Saddleworth Home Care Ltd

Home Instead Senior Care

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Good** ●
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Good** ●
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

The inspection took place on 15 and 17 August 2016 and was announced. This meant we gave the provider 48 hours' notice of our intended visit to ensure someone would be available in the office to meet us.

The service was registered with CQC on 21 December 2012 and was last inspected on 11 July 2014, at which time the service was compliant with all regulatory standards.

Home Instead Senior Care is a domiciliary care provider based in Uppermill, Oldham, providing personal care and support to people in their own homes in the Oldham and Saddleworth area. There were 110 people using the service at the time of our inspection.

The service had a registered manager in place. 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.

We found the provider delivered outstanding levels of care that put the person's needs at the forefront of care planning and decision making, and ensured extremely high levels of continuity and familiarity. People who used the service, relatives and healthcare professionals were unanimous in their descriptions of staff who went out of their way to ensure people were cared for well.

Staff were consistently described as compassionate, caring and having built positive relationships with the people they cared for and we found a range of evidence to support these opinions. People who used the service, relatives and staff felt having care calls of a minimum of one hour enabled these relationships to develop.

Staff were consistent in their extremely positive feedback about the levels of support they received from the registered manager and provider, both of whom were regularly on site. The registered manager displayed a sound understanding of the service and the needs of people who used the service, whilst the registered provider demonstrated both effective leadership of the service, as well as a passionate, innovative and varied approach to community engagement and involvement.

People who used the service, relatives and healthcare professionals we spoke with were consistent in their praise of the leadership of the service. The provider, registered manager and all staff we spoke with were consistent in their understanding of the principles of the service, as set out in the Statement of Purpose, and were passionate about caring for people.

The provider, registered manager and other staff developed and maintained a range of excellent community links to raise awareness of dementia, the risks to vulnerable adults, but also to celebrate and support people's independence.

Recent responses from annual surveys demonstrated improvements against already extremely positive scores from the previous year. We found staff at all levels were aware of, and contributed to, a culture focussed on meeting people's individual needs.

We saw that sufficient numbers of staff were on duty to meet the needs of people who used the service. Staff underwent a range of pre-employment checks to ensure they were suitable for the role.

We saw that no medicines errors had been made on the Medication Administration Records (MAR) we sampled and that the provider regularly checked staff competence to administer medicines.

We saw evidence that concerns regarding people's safety had been appropriately managed and staff displayed a good knowledge of safeguarding principles. We found that risks were managed and reduced through pre-assessment and ongoing assessment of individual needs. People using the service felt safe and there was an out-of-hours phone line for people who used the service and staff in case of unforeseen circumstances.

We found evidence of consistent and prompt liaison with external healthcare professionals and other agencies in order to ensure people's healthcare needs were met.

Induction training was comprehensive and in line with established national best practice, whilst ongoing refresher training and access to vocational qualifications was welcomed by all staff we spoke with. Training incorporated the latest National Institute for Health and Care Excellence (NICE) guidelines regarding care provided in people's homes and Care Certificate standards. Training included safeguarding awareness, moving and handling, infection control, health and safety, first aid and handling medication.

Staff supervisions, appraisals and staff meetings all happened regularly. Staff told us they were well supported.

We saw that people were supported to contribute to their own care planning and review, whilst family members confirmed they were invited to take part in reviews and were regularly consulted and updated.

Where people's needs changed, reviews were brought forward and care provision amended accordingly. People who used the service told us office staff were accommodating to changing needs.

Peoples' hobbies and interests were encouraged, with people supported to pursue their preferred activities as independently as practicable. The engagement officer had developed and was in the process of sharing a 'What's On' guide, which gave people who used the service and the wider community information about local activities.

The provider had a complaints policy in place. People who used the service were made aware of the complaints procedure and told us they knew how to make a complaint and who to make it to, should the need arise.

An efficient auditing and quality assurance regime had been established and positive changes had been made to the management structure when an internal audit identified gaps.

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 told us they felt safe with the care and support provided by staff and we saw examples of staff appropriately raising concerns about people's wellbeing.

Risk assessments took into account environmental and person-specific factors to ensure risks could be properly managed and reduced.

Medicines were managed safely, with clear management oversight of staff competence through competence assessment and auditing.

Is the service effective?

Good

The service was effective.

Staff were supported through an induction that involved a range of training methods, followed by ongoing refresher training and support to complete vocational qualifications.

Communication with other agencies and healthcare professionals was consistently effective to meet the needs of people who used the service.

People were supported to maintain balanced diets based on their preferences. Staff had a good understanding of people's preferences and supported them to make choices.

Is the service caring?

Outstanding

The service was extremely caring.

Feedback from people was unanimously exceptional, with people confirming they were treated with compassion, patience and respect by staff who had built mutually trusting and meaningful relationships with them.

