

High Peak Senior Care Ltd

Home Instead Senior Care Limited

Inspection report

The Stables
48B Buxton Road, High Lane
Stockport
Greater Manchester
SK6 8BH

Tel: 01663765510

Website: www.homeinstead.co.uk

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out this unannounced inspection of Home Instead Senior Care Limited (Home Instead) between the 26 & 27 September 2016. We last inspected in January 2014 and found the service was meeting the legal requirements in force at that time.

There was a registered manager employed. 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.

Home Instead is a domiciliary care agency based in the High Lane area of Stockport currently providing services within four of the surrounding local authority areas. The service provides support to approximately 120 older people who may have a learning disability, mental health problem, physical disability, sensory impairment or dementia.

The feedback we received from people using the service and their relatives was excellent. One relative told us, "Home Instead have been a godsend when I did not know where to turn. I also am aware that if I need more help then they can provide it for all aspects of my (relative's) care which means she can indeed stay 'home instead' of having to move to a care home. People told us that they were consistently looked after by staff that were exceptionally caring, understanding and compassionate. People felt like they mattered, they told us that staff were patient, and demonstrated a huge amount empathy in how they looked after them.

Staff made "huge efforts" to ensure people had all their needs and wishes catered for when they had been diagnosed at the end of their life. One person had been helped to draw up a "bucket list" and staff went to great lengths to ensure that all these wishes were met for that person. A relative of a person at the end of their life was given informal respite and breaks to help them cope.

We saw the service had a very strong, visible person-centred culture. All staff were passionate about caring and supporting people in ways that mattered to the individual. The owner said, "It's all about delivering the best care we can possibly give. We empower the staff so that they can make a difference to people's lives." With this in mind the company had a policy of only accepting only one hour visits as a minimum. This was very important in ensuring that people felt respected and that their dignity was upheld by visits that could be paced to suit the needs of each person and that people never felt rushed. One person said, "There's always plenty of time for chats. I can honestly say I'm not as lonely now." We found that people were treated with a great deal of dignity and respect.

People were supported in their own homes by well-trained staff that were able to meet people's needs safely. The agency had robust systems to ensure that there were sufficient numbers of staff employed to meet people's assessed needs. A family member of a person in receipt of the service told us, "They are the only care agency I would trust my own family with. I have no concerns. It's been a relief to find them".

Home Instead took people's safety very seriously. They carried out comprehensive risk assessments to reduce and manage the risks to people's health and welfare. There were systems in place to make sure that people were supported to take medicines safely and as prescribed. A supervisor had a specific role of medicines coordinator to ensure staff were trained, confident and competent to handle medicines safely.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. People told us they felt safe and were well cared for. Staff were confident about how to protect people from harm and what they would do if they had any safeguarding concerns.

Newly recruited staff had thorough pre-employment checks and received induction that prepared them for the demands of their job. Staff confirmed their induction provided them with the essential knowledge and practical guidance they needed before they took up their care duties.

Training was given a very high priority in this agency. A full-time dedicated training manager was employed who had developed a programme of extensive training that was designed around the needs of the people they were supporting.

People's care plans reflected their needs and choices about how they preferred their care and support to be provided. People were encouraged to be involved in the development and review of their care plan and were enabled to be independent. The service demonstrated very well that people were empowered by packages of care that were tailored to support people to maintain a life of their own choosing.

People's experiences of care were overwhelmingly positive. Staff were very caring, friendly, and responsive to people's changing needs. The registered manager and owner spoke of their passion to give people the best support possible. One person said of the care given, "The staff are so kind and thoughtful. They really do go the extra mile, the owner even came and changed a light bulb for me. I can't tell you how this sort of thing makes me feel so well supported and cared for. It's knowing that at all times someone is at the end of the phone. Don't get me wrong I hardly ring at all but it's just that knowing that somebody cares is the main thing."

People told us they received a "really reliable" service and were kept informed in a timely way whenever staff were unavoidably delayed, or when another staff had to be substituted at short notice. There were robust systems in place for checking that staff knew who they were going to and to let people know who to expect. This was double checked prior to the weekend to ensure people always received a visit. Senior managers had a 'post weekend' report meeting every Monday morning to review the weekend's care and to attend to any matters that may have arisen, such as GP's being called out and any follow ups that were required.

