

A S Home Care Services Ltd

# Home Instead Senior Care

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

# Summary of findings

## Overall summary

We carried out an inspection of Home Instead Altrincham on 13 and 18 January 2016. This was an unannounced inspection. Home Instead Altrincham is a domiciliary care service that provides personal care and support to people living in their own homes. At the time of the inspection Home Instead Altrincham was supporting 130 people within the local community. We last inspected the service on 14 November 2013 where we found the provider was meeting the required standards at that time.

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 told us they received safe care, which was reliable and consistent. The service had sufficient staff to meet people's needs, and people were given the time they needed to ensure their care needs were met. We saw that people were protected from avoidable harm. During the inspection we checked to see how the service protected vulnerable people against abuse and if staff knew what to do if they suspected abuse. There was an up to date safeguarding vulnerable adult's policy in place. Risks to people were assessed and risk management plans were in place. We found that the staff we spoke with had a good understanding of the principles of safeguarding.

People confirmed that staff arrived on time and stayed for the length of time allocated. People also confirmed that visits were rarely missed and that a manager was always available. There had been no formal complaints received over the last twelve months.

Staff had the skills, training and support they needed to deliver effective care. All of the staff we spoke with told us they were well supported by each other and the management team.

The service was working to the principles of the Mental Capacity Act 2005, which meant that care staff supported people to make their own choices about their care. Before any care and support was provided, the service obtained consent from the person who used the service. We were able to verify this by speaking with people who used the service, checking people's files and speaking to staff.

The managing director had robust recruitment processes in place which included the completion of pre-employment checks prior to a new member of staff working at the service. This helped to ensure that staff members employed to support people were deemed suitable and fit to do so. People who used the service could be confident that they were protected from staff that were known to be unsuitable to work with vulnerable adults.

The recruitment manager and the franchise owner with responsibility for recruitment had developed a recruitment process alongside the main recruitment policy which incorporated the agency's core values of

rapport, empathy and attitude.

We saw evidence of a comprehensive induction pack, with appropriate training provided for roles and responsibilities, along with competency testing. Staff also signed to confirm they had read policies and procedures and that they were aware of the provider's requirements in respect of data protection and confidentiality.

At the time of the inspection the service had recently introduced 'people planner' which is a computer software programme specifically produced for the care and support sector to assist them in organising the deployment of staff.

All care staff were given a 'caregiver' manual that included policies and procedures, which were discussed with the staff member as part of the induction process. Staff received supervision and appraisal from the registered manager. These processes gave staff an opportunity to discuss their performance and identify any further training they required.

People were supported with a range of services which enabled them to continue to live in their own homes safely. People who used the service and their relatives told us they had been involved in the assessment and planning of the care and support provided and that the service responded to changes in people's needs. The care records contained good information about the support people required and were written in a way that recognised people's needs. This meant that the person was put at the centre of what was being described. The records we saw were complete and up to date.

All the care staff who dealt with people's medicines had received medicine management training, been assessed as competent and were clear about their role in managing medicines safely.

We found people were receiving care from care staff who were deployed consistently in a way that met people's needs and followed the best matching policy. Some people who used the service lived alone and staff required the use of a key to access their house. We saw the keys were appropriately stored in a 'key safe' outside a house we visited.

We found from looking at people's care records that the service liaised with health and social care professionals involved in people's care if their health or support needs changed and the service worked alongside other professionals and agencies in order to meet people's care requirements where required.

People told us that they were listened to by the service. The registered manager told us that if the service received a new referral it would not be accepted unless there were enough staff available to meet the person's care needs.

People told us the service was well managed and they felt they could approach the registered manager and managing director with any concern and they would be listened to. Care staff told us they enjoyed working for the service, they received good training and felt supported.

Robust systems were in place to monitor the quality of the service provided to help ensure people received safe, effective, care and support. The registered manager and senior care staff had effective audit and quality assurance processes and procedures in place. Any actions required to improve the overall standard and quality of care were raised at the regular staff meetings and in formal supervisions.

There was an up to date accident/incident policy and procedure in place. Records of accidents and

incidents were recorded appropriately within people's care files.

There was an up to date 'business continuity plan' in place which covered areas such as loss of access to the office, loss of utility supplies, loss of staff, office damage, loss of telephone/IT systems and adverse weather the action to be taken in each event.

The service had a Statement of Purpose, which is a document that includes information about a service and the standards required. This document included details of how to make a complaint and referenced the Local Authority, the Care Quality Commission and the Local Government Ombudsman. We were told it was given to all clients of the service. We verified this as we saw it in the client journal in people's homes.

There were detailed systems in place to record what care had been provided during each visit. Care plans contained a client record log document which was completed by staff at each visit.

Staff told us they felt they were able to put their views across to the management, and felt they were listened to. The staff we spoke with told us they enjoyed working at the service and said they felt valued.

The service undertook audits to monitor the quality of service delivery. We saw a number of audits in place regarding safe and good quality care. We found the service had up to date policies and procedures in place, which covered all aspects of service delivery.

The managing director had a clear vision for the future of the service over the next few years. The service benefitted from strong leadership and oversight at managing director and registered manager level.