There was evidence of staff behaving in line with the caring values set out in the service's literature to ensure people

experienced outstanding care outcomes. People who used the service and their relatives consistently attributed these outcomes to the caring approach of staff and the fact they were enabled to develop this approach by spending a minimum of one hour with them.

People's rights were consistently upheld through thoughtful and sensitive care planning.

Is the service responsive?

Good

The service was responsive.

Care plans were person-centred, with detailed life histories of people and information about their preferences, likes and dislikes. Staff displayed a good knowledge of this information.

Care plans were reviewed regularly and with the involvement of people who used the service and their relatives.

People's changing needs were identified promptly and communicated to relatives, as well as appropriate agencies to ensure people's needs could be met.

Is the service well-led?

Outstanding

The service was extremely well-led.

The provider, manager, HR and training manager, and community engagement officer had developed and maintained a range of strong community and partnership links, championing the service they provided but also positively influencing the wider community, particularly with regard to dementia awareness, social isolation and the safety of people who may be vulnerable.

The provider and registered manager played an active role in encouraging and supporting staff to determine and drive the person-centred culture of the service and ensured this was consistently delivered to extremely high standards.

The registered manager had a sound knowledge of the needs of all people who used the service, whilst feedback from regular surveys were consistently extremely positive.

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.

The inspection took place on 15 and 17 August 2016 and was announced. This meant we gave the provider 48 hours' notice of our intended visit to ensure someone would be available in the office to meet us.

The inspection team consisted of one adult social care inspector. During the inspection we reviewed seven people's care files, looked at five staff records and reviewed a range of policies and procedures. We spoke with five people who used the service and six relatives of people who used the service. We also spoke with eight members of staff: the registered provider, the registered manager, the deputy manager, the human resources and training manager, three care staff, and the community engagement officer. We also spoke with three external health and social care professionals and an external training professional.

Before our inspection we reviewed all the information we held about the service. Prior to the inspection we spoke with the local authority, who raised no concerns about the service. We examined notifications received by the Care Quality Commission. We also reviewed responses to questionnaires CQC sent to people who used the service, relatives, staff and community professionals. We used these results to inform our inspection.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a document wherein the provider is required to give some key information about the service, what the service does well, the challenges it faces and any improvements they plan to make. This document had been completed and we used this information to inform our inspection.

Good

Is the service safe?

Our findings

All people we spoke with expressed confidence in the ability of the provider to deliver care safely. One person told us, "We feel very safe. We've had other agencies but they don't compare." Another person said, "I have no concerns at all," whilst one relative we spoke with stated, "They are trustworthy and I have total confidence in them." When we spoke with external professionals they agreed that staff were capable of keeping people safe. One health care professional gave us an example of a time staff had raised safeguarding concerns with them and the local authority to ensure a person was not at significant risk. In questionnaires returned to CQC 100% of respondents (14) stated they felt safe from abuse or harm.

Safeguarding was a core topic in the staff induction and throughout staff supervisions. All staff we spoke with had a sound understanding of what constituted abuse and were able to describe what actions they would take if they had concerns about people who used the service. Staff were genuinely concerned for the wellbeing of people they cared for. For example, one carer was driving past the house of a person they provided calls to and noticed their living room light was still on, despite it being late at night. They stopped to ensure the person was well and to ask them if they knew what time it was (the person sometimes required prompting to remember to go to bed). The staff member contacted the office to ensure the person's care plan and needs were appropriately reviewed but their immediate actions demonstrated a commitment to ensuring the person's safety and wellbeing.

We saw risks were well managed, with the registered manager undertaking an initial environmental risk assessment when visiting a person considering using the service, identifying risks such as trip hazards, electrical cables and people's basic mobility needs. This helped to support staff and people who used the service to remain safe. We saw personalised risk assessments were then put in place for people who used the service. For example, one person was at increased risk of falls due to limited mobility, particularly whilst on the stairs. We saw their care plan was extremely detailed in describing how staff should support them to mobilise and how to communicate with the person when providing care. The risk assessment also had regard to recent advice from a district nurse. This meant that both environmental and personal factors were considered and incorporated into risk management and reduction.

We reviewed a range of staff records and saw that all staff underwent pre-employment checks including enhanced Disclosure and Barring Service (DBS) checks. The DBS shares criminal history information with employers to help prevent unsuitable people working with adults who may be vulnerable. We also saw that the registered manager sought and verified four references – two professional and two personal - and ensured proof of identity was provided by prospective employees prior to employment. This meant the service had in place a robust approach to vetting prospective members of staff, reducing the risk of an unsuitable person being employed to work with vulnerable people.

Whilst there were no disciplinary procedures ongoing we reviewed the service's disciplinary and safeguarding policies and found them to be clear and current. This meant the provider was committed to protecting people through ensuring staff understood and were able to act on safeguarding principles and policies.