Complaints were appropriately investigated and action was taken to make improvements to the service when this was found to be necessary. People knew how to raise concerns and complaints and felt comfortable doing so. One person told us, "I have never had any reason to complain and would certainly recommend them. They do listen and try to sort things out."

People's rights were protected and staff obtained people's consent before providing care. The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA). People made their own decisions about their care and support. They were given information by the agency that was in formats they could understand so that people were making informed choices and were enabled to be involved in decisions.

The culture of the service was positive, clearly person centred, forward thinking and inclusive. Everybody that we spoke with echoed this and said that the service delivery was excellent, inspiring and enabling. The service had very strong leadership team who promoted clear values and an open culture. The registered manager and registered provider demonstrated a very good understanding of the importance of effective quality assurance systems in promoting a high quality of service. Both the owner and registered manager had high expectations of staff and gave them as much support and training needed to provide a reliable, efficient and compassionate service to people. Staff were extremely proud to work for the organisation.

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.

There were enough staff to provide the support people required. Robust systems were in place to check that new staff were suitable to work in people's homes.

The care staff and managers in the service took appropriate action to protect people from the risk of abuse and to keep people safe.

People received their medicines safely and as their doctors had prescribed.

Is the service effective?

Good ●

The service was effective.

Good systems were in place to ensure that people received support from staff that had the right training and skills to provide the care they needed. People therefore received support that made a positive difference to their lives.

Support was provided with food and drink appropriate to people's needs and choices that in a way that promoted people's health and well-being.

Staff were aware of people's healthcare needs and where appropriate worked with other professionals to promote and improve people's health and well-being.

Staff ensured they obtained people's consent to care. People's rights were protected because the Mental Capacity Act 2005 Code of practice was followed when decisions were made on their behalf.

Is the service caring?

Outstanding ☆

The service was extremely caring.

The service has a strong and visible person centred culture which enabled both people and staff to maintain high expectations of

what could be achieved. People were very well supported to increase their independence and to regain daily living skills.

Staff had formed strong caring relationships with people who used the service. They took the time to listen to people and get to know them. They went out of their way to make people feel valued, cared for and cared about.

Staff knew people really well and gave them the time and information they needed to make choices about their daily lives. Staff were knowledgeable about supporting people in the end stages of their life and provided sensitive and companionate support that went the extra mile.

Is the service responsive?

Good ●

The service was effective.

Care plans were sufficiently detailed and person centred and people's abilities and preferences were clearly recorded.

People made choices about their lives and were included in decisions about their support.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to and they expressed confidence in the process.

Is the service well-led?

Good ●

The service was well-led.

The service had a registered manager in post. People using the service, their relatives and staff were positive about the registered manager and owner.

There were clear values underpinning the service which were focussed on providing high quality person centred care.

People were asked for their views about the service and knew how to contact a member of the management team if they needed.

The registered provider set high standards and monitored the quality of the service to ensure these were maintained.

Home Instead Senior Care Limited

Detailed findings

Background to this inspection

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

This inspection took place between 27 & 28 September 2016. One adult social care inspector undertook the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They provided this information in good time.

We reviewed the information we held about this location and the service provider. For example, the inspection history and any complaints and notifications received. Notifications are events that the registered provider has a legal duty to inform us about.

We looked at a sample of records including five people's care plans and other associated documentation, medication records, staff recruitment, training and supervision records, the provider's policies and procedures, complaints and audit documents.

We spoke with the registered manager, registered provider (owner of the company), two supervisors, training coordinator, scheduler and recruitment coordinator and three care workers. We also looked at a selection of staff records and other management records relating to the running of the service.

We contacted people who used the service and their relatives using questionnaires. We received 18 from people using the service and 3 from relatives. We also received 15 from staff. During our inspection we spoke

with five people who received a personal care service by telephone.

Before our inspection we reviewed the information we held about the service. We contacted the local authority, social workers and healthcare professionals who came into contact with the home to get their views.

