are very careful with him." A second relative said, "There are transfers from bed to chair and they are well managed." The provider identified and assessed risks relating to people's care and put clear management plans in place for staff to follow. A member of the management team spoke with staff before they began providing care to people to ensure they understood the risks relating to people's care and how to support them. Our discussions with staff showed they understood their responsibilities in reducing risks to people well.

People's medicines were managed safely by staff. People and relatives had no concerns about how staff managed their medicines. We found staff recorded medicines administration appropriately. The provider audited medicines records each month to check staff administered medicines to people in line with their prescriptions. Staff received training in medicines administration each year to keep their knowledge current. The provider assessed the competency of staff before they were permitted to administer medicines to people. In addition the provider continued to assess staff competency during regular observations of staff caring for people.

People were supported by staff who the provider checked were suitable to care for them. The provider carried out recruitment checks which included criminal records, identification, proof of address, right to work in the UK and employment history. The provider also obtained six references for each applicant which included three character references and three references from former employers.

The provider deployed sufficient numbers of staff to care for people safely. People and relatives told us staff cared for them at the agreed times, were on time and stayed the agreed length of time. Staff told us they believed there were enough staff to care for people. The provider told us they had sufficient staff and office staff were available, trained and experienced to provide care to people in an emergency if necessary.

Is the service effective?

Our findings

People received care from staff who received a suitable induction. All people and relatives without exception told us they found staff well trained. One relative told us, "Staff are well informed and have good practical skills." A second relative said, "Staff are well trained, they are especially good with dementia." New staff received a four day induction before they provided care to people. The induction covered the mandatory topics of the 'Care Certificate', including safeguarding, basic life support and moving and handling. The care certificate is a nationally recognised training programme which sets the standard for the essential skills required for staff delivering care and support. During the induction staff also received training to help them understand the ageing process. Staff were provided with adapted equipment such as gloves and glasses to help them experience some physical issues some older people live with such as arthritis and sight loss. The trainer then guided staff in role-plays so they could experience some of the difficulties these physical issues cause in everyday life, such as opening bottles and dressing themselves. New staff also shadowed more experienced staff before they cared for people alone. This was so new staff could become accustomed to the role and get to know the people they would support.

People were supported by staff who received training and support to understand people's needs. The fourth day of the staff induction was 'personal development' during which staff met with their line manager individually to review their learning needs and plan their training programme. Staff received annual training in a range of topics to help keep their knowledge in key areas up to date. The provider enrolled staff on diplomas in health and social care to further their understanding of their role. The provider also recently enrolled staff on diplomas in dementia to help them understand and meet people's dementia-related needs. The provider carried out 'touchpoint' days through the year where they met with staff individually to discuss key topics and check their knowledge. Staff received supervision with their line manager twice a year to discuss any issues relating to their role and to review their training needs. Staff also received an annual appraisal. In addition office staff carried out spot checks and observations of staff throughout the year and staff received feedback on the best ways to care for people as part of these.

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 received care in line with the MCA. When the provider had reason to believe people may lack capacity they carried out mental capacity assessments to determine this. Records confirmed the capacity assessments were decision specific, in line with the MCA. When the provider determined people lacked capacity they made decisions in their best interests through consulting with those who were important to the person such as relatives. Staff had a good understanding of the MCA and their responsibilities in relation to this.

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There is a different process for services which provide care to people in their own homes which involves an application to the Court of Protection. The provider understood their responsibilities in relation to deprivation of liberty although there were no people receiving care who required their liberty to be deprived to keep them safe.

People received their choice of food and drink. One relative told us, "My husband has very definite ideas of what he would like they have always catered for it." A second relative said, "They offer Mum choices." A third relative told us, "My mother [has dietary needs relating to their religious and cultural background] and this is always catered for." The provider matched people with staff who were able to prepare food to meet their cultural needs as far as possible. The provider recorded people's preferences in relation to food and drink in their care plans for staff to refer to and staff had a good understanding of people's needs.