We reviewed procedures for the administration of medicines and sampled recent Medication Administration Reports (MARs). There were no errors in the records we reviewed. Allergies were noted and where people self-administrated medicines we saw this had been risk assessed. When we spoke to people about their experience of being supported to take medicines, one person said, "I take my own medicines and they know that." A relative said, "They're very careful with [Person's] medicines and we've never had any problems." We saw that staff were appropriately trained in the administration of medicines and had their competence with regard to administering medicines regularly appraised. We also saw that, when a medication error had been identified, prompt action had been taken by the registered manager, including ensuring the person who used the service was not adversely affected and retraining for the member of staff responsible. This meant people were protected against the risk of unsafe administration of medicines.

We saw that accidents and incidents were recorded in such a way that made regular analysis possible, with the types, times and whereabouts of accidents recorded to enable the registered manager to identify whether there were any trends. This meant the registered manager recorded accidents and incidents with a view to ensuring lessons were learnt and people received a more tailored approach to managing the risks they faced.

With regard to infection control, people confirmed staff used personal protective equipment (PPE), such as gloves and aprons. Staff confirmed they received this equipment as part of their welcome pack and that replacements were readily available.

All staff, people who used the service and relatives we spoke with felt staffing levels were appropriate. All people and relatives we spoke with confirmed carers arrived at the agreed time and had never missed a call. We saw the service used a system called 'IQ' whereby staff used a person's telephone to call the office, free of charge, to log the start and end of their care call. Where staff did not do this within fifteen minutes of the scheduled start time, they received a phone call from office staff to ensure no calls were missed and that people and staff were safe. This meant that people had not been placed at risk of neglect through missed or significantly delayed calls.

Staff operated a 24 hour phone line so people who used the service could contact them out of office hours if required. People confirmed to us there had always been a response when they had needed to contact the service on this number. Likewise, staff confirmed there was always on-call support should they need to speak to a senior member of the team outside of office hours. This meant that people who used the service could be assured of support in the event of contacting the service out of office hours.

We saw the service had recently organised 'Scam awareness' sessions. These were due to be rolled out to the local community to increase awareness of the risks of financial abuse to adults who may be vulnerable to scams. This demonstrated the service had an awareness of risks presented to the wider community and the demographic of people they cared for, and that they had pro-actively sought ways to help reduce those risks, to both people who used the service and the wider community.

Good

Is the service effective?

Our findings

We saw the provider had a comprehensive induction process in place, which involved a three-day programme for new staff, delivering training via one-to-one meetings, DVD presentations and e-learning. All staff we spoke with were extremely complimentary about how the induction prepared them for the role. One said, "I was really nervous and didn't have the experience but there was so much detail and work involved that I gained confidence." Another staff member said, "I'd had a bad experience with another care company but the level of support at the induction put me at ease."

Whilst the induction process was designed to prepare new staff members for the role, the human resources and training manager described how it was also useful to ensure candidates displayed the necessary values to work in care. One external professional told us, "The recruitment lady is very good at making sure staff share the same values." This meant people who used the service could be assured new members of staff had undergone a screening process before they delivered care. It also demonstrated the recruitment methods of the service were aligned to industry best practice, for example Skills For Care's 'Values Based Recruitment and Retention' toolkit, which recommends establishing prospective staff members' values as well as their training and qualifications.

One person who used the service told us, "If they turn up and don't quite know what they're doing I help them out." We found the consensus of opinion however was that staff had an extremely good understanding of people's needs. People who used the service and their relatives consistently told us they had confidence in the ability of those providing care. One relative described how both their parents, one who had mobility needs and the other who was living with dementia, were supported by Home Instead Senior Care. They said, "Staff coped very well in order to meet those very different needs and I put that down to their training and experience." Another relative told us, "The communication between staff is very good and they always know if there have been any changes." One healthcare professional we spoke with corroborated this, stating, "The communications books they use are always up to date and we're in touch regularly anyway – the system works well." This demonstrated staff had a good understanding of people's needs and communicated well with each other and external professionals to ensure those needs were well met.

People told us staff always turned up on time and if there was to be a change in Care Giver they were given advance notice of this. People confirmed there was rarely a need for this. They described the communication by office and other staff to be, "Very good." One person told us, "They plan ahead and they have a very good team." We saw the rota was planned on an IT system and staff confirmed to us they generally knew their rota approximately two weeks in advance. We saw the provider had also taken steps to ensure the continuity of calls in bad weather. Care Givers were able to access a 4x4 vehicle to enable them to attend calls as planned.