## 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.

Systems were in place to protect people from the risk of abuse. Staff were aware of safeguarding vulnerable adults' procedures. People told us they felt safe in the way staff supported them and had confidence in the staff.

Risks to people's safety and welfare had been assessed and information about how to support people to manage risks was recorded in their plan of care.

We found that the recruitment processes were safe, robust and thorough. Policies and procedures were in place to make sure unsafe practice could be identified so that people who used the service were protected.

### Is the service effective?

Good ●

The service was effective.

People received support from staff who were appropriately trained and supported to carry out their roles and deliver effective care which met people's needs.

Systems were in place to provide staff support, including staff meetings, supervisions and annual appraisals.

Staff sought people's consent before providing all aspects of care and support.

People were supported to eat and drink sufficient quantities of the foods they preferred. People were encouraged to eat healthily.

People were supported to access a range of health care professionals to ensure that their general health was maintained.

### Is the service caring?

Good ●

The service was caring.

All the people we spoke with praised the staff. They said staff were kind, very caring and helpful.

People told us that their dignity and privacy were respected when staff supported them and that staff helped them to maintain and develop their independence.

The registered manager and staff were committed to providing a very caring and compassionate service. This was reflected in their day-to-day practices.

People were very pleased with the consistency of the staff team and they valued the care, support and companionship offered to them.

People were made to feel they really mattered and were put first and foremost.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People had a plan of care and any required changes to people's support were made promptly.

The provider had a complaints procedure and information about how to make a complaint was provided to people when they started to use the service.

People told us they felt able to raise concerns and had confidence in the managing director and the registered manager to address their concerns appropriately.

People were involved in their plan of care. People's care plans were individualised and centred on the person. People were supported to actively follow their hobbies interest and pastimes.

### **Is the service well-led?**

**Outstanding** ☆

The service was extremely well-led.

The overall feedback from people who used the service, relatives, staff and other professionals was extremely positive. The managing director and registered manager had developed and fostered an open and honest culture with all their staff which meant that they were passionate about the care they provided. Staff were clear as to their roles and responsibilities and the lines of accountability across the service.

Systems and processes were in place to monitor the service and drive forward improvements. People's views had been sought as part of assuring 'excellence'.

The managing director and registered manager maintained excellent community and partnership links. They used local and social media to raise awareness of dementia, whilst championing the role of caring within a community.

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# 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 13 and 18 January 2016 and the visits were carried out by one inspector. One day was spent visiting people in their own homes. Another inspector from the Care Quality Commission contacted people by telephone to find out their views of the service. Before the inspection the provider completed and submitted a Provider Information Return (PIR). This is a form that requires the provider to give key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received since the last inspection including notifications of incidents that the provider had sent us. A notification is information about important events which the provider is required to tell us about by law.

At the time of the inspection, there were 130 people who were using the service which employed 70 members of care staff. During the inspection we spoke with the managing directors, the registered manager, recruitment manager, two care schedulers, a care co-ordinator, the provider's in house trainer and five care staff. We looked at care plans relating to five people who used the service and seven staff files along with other records related to the service.

We contacted and spoke to fifteen people who used the service and their relatives to seek their views about the agency. This included meeting four people and five of their relatives in their own homes. We also reviewed information we held about the service and we contacted ten health and social care professionals for their feedback and received responses from three people.

We looked at five people's care records, recruitment documentation, supervision records and staff meeting minutes. We looked at medicine administration records and records in relation to the management of the service such as checks regarding people's health and safety. We also looked at staff recruitment, supervision and appraisal records, training records, compliments, quality assurance and audit records.

## Is the service safe?

### Our findings

People who used the service told us they felt safe. One person told us, "Yes, I feel safe." One relative told us, "The hardest thing was having a stranger in my kitchen at 8.30 every morning." They went on to explain it was no longer a problem as the same staff always arrived. Another person who used the services told us, "[The] girls are absolutely brilliant; Home Instead will only do one hour visits. [They] do care for my [relative]." A person who used the service told us they could talk with staff and that they felt safe when staff visited.

A relative of a person living with dementia told us in the beginning the person was quite nervous when new staff turned up. They went on to say, "Now my relative never sees anyone they don't know." The registered manager told us new staff were introduced to the person who used the service and/or their relative before doing a visit on their own. They told us, "New staff come in and shadow a visit, sometimes three visits before being left on their own."

A relative explained, "If [caregiver] doesn't gel, ring the office and tell them. [They] do not take it personally." Other relatives told us a person who used the service, "Has formed good relationships with girls, very happy with carers;" and we were told that care staff, "Turn up on time, stay for the time, [and] are very nice." The feedback we received was positive and no one reported feeling unsafe.

Everyone we spoke with told us staff were reliable and never missed any calls. They all confirmed they had regular care staff. One person said how they had a team of care staff and back-up ones for when their regular care staff were away. A relative told us, "It's the same carers who visit so they know [the person's] likes and dislikes."

Arrangements were in place for unplanned absences such as staff calling in sick. Care staff told us and the registered manager confirmed that permanent staff covered extra shifts. In addition, office based staff kept their care skills up to date by undertaking care visits and covering absences. The registered manager told us that using their own permanent staff helped ensure a consistent level of continuity of care. This also helped staff to know people's needs that much better.

