

Care and Companionship Ltd

Home Instead Senior Care

Inspection report

Suite 2, Berrmar House
Rumer Hill Business Estate, Rumer Hill Road
Cannock
Staffordshire
WS11 0ET

Tel: 01543572349

Website: www.homeinstead.co.uk/cannock

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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?

Good ●

Summary of findings

Overall summary

This inspection was announced and took place on 5 and 6 September 2016. This was our first inspection since the provider registered with us in February 2015. Home Instead Senior Care is registered to provide personal care support to people living in their own homes in the Cannock, Rugeley and South Staffordshire areas. People who used the service had physical health needs, and/or were living with dementia or had other mental health needs. At the time of our inspection 47 people were receiving personal care support.

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 were safe and felt reassured when receiving support. Staff understood how to protect people from abuse and avoidable harm. Risks to people were assessed and managed and staff knew how to identify risks and take the necessary actions. There were enough staff available to meet people's needs and keep them safe and the provider had safe recruitment processes in place. When needed, people were supported to take their medicines safely.

Staff had the knowledge and skills required to meet people needs and carry out their roles by receiving the training they needed. People were supported to make decisions about their care and when people could not make these decisions for themselves, this was done in their best interests. People were enabled to have enough to eat and drink and were supported to maintain their health and wellbeing.

People were supported by staff who were caring and kind and had established positive relationships. Staff knew people well and understood how people communicated. People were listened to and were treated with dignity and respect. People were involved in making decisions about their support and staff promoted people's independence.

People were involved with the planning of their care and their views were taken into account. They received care that was individual to them and responsive to their needs. People felt confident to raise any concerns or complaints and the provider responded to any issues in a timely manner. The provider encouraged people to share their experiences and give feedback about the service they received.

People who used the service, staff and community professionals were positive about the management and leadership within the service. There were effective systems in place to assess and monitor the quality of care and this was used to drive continuous improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were safe and staff understood how to protect people from abuse and avoidable harm. Risks to people were assessed and managed and staff knew how to identify risks and take the necessary actions. There were enough staff available to meet people's needs and keep them safe and the provider had safe recruitment processes in place. People were supported to take their medicines safely.

Is the service effective?

Good ●

The service was effective.

People's needs were met by staff who had the knowledge and skills to do this effectively. Staff were supported to carry out their roles by receiving the training and support they needed. People were supported to make decisions about their care and when people could not make these decisions for themselves, this was done in their best interests. People were enabled to have enough to eat and drink and were supported to maintain their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were caring and kind. Staff knew people well and understood how people communicated. People were listened to and were treated with dignity and respect. People were involved in making decisions about their support and staff promoted people's independence.

Is the service responsive?

Good ●

The service was responsive.

People were involved with the planning of their care and their views were taken into account. People received care that was individual to them and responsive to their needs. People knew how to raise any concerns or complaints and the provider

responded to any issues in a timely manner. The provider encouraged people to share their experiences and give feedback about the service they received.

Is the service well-led?

Good ●

The service was well led.

People who used the service, staff and community professionals were positive about the management and leadership in place. There were effective systems in place to assess and monitor the quality of care and this was used to drive continuous improvement.

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 took place on 5 and 6 September 2016 and was announced. The inspection team consisted of one inspector. We gave the provider four days' notice because the location provides a domiciliary care service to people living in their own homes, and we needed to be sure that that people who used the service and staff were available to speak with us. At the time of our inspection, 47 people were receiving personal care support.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

We used several methods to help us understand people's experience of using the service. We visited seven people who used the service in their own homes and five relatives. We also spoke with nine members of care staff (known as caregivers), the trainer, registered manager and the director. We received written feedback from five community based professionals. We reviewed questionnaires from 15 people who used the service, 14 members of staff, and four relatives. We also reviewed the independent survey the provider shared with us.

We looked at the care plans of three people to see if they were accurate and up to date. We reviewed two staff files to see how staff were recruited and checked the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We also looked at records that related

to the management of the service. This included the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People told us they felt safe when they received support from the caregivers. One person said, "They make me feel safe at home. Without them, I wouldn't be able to cope on my own." Another person told us, "I trust my carers 100%." One relative said, "I'm confident that my relation is safe when they are with the carers." People told us they felt reassured by having the support. One person said, "This care has taken a lot of stress off my family as they know that someone is coming in each day." And one relative told us, "For me it's wonderful; I don't have to worry about things."