Is the service safe?

Our findings

People using the service told us they felt safe and they had confidence with the staff provided. They told us that they never had any concerns about their safety. One person told us, "I feel much safer now since getting this agency. I've had other agencies and they weren't as thorough with checks. They took time to come and see me and discuss not only my needs but also checked over my house to see if it was safe."

A family member of a person in receipt of the service told us, "They are the only care agency I would trust my own family with. I have no concerns; it's been a relief to find them".

All the staff we spoke with told us that they would be confident reporting any concerns about the safety of people or the behaviour of other staff members. The care staff we spoke with told us they had received training in how to recognise and report abuse. They told us that they would always report any concerns and were aware of the procedure for reporting safeguarding concerns. They described how the training was very detailed and the agency's trainer used scenarios and small role plays to bring the training to life. One staff member told us, "The training full stop has been fantastic and the types of abuse was surprising to me but now I know what to look for and feel well prepared."

Home Instead took people's safety very seriously and this took a high profile across all areas of work. The registered manager told us, "We are always on alert thinking of how we can make people as safe as possible, from assessing their home to ensuring a really watertight programme of visits. We check that all visits are covered, and then check again."

People were kept advised of staff changes or delays in staff arriving to care for them; this reassured people that they had not been 'missed'. Staffing levels were maintained at a level that safely met people's needs because day-to-day scheduling took into account vacancies for staff as well as unexpected absences due to sickness and holiday leave. One person said, "The agency had a programming manager whose job it was to ensure reliability of visits to people. She told us, "I ring each caregiver (care staff) to check they know who they are visiting, then I let the person know who's coming each week, we double check this for weekend cover. We then have a post weekend report that is given to the manager. We are constantly tweaking to get it right."

The registered provider (owner of the company) was also very hands on and we saw that he often gave talks on crime prevention to care staff, local groups and one to one with people in receipt of care from the agency. We saw details of the latest talk which was on preventing financial abuse, recognising fraud, telephone/mail scams, cold calling and doorstep tradesmen. Other talks had been on safe driving for both staff and people using the service.

We saw that safe systems were used when new staff were recruited. All new staff obtained a Disclosure and Barring Service disclosure to check they were not barred from working in a social care service. The registered provider had obtained evidence of their good character and conduct in previous employment in health or social care.

Potential hazards to people's safety had been identified and actions taken to reduce or manage any risks. We saw that people's care records held important information for care staff about hazards and the actions to take to manage risks to themselves and the person they were supporting. We saw a good risk assessment to improve fire safety in one person's home. Everyone was assessed for entry to their home by care staff with assistance given to people having key safes installed. People told us they were also reassured by the use of ID badges and a company uniform for security reasons.

The staff we spoke with told us that they had completed training in how to support people safely. One member of staff spoke about this training telling us, "We cover all areas of keeping people safe. I had training on reducing the risk of falls. We looked at simple measures that can make a big difference like, checking on trip hazard - rugs and worn slippers, sticks and zimmers to hand etc."

People we spoke with told us there were enough staff to provide the support they required. They said they usually received care from a small team of care staff who they knew and felt secure with. Rotas we looked at confirmed that staff cover was well organised and an 'out of hours' emergency backup was in place. Staff reported that there had been no missed calls and that on occasions when there had been unforeseeable emergencies the owner and registered manager had helped out. They told us of a weekend when there had been heavy snow. The company owner told us of an initiative introduced this year to ensure staff safety by providing all staff with emergency winter packs that contained warm waterproof jackets, torches and flasks.

People told us that the service was reliable, with staff arriving when expected and having time to do what was expected. For example, one person told us, "I know who is coming and when and if ever they are the slightest bit late I always get a phone call." The organisation had contingency plans when they were short staffed or staff did not have transport to carry out the care.

People received the support they needed to take their medicines. Another example of safety being paramount with the agency was the creation of a new role of 'medication supervisor'. This person was dedicated to ensure that people received their medications safely and as prescribed. We saw detailed care plans and risk assessments on medicines.