Staff were trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff said they would not hesitate to report any issue of concern if necessary and were confident in management dealing with it. One caregiver told us that they were 'the eyes and ears' when they went in someone's home stating, "If I think there's something untoward, I let the office know." We saw their 'caregiver' manual' which provided information about safeguarding and we spoke with the registered manager and staff about safeguarding procedures.

We talked with staff about other information available to them; they confirmed that policies and procedures were in the office and easily accessible. The registered provider had a policy on safeguarding: protection of vulnerable adults as well as a policy on whistle blowing. Some staff were unsure what the whistleblowing policy meant in practice. We discussed this with the registered manager and managing director who agreed

to revisit the whistleblowing policy with all staff.

People had care plans which included assessments of risk and how to mitigate them. People told us they had been involved in creating their plan of support. Prior to any service being delivered to people the registered manager undertook a full assessment of the person's needs together with an assessment of any risks posed by the support they required or the environment.

The registered manager explained how each member of staff carried out moving and handling training and were always shown, and made sure they were confident in, the moving and handling aspects of the care they provided to people who used the service.

There were sufficient numbers of staff employed by the agency to meet the needs of people who used the service. The registered manager and managing director explained the staffing numbers were adjusted to meet people's needs. We saw visits to people were arranged, where possible, in geographic locations to cut down on the travelling time for staff. This decreased the risk of care staff not being able to make the agreed visit time. Staff told us this was never a problem as they were given travelling time between visits and were able to stay for the full duration of the visit. Some people who used the service lived alone. We saw keys to gain access to a property were appropriately stored in an unobtrusive 'key safe' outside a house we visited which meant people were kept as safe as possible.

People who received care and support from the agency told us the staff were on time and they received a reliable service. They informed us that on occasions staff arrived early and at times stayed later. People who used the service told us they never had any missed calls. They said they knew which staff would be visiting. The registered manager explained staff checked in using an electronic call monitoring system when they arrived at a person's house and this was linked to the office so the office would be alerted if a care giver had not turned up for any reason. This helped to monitor the safety of people who used the service and the staff. We asked the people who used the service if they had any objections to care staff using their phone to log in and out and everyone we spoke with was happy with the system. The registered manager told us there was half an hour variance for staff to log in before alerts were raised. They explained that if an alert was raised the visit wouldn't be missed but would be undertaken by another care staff known to the person or a senior member of staff. The registered manager told us, "We wouldn't see anyone go without [care]."

We saw the staff rota for January 2016 and this showed the visit times and staff attendance. The staff we spoke with told us they received their staff rota a few days before the start of the week and were always informed of any changes in advance. This seemed to work well although some staff said it was difficult to manage their personal life when they did not know what they were working the following week. We saw people were supported by small staff teams to help ensure consistency of care. Staff we spoke with told us the small staff teams worked well and this view was supported by the people we spoke with.

The service had an 'on call' system and people we spoke with told us they were able to contact the office at any time. Staff said the 'on call' rota meant a senior member of staff was always on duty to provide support and guidance out of 'normal' working hours.

There was a robust staff recruitment process in place which included carrying out all relevant checks to ensure people's suitability before they began work. New staff had completed an application with a detailed employment record and either five or six references (a mixture of professional and personal) had been sought in accordance with the provider's recruitment policy.

Staff told us they had had a formal interview and did not start work until all checks had been completed. We

saw references had been received and verified. Any gaps in employment had been checked prior to the person starting work. The recruitment manager told us the recruitment was so robust because caregivers had, "Got to have people-personality; it's not just doing a job." They added, "This job is not for everybody; [we] have to find local people to work with local clients."

Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff starting work. DBS checks consist of a check on people's criminal record and to see if they have been placed on a list of people who are barred from working with vulnerable adults. We looked at five caregiver recruitment files and saw that recruitment practices were safe and that appropriate checks had been completed prior to staff working unsupervised for the service. These records were well maintained. Photographs were available for identification purposes and records showed the date the prospective employee was interviewed. New staff were provided with a contract of employment and job description.

We looked at how the service supported people who required assistance with their medicines. Staff told us they had received medicines training and this provided them with the skills and knowledge to support people with their medicines. We saw completed medication awareness training and competency sheets stored on staff files. The service had a policy and procedure for the safe handling of medication. People's risk assessments and care plans included information about the support they required with medication and that it was in accordance with the medication policy.

Each person's medicines administration record (MAR) was available within the care file and contained the level of support, dosage and timings specified by the prescriber. Medication was usually in a monitored dosage system or in original containers. Some people were prompted to take their medication, whilst other people needed support with administration of their medication. One person who used the service said "The staff help me get the tablets out of the containers;" and, "Staff prompt me to take my medication." Other people confirmed they were able to take their medication independently.

Assessments were undertaken to assess risks to people who used the service. These included environmental risks and other risks relating to people's health and support needs, for example moving and handling a person safely in their own home. The risk assessments included information about what action needed to be taken to minimise the risk of harm occurring. Staff told us about the people they supported and if they had concerns about any aspect of care how they would report it. For example, if a person had a fall or was not eating or drinking well. They told us the benefits of a small consistent staff team meant any signs of a person being at risk were picked up early as they knew people's conditions well.