The caregivers we spoke with were knowledgeable about the different types of abuse that could happen and how they should protect people from harm. They told us how they would report any concerns and one said, "It's always something that's at the back of my mind; should I do something? And if I needed to I would ring the office or social services. I know it would be dealt with correctly." The caregivers were able to tell us how they would recognise possible signs of abuse. One said, "It may be something really obvious like bruising. Or we may be concerned because someone is losing weight or is more anxious." Another caregiver told us, "As we get to know people really well, we can recognise any small signs that something isn't right. I did have to alert the office about something once, and it was actioned straight away." One relative we spoke with told us, "The carers never miss anything." A community professional wrote, 'They are pro-active in reporting any concerns to myself and also in raising safeguarding concerns directly to the safeguarding team.' We saw that the registered manager had informed us of any safeguarding concerns and had made timely referrals to the safeguarding authority when needed.

People told us they felt safe living in their own homes. One person said, "I used to keep my door unlocked, but other people would come in, so now I have a key safe and the carers make sure they use this. They will always lock the door afterwards and it's a lot safer for me now." Another person told us, "I've got a pendant alarm; it's a godsend. I can easily call for help if I need it when I'm on my own." We saw that home environment assessments had been completed before the service started. The provider also had systems in place to protect the caregivers, and one told us, "We have the on call numbers if we need to speak to someone out of hours; one of the supervisors is always available and we are always able to make contact with them if needed." This meant the provider had considered people's safety at home and ensured the caregivers worked in safe environments.

Some people were at risk of falling and needed to use equipment to transfer safely. One relative said, "The carers are very confident at using the hoist; they will pick up if it needs a service and will let me know if any of the straps on the slings are looking a bit worn. They will reassure my relation when using the hoist, checking to make sure they are okay." Another relative said, "There are always two carers here for the transfers; they are all skilled and up to date with moving and handling. The occupational therapist was here to show them the new slings to use and explained everything." One person we spoke with told us how the caregivers had identified possible risks for them at home. They said, "The carers were worried about me getting in and out of the shower as the step was too big, so I've not been using it and they help me to have a good wash. But I'm getting a new shower that will be easier for me to get in and out of." The records we looked at described to staff the procedures they should follow to ensure that any transfers were done safely. There was a

description of the equipment and some had accompanying pictures to explain the process clearly. We saw the care records had been updated to reflect any changes that were put into place.

Some people were at risk of developing sore skin. One relative told us, "My relation needs to be on a pressure mattress most of the day; but at tea time the carers will hoist them into the chair. They make sure the pressure cushion is in place. When they are in bed, the carers will change their position, and report in the book which side they have been moved from and to. My relation did have some pressure areas before the increase in the calls, but now there are none. Their skin is healthy." We were told how the caregivers would check that the equipment was at the correct settings and would report any issues straight away. The records we looked at showed that people had a variety of risk assessments in place which detailed to staff how to support people safely and minimise any potential risks.

There were enough staff to meet people's needs and keep them safe. One person told us, "They have enough time." Another person said, "They aren't rushed when they visit, and have time to have a chat with me." One relative told us, "There has never been a missed call; they've never failed us." One caregiver said, "I do have enough time with the people I visit, it's not a mad rush; it's relaxed." Another caregiver said, "I have enough time to do the calls, I have seen some caregivers given more time when they have said they didn't have enough." We saw that people's care plans included an assessment of the level of support they needed. This enabled the provider to calculate how much time and how many caregivers were needed for each call to meet people's needs and ensure their safety.

People confirmed that the caregivers supported them for the agreed length of time. We saw that people received support at the times that had been agreed. One relative told us, "Sometimes there may be a problem, which can happen, but we are always called if the carer is running late or early; they give us due warning." We saw that the rotas included time to enable the caregivers to travel from one call to another. One caregiver said, "I did e mail the director to make them aware of some travel time problems, and my schedule has now been changed." The director told us, "We keep the calls within a five or six mile radius wherever possible and the caregivers have a minimum of fifteen minute gaps between clients. We do ask the caregivers to let us know if there is a problem with the travel between calls, we can then adjust things."

We spoke with staff about the recruitment process. One caregiver who had recently started working within the service told us, "'I had to wait for my DBS and references to come through before I started, but it didn't take too long." The Disclosure and Barring Service (DBS) is the national agency that keeps records of criminal convictions. Another caregiver said "I had to have my DBS done again and new references as I had a break in my job. It was like being a brand new starter again." We looked at two recruitment files and we saw pre-employment checks were completed before staff were able to start working. This demonstrated there were recruitment checks in place to ensure staffs suitability to work within the service.