We saw staff received initial training in core areas such as safeguarding, infection control, first aid, moving and handling, medicines administration, dementia and Alzheimer's awareness. We saw that existing training modules had been mapped across so they were in line with the Care Certificate. This ensured new

members of staff received training and support that was in line with the Care Certificate standards. The Care Certificate is the most recent identified set of standards that health and social care workers adhere to in their daily working life. We also saw refresher training had been reviewed to ensure this was also in line with the Care Certificate, meaning existing staff received refresher training that had regard to current industry best practice. Where people's needs changed we saw training had been put in place, for example for staff supporting people who required percutaneous endoscopic gastrostomy (PEG) feeding. A PEG is a tube passed into a patient's stomach through the abdominal wall as a means of feeding when oral intake is not possible or adequate.

Staff received additional moving and handling support thanks to a mutually beneficial working relationship with a local mobility aid shop. In return for dementia awareness support, the shop allowed staff to use the shop premises and to handle a range of mobility equipment. This meant staff had a better understanding of a range of mobility aids before visiting people who used the service who had such supports.

Staff we spoke with were extremely positive about the focus on continuous professional development, citing the support they were given at induction and beyond. Staff confirmed they shadowed experienced members of staff before delivering care on their own. The human resources and training manager told us how they encouraged all staff to enhance their knowledge through the completion of a Quality and Credit Framework (QCF) qualification in health and social care and we saw a number of staff had completed or were completing this learning. One staff member told us, "I was a bit reluctant but they really encouraged me. I've just got my Level 2 so I'm really happy." Another member of staff said, "I've enrolled and they're supporting me to progress," whilst another said, "The training and support is fantastic and it never stops."

We spoke with the external assessor, who visited the office monthly to support staff completing the qualifications. They stated, "Everyone is progressing well" and confirmed the HR and Training manager actively supported people to meet their goals.

When we spoke with staff about the support they received more generally, they were consistently positive. One said, "There's always someone to talk to and they'll always back you and take accountability." All confirmed they received regular support from management staff, and each other, and that they received regular supervisions. Staff supervisions are meetings between a member of staff and their manager to review progress, address any concerns and look at future training needs. We saw that staff also had annual appraisals and that regular team meetings were held. Staff confirmed there had been more team meetings recently and that this enabled them to feel part of one larger team. This meant the registered provider and registered manager had in place processes to formally support staff on a regular basis, and means by which staff could raise any concerns or suggestions.

With regard to nutrition, people and their relatives told us they were consistently supported to have food and drink of their choice. We saw detailed entries in care documentation of the food people had chosen and the means by which staff supported people to have a nutritious diet, for example leaving instructions for other carers to ensure fresh fruit was available for one person. We also saw advice from Speech and Language Therapists (SALT) had been incorporated into people's care planning to ensure staff adhered to this guidance about what they could eat.

We saw staff communicated effectively and efficiently with other agencies to provide care that met the needs and preferences of people who used the service. We found there was evidence of people accessing healthcare through close liaison by staff, for example, with GPs, nurses, occupational therapists and specialists.

We saw care files contained signed consent to the care provided, whilst staff we spoke with demonstrated a good understanding of mental capacity and consent. This meant that people's right to be involved in decisions about their own care was consistently upheld and respected. People told us, "If they make any changes they always let me know," whilst one healthcare professional told us they were, "Struck by how focussed the registered manager was on [Person's] right to choose and how they supported them with that decision." This demonstrated that people were informed partners in their own care.

Outstanding ☆

Is the service caring?

Our findings

Praise for the caring, dedicated and compassionate attitudes of staff was unanimously excellent from people who used the service, their relatives and external professionals. One person who used the service said, "They are very friendly, it's like I've known them for years." Another said, "They are lovely – it's a marvellous service." One relative described staff as, "Angels," saying that, "I didn't know them from Adam but they are friends now. I would recommend them to anyone, they have been the best." One relative told us, "I can't rate them highly enough – They have built such a caring relationship and they feel part of the family."

We saw evidence that the caring and dedicated approach of staff had a demonstrable impact on the wellbeing of people who used the service. For example, one person was described by their relative as previously being, "Withdrawn and in danger of becoming socially isolated." They described how the person's carer had accompanied them to group walks and a singing event and positively encouraged them to try new things. The person's relative told us, "They're really starting to come out of their shell now. They're going to try tai chi, which is something I never thought I'd see them do – they used to do lots of sports and physical activities. I've tried encouraging them before but I put this down to the encouragement of [Carer's name] and the bond they've made."

One relative told us, "They've been able to do things I wasn't able to do." They gave an example of the person previously being reluctant to accept support with personal care. Relatives confirmed with us the person came to trust their carer and now relished their visits, including trusting the carer with personal care. They said, "They [Carer] were able to work through it slowly. They stayed at least an hour each time and I think that was invaluable in building the bond and the trust they now have."