The registered manager informed us accidents/incidents were reviewed to identify any trends or patterns. Spot checks by senior staff provided a means of identifying these; at the time of the inspection the registered manager informed us there had been no recent incidents. We saw an incident report from 2014 and this showed the actions taken to assure the person's safety and minimise the risk of re-occurrence. 'Near misses' were also recorded and reported through to the office.

Staff informed us they had access to protective clothing and hand sanitisers, for example, gloves and aprons when providing personal care and meal preparation.

## Is the service effective?

### Our findings

People who used the service were positive about the care and support they received from Home Instead Altrincham. One person said, "It is an excellent service. The registered manager matches people with a carer to make sure they gel and it really works." A relative told us, "We have a small team of carers and they are very good."

People told us staff knew how they wanted to be supported and worked with them doing extra things if needed. One person said, "I have a very good carer; they do extra things." People were happy with having the same group of caregivers as this meant they had consistency in the support they received. A relative told us, "My [family member] is visually impaired," and stated that the same two caregivers must attend at all times. "[Person] can only recognise voices. In the main this has been maintained. If any changes are required i.e. sickness and holidays an alternative carer is always introduced to us prior to actually undertaking a care visit." People told us that they saw the same staff regularly and staff had got to know all their individual needs. This meant staff had good background knowledge of what was usual for them and could report any changes to the registered manager that caused them concern.

People were supported by staff who had received the appropriate training for their role. The agency had their own training officer and used the new care certificate which is a nationally recognised framework for good practice in the induction of new staff. Staff confirmed they had received a comprehensive induction before starting work with the agency which took place over three days, followed by shadowing experienced caregivers before beginning to support people. We saw records which showed the induction and mandatory training covered subjects such as medicine administration, safeguarding, Mental Capacity Act and health and safety. The registered manager explained they had introduced 'grey-matter training' for all staff and a course from the Alzheimer's Association which was City and Guilds accredited for new staff once they had been with the agency for over six months.

Staff files contained training certificates and these showed staff training was up to date. Supervision meetings were held every three months and staff had an appraisal. Staff support also included regular staff meetings. We saw an agenda for a meeting which was structured and covered a number of areas including staff training, medicine records, confidentiality and whistle blowing.

Staff comments included, "[The] training is absolutely fantastic," and, "You can ask for repeat training." One member of staff told us they had asked for specific training for a person who used the service. The registered manager arranged for the training to be done on a one to one basis by a nurse.

Staff also received specific training to support people with more complex needs. For example, stoma care, supporting people nearing the end of life and dementia. The registered manager informed us staff would only support people with more complex needs once they had completed the training and felt confident in delivering the care and support and staff we spoke with confirmed this.

National Vocational Qualifications (NVQs)/Diploma in Care was on-going for staff as part of their formal

learning and development. The registered manager informed us approximately 60% of staff held a formal care qualification. We saw that there were fourteen caregivers signed up with a local college to undertake national vocational qualifications (NVQ's) or the qualifications and credits framework (QCF) qualifications which have awards that staff undertake for the qualification dependent on their role.

We also saw records which showed that the registered manager had worked and liaised with the in house trainer. This was to help ensure that new training requirements, including the Care Certificate and other health care diploma level qualifications were made available. This helped in delivering a consistent standard of care provision.

A relative said the caregivers always alerted them if their relative's health needs changed. The relative explained that the registered manager had contacted them regarding their relative as they 'appeared unwell with vague complaints'. We were told, "It turns out it was a serious illness and I was able to get my [relative] to hospital." Staff told us they accompanied people to hospital and helped organised GP or other health appointments when required. People who used the service told us they were happy with the standard of care and support they received. One person commented, "Everything that needs to be done they (staff) do."

The registered manager was able to demonstrate an understanding of the Mental Capacity Act (2005). 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.

The registered manager and staff were knowledgeable about the situations where an assessment of people's mental capacity could be required. We checked whether the service was working within the principles of the MCA and we spoke with staff to ascertain their understanding of the Act. Staff told us that they always, in the first instance, assumed that people had the capacity to make informed decisions about their care. Staff had received training on the MCA. Staff members told us about the circumstances they needed to be aware of if people's mental capacity to make certain decisions about their care changed. Processes were in place to monitor people's mental capacity as well as staff's knowledge of the person. For example, reminding people to eat and drink and when to take their medicines.

People who used the service were asked to consent to care and support. In some care files we saw that their relative had signed to say they were in agreement with the plan of care especially when the person themselves could not sign due a physical disability. A point to note is that wherever possible a person receiving care must sign consent if they have capacity and any reasons must be clearly documented if they are unable to sign. We saw and staff told us they asked for people's consent before assisting them. They said emphasis was placed on providing individual assistance and maintaining and promoting people's independence. This showed us that there were processes and procedures in place as well as skilled staff to help determine when people needed support with their decision- making.

Staff told us they offered dietary support when needed and would report to the registered manager and/or family if they had concerns about a person's loss of appetite.

People who used the service told us they were well supported by the staff. People confirmed they were involved in the care planning process and that the support they received met their current needs. People said, "The staff are very kind;" and, "The staff are very good." "Staff will stay longer than the allocated time if necessary;" and, "The staff are lovely."