The emphasis was on ensuring that people were supported to take their own medicines in the first instance. For example we saw a good example whereby a person with dementia was monitored and supported to be able to administer their own insulin injections. This allowed this person to maintain their dignity and promote independence in a way that was safe. The medicines supervisor had devised an "Insulin Passport" to be used with the person in conjunction with staff to ensure that this procedure was carried out in a safe way, which included the person also disposing of the needles.

Where staff were responsible for assisting people with taking medicines we saw that accurate records were kept of the assistance provided. The staff we spoke with told us they had completed training and had regular updates and competency checks in how to handle people's medicines in a safe way. One member of staff told us how they had forgotten to sign the medicines record for one person and that this had been picked up by the medicines supervisor. They said, "It was the nicest telling off I've had. But the importance was explained and I was offered more training."

Staff wore protective clothing such as gloves and aprons while carrying out personal care. People in receipt of this care said that staff were very good at washing their hands and using aprons and gloves. Staff told us that infection control was part of their induction training. This helped to ensure that people were cared for by staff who knew about infection control.

Is the service effective?

Our findings

We spoke with people who used the service about the care staff who visited them and if they had the skills and the knowledge to provide their care. People told us that the care staff were well trained, competent and good at their jobs. One person said, "The staff are very good and know me well now." Another person told us, "The carers have lots of training and any new girls come with a more experienced member of staff while they get to know me and are trained how to use my equipment."

Relatives we spoke with told us the staff were competent and provided the support their family member needed. One told us, "Home Instead have been a godsend when I did not know where to turn. I also am aware that if I need more help then they can provide it for all aspects of my (relative's) care which means she can indeed stay 'home instead' of having to move to a care home. My relative is 94 this year. I have spoken several times to the people at the office and have actually been down once when we were initially organising things and they were all really nice. I think they are enthusiastic and caring".

All of the staff we spoke with told us that they had received training before working in people's homes. They said they worked with experienced staff to gain knowledge about how to support people before working on their own. One staff member told us, "The training is very in depth. I worked shadowing experienced staff before working on my own. I was given a full weeks training in the office and felt really prepared well before I started working on my own".

We saw that new staff had undergone a thorough induction programme when they started work with the service. We were shown the training room at the agency's office and introduced to staff halfway through the induction programme. We saw that this training was classroom based and carried out face to face. The training officer told us that this was Home Instead's preferred style of training, even though it was a much bigger financial commitment than e-learning. The training officer said, "We make sure that the training we give is of a really good standard and check that it is aligned to the Care Standards Act."

The provider told us, and training records confirmed, that new staff went on to undertake the 'Skills for Care Certificate' to further increase their skills and knowledge in how to support people with their care needs. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. Where people had complex needs we saw that the staff who supported them had received specialist training in how to provide their care.

Records confirmed staff had received formal supervision meetings on a periodic basis; with those staff whose records we examined having attended either three or four formal supervision meetings during the previous 12 months. We saw that annual appraisals were also carried out in detail, with staff being expected to spend time preparing for the appraisal to look at areas for development. At least one of the supervisions was an observation of care practice and additional to this the supervisors dropped in to carry out spot checks of staff practices and behaviour.

The registered manager had good systems in place to record the training and supervisions that care staff

had completed and to identify when training needed to be repeated. This helped to ensure that the staff had the skills to provide the support that people needed.

The registered manager and all the staff we spoke with were knowledgeable about the Mental Capacity Act 2005 and how to ensure people's rights were protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. CQC monitors the operation of the Mental Capacity Act 2005.

Where people were not able to make or express their choices about their care we saw that the principles of the MCA had been followed. The care staff we spoke with also understood how to respect people's rights. They told us that they always checked that people understood and gave consent to the care they gave. We saw that people's care plans had clear details on people's capacity and ability to give consent and to make decisions. This helped to ensure their rights were protected.

People's dietary needs were outlined within their care plans and staff supported people with their budgeting, food shopping, meal preparation and checking whether food remained within its best before dates. Where possible, people were encouraged to maintain their independence.