In the 'Client Survey' of 2015 we saw 98% of people felt their carer had 'gone the extra mile' to make a positive difference to their life. Results of the 2016 survey were being compiled at the time of inspection but we saw evidence of staff going above and beyond their role to ensure people's wellbeing was supported. For example, one person's washing machine broke down whilst a carer was completing their laundry. In addition to reporting the issue and ensuring the machine was repaired in a timely manner, the member of staff took the person's laundry home and washed/dried them until the washing machine was repaired. Similarly, one person required an ambulance when their condition deteriorated. We saw staff had stayed with them from early afternoon until 11pm to ensure they were safe, supported and their anxieties were reduced. The person's relative confirmed the caring approach of staff went beyond their expectations and ensured their relative was comforted.

We saw evidence of another carer visiting a person who used the service whilst they were in a residential service for a period of respite care. The relatives were impressed with this commitment to ensuring the person retained a connection with the carer who they would receive support from when they returned home.

Relatives and people who used the service confirmed people received the same carer consistently and, if

that person could not attend, for instance because they were on holiday, another carer would be introduced before they delivered care, to ensure the person was happy with them. This focus on a continuity of care and familiarity of carers was in line with best practice guidance from NICE ('Home Care: Delivering Personal Care and Practical Support to Older People Living in their Own Homes,' September 2015). This continuity was further enabled by the service's policy of having no care calls of less than one hour. When we spoke with people and their relatives they confirmed this policy had a beneficial impact on the care they received. One person said, "It takes time to care properly," whilst another said, "Absolutely, they are not overstretched from place to place and they get to know you."

People who used the service and their relatives confirmed they were treated with dignity and respect by carers who empathised with them. One person said, "I'm very slow on my feet now and they know that – they never rush me." Another person told us how their carer, "Always helps me do as much as I can – they're very tactful," with regard to their personal care needs. In a questionnaire returned to CQC one relative stated, "The carers and managers have provided an excellent service underpinned by total respect and dignity for my [Person]."

With regard to communicating with people, we saw this was tailored to people's needs. For example, one person's relative lived abroad in a different time zone and the registered manager was not always therefore able to telephone them at a convenient time. We saw the registered manager regularly emailed them, often three times a week, to update them on their relative's needs and to provide updates and reassurance. We saw the tone of the emails had developed into a mutually respectful correspondence and it was clear the registered manager communicated in a manner that was patient, respectful and friendly. We saw another person who used the service had previously been anxious when telephoning the office as they didn't know who they were speaking to. We saw they had been given photos of office staff members so they could visualise who they were speaking to. We also saw office staff had been to visit the person to introduce themselves. The person's relative confirmed this had greatly reduced their anxiety and that the person felt more a part of the process. This demonstrated the registered provider acted on their commitment to delivering a person-centred continuity of care at every opportunity.

The Statement of Purpose set out one of the key aims of the service as, "to provide supportive care and companionship which both enables and encourages our clients to remain independent, in their own homes, for as long as possible." We saw this principle was consistently put into practice. For example, one person's care plan included being taken to visit their partner who lived in a care home. They stated this was an important aspect of their life and something they wanted to be able to continue doing. We saw staff supported them to maintain this relationship. We saw one person was supported to visit church on a weekly basis. This meant people's independence and choices were empowered, whilst protected characteristics such as their religious beliefs and sexual orientation were respected. People's protected characteristics are set out in the Equality Act 2010. This also meant people's right to a private life, in line with the Human Rights Act 1998, was respected.

All staff we spoke with had an excellent knowledge of people's histories, likes and preferences and we saw this attention to detail had an impact on people's wellbeing. We also found staff had taken the time to understand the views and wishes of those close to people who used the service. For example, one person's spouse contributed to their care by delivering aspects of personal care. We saw they were closely involved in the care planning process and that the person's care plan made reference to not just the person's personal history, but the likes, dislikes and conversation topics of their partner. When we spoke with the person's partner they confirmed staff took the time to get to know them as well as the person receiving care, and that this enabled them to feel, "Less alone and more able to cope and be useful for [Partner's name]." This demonstrated that staff understood the importance of valuing not only the needs of people who used

the service, but also involving those people who knew them best in the delivery of their care. Relatives and people who used the service consistently told us they were partners in their own care planning.

Whilst no one using the service had an advocate in place, the service consulted with relatives to ensure people's needs were considered in light of information from the people who knew them best. We also saw there was information available to people who used the service and their relatives regarding formal advocacy support.

We saw sensitive personal information was stored securely in locked cabinets and entrance to the service's office was via a door requiring an access code. Relatives and people who used the service confirmed their permission was sought before their confidential information was shared with other healthcare professionals and we saw this documented in care files. This meant people could be assured their sensitive information was treated confidentially, carefully and in line with the Data Protection Act.