We discussed with people who used the service how their health care needs were met. They explained that if they needed assistance then the staff would help them. Some people were able to undertake this independently. Within the care plans there were details of the person's GP and next of kin. Staff said they would contact them if they were asked to do so.

## Is the service caring?

### Our findings

We asked people who used the agency if they thought the service was caring. People said they were very caring and their comments included, "The carers treat me extremely well, [are] courteous and friendly. They never just do things, they always ask." One relative told us that when the staff left they told the person the name of the next member of staff who would be coming in later so they knew who to expect. People were very pleased with the consistency of the staff team and they valued the care, support and companionship offered to them.

Everyone we spoke with was very happy with the support they received from the staff at Home Instead Altrincham. One person who used the service described caregivers as, "Absolutely brilliant." Another person added, "[I] Couldn't find any better;" and told us, "[I] have a good relationship with them, chat to them, look forward to them coming." One relative told us, "Extended family and friends have also formed relationships with care givers."

A relative commented, "Biggest thing is the relationships built up with the care staff," the continuity of carers and [we are] all part of the team." We spoke with staff who showed us they knew the people they supported and had established positive and caring relationships with them. Another relative told us, "I do think they are very caring. They are also very loving and caring and concerned; they have an interested heart."

One relative told us the caregiver knew, "More than I did." The caregiver showed the relative how to best assist the person who used the service. This meant the person who used the service was in less discomfort when being assisted to move by their relative.

People said staff worked in a way that upheld their dignity and kept them in control of their care and support. Speaking with staff highlighted the emphasis they put on treating people with dignity and respect. They described how they ensured people's privacy by, for example, closing doors before providing care. Staff told us male clients were asked if they would prefer a male member of staff to assist them with personal care, as a mark of respect.

Staff announced their arrival at people's homes and knocked before entering. We observed staff using people's preferred name and supporting them in a polite and courteous manner. Staff chatted freely to people and there was plenty of good humour and positive interaction. People we spoke with confirmed that staff always knocked on their door, introduced themselves and gained permission before entering people's homes.

Care staff described, and people we spoke with confirmed, various methods they used to help support people with their privacy and dignity. This included enabling people to do the tasks they could do on their own. Other examples included engaging in conversation with people and explaining each aspect of the person's care. Care staff spoke with people in a way that was respectful and compassionate. One person said, "My [care staff] are persistent, positive, and extremely efficient and they do treat me with respect." Another person told us, "They [care staff] would always ask unless they know my routine."

People had their personal care provided in the room or place of their choice. One person said, "The girls [care staff] make sure I am showered when I want." Another person told us that sometimes they did not feel up to a shower so on those days the caregivers gave them a sitting down wash. One person who used the service explained how staff maintained their privacy. They described how they couldn't get into a bath so they sat on the edge of the bath in a seat and washed themselves as much as they could. The caregiver then washed their back and any places the person couldn't reach.

People and, where appropriate, their relatives were fully involved in planning and writing their choices and preferences in their care plans. They were clear about the support required and the timescales for this support. These were reviewed regularly and updated when necessary. We saw people or their relatives had signed their care plans. One person told us how the caregivers really do what they had planned and respected the way they liked things done. The registered manager explained how they visited and reviewed people's care regularly, especially if they were alerted to any changes.

People's information was held securely and confidentiality was maintained at all times by all the staff in the agency. When new care staff started to work with a person they were always introduced by the main carer or one of the senior staff so people felt comfortable. The registered manager explained that people could always ask to change their caregiver without needing to give a reason.

Everyone spoken with said they had frequent contact with the managing director, registered manager and senior staff of the agency. One person said, "I am always asked how things are going and if I want to change anything. I can also contact them at any time."

The registered manager told us that most people had a spouse, friend or relative for advocacy arrangements, although they had signposted clients to Age UK when necessary. Advocacy is for people who cannot always speak up for themselves and an advocate would provide a voice for them. All the people we spoke with confirmed they had not required the use of an advocate but they knew how to request this.

Staff told us they were always introduced to people before providing care and support and had time to get to know people. We were given examples by the registered manager of how staff were matched with people who used the service who shared the same interests. This was seen as an important element of building solid relationships based on trust and friendship. Staff we spoke with told us this worked very well.

Care staff told us that people had a minimum of a one hour care visit. This meant that people could do things at their own pace without any pressure and staff were not rushing to hurry up and move onto the next 'client'. Care staff told that this meant that they noticed the little things or changes in a person much easier and helped them get to know much more about the person. People we spoke with confirmed that this was the case. Overall our discussions with people who used the service and relatives were very positive with much emphasis on the caring approach of staff and the very good standard of care and support.

One person told us "the carers are more like family members." A relative said, "Carers are really, really good, consistent and caring with [person]."

## Is the service responsive?

### Our findings

We asked people who used the service if staff were responsive to their needs. People told us they were. One person told us about the support they received and how the staff had been working with another health professional to help improve their condition. Another person told us about the staff rota and how this was always made available to them. A relative told us that their relative used continence products. A member of staff had left a leaflet for an alternative product they thought may be better. Another caregiver asked a relative if they would mind if the caregiver brought a walking frame for [person] to try – if suitable, the relative could then approach the G.P. for a walking frame. One person who used the service told us if they didn't like a staff member they told the office and the staff member was changed. This showed us that both the service and staff responded to people's needs.