People received support with their day to day health needs. One relative told us, "They give advice about things like the flu jab. Also, my husband has a catheter and they advise him to drink plenty of water and so on." A second relative said, "They will advise on skin care and diet and things like that." The provider assessed people's physical, mental health and social needs before they began receiving care and the provider ensured staff were aware of people's needs by discussing them. Information about these was recorded in care plans for staff to refer to. Staff worked with other professionals involved in people's care where appropriate. For example, some people requested staff attend their healthcare appointments with them to provide emotional support and help their understanding of what was happening to them. As another example staff visited some people in hospital to deliver personal items they required and to provide reassurance. As a third example staff supported a person to wear a device to monitor them for 24 hour period and delivered the device to hospital for them afterwards.

Is the service caring?

Our findings

People were supported by a service which cared for them in outstanding ways. All people and relatives without exception were extremely positive about staff. One person told us, "Staff are all very compassionate and nice." A relative said, "Staff are friendly but professional, I am very impressed." A third relative told us, "Staff are very focussed which is what I need them to be but also pleasant and friendly. They are positive and they engage with Mum." A fourth relative said, "All the staff we have from Home Instead have been very kind nice people." A fifth relative told us, "They are committed to doing the best job they can. They engage with Mum and get her talking." Other comments from relatives included, "Staff are absolutely lovely. Mum just enjoys their visits", "Staff are brilliant, so kind and caring", "Staff are really brilliant, so kind and capable" and "Staff are really helpful and accommodating and very kind."

People were carefully matched with the staff who supported them. All people and relatives told us their care workers were well matched. One relative told us, "They found a regular carer who is also [from the same country as my family] and we share a language as well as a culture... Because the carer understands our culture she knows exactly how my Mum would like to be treated and does so." A second relative told us, "It's such a good match that Mum has NHS carers as well but we kept Home Instead because she likes them so much." A third relative commented, "Our main carer gets on with my husband very well. He looks forward to her visit." The provider found out about the personalities, backgrounds, hobbies, interests and preferences of people and staff and used this information in creating successful matches.

One person who was passionate about sport was matched with a staff member with a similar passion. The staff member told us how they enjoyed talking and watching matches together. The provider told us how the staff member was often invited to stay and watch matches with the person after they finished work in their own time as they had built a trusting relationship together. One person who was very religious was matched with a similar staff member and together they enjoy singing gospel songs. Other examples of the successful matches include numerous examples of matching based on cultural and linguistic needs so staff understood the best ways to care for people in relation to these needs.

People had full choice in the care they received, including the staff who cared for them and when they received care. One person told us, "They respect my breakfast choice and how I like things done." A relative told us, "They respect choice of clothing and food." A third relative said, "They respect all Mum's choices." The director told us people and staff were introduced to each other before care began to check they were happy with the match. If people decided they did not wish to receive care from the staff member at any point the provider told us they immediately found a new staff member. People had full choice as to whether they received care from male or female staff. The provider gave us an example of how a male staff member was provided to a person with dementia who was known to relate better to and prefer receiving care from men. Staff received similar choices in relation to the people they worked with. For example, the provider respected staff preferences such as in relation to caring for people with pets and other factors.

People were cared for by staff who often went the extra mile in caring for them. One relative told us, "Not so long ago I was anxious about Mum as she was obviously depressed, the director said, 'leave it to me.' He

talked it through with Mum and her carers and they took her out to a Hindu temple for the day. When I came home she was so happy!" A second relative said, "One of the regular carers waited with us until an ambulance came when my husband needed urgent admission. They always say if you need some extra help, especially in the evenings, just give me a call and I will come. And we have done it, and he came straight back!" A third relative told us, "Her carer is always doing extra for Mum. During the snow I had a call from Mum that she was cold and couldn't get the fire on and she hadn't any food. I phoned the manager and within 10 minutes she had our regular carer round putting on the fire. Someone went to the shops and bought her some food to tide her over." Other people and relatives told us staff always offered to do anything extra that was needed to meet people's needs. Comments included, "They are very attentive and will always offer to do anything I want" , "If I need extra care for some reason, the agency always tries to get our regular carer, even at very short notice" and "They always offer to do extra including coming back later if we need it."

The provider gave us an example of going the extra mile in supporting a person financially when they lost access to funds. This assistance meant the person was relieved of the emotional stress of the situation and could continue their schedule without disruption. As another example a staff member told us how early one morning they found they were unable to support a person to transfer as their condition had suddenly and temporarily deteriorated. The staff member called the provider who immediately went to assist. For a different person the provider promptly assisted a person who locked themselves inside their house. The director told us, "I never want to say 'No', I will always help people." In other situations the provider had often dropped off groceries to people who had run out and were unable to purchase these themselves and had checked on people when relatives were concerned they were un-contactable.