Some people needed support to ensure they received their medicines safely. One person told us, "The carers come in to help me with my meds. We both sign the sheet to say it's been given. They are kept in the safe. I used to have a 'pivotell' [an automatic pill dispenser] but it kept going wrong, so now the carers put my night time pills in a pot and I take them myself later. It works for me well, much better than before." The registered manager told us, "We had discussions with various professionals about supporting this person with their medicines in this way as there were concerns. But in the end we all agreed that this was the best way for this individual. They are in control, but we have also minimised any risks for this person." One relative said, "The carers will support my relation with their medicines in the morning. It's all liquid not tablets now. I know they will only give the medicines if they are in the right bottle and match with the prescription. They always sign the record sheets to show my relation has had them; I check the records every day and they are always done right." Another relative told us, "All the carers are fanatical about making sure

they have filled the sheets in right after they have administered the medication." Some people told us they just needed a reminder to take their medicines, and when able to, other people said that they took their medicines independently. Some people needed support to administer creams and lotions, and one person told us, "The carers will get a clean apron and gloves when they put the cream on me." The provider had a medication policy in place that identified three possible levels of support that people required. We saw this was recorded within people's care records which provided information to staff about the support people needed. This demonstrated the provider had systems in place to manage medicines safely.

Is the service effective?

Our findings

People told us the caregivers had the knowledge and skills needed to meet their needs. One person said, "I don't have to remind them what to do; they all know what they are doing." Another person told us, "When they first came in they would ask if they were applying my creams the right way; were they too soft or too firm with their touch. The next time they came they knew exactly what to do." One relative said, "They are all very capable; they know what they are doing. They are excellent at what they do." Another relative told us, "The carers are trained and confident. They know about my relations delicate skin and how best to support them with this. They are all very good." One community professional wrote, 'Care staff have been chosen for their skills in working with my client who has severe and enduring mental health needs. The support that they provide to my client has enabled them to remain in their own home which is extremely important to them.' One caregiver told us, "We have to pass three competency checks in certain areas of care before we can support people with certain things." This demonstrated the provider assessed the caregivers skills and knowledge.

One caregiver told us about the induction they received when they started working for the service. They said, "I had four full days of training at the beginning of my induction which covered all the mandatory areas I needed to know about. I went through the care plans of my clients with the senior. The senior then met me at the client's houses the first time and showed me round so I knew where to find things and anything that was needed." Another caregiver told us, "The induction I had did help; it makes sure you're in the right frame of mind and can understand the different levels of care and needs of different people. The first time I went to a client's house the senior was hands on showing me what to do, the second time they were there but hovered in the background, making sure I was doing it right." Caregivers told us they were working towards completing the care certificate. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. This demonstrated that the provider supported new staff to carry out their roles effectively.

The caregivers told us they received training to develop their knowledge and skills. One caregiver said, "I can't fault the training; there's often a lot to take in and we do get specific training to help us care in different situations." Another told us, "They [the provider] will put on training if we say we need it." We were told about some recent dementia training the caregivers had received and one said, "This was helpful as it gave me ideas for how to support people if they became anxious." Another caregiver told us, "We got some practical ideas, like changing the plates colour or pattern to encourage people with dementia to eat." We saw that each caregiver had a training file which the trainer kept up to date. They told us, "Each person will have a training plan which I use to check any training which is needed. This includes the mandatory and refresher training. The caregivers will have specific training to meet the needs of the people they support. They will then complete workbooks so I can check their understanding of what they have learnt."

Staff told us they received ongoing support by the management team. One caregiver said, "I have regular supervisions and they go on as long as needed. We have time to discuss my own needs as well as the clients. I'm asked if any further training is needed for me to do my job." Another caregiver told us, "We have regular

appraisals in the clients home so the team leaders can actually see us doing our jobs, and make sure we are doing things right. Any issues can then be dealt with either by more training or guidance." We were told how the caregivers worked within smaller teams which covered the same client calls. One caregiver said, "We all work together and help each other along. We make sure the team is skilled." Another caregiver told us, "I recently shared a DVD with the other team members about supporting people with dementia. We all found it really helpful. It works well in the mini teams; we are all supportive of each other." This demonstrated that the caregivers were supported in their roles.