People told us the care was personalised and responsive to their needs. One person said, "Staff are always suggesting things [to do] i.e DVD's. The person who used the service said, "They take me out all the time, to church on a Sunday, to the pictures, for coffee." "Staff leave it to me to make the decision where to go." "I go dancing on a Tuesday". A relative told us, "They come and review the care plan annually unless major changes in behaviour, then reassess. They are on the ball." Another relative told us, "We have a notebook and leave notes in it." We were told communication between the caregiver and the relative was good.

A relative explained to us how the registered manager and staff had enabled them to go away, whilst the relative who needed support stayed at home. They told us they had peace of mind knowing their relative was looked after whilst they were away stating, "Went on holiday last year, first time in three years. Staff took my [relative] out, took them to the club, local park and water park."

People were supported with their care needs in an individualised manner. A relative told us, "They encourage [relative] to be independent – suggest they do it for themselves – that's good." Caregivers also encouraged the people they supported to take a key role in the community and helped prevent people experiencing social isolation by taking clients to activities detailed in the 'Whats on Where' (WOW) guide. This showed us that the service and its staff supported people to reduce the risk of social isolation as well as developing people's independence.

Staff completed an initial care enquiry sheet with people who wished to use the service and their relatives where appropriate. This helped to build up a picture of people's needs and how they wanted their support given. The registered manager explained they visited each person for a care consultation before the service began to assess and plan the care package with the person who was going to be using the service, and their relatives when appropriate.

Care plans contained the type of support people required and the length and time of each visit. People who used the service were very pleased with the length of time the caregivers stayed and said they supported them in a relaxed and unrushed manner. Staff said they felt they could give their best and spend time supporting people in the way they wanted.

We saw the client journals contained personal exercises from the Physiotherapist (where appropriate), emergency client information for ambulance personnel, signed agreements, statement of purpose, care plans, required services, risk assessments, client activity logs and other information relevant to the person who uses the services.

We looked at people's care plans which were based on assessed need and instructions to staff on how to provide care and support in accordance with individual need. This provided a more rounded picture of people's care and support and how they wanted this given. Along with people's plan of care, risk assessments and daily records were in place. We saw that the care plans were up to date and reviewed on a regular basis. We found that there was good information available about the support required and that it was written in a way that recognised people's individual needs.

The client profile included information on the person's next of kin and GP and also details of the person's social history. This gave staff information about the past of an individual and was particularly important for people who were living with dementia. The care plan detailed all the services required which could include personal care, companionship, domestic tasks and medication.

People's care plans were reviewed on a six monthly basis or more often where needs changed. Each of the records we saw had an up to date review in place. The review included if the person was happy with the service, were their needs being met, any changes required and did staff need further training.

Each person had a visit record which was known as the client log which provided an over view of the care and support given by the staff. It showed the time the staff member arrived and left the call and was signed by them. We found the client logs were well documented, gave good and clear information, detailed the tasks undertaken and noted the wellbeing of the person they were supporting. We were told caregivers left each other messages in the daily notes to ensure continuity of care.

Staff were knowledgeable regarding people's needs, preferences and personal histories. They told us they had access to care documents and were given time to read them and to ask questions about people's care plans. They felt this was an important part of getting to know what mattered to people. Discussions with staff, our observations and feedback from people who used the service and relatives showed that the staff knew people well and staff respected people's choices and decisions about their support needs. The registered manager held a morning briefing meeting with office staff each day. This was to ensure that every person's care needs were up-to-date and being met. This included any changes to people's prescribed medications.

People's care plans and risk assessments were well written and up to date. The person who was using the service, and their relative where appropriate, were involved in the completion of these documents. Care and support plans were signed to show they had been involved. There were good details of people's daily routines in place and risk assessments had been undertaken regarding moving and handling; the environment; and physical health. These identified hazards that a person who uses the service may face and provided guidance for staff on how to support the person to manage the risk of harm.

We saw the client activity log sheets, which staff completed during each visit to the person. They were well written and gave clear information of the tasks undertaken and information on the general wellbeing of the person. A person had received the service for over a year and we saw that an annual review had been completed. People we spoke with said they were, "Very happy with the staff," and "Very happy with everything" and had no issues or concerns.

Information about how to contact the agency out of normal working hours was made available to people who used the service. Staff told us what actions they would take in an emergency and this involved always reporting an incident to senior staff on call. A relative told us about when a morning caregiver called for a visit and the person who used the service was on the floor having had a fall. They told us, "The care giver took [person] to hospital, rang me and stayed with [the person] until I could get there."

People told us their views on the service were sought regularly and they felt able to contact the office at any time with any matter and were confident it would be dealt with. The provider had a complaints procedure and information about how to make a complaint was provided to people when they started using the service. The registered manager told us if a complaint was received it would be investigated and lessons learnt shared with the staff.

Some people knew there was a complaints procedure. A person who uses the service told us, "It's in the folder. I know who to contact should the need arise." A relative told us they had never had to use the complaints procedure as they had never had any complaints. One person said, "I made a complaint early on; it was dealt with." Their relative told us that they were happy with the outcome. However some relatives were unsure about the complaints procedure and how to find it.