Good

Is the service responsive?

Our findings

We saw care files contained a range of personalised and comprehensive care plans and risk assessments. They were reviewed regularly and care plans were person-centred, including personal histories of people's likes and dislikes. There was a comprehensive amount of detail in each care file we reviewed and any new prospective care worker would have a considerable amount of background information pertinent to a person before providing care to that person. People and relatives we spoke with described a thorough analysis of people's requirements prior to care visits and that this gave them confidence in the ability of staff to meet their needs.

We saw the human resources and training manager was passionate about encouraging staff to know people's backgrounds, stating, "You can always find a connection." We saw staff followed this lead. For example, one person who used the service had co-written a book about boxing when they were younger. We saw their carer had read a copy of this book so they would be better able to build a rapport with the person, and because they were genuinely interested.

We saw that people's life histories and preferences had been meaningfully acted on and that people were supported to live their lives as they chose with the help of flexible support by staff. For example, one person regularly went shopping with their carer, whilst another enjoyed completing quizzes and another going to the hairdresser's. One person enjoyed television quiz shows and told us their carers, "Always take an interest – it can get competitive." This meant staff had regard to the interests that were important to people.

Staff supported people to avoid social isolation through providing care that empowered their varied interests. For example, one person had attended a nearby 'Singing for the Brain' group. Singing for the Brain is a service provided by Alzheimer's Society which uses singing to bring people together in a friendly and stimulating social environment.

We saw the service had recently employed a community engagement officer, who had compiled a list of activities groups in the area and produced a 'What's On' guide for people who used the service and the wider community. At the time of inspection they were due to visit the remaining groups to establish if they would be suitable for people who used the service. Feedback from people who used the service and their relatives was that they thought the 'What's On' guide was a very good idea. One relative said, "We've used it for ideas and I'm sure we'll use it again." Another said, "We've had a read through and there are plenty of things in there we'll try." One person said, "I'm aware of it but I like to do my own thing." We saw the community engagement officer had attended a range of local events to share this guide, which served to raise the profile of the service but also the community groups listed. This meant the service was actively encouraging people who used the service to participate in activities that could have a beneficial impact on their wellbeing, as well as contributing to the local community having access to such groups. The guide had only recently been produced and we saw there was an opportunity to incorporate the content of the guide into people's initial needs assessment with the service. The community engagement officer and registered manager agreed to do so to further enhance people's opportunities to pursue interests and hobbies meaningful to them.

We also saw regular newsletters were used to keep both people who used the service and care staff up to date regarding service updates and local events.

Care plans were regularly reviewed and we saw relatives were invited to these reviews. People who used the service we spoke with and their relatives confirmed they were involved in these reviews and we saw they identified changing needs in people's care and ensured that care plans contained up to date information. For example, we saw staff had incorporated advice from Speech and Language Therapy (SALT) and a physiotherapist and had updated the care plan accordingly. This meant the person could be assured of care that was informed by recent input from healthcare specialists.

Whilst staff provided a continuity of care, people also told us they were flexible when required. One relative said, "It's usually the same time, every day, but if we need to move things around they are very good." Another relative told us how the person who used the service felt they did not have a lot in common with their first carer and that the service provided a different carer. This meant staff responded to and acted on the changing needs of people who used the service.

We saw there was regular engagement with external healthcare professionals to ensure that people's changing healthcare needs were monitored and supported. One healthcare professional told us, "They ring and request appropriate home visits when they notice changes." Another professional said, "They were open to listening to my professional take on things and willing to put in place whatever changes were needed."

The service had a complaints policy in place but no complaints had been received. We saw the complaints procedure was clearly displayed in the Statement of Purpose as well as in documentation given to people when they started using the service. When we asked people who used the service and their relatives if they knew how to complain and who to complain to they were confident in this regard. Similarly, all respondents to CQC's questionnaire confirmed they knew how to make a complaint. This meant people were supported to raise concerns should they need to.

The service routinely sought the views of people who used the service, relatives and staff through annual surveys. We saw the 2015 survey results had been acted on. For example, communication was an area both people who used the service and some staff suggested could be improved and we saw there had since been additional team meetings as well as a new Care Giver Forum. Survey results from 2016 indicated that staff satisfaction in this area had improved by 11%, whilst positive responses from people who used the service had increased by 7%.

The registered manager acknowledged there had been, "The odd missed communication last year," but was confident the changes of management structure implemented had addressed this and we found this to be the case. When we spoke with people who used the service, all were complimentary about the communication they received from the office team. Whilst the Care Giver group had only met once, members of the group we spoke with confirmed they felt it met their needs to feel part of a team and to help contribute to the future direction of the service. This, along with the consistent improvements in perceptions of how well the service communicated with people who used the service and staff, demonstrated the service sought and acted on feedback to improve the service.