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA. The care records we looked at showed that when needed, the provider had completed capacity assessments which were decision specific for the person involved. When people were not able to make decisions about their care and support, the provider had evidenced how decisions had been made in their best interests. We saw that these decisions had involved people who were important to that person. One relative told us, "My relation didn't have the capacity to sign the care agreement for themselves, but I was involved with that decision. We knew that this support was the best thing for them." When people were able to make their own decisions about their care, we saw they had signed their care agreements to receive support. People told us the caregivers would gain their consent when assisting them. One person said, "They will always ask me before they do anything." One caregiver told us, "We always have to ask for people's consent before we do anything, and you have to give people the right to refuse if they want."

People told us that when they needed support to prepare their meals, this was done in the way they wanted. One person said, "I choose what I want to eat and the carers will get it for me; they always put their gloves on, even when just making me a sandwich." Another person told us, "If it wasn't for the carers I wouldn't eat; I've not got a good appetite, but they make sure I have something." We saw that, when needed, the caregivers ensured that people had their snacks and drinks close by to them so they were in easy reach when they were on their own. Some people needed their food prepared in a specific way. One relative said, "My relation needs to have a soft diet now. The carers picked up that they were storing food in their mouth and were having some problems swallowing. They let me know about this and so we got an assessment done by the speech and language therapist. My relation can need coaxing to eat, and the carers will always contact me if they've not eaten. We have to monitor their eating and drinking, and the carers will fill in the sheets so we have the information." Some people received their food and medicines through a PEG feeding tube when they were not able to take anything orally. One relative said, "All the staff were trained to use this and know exactly what to do." We saw that people's records matched what we had been told. We saw that any recommendations made were detailed in the care records. This gave the caregivers clear guidance on how the support should be provided and ensured that people had enough to eat and drink.

People told us they were supported to maintain good health. One person said, "The carers apply my cream and since this has been happening twice a day, my skin condition has really improved; I knew it would." Another person told us, "One of the carers was worried and they wanted to get the doctor to come in; but I said that I was alright, and they respected that." One relative said, "If I'm not here, they'll ring up the district nurses; they are very good at picking things up and recognising any signs that my relation is unwell. And

they'll let me know if my other relation who lives here isn't very well or if they need anything." Another relative told us, "My relations skin is so much better now; the dermatologist has discharged them." One caregiver said, "We will support people to attend appointments if they need this, and will make appointments for them if they ask us to." People's health care needs were detailed within their care plans and we saw that information from professionals was included. This meant that the caregivers had clear guidance about people's health care needs.

Is the service caring?

Our findings

People told us they were happy with the care they received. One person said, "I couldn't ask for anything more; it's excellent." One relative said, "I'm more than ecstatic; having support from Home Instead has been such a refreshing change. I'm more than happy; I never stop smiling about it. I'd always asked for my relation to be supported by people who were in their peer group and to have regular carers; now they have this." People spoke positively about the relationships they had with their caregivers. One person said, "They are all lovely; considerate, respectful, good listeners, helpful, extra caring and do their job wonderfully. It's as if it's in their nature. They are amazing. No matter how low I am, they make me feel better." Another person told us, "The carers are very kind." One relative said, "All the carers seem to have a lot of love for my relation; their care is pristine." Another relative told us, "They are very loving towards my relation; they often give them a hug and a kiss when they are here, which my relation likes." A third relative said, "They matched the carers with my relation very well, and that has helped them have a really good relationship." A community professional wrote, 'I cannot praise enough, how caring and empathetic I have found the staff. They treat people with respect, dignity and warmth on all occasions I have seen them in the care environment.'

People told us how they looked forward to the caregivers visiting them. One person said, "They come in to help me, but they also give me company as well. We have a chat with each other." One relative told us, "I know they have a lot of fun with the carers; I can hear them laughing with each other as they come up the road." We were told that the caregivers knew the people well, and this was supported by one relative who said, "The carers know my relation well, and understand how they communicate; they can tell from their facial expressions. They will ring me if they have any concerns at all." Another relative said, "They know my relation back to front and all about the family, and we know them. We can talk about individual things; it's not like having a stranger come into the house." The caregivers told us how they enjoyed visiting their clients, and one said, "I feel like I'm part of the family." Another told us, "I love the contact with the clients; I like to feel I've made a difference."