We saw the complaints policy and form was included in the statement of purpose which each person had access to a copy within their client journal (the file kept in each person's home). The statement of purpose included other agencies people could contact such as the Local Government Ombudsman or the CQC. Having access to the complaints policy helped ensure that people could be confident their views would be listened to and acted upon. People told us if there were any problems they would have no concerns about talking to the staff to find a solution if needed. All the relatives spoken with were equally at ease with contacting the agency about any concerns.

The managing director and the registered manager both said they welcomed feedback and preferred people contacted them with any concern so that it could be dealt with quickly. They also both worked in a way to pre-empt concerns by regular contact and by staff keeping them up to date with any changes or concerns.

People's views about their care and the way it was provided were sought regularly. The registered manager carried out checks on people's care records to ensure any actions required were acted upon promptly. We saw that regular reviews were held with people so they could share their opinions and views about the service. Regular reviews of people's care also included telephone calls after twenty four hours of a new caregiver being introduced, two weeks after starting the service and six weeks thereafter to check if everything was as the person wanted. This gave people as much opportunity as possible to be listened to and their wishes acted upon. Staff told us the importance of listening to people as they felt this helped to improve their practice and provide a better service.

The service had systems in place to help monitor how the service operated and to enable people and relatives to share their views and make suggestions. This included the annual questionnaire which was analysed and shared with the staff.

## Is the service well-led?

### Our findings

People who used the service and their relatives told us they were confident in the way the service was run and they had contact with both the managing director and the registered manager. The managing director and registered manager worked closely together to ensure the service was run effectively. They told us about the open culture they tried to foster within the agency and this was confirmed by the feedback we received from people who used the service, their relatives and staff.

There was a strong emphasis on providing good personalised reliable care and maintaining people's dignity. The managing director said, "We provide the service at a time people want." A member of staff told us, "[Person], the director, is very focussed, very passionate. Leads from the front, wouldn't expect people to do what he wouldn't do." The registered manager told us, "The best thing about the service is the people. For me to put my name to Home Instead Altrincham is a big thing. Its people's lives; I want to deliver the best."

Care staff were supported by an effective management structure. There were clear lines of accountability and the roles and responsibilities of all staff (including office staff) were clearly defined. Staff told us the managing director, who worked in the office and the registered manager were approachable and they had confidence that they would listen to any issues that they had and they would be addressed. They told us that they were asked for their opinions and were able to put forward suggestions. Staff told us that morale was good and they were well supported by the registered manager and office staff.

The managing director and registered manager had systems to monitor the quality of the service and promote continuous improvement, which included monthly audits. Care plans were audited and spot checks were undertaken in people's homes to make sure they were happy with the care provision and also to monitor staff performance. We saw the spot checks were carried out every three months and discussed at staff and supervision meetings. As a result of auditing records, the registered manager has introduced building small teams in local areas to work with people. This increases consistency for the people who use the service as caregivers were known to the people and can 'cover' for one another. The registered manager told us if issues were identified extra staff training and support was provided.

Pursuing Excellence by Advancing Quality (PEAQ) is the annual questionnaire produced and managed by an external company that the registered provider commissioned. Surveys were sent out to staff and people who used the service. We saw the results from the 2015 surveys. The managing director said they used the feedback to inform development and make any changes people may have suggested. Overall the percentages and comments made indicated a high level of satisfaction for the service. The results of the latest survey in June 2015 showed that 98% of client respondents rated the service as good or excellent with 100% of the staff stating they were proud to work for Home Instead Altrincham. The survey also enabled the managing director to tailor their response to all people using the service. This allowed the managing director to compare their agency with other Home Instead agencies offering a similar service.

The managing director and registered manager had good relationships with other care agencies, which

enabled them to find out about local and national initiatives and any proposed policy up-dates from the Local Authority. The chief officer of a local charity told us that it appeared that Home Instead was well led because of the very positive feedback they had received from carers and service users.

We saw several policies and procedures which were provided by the Home Instead national office and available for staff. These were updated in accordance with 'best practice' and current legislation. Staff told us policies were discussed at staff induction and through their on-going learning. These included information on equality, medication, personal safety, confidentiality and gifts and hospitality. Staff told us they were aware of the policies and procedures and that a copy was kept in the office. They explained that they called into the office when they were free during the day, sometimes to look at the policies. They could also have a drink and catch up with other staff members.

The recruitment manager and the franchise owner with responsibility for recruitment had developed a recruitment process alongside the main recruitment policy which included recommended questions by characteristics, for example, questions on rapport, empathy and attitude. There were support systems for staff in place. Staff attended regular staff meetings. We also saw staff were acknowledged for their hard work and recognised for their achievements. The registered manager told us, "We do care about the staff." Staff told us management were very supportive. The managing director awarded 'The caregiver of the month award' which was a gift of wine, flowers and chocolates to the caregiver who had demonstrated excellent practice within the month based on criteria including caregivers values, feedback from clients, speaking to scheduling team and other office staff. Once the information was collated the senior team made a decision and the award was announced.

At the time of this inspection the registered manager had worked for the registered provider since 2012 in the role of registered manager and previously as senior carer. During discussion we found they had a good knowledge of the people they had visited and were able to describe the support people required and how that impacted on the staff team. The registered manager told us they "Strive to improve whatever we do, always endeavour to do the best."