People and staff were valued and appreciated. People and relatives told us how staff always had time to talk and explained how important this was in making people feel cared for. One relative told us, "Sometimes Mum has a bad day but often the carer can coax her into a better one by chatting." A second relative said, "They engage with Mum and get her talking which is very skilled." A third relative said, "My regular carer sits and chats, she always enjoys my yarns." A fourth relative commented, "The carer gets on with Mum so well, getting her to chat about her past and what happened in the war. She is very empathetic." Staff told us how the directors or office staff contacted them most days to find out about their wellbeing and ask if they needed any further support from them. The provider celebrated people's birthdays by visiting with a card and cake, and for staff the provider delivered flowers. For one person's birthday the provider arranged for a card to be signed by their treasured football team and delivered this to them with a club medallion.

People received care in an unhurried manner. One relative told us, "The carers make sure that he goes at his pace." A second relative said, "Staff are gentle and unrushed." The director told us how important it was that everybody felt as if they mattered and they made every effort to ensure this. For example, the provider only accepted visits of a minimum of one hour to ensure staff had sufficient time to provide companionship to people. The provider scheduled visits so staff had sufficient time to travel between people and staff told us they did not feel rushed in any way when providing care.

People and relatives developed open and honest relationships with staff who knew them well. One person told us, "They have got to know me well, and they listen to what I say." A second person said, "They all know me and I them and they do listen." A relative told us, "They really treat Mum like she was their own family." A second relative said, "The main carer knows my husband very well and she always listens to what he has to say." A third relative told us, "Our regular carer and my husband know each other well and he can read my husband's body language." Other comments included, "They know Mum well, and they always listen to her", "They know both of us well now and they listen to how we want things done", "They know us well and always listen" and "Staff know us very, very well and we talk a lot." The provider ensured people received

care from regular care workers to help them build relationships. Our discussions with staff showed they knew people very well, including their backgrounds, people who were important to them, their routines and how they preferred to receive their care, and this helped them build relationships with people.

People were encouraged to maintain their independence. One relative told us "Mum can only be independent in small ways but they try to ensure that she does things for herself." A second relative told us, "My husband is encouraged to do as much of his washing and dressing as he can, and also to transfer between bed and chair. Sometimes he can without help and sometimes not, but they give him the opportunity before they do it." A third relative said, "Although Mum finds it hard she still washes and dresses herself in the morning and I see that our carer encourages her to do what she can later on." A fourth relative told us, "They are really good at this, they really promote Mum's independence, which she values very much." People's care plans detailed their levels of independence such as the tasks they could do for themselves and the ways in which they wished to remain independent for staff to refer to.

People were treated with privacy, dignity, respect and compassion. One person told us, "They are really thoughtful about working in someone else's home and they respect the way I like things done." A second person said, "All my personal care is done in a way that protects my privacy and is as dignified as can be managed." A relative told us staff treated their family member with dignity, adding, "I think it comes down to valuing his past experiences and recognising that he is still that person." A second relative said, "They are very good and respect Mum's dignity and ensure privacy when anything sensitive is taking place." A third relative told us, "They do wonders with Mum, because she can decide that she doesn't want to wash today and they are generally able to persuade her in a respectful way." In our discussions with staff they told us how respect for privacy and dignity was important in every aspect of their work. Staff spoke about people with respect and were motivated to provide compassionate care to people.

Is the service responsive?

Our findings

People were supported to live as full a life as possible. The provider supported a person to rekindle their passion for playing a particular sport. The provider identified a local charity for older people who organised a 'round robin' tournament. The person was keen to take part and so staff supported them to attend matches. The provider also supported the person to access another sport they enjoyed playing for many years in their youth. Staff supported the person to watch a local team practice each week as part of their regular routine.