Other feedback received in the latest survey showed that a significant majority of people who used the service and their relatives responded 'favourably' or 'very favourably' to questions regarding whether they would recommend the service, whether their carer took an interest and was well matched to them, and how they would rate the quality of the service.

We saw daily care notes were comprehensive and ensured an accountability of care but also allowed for a co-ordinated, consistent transition to other services, should the need arise.

Outstanding ☆

Is the service well-led?

Our findings

At the time of our inspection, the service had a registered manager in place. The registered manager had worked at the service since February 2012 and had significant relevant experience in health and social care, as did the deputy manager and the HR and training manager.

With regard to community engagement, the service excelled. We saw the provider had taken part in a variety of fundraising challenges, some to fund a Home Instead internal charitable fund (which is used to support community projects) and some to support external charities, such as a local hospice. We found community engagement was not limited to isolated charitable events and that the provider, registered manager, HR and training manager and community engagement officer took pride in sharing their caring ethos and understanding of dementia with the wider community through a range of creative means. For example, 20 free half-day dementia workshops had been held at the time of inspection. These were sessions that provided dementia awareness to family and friends of people who used the service as well as community professionals such as police and fire services, as well as hospice staff. Likewise, staff provided a dementia awareness workshop to a local college, visited local schools to raise awareness of dementia with children and provided advice to a local hospice who were refurbishing their reception area, with a view to making it more dementia friendly. This demonstrated that staff were raising the awareness of dementia in the wider community and delivered on their mission statement to, "Make a difference by helping our older community maintain their independence." One external professional told us of the dementia awareness sessions, "It really had an impact for the better and we are much more equipped to support people with dementia. We couldn't have done that without their expertise."

The commitment to make a difference to people who used the service and the wider community was further evidenced in the monthly article the provider wrote in a local magazine, entitled, 'Senior Snippet.' The articles gave hints and tips for older members of the community to help maintain their independence, including articles on staying safe whilst driving and staying warm in winter.

Staff had worked alongside the Alzheimer's Society in developing Uppermill as a dementia friendly community, as well as being a member of Oldham's Dementia Action Alliance (DAA). The DAA is a network of health and social care organisations who agree to work co-operatively to address issues that impact on people living with dementia. This demonstrated that, whilst the provider ensured people who used the service received a high level of person-centred care, they also acted as a role model in encouraging the local community to value and better support people living with dementia.

We also saw that the provider was part of the sub group who made recommendations for the Living Well with Dementia document in Oldham. This is a document setting out key services and resources for people living with dementia in the area. The HR and training manager also attended a quarterly Life Story meeting. Life Story is a means by which people can document their life through words and pictures and was used by the service to help plan and deliver person-centred care. This was contributory to staff consistently delivering person-centred care and demonstrated the service had achieved positive outcomes for people who used the service through working extremely well with a range of external partners.

Another community engagement programme the service had planned for Christmas 2016 was the 'Santa to a Senior' campaign, whereby donated gifts would be delivered to elderly people in the community, whilst at the same time the service would raise awareness of social isolation. We saw this campaign had been successfully run in 2013 and 2014, although had not happened in 2015 due to unforeseen circumstances. On a day-to-day level, management of the service was described in extremely positive terms by all people who used the service we spoke with, relatives and external healthcare professionals. One relative said, "From the management down, they've been up front and very good. The manager introduced themselves and was accountable from the start." Another relative told us, "You are only as good as your leader and [registered manager] and their team are very good." People we spoke with confirmed they knew the registered manager and one external professional told us they were, "Struck by the dedication of the manager and how well they knew the person and their needs." Staff likewise were complimentary about the levels of support they received and their confidence in the way the service was managed. All thirteen staff respondents to CQC questionnaires confirmed managers took their views into account.

We reviewed the results of the 2016 Care Giver staff survey, which provides care givers employed by the service the opportunity to provide feedback on the service. We saw there was a marked improvement in the results compared with last year's survey (2015), with 22 out of 29 scores improving and all but one response scoring higher than the national average of other Home Instead services. Notably, all questions regarding the leadership and direction of the service saw improvements compared to last year's survey, with these questions receiving a minimum of 97% favourable responses.

Contributing to excellent morale were team building events for the office staff, gifts awarded for long service, birthday and Christmas cards and recognition when staff have gone above and beyond by way of gifts.

During our inspection we sat in on a daily catch-up meeting and observed the registered manager effectively managing a range of queries regarding people who used the service. They displayed an in-depth knowledge of each person who used the service and consistently put into practice the ethos of taking the time to understand each person's needs. This person-centred approach was a consistent feature of the culture of the service. Staff confirmed they were well supported and that the caring culture of the service was actively promoted by leadership. One staff member told us, "I have had a lot of experience in health care but this is the most person-centred. I feel comfortable here because the ethos is a genuinely caring one." Weekly and monthly meetings were also held to ensure care staff, office staff and managerial staff were kept appraised of new developments.