Staff described the registered manager as, "Very approachable; excellent", "Supportive", "Well liked" and told us they did a great job. Feedback from staff was positive regarding how the service was managed and how people's needs were put first. One member of staff told us, "A good company to work for, do listen, door always open, always someone to speak to." The registered manager held a morning briefing meeting with office staff each day.

People who used the service said they were confident that any issues they raised with the registered manager would be dealt with appropriately. People confirmed that they knew who the registered manager was and that they were available on the phone and had visited them at home.

From discussions with the people who used the service and staff it was evident the registered manager demonstrated good leadership and management skills.

We discussed with staff the ethos of the service and what they thought about it. People who used the service said they felt the service was very good and well run. Comments included, "It seems to be well run, I have no complaints." A relative told us they had, "No issues at all, very efficient, very well run agency." Comments from people who used the service and staff showed the service promoted a positive culture of openness and person-centred care and support.

Staff told us team meetings were held on a regular basis including evenings so the majority of staff could attend. Staff meetings were usually held quarterly and the last one was in December 2015. We saw the minutes which detailed areas discussed which included staffing; people who used the service; holidays and

general company issues. We saw that the recruitment manager and registered manager met regularly to discuss issues relating to the service including staff retention and recruitment.

The managing director confirmed that they had signed up to alerts and guidance from national agencies, for example United Kingdom Home Care Association (UKHCA). We found that this had enabled the registered manager to focus on what people could, or would like, to do. The registered manager also was a Dignity Champion and a Dementia Friend as part of her role. The registered manager helped mentor caregivers in developing a similar level of knowledge and skills to ensure people received consistent high quality care.

Electronic feedback was welcomed and the company had registered on the [homecare.co.uk](http://homecare.co.uk) website. We saw seven positive comments from people or their relatives on the website on the day of the inspection and an overall score of 9.3 achieved from a maximum score of 10.

Feedback received from other professionals with current or previous involvement with the provider was extremely complimentary. A healthcare professional told us, "[The managing director] is genuine in wanting to provide an excellent service and will go that extra mile to integrate and collaborate in the community as he knows that is where people live and he sees people within that context. It's the little touches; the trouble he goes to create connections through the 'one [Sale] square mile' scheme; Christmas presents for elderly people; his enthusiasm and drive- that shows he cares and that must reflect on his leadership skills in taking Home Instead forward."

The managing director told us about Home Instead Altrincham's involvement in a local church community choir where they have supported the choir by producing leaflets and posters as well as persuading commercial organisations to donate funding and equipment for the choir.

We saw that the managing director had arranged and organised a campaign at Christmas called 'Be a Santa to a Senior'. The agency collected donated presents for older people which they wrapped and redistributed in the local community, for example, churches, reablement team, medical centres. Home Instead Altrincham also arranged two Christmas dinners for people who use their services as well as people from the local community where more presents were handed out. This helped to address the issues of isolation at a significant time of the year for their clients and members of the local community.

Home Instead Altrincham won the 'Most Community Focussed business in Trafford May 2015' as part of Trafford business awards which was organised by a regional newspaper. The service led an initiative to tackle isolation and loneliness of older people in the community. The award recognised the initiatives the managing director has instigated, developed and delivered for older people in the community including Whats on Where (WOW) activity guides for older people. This is a guide initiated and produced by the managing director which lists various regular activities in the local community including information regarding the activity which is handed out locally to a wide variety of health, social care and voluntary organisations. A healthcare professional wrote that "Think it is a great resource to hand out to appropriate patients we visit in their own homes". Over 20,000 copies of the guide have been circulated and other Home Instead franchises have followed this example and issued similar leaflets. One person commented, "This leaflet looks to be a really helpful resource for us seniors in [area], thank you for your efforts."

Home Instead Altrincham have also continued to roll out the 'Alzheimer's disease and other dementias' training programme which is City and Guilds accredited, as a workshop to service user's families and members of the local community. We saw that the managing director had contributed significantly to local Dementia Friendly Communities projects including church groups and community groups. A practice manager who attended a dementia workshop delivered by the managing director commented "Thank you

both for an informative and interesting talk with our staff yesterday". The managing director was a Dementia friends champion and had supported 60 pupils at the local grammar school to become dementia friends. A teacher from the school had written to the managing director commenting "The session was extremely valuable for our students. I think it gave all students something to think about: whether it be ideas how to cope with relatives now or in the future who are living with dementia." The managing director has also written a regular column for the local newspaper based on a variety of topics including raising awareness of dementia. A social care professional commented that they had "Read with interest, many of your articles in the local advertiser", they further requested a workshop and talk from Home Instead Altrincham for their patients.

The service had a seasonal newsletter and this was distributed to people who used the agency as a means of giving up to date news and report events. The newsletter for summer included quotations from clients where Home Instead had gone the 'extra mile' for clients.

The managing director told us what the clear vision for the future of the service in line with the goals of the Statement of Purpose was over the next few years. We saw the managing director, the registered manager and other senior staff liaised with other Home Instead services in the area and nationally via an online forum to share best practice and lessons learned as well as an annual conference. This meant the service benefitted from strong leadership and oversight at managing director and registered manager level.