Staff had outstanding skills and knowledge in relation to dementia and used this to help people live full and meaningful lives. Through discussions with a person and their relatives the provider learnt they enjoyed a particular craft as a hobby and also taught this for many years. The provider identified a local project for men over 50 to mix and socialise while practising this particular craft which the person was interested in attending. The person agreed to attend the project with a member of staff who was also interested in the same craft. The person agreed on attending with the staff member as their student. The provider understood some people with dementia live in a different reality where their past can form part of the present. By providing the person with a student this supported them to relive their past as a teacher of the craft. When the person expressed a wish to explore other activities, in addition to teaching the craft, the provider immediately responded to this. The person now practices the craft with staff for part of their scheduled time and visits local parks and café's for the rest of their time.

The provider gave us another example of how staff understood and met people's needs in relation to dementia and their cultural needs. One person who was proud of their independence was reluctant to accept support in relation to their care. However, the person accepted support when staff worked creatively with them to increase their confidence, self-esteem and self-worth. The provider matched the person with a staff member from the same ethnic, cultural and linguistic background. As part of their regular care the staff member encouraged the person to share their skills and experiences with them, particularly in relation to cooking which the person greatly enjoyed. Together they cooked cultural foods for the person to eat.

The provider supported a person who was passionate about art and the provider bought tickets for the person to explore the National Gallery. The provider went the extra mile in ensuring the person could enjoy their day out by accommodating a particular condition they had. The person's condition required certain environmental factors to be in place before they could eat and so they planned not to eat during their day out. However, the provider researched the area around the gallery and identified a suitable place which met their specific requirements. This meant the person was able to eat during their day out.

A person did not have access to certain vegetables required for them to cook food from their country of origin. The provider incorporated transporting them to a shopping area where they could purchase these vegetables and back again as part of their weekly routine. This meant the person was able to regularly cook food of their preference.

The service took a key role in the local community. The provider established strong links with the local

hospital. A dementia nurse based in the hospital told us the provider had been a "pillar of support to the hospital and the local community". The provider was a member of the Croydon Dementia Action Alliance (CDAA). The CDAA encourages and supports communities and organisations across Croydon to take practical actions to enable people to live well with dementia. Through the CDAA the provider organised social functions for the older people's wards at the hospital which included a Christmas party with a professional entertainer and 'musical memories' sessions. The provider funded and supported a weekly lunch group for Asian ladies and also took a person using the service to the group. This reduced the risk of social isolation the person and gave them the opportunity to socialise with people from the same cultural background as them. The provider gave talks to the Asian ladies group regarding dementia which the provider explained helped to reduce the cultural stigma of dementia and increase understanding. The provider had links with the Croydon Carers Association (CCA) and supplied refreshments for the café run by the CCA. The provider was in the process of supporting a person using the service to set up a 'natter-natter' group at the hospital to reduce the risks of social isolation to people.

The director was a 'dementia friend' and trained all staff to be 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. This training helped staff understand the needs of people with dementia. The director also offered focused workshops for relatives to help them understand the particular needs of their family member living with dementia. These helped people maintain relationships with those who were important to them as, the provider helped relatives understand how people's behaviours were linked to dementia and how they could support their family members positively.

The provider provided dementia friends workshops to local businesses and charities, GP surgeries, custody services and the board of the local hospital. This helped people integrate into their local community by raising awareness of dementia and how to interact with people who may be living with dementia who use their services. In addition, many people who attended the provider's workshops also became dementia friends.

The provider went the extra mile in responding to people's maintenance needs. The provider worked very closely with a maintenance person who had a base within the Home Instead Office. The maintenance person had assisted people in home emergencies and was available for affordable day to day repairs.

People's care plans reflected their needs and people were involved in their care plans. People and relatives all told us they were involved in developing their care plans. One relative told us, "All the family were involved and we have been involved in on-going care planning." A second relative said, "Although I stipulated certain things at the beginning and they always got it right." A member of the management team met with people and their relatives before they began receiving care to check how they wanted to receive care. People's wishes were recorded and the provider developed a care plan based on people's preferences. Care plans were personalised and provided sufficient information for staff to follow in caring for people. Staff were supported to understand people's needs as the provider discussed the care people required with staff before they began providing care. In addition staff confirmed they always read people's care plans. The provider introduced people to the staff who would provide care to them beforehand and this was a further opportunity for people to let staff know particular ways they would prefer to receive their care. People's care was reviewed as people's needs changed with formal reviews throughout the year.