We saw the provider met with all new starters to ensure they had a clear understanding of the aims and values of the service. We found these values, particularly the focus on a continuity of care, to be in line with best practice issued by the National Institute for Health and Care Excellence (NICE), 'Home Care: Delivering Personal Care and Practical Support to Older People Living in Their Own Homes' (September 2015).

We saw auditing processes in place to monitor aspects of the service such as medicines administration, daily logs and care plans. Audits were used to encourage best practice. For example, the registered manager identified through their regular audits that daily notes could be more focussed on the person rather than describing the task in hand. We saw this pattern had been identified and addressed at a team meeting to ensure staff had regard to person-centred care. This meant auditing processes were effective at identifying errors and addressing them to ensure people's needs were met.

We saw corporate oversight and governance was also strong, with an internal audit in December 2015 identifying areas where auditing of care files could be improved. We saw the provider and registered manager had formulated a plan accordingly and these changes had been made. We saw there were bi-

annual unannounced checks of carer givers' competence to identify any areas of concern as well as an opportunity to praise and promote good practice. There were also spot checks of care files and phone calls to people who used the service shortly after a new care giver started with them, to gather feedback and to ensure care was being delivered as agreed.

The previous Home Instead internal audit had identified the need to make improvements regarding communication, as well as aspects of care planning documentation. We saw the service had responded and restructured management roles. The registered manager and deputy manager also now shared an office space. We found the current set-up to be effective in meeting people's needs, as well as the needs of staff. One staff member said, "The balance is so much better now and there is less chance anything will be missed."

Corporate support and oversight more generally was also strong. We saw the registered provider's dementia and Alzheimer's awareness training had achieved City & Guilds Accreditation. City & Guilds Accreditation is a globally recognised quality benchmark for in-house training courses. This meant the provider valued the importance of providing staff with high quality training and invested effort and resources into ensuring that training was to a high standard. We also saw the registered provider had recently been awarded The Queen's Award for Enterprise. This is an award that celebrates outstanding achievement in International Trade, Innovation and Sustainable Development. Whilst these two achievements were not specific to the individual service, they demonstrated that the wider organisation was effectively led. We saw the news of the award had been shared with all staff by the provider and they had used the news to re-iterate the importance of the focus on people's needs.

At a local level, the service received the 2015 Greater Manchester Employer of the Year Award from an external Apprenticeships provider for their work supporting apprentices. The service was also a finalist at the 2015 Oldham Business Awards for their community engagement work. During the inspection the service demonstrated they have continued to build on positive working relationships with external partners and the external training assessor involved in this work confirmed staff were passionate about their role and enthusiastic learners.

When we spoke with the provider they confirmed strategic support from the franchising company was good, stating, "If you phone they have generally encountered the same problem previously. The experience of other franchisees is invaluable." They confirmed office staff had attended the national conference in November 2015 and that the service was kept appraised of national developments. We saw the registered provider attended regular performance workshops with six other registered providers with a view to identifying best practice and improving performance. We found they used internal and external partnership engagement to find ways to improve the efficiency of the service and, ultimately, the outcomes for people who used the service.

Documentation we reviewed was accurate, contemporaneous and ordered in such a way that made any auditing or reviews efficient. Again, this had been a concern at the previous internal audit in December 2015 but we found the management of records was efficient during our inspection.

The service used annual surveys to monitor and improve performance and we saw the 2016 results were extremely positive, with an increase in people who were 'very likely ' to recommend the service and five of the seven key questions on the survey scoring higher than the average score for Home Instead services.

Staff also encouraged people who used the service to use an independent external home care ratings system. We saw the service was rated as one of the top ten homecare providers in the North West and the

highest ranked home care provider in Oldham.

The culture of the service was one geared towards the care provided to people who used the service. This was reflected in the care planning we saw and through discussions with people who used the service and staff. All staff we spoke with clearly articulated their understanding of person-centred care and how they gained an understanding of people's needs and interests. All staff we spoke with were motivated to provide high quality care and to achieve positive outcomes for the people they cared for. We found they consistently achieved this.

Recent innovations such as the 'What's On' guide and the Care Giver forum demonstrated a commitment to continual improvement. Whilst these two areas of work had yet to bed in, initial feedback from people who used the service and staff respectively was extremely positive.

The registered manager and provider were able to give a clear vision for the future of the service in line with the goals of the Statement of Purpose. Their ability to seek and react to feedback from a range of sources and to plan and deliver care flexibly assured us that they were well placed should the organisation grow. They had successfully developed and maintained a highly caring and person-centred culture that was extremely well led by the management team.