People were supported to maintain good health. We saw that individuals' care records included guidance for staff about how to contact relevant health care services if an individual was unwell. They were supported to attend medical appointments where this help was needed. Staff were able to describe when they might work with other professionals, such as with psychology and psychiatric services. Each person's file had information about medical needs and a record of routine and specialist appointments was maintained. This meant staff had access to relevant information to help support people's health and wellbeing.

Is the service caring?

Our findings

People's experiences of care were overwhelmingly positive. The registered manager and owner spoke of their passion to give people the best support possible. We saw the service had a very strong, visible person-centred culture. To deliver this pledge the company had a policy of only accepting only one hour visits as a minimum. This they said was very important in ensuring that people felt respected and that their dignity was upheld by visits that could be paced to suit the needs of each person and that people never felt rushed. This they said gave carers time to spend with people so that they could have plenty of time to discuss their views on the care and service they received and generally to have pleasant conversations. People told us that they really valued this aspect of the service. One person said, "There's always plenty of time for chats. I can honestly say I'm not as lonely now." We found that people were treated with a great deal of dignity and respect.

The feedback we received from people using the service and their relatives was excellent. One relative told us, "Home Instead have been a godsend when I did not know where to turn. I also am aware that if I need more help then they can provide it for all aspects of my (relative's) care which means she can indeed stay 'home instead' of having to move to a care home".

People valued their relationships with the staff team and felt that they often go 'the extra mile' for them, when providing care and support. As a result, they felt really cared for and that they matter. Staff were exceptional in enabling people to remain independent and have an in-depth appreciation of people's individual needs. People told us, that they were consistently well looked after by staff that were exceptionally caring, understanding and compassionate. People felt like they mattered, they told us that staff were patient, and demonstrated empathy in how they spoke with people.

People told us that the staff were very friendly and always respectful. Staff knew what was important to individuals in how they were supported. One relative told us, "Apart from their professional expertise, the girls have always bonded extremely well with my [Relative], who is very fond of them. We all particularly appreciate their great sense of humour."

People expressed how well the staff knew them and their wishes and how they demonstrated thoughtfulness and respect saying, "My carers have all been friendly, helpful and good company. I especially appreciate their sense of humour and thoughtful attitude. The care workers employed by this firm are invariably kind and helpful." People told us staff did not rush when they were on visits and always had time to sit with people and chat. These were the comments people and their relatives told us that demonstrated how considerate staff are: "The staff are all so kind, they know what I like and always ask me if there's anything else they can do. They popped out last week and got me milk when I'd run out." And another said, "I like the way my carers treat me as a friend and involve me in their lives during conversations."

The registered manager and owner spoke of their passion to give people the best support possible. We saw that they were very hands-on and often covered shifts. Both the registered manager and the owner went out to introduce themselves to new people to 'make the service more personalised'.

The owner told us, "We will do anything within reason" and described helping a person with an "antiquated" electric scooter that had stopped working and the person didn't want a new replacement. The owner showed us the research he had carried out looking up old medical papers to find replacement parts, how he ordered them, and then used his skills as an engineer to fix it. The person was delighted to be able to keep this old scooter. This meant they could keep the old one they were familiar with and not have a considerable outlay for a replacement.

The provider demonstrated a commitment to enabling people to remain independent. An example of this was the frequent talks given to care staff, one was called, "Some driving tips for you to share with clients." When we spoke to staff they said, "We know how important it is for some people to keep a car and this was all about how we can help them do it safely." The owner also gave talks to the local community on areas such as fraud preventions, avoiding scams and nuisance calls. The registered manager said, "We like to think of ourselves as good neighbours. We are always here to offer support and advice." Staff had also been provided with winter driving emergency kits to keep them safe in the event of snow or a vehicle break down. In the summer the agency held an annual family fun day on the local village green for which the staff and agency raised money for. They arranged for people who use the agency to attend. These examples demonstrated some of the exceptional lengths the agency went to in order that people they supported, the care staff and the wider community benefitted from their expertise and to promote a community spirit.