Some people may have required the support of an advocate to ensure their views were listened to, and we saw that information was available so people could request this support if needed. An advocate represents the interests of people who may find it difficult to be heard or speak up for themselves. We also received feedback from one community professional who wrote, 'Due to my client's anxieties there have been instances whereby the care staff have provided an informal supportive advocacy role at the request of my client which has empowered them to share their thoughts, feelings and opinions. Care staff are also able to provide my client with reassurance during times of extreme stress as a result of the time and effort they have given to establishing a trusting relationship. Equally, staff are aware of their boundaries and maintain professionalism at all times.'

People told us the caregivers respected their privacy. One person said, "I'm at ease with the carers, they will put a towel across my lap and leave the bathroom if I want them to." Another person told us, "They always check that I'm comfortable with what they are doing and will ask if everything is okay." One person who responded to the questionnaire wrote, 'I was very wary of being washed etc. by strangers but have been treated with dignity and respect all the way.' One relative said, "The carers always respect my relations

privacy and dignity. The curtains are always drawn when they support them with their personal care." One caregiver told us, "I treat the clients as I would want any member of my family to be treated. If you stick with that, you can't go too wrong." This meant that people's dignity was promoted.

We saw that people were involved in making decisions about their support. One person said, "The carer does what I want." Another person told us, "They treat me perfect; they do what I want them to do." One relative said, "They do things exactly as my relation wants." People told us they were enabled to be independent. One person said, "I'm able to do a lot of things for myself, I'm getting a bit slower but I manage." Another person told us, "I like to be independent, and the carers let me do what I can for myself." A third person said, "They are so good at their jobs; they have given me the reassurance that I can do things I didn't think I could." One caregiver told us, "I always try to help people do what they can for themselves. One person I help has restricted mobility and can get confused. So I'll do the top button of their shirt, and then they are able to do the rest themselves." This demonstrated how the caregivers promoted people's independence.

People told us how the service had made a difference to their lives. One person who responded to the questionnaire wrote, 'My carers have been a fantastic support from the day they started. The personal care aspect has been made much easier for me. The trust we have as a family in the team enables my relation to go to work and gives them some life and time. These ladies can now be called friends but remain professional at all times. Thank goodness for Home Instead.' One relative said, "We did have to use another agency for a short while, and I really noticed the difference; they didn't seem to have the personal touch like Home Instead do." People told us that the support they received enabled them to maintain relationships that were important to them. One person said, "By having this support, it's meant that I can keep my relationships with my family as I want; I don't want them to be carers, I want them to be family."

Is the service responsive?

Our findings

People told us they had been involved with the planning of their care. One person said, "The manager came out and we talked about the help I needed and how I wanted things to be done." Another person told us, "The manager phoned me and then came to visit. They asked me about the help I wanted. They listened to what I said. They then e mailed me the list of times and who would be coming. On the first visit they stayed with the carer, and then the senior came and introduced the second carer. I wanted to know who would be coming and so far it's all worked out well." One relative said, "I was involved with the support planning for my relation as they were unable to do this themselves. The manager came to the hospital and has been involved since the off. They not only assessed my relation's needs, but also asked if I needed anything myself." Another relative told us, "We knew what help my relation needed and wanted, and this is what they got. Without this help, I'm sure my relation would have had to go into a home which they would not have wanted." One community professional wrote, 'This support has always been timely and in line with the level of support that is both required to keep my client safe, but also provided in a way that is sensitive to my clients wishes and feelings. At all times, the care staff involve my client in decision making processes during their care calls, ensuring dignity, respect and choice are maintained throughout.' This demonstrated that people received support that took their views into account.

People received support that was responsive to their needs. One person said, "At first I was offered a half hour call, but I said that this wouldn't be long enough, so it was increased to an hour which is fine." Another person told us, "It's been added to my care plan so I have support to visit one of my relations. It was the first time I have been able to do this." One relative told us, "My relation was just getting a call in the morning, but then needed more support. They now get four calls a day and two carers attend each time. Their needs are now being met well." The director told us, "We monitor the calls on a weekly basis, and if calls are running over, this will then alert us to look at any changes needed." We saw that people's care records had been reviewed and amended to reflect any changes that happened. The caregivers told us how the care plans reflected the needs of the people they supported which then gave them clear guidance about what they needed to do. They told us how they would be informed of any changes as soon as they happened.