The service used technology to ensure people received care at the right times. People and relatives all told us staff were usually on time, stayed the agreed length of time. The provider had an electronic system in place to monitor the times staff cared for people to check staff timekeeping met the expected standards.

Some staff had specific skills to provide families with practical support and emotional assistance in relation to end of life care. When a person receiving end of life care passed away the provider arranged for the two staff who cared for the person to immediately go and spend time with the family providing practical and emotional support. The provider supported people to consider how they wished to spend the end of their lives and this information was recorded in care plans for staff to refer to in providing care to them.

The provider had systems in place to investigate and respond to concerns or complaints. People and relatives had confidence the provider would respond appropriately to any concerns or complaints they raised. One relative told us, "I have confidence in them but it hasn't arisen. I have no concerns." A second relative told us, "I have total confidence in them." Although the provider had not received any complaints in the past year they had received several compliments from people and relatives about the excellent service provided.

Is the service well-led?

Our findings

People and relatives without exception told us the service was well-led. One person told us, "I do think it is well led. They always get the carers here at the right time and they train them and that includes the way to listen and talk to people." A second relative said, "It is extremely well led, we can contact the manager any time and he is dedicated to giving a service to the clients not the relatives. This attitude permeates the agency." A third relative told us, "It is a well-run agency. We know what health care should be like and this is it." A fourth relative said, "It is very well run, you can totally rely on the carers and the manager is amazing, totally dedicated."

The service had a strong management team. A relative told us, "The director is quite exceptional, comes and sees me periodically." A second relative said, "The manager is very pro-active and talks to us quite a lot." The two directors of the service were 'hands-on' having daily contact with people using the service and staff. The registered manager had many years' experience of managing similar care services and had completed a diploma in healthcare leadership and management. The directors told us their ethos was to provide people with the best quality, compassionate care and to make all staff know they were valued and appreciated. The registered manager was supported by care coordinators who had clear responsibilities in overseeing and auditing the service. Our discussions with the management team and staff along with our inspection findings indicated they had a good understanding of their role.

People and relatives told us the provider communicated well with them and they could contact the management team at any time for assistance. People all told us office staff listened to them and were very approachable. One relative told us, "There is no formality and everyone knows us." A second relative said, "You can talk to any of them and they are up to speed with our needs." A third relative told us office staff were, "...very efficient and compassionate." People and relatives confirmed the on-call system worked well. One relative said, "I have had to do this and they were first rate with response and help." A second relative told us, "We have called and there is someone there who can help which is immensely reassuring."

Staff told us they enjoyed working for the provider caring for people and felt motivated. A relative told us, "The carers express their views and they feel supported and part of a team and they have team building days." Staff also told us the directors and registered manager were very supportive and the service was extremely well run. Staff said they received calls most days from the management team to check their wellbeing and check whether they needed any support. Staff told us the management team were all approachable and encouraged them to contact them at any time. The provider prepared hot food each lunchtime in the office and encouraged staff to drop in as often as possible to share the food and talk with them. Staff told us they appreciated the food and visiting the office regularly meant they felt well connected with the provider and well supported. Staff confirmed the provider communicated very well with them about any developments within the service or changes relating to the people they cared for. The provider held meetings with staff every three months during which staff could share ideas and developments within the service were discussed.

Quality assurance processes were in place which allowed the provider to monitor care and make any

necessary improvements. A relative told us, "The person in charge does spot checks and stays in touch." A second relative said, "We get asked on the phone about any improvements we can suggest and I can't think of anything." The management team regularly visited people in their homes to monitor the quality of care they received. In addition the provider had systems to check people's care plans, risk assessments, medicines records and other records related to the management of the service. The management team reviewed any accident and incident reports to identify any trends and ensure people's needs continued to be met. The provider carried out unannounced spot checks and announced observations to ensure staff timekeeping was good and people were supported in a compassionate manner. The franchise central team audited the service each year and the provider had an action plan in place to meet any areas identified for improvement. The most recent audit showed the provider had actioned areas for improvement which had been identified.

The provider worked openly in partnership with key organisations including the NHS healthcare services involved in people's care. The provider had close links with local pharmacists and one of the directors was a qualified pharmacist. When a person ran out of a product vital to their wellbeing the provider contacted a local pharmacist and was able to obtain the product for the person out of hours.