There were many examples of the kind and caring attitude the owner and staff showed to people. People said they felt very reassured that they could call upon staff whenever they were needed. For example one person told us, "The staff are so kind and really do go the extra mile, the owner even came and changed a light bulb for me. I can't tell you how this sort of thing makes me feel so well supported and cared for. It's knowing that at all times someone is at the end of the phone. Don't get me wrong I hardly ring at all but it's just that knowing that somebody cares is the main thing." A carer who had won the agency's "Caregiver of the month award" for being praised for excellent support by everyone they gave care to said, "I am thoroughly enjoying the job and I adore my clients."

People were given the time and information they needed to make choices about their daily lives. We saw that care plans were written in a person centred way, outlining for the staff teams how to provide individually tailored care and support. The language used within care plans and associated documents, such as reviews and progress notes, was factual and respectful. The registered manager told us that new staff were always introduced to the person prior to the visit when they would receive personal care.

On observations to check staff competency's the person receiving care was always asked to comment on how they 'rated' the care given. We saw these records and all responses were extremely positive and complementary of the care and support given. Staff were passionate about not missing a care visit. The programming manager said, "It's so important to make sure we have all the visits covered. I think sometimes what it must feel like waiting for a carer to come. I know that people can get anxious and we always ring if staff are going to be a bit late."

All the staff we spoke with were highly motivated and inspired, by the owner and manager to offer care of the highest quality. A number of them spoke about the "mums test" and said that care should always be to the standard they would want for their relative. This level of commitment to get things right for people demonstrated both a professional and compassionate approach.

We saw that people were frequently asked about the standard of care and this would include the caring attitude and approach of staff. For example the programme manager had taken it upon herself to ring round people in turn to ask how they were and to see if they were still happy with the care on offer. While this was

informal, she described it as another way of testing out if people were happy with the service. She said, "It's so important to make sure we are looking after people in the best way we can. I like to have a catch up, have a chat and after a while people open up. This way we can make real changes. I love the relationships we all build here with our clients." This was an additional method built in by the agency as there were formal ways of checking that people were happy with the care, such as care reviews, questionnaires and spot checks by managers of the company.

Where appropriate staff prompted people to undertake certain tasks rather than doing it for them. For example where someone just required a prompt to attend to their personal needs staff would encourage them to carry this out themselves, only providing full support if and when needed. We saw for one person this meant that staff supported them by going shopping on their behalf to buy new bed sheets as they had no interest in shopping; this freed them up to do the things that interested them instead. But for other people we saw how this had been used as a 'trip out' to the shops with a stop at a café included. The service demonstrated very well that people were empowered and packages of care were tailored to enable people to live lives of their own choosing.

People receiving support and the staff we spoke with confirmed that the focus of the service was on respecting and promoting people's rights and choices. People were encouraged to maintain their independence and staff encouraged them to do as much for themselves as they were able to. A supervisor that we spoke with told us of a complex piece of work with one person with memory loss that was enabled to carry out safe self-administration of a medicine. This was broken down into small steps with staff observing and monitoring. The medicines supervisor told us, "We supported the ability that they still have. It's important to give people their self-respect back. This person is delighted to still be doing their own injections when there's so much they can't do now. We feel this is a major achievement and we are really pleased we can help."

The registered manager had links to local advocacy services that people could contact if they needed independent support to express their views or wishes about their lives. Advocates are people who are independent of the service and who can support people to make or express decisions about their lives and care.

The service, working with other professionals, helped to ensure outstanding end of life care so that people experienced a comfortable and dignified death. They were cared for by exceptional staff who were compassionate, understanding and enabling and who had distinctive skills in this aspect of care. The registered manager informed us of how supported people who were reaching the end of life. The agency had links with a local hospice and outreach professionals for guidance and support. Staff had completed an end of life course to develop their skills and knowledge in this area. We heard how one person who had a terminal illness was given the help to come to terms with this and was given the opportunity to develop a 'bucket list of things to do before I die' with staff help. This person was then supported by staff to go to Scottish country dancing, to a football match with a beer and to see swans, amongst other things on the list. We saw that some of these things were done by staff in their own time as they had forged relationships with the people. Staff also cared for and supported relatives of the person who was dying and they did this with empathy and understanding. For example we saw that the agency had taken it upon themselves to offer respite and had staff had spent time with a carer of a person who was terminally ill. This had been funded by the agency.