We were told how the caregivers would work in smaller teams, providing support to the same group of people. One person said, "They tried to match the carers to me so we are a similar age, this has meant we've got more in common and it works well." One caregiver told us, "It works well in the small teams; it means that the clients have continuity with their care." Another caregiver said, "The teams are good, and it means that we are well suited to the people we support. We all put the needs of the clients foremost and it helps that we really get to know them by spending time with them. We will pass information on to the other team members so there is consistency in what we do." We saw that people's care records were individual to them and included information that helped the caregivers know about each person they supported. This meant that people received care that was individual to them.

People knew how to raise any concerns or complaints with the provider. One person told us, "I got a pack with all the information I needed when the care started. This included how to raise any issues. I'm confident that I would contact the office if I needed to." We were told that issues were dealt with in a timely manner.

One person said, "There have been a couple of times when I've needed to speak with the manager or one of the seniors, and every time I've mentioned anything it's been sorted out in a flash. Nothing is too much trouble for them." One relative told us, "I did have to raise something once, but it was put right so quickly I can't even remember what it was now."

People told us they were encouraged to give feedback about the care and support they received. One person said, "The office rings through to do phone reviews, and they also come out to visit to make sure everything is going okay." Another person told us, "We are sent questionnaires from the office twice a year, and then get a newsletter with the outcomes of this." One relative said, "We're asked to give feedback twice a year and the manager comes out to see if everything is alright." The director shared the results of a recent survey that had been conducted with people who used the service by an independent organisation. This was completed annually and anonymously and on this occasion 49% of people had responded. When asked to rate the overall quality of the service, we saw that 100% of respondents had replied favourably.

Is the service well-led?

Our findings

People told us they felt the service was well managed. One person said, "Everyone in the office is amazing. They always let me know what is happening. They organise it all and I've never been let down." Another person told us, "The office staff are really helpful. They know what they're doing." One relative said, "They are all very approachable, and everyone goes above and beyond. I'm really happy with the care my relation gets." Written feedback from community professionals included, 'The manager is excellent and always responds to any requests for information. I cannot praise the manager high enough, they are brilliant.' And, 'Home Instead have provided me with a consistent member of the management team whom I am able to speak to as required. They ensure I am kept up to date with the needs and progress of my client and obtain feedback about what works well and what could be improved. The manager ensures they do not just contact me when there is a crisis but maintains an open dialogue with me either via telephone, email or face to face, enabling us to develop a professional relationship where we can discuss ideas and approaches which may increase my client's quality of life, independence, dignity and choice.'

People we spoke with knew who the management team were and the different roles the office staff had. People spoke positively about the manager and the office staff, and one person said, "The manager is lovely, really approachable, and we've spoken to [the director] on the phone." One relative told us, "The seniors are excellent and respond in a flash. They will be on the phone to put us in the picture, and I know I can rely on the service." We saw the results of the independent survey rated the communication with the office staff as 100% favourable which had been an increase of 8% from the previous year.

The caregivers spoke positively about working for the service. One told us, "I'd recommend working for Home Instead; they are supportive and flexible." Another said, "The support I get is wonderful; I know I can face any situation as I have got their support. The team are just a phone call away and they are always helpful and friendly." We were told that regular team meetings were held to share information with staff. During our office visit, a team meeting took place where new staff were introduced and their roles were explained. We saw the provider recognised staff achievements, good practice was shared and long service badges were issued to some caregivers. There were systems in place to flag up when staff appraisals, supervisions and spot checks were due, and we saw this enabled the registered manager to ensure these happened in a timely manner.

The management team had effective systems in place to assess, monitor and improve the quality of care people received. The registered manager told us, "We audit the caregivers schedules every day to ensure that no clients calls are missed. The system works well." We saw that the seniors audited people's care files on a monthly basis to ensure that information was correct and up to date. People we spoke with told us their records were accurate and one relative said, "The records give a whole picture of what has been happening over time." We saw that people's views had been sought at their care reviews, visits to their homes, and through surveys that were completed. We saw that the results of any surveys were fed back to people through newsletters.

The provider had implemented a new scheduling system in June 2016. The director told us, "This will make

the whole scheduling process far clearer and shows the caregivers availability/non availability as well as producing a report to flag up when things need to happen." We were shown the system that was in place to record when people had received their calls and identified if these were not at the agreed times or length. The registered manager and management team used these reports to monitor the service and identify any actions needed to make improvements.

The registered manager demonstrated a clear understanding about their responsibilities as a registered person. They maintained detailed, accurate records that were kept securely and had informed us about any significant events that needed to be reported.