The need to maintain confidentiality was clearly stated in guidance to staff and staff were required to agree to the terms of a confidentiality statement. When asked, staff were clear about the need to keep matters private and to put care plans and daily notes away after visits. The staff also told us about the practical

measures they took to ensure that privacy and dignity were maintained, such as knocking on doors and closing curtains and blinds when offering help with personal care. Staff took their time to support people in the most appropriate way for that person because they had been given the time to do it. People we spoke with also confirmed that their privacy and dignity were protected and respected at all times.

Is the service responsive?

Our findings

People who used the service told us that it was responsive to their needs and wishes. They said their support was planned to meet their preferences and that if they requested changes these were agreed wherever possible. One relative told us, "Home Instead have always been most supportive in helping me care for my [Relative] at home: I would have found things very difficult otherwise." Another said, "I have never had any reason to complain and would certainly recommend them. They do listen and try to sort things out."

We looked at the written records of care for people who used the service. We saw evidence that indicated the service had carried out thorough assessments to establish people's needs. Based on these assessed needs the agency then formulated clear and concise care plans that were easy to understand. Copies of people's support plans were kept in people's homes. In addition the service had set up a new electronic system which meant that records could easily be accessed by staff at the location's office. Also office staff said that they could monitor and responded to any changes that people had requested.

Reviews of care plans were carried out regularly and involved the person receiving support, their relatives and health and social care professionals. We saw that the agency was very keen to promote independence and to ensure that people were supported in their lifestyle choices. We saw in a care plan that one couple were avid readers and didn't like to be taken away from this activity so care staff did other more mundane chores to allow them to read in peace.

Staff reported that they had been trained and directed to notice and report any changes to people's needs so that support could be arranged as soon as possible. We saw an example in one of these reviews where a person had been described as getting "A bit unsteady on their feet" and this had resulted in an occupational therapist assessing the person and aids put in the house to promote safe mobility. Another person was helped to retain skills that staff felt were waning due to their family being over supportive. Staff told us, "We started to do things together like making toast and a cup of tea and then even changing the bed. We made it fun and chatted the whole time. He was chuffed to bits as he took a real pride in doing things for himself."

We saw that care plans included an assessment of the person's practical abilities and dependencies for example sight, hearing, eating, drinking, personal care, health and mobility and described exactly how staff should support the person. We also saw how the agency was keen to look at the person as a whole and take into account their emotional, social and psychological needs. Staff spoke of developing 'Life Journals' for people with memory loss so that people's past lives were explored with family members. These journals included photographs and pictures that could be used by staff to strike up conversations and engage people in activities they enjoyed.

From speaking with people who used the service and looking at their care records, we observed that the staff were knowledgeable about the individuals they were supporting and about what was important to them in their lives. One person who was receiving support from the agency to care for his family member told us he was struggling one day and asked if the carer could stay longer to give him a break. He said this was sorted out straightaway and he was able to go into town for the afternoon. He said, "This is a regular

thing now, carers always ask if I need a break and it's in the care plan. It's all been sorted by the agency and it's taken a lot of stress off me."

Everyone we spoke with told us they knew how they could raise a concern about the service they received. The people we spoke with said that they had never needed to make a formal complaint, as they were very happy with the service they received. At the time of our inspection the service had no outstanding formal complaints.

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome. We saw that the registered manager had a robust system for auditing any complaints to ensure that deadlines were adhered to, and people received responses in a timely way.

Is the service well-led?

Our findings

People who used the service told us they were happy with the support they received. The relatives we contacted told us that they would highly recommend the service to other families.

People we spoke with made many positive comments about the management team and staff employed by the agency. They told us that the service was well managed and said they knew how to contact a senior person in the agency if they needed to. People told us that the service was "Very efficiently run".

The registered manager said that she and the owner often did informal visits she told us, "We pop out to see people for a chat to check that people were happy with the support given and we introduce ourselves at the start of the package. We strive to be open as possible to people who use us and staff as well."

People told us that they valued the service provided and said the registered manager and owner were committed to providing a really good service. They were asked for their views about the support they received. People received quality questionnaires to share their experiences with the registered provider. The owner said that they were aiming to be the market leader in the area and had recently scored 9.9 out of 10 on an independent website that was rated by people using the service.

There was a strong focus on continually striving to improve. The registered manager and the owner had carried out checks on how the service was provided and identified areas where the service could be further improved. For example they had identified, purchased and implemented a more efficient electronic care recording system to enable them to deliver a high quality service to people.

The infrastructure of the organisation was robust with good office space that included training rooms and an open plan office space. The registered manager told us that all levels of staff shared this space, including the owner and herself, and she felt this helped with team working and sharing information. The owner said, "We are constantly adapting and tweaking people's roles for the needs of the organisation and to utilise people's strengths." We saw as the organisation had developed roles such as medication's supervisor, training officer, visits programmer and recruitment coordinator had been created to ensure the efficient running of the service.

Both the owner and the manager demonstrated a real passion for providing really high quality care by putting people at the heart of all they do. The owner told us how they had high expectations of staff and gave them as much support and training needed to provide a really high quality service to people. The staff records we looked at showed that care staff were frequently observed carrying out their duties to check they were providing care safely and as detailed in people's care plans. This helped the managers of the agency to monitor the quality of the service provided. Staff told us, "We welcome being observed now." and that the organisation was "extremely open".

The culture of the service was caring and fully focused on ensuring people received the care and support they needed. The staff we spoke with were highly motivated and proud of the care and support they

provided. Care staff we spoke with told us that the management team in the service set high standards. They told us they felt well supported by the managers in the agency. One supervisor said, "We know it can be daunting for new staff, so we will offer shadowing and extra support sometimes up to five weeks. We want the care to be right and to the standard as if it were one of our parents." A member of staff told us, "The office staff have always been extremely supportive of me and my individual situation and I have used Home Instead for a close relative, they are the only care agency I would trust my own family with".

The management team wanted to show the staff how much they valued and appreciated their work and had introduced some new initiatives. For example they introduced a 'carer of the month' and 'carer of the year' award. Care staff nominated a colleague who received a 'thank you and gift'. To demonstrate appreciation of long standing staff, they introduced at annual appraisal a financial 'gift' that increased with each year's service. The service had a very low turn-over of staff.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered provider and manager showed effective leadership. People told us the service was well organised and managed. We looked at how the systems worked to ensure staff knew who to go to and what their needs were. We saw that information was sent out to staff by email and by telephone. We were told that this worked really well and meant people received an efficient service. The programming manager told us how she had systems to double check that visits were covered and she also routinely rang people up to check that they were happy with the service.

The provider had developed strong links with the local community. For example, they held stalls at local events such as health fairs and at job fairs. They had also held summer fetes, inviting local families and arranging for people who use the agency to attend. Any money raised from these events was donated to local charities. This promoted the agency as well as giving support to other local causes in the community. The owner also gave talks to local groups such as the Women's Institute and Age Concerns groups on Crime Prevention and Tips on safe driving. The management team at Home Instead promoted the importance and value of social care locally.

We found people's care records were fit for purpose and had been regularly reviewed to include pertinent details related to changing needs. Care records accurately reflected the daily care people received and were up to date. Medication records were of a very high standard and reflected the close scrutiny these were given by the medications supervisor. Records relating to staff training were also of a high standard and reflected the comprehensive training and supervision staff had received. We found that records were securely stored in the registered manager's office to ensure confidentiality of information.

We also checked the quality of the human resources and recruitment functions that the agency adopted and found these to be well-planned and managed. The agency employed a human resources manager and they told us of the methods they used to both market the agency and to recruit good quality staff. This included: the safe use of social media; a web page for recruitment and promotion; regular meetings with job centre staff; road shows and attending recruitment fairs; and leaflets and posters. The social media page was used to also pass on good practice tips and information that maybe useful to staff and people using the service, such as promoting dementia awareness and information of flu jabs.

Providers of health and social care services are required to inform the Care Quality Commission (CQC) of important events such as allegations of abuse. The manager of the agency had ensured we were informed of significant incidents in a timely manner. This meant we could check appropriate action had been taken.