

Kishi 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?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

The inspection was carried out on 22 November 2016. The inspection was announced. We carried out a follow up visit on the 24 March 2017 due to additional evidence sent to us by the provider as part of the factual accuracy process.

Home Instead Senior Care is registered as a domiciliary care agency, providing personal care and support to people in their own homes. The office is located in Tonbridge. The services provided include companionship services, home help services and personal care services. People can receive one visit or continued visits and overnight support can be provided when required. The service provides support for older people, some who are living with dementia, as well as people with physical or learning disabilities. The service is a privately owned franchise and the provider was involved in the day to day management of the service. At the time of the inspection the service was providing support to 23 people which included personal care being provided to three people. The care of these three people is the only part of the service that is registered with the Commission and as such our inspection focused on this aspect of the service only. Staff who work for the service and support people in their own home are called 'Caregivers', and these staff will be referred to as staff throughout the report.

There was a registered manager for the service, who was also the registered provider. 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 and associated Regulations about how the service is run. We refer to the provider and registered manager as the registered manager throughout this report.

The feedback about the service we received from people was positive. People using the service who received personal care expressed satisfaction and spoke highly of the staff. For example, one person said, "Yes, they (staff) are very helpful and caring". A person's relative told us, "We are very happy, they do a really exceptional job."

People received personalised care that was delivered by staff that understood what was important to them. Staff were skilled in meeting their needs and were creative in tackling challenges. People received a responsive and consistent service from staff they had developed positive relationships with. People who used the service felt they were treated with kindness and told us their privacy and dignity was always respected. Staff understood the importance of promoting people's independence and ensuring their retained their self-esteem.

The registered manager demonstrated an exceptional commitment to enabling people to live well with dementia. The registered manager had provided free training in dementia for families of the people the service supported. They gave examples of how this training had made a difference to the lives of the people they were supporting.

The service had suitable processes in place to safeguard people from the potential of different forms of

abuse. Staff had been trained in safeguarding people and in the whistleblowing policy. The registered manager had carried out risk assessments which included an environmental assessment of people's homes. Incidents and accidents were recorded and checked by the registered manager to see what steps could be taken to prevent these happening again. The registered manager ensured that they had planned for foreseeable emergencies, so that should they happen, people's care needs would continue to be met.

The service had robust recruitment practices in place to ensure staff were safe and suitable to work with people. Comprehensive training was provided and training was refreshed at regular intervals. All staff received induction training and they worked alongside experienced staff when they first started employment. Staff had their competency assessed before they were allowed to work on their own.

People were supported to choose a healthy and balanced diet. Where staff had identified concerns in people's wellbeing, there were systems in place to contact health and social care professionals to make sure they received appropriate care and treatment. People were supported to manage their medicines safely. The registered manager ensured that staff had a full understanding of people's care needs and had the skills and knowledge to meet people's needs. People received consistent support from staff who knew them well. People felt safe and secure when receiving care.

People were given information about how to make a complaint and the people we spoke to knew how to go about making a complaint if they needed to. People and their families thought the service was well run. People's views were obtained through meetings with the person and meetings with families of people who used the service. The registered manager checked how well people felt the service was meeting their needs, by carrying out quality surveys.

The registered manager was committed to continuous improvement of the service. Effective quality assurance systems were used to identify shortfalls and make improvements. There were processes in place to monitor quality and understand the experiences of people who used the service.

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 safe recruitment procedures. Staff were available to provide the support required. Staffing levels were flexible and determined by people's needs.

People were supported to manage their medicines safely.

Staff were informed about safeguarding adult procedures, and were aware of appropriate actions to keep people safe.

Management carried out risk assessments to protect people from harm or injury.

Is the service effective?

Good ●

The service was effective.

Staff received on-going training, supervision and appraisals.

People were supported to be able to eat and drink sufficient amounts to protect their health.

Staff were knowledgeable about people's health needs, and contacted other health and social care professionals if they had concerns about people's health. People were supported to stay healthy, active and well.

People were able to exercise choice and control in decision making.

Is the service caring?

Good ●

The service was caring.

People felt that staff provided them with good quality care.

Staff protected people's privacy and dignity, and encouraged them to retain their independence where possible.

Wherever possible, people were involved in making decisions

about their care and staff took account of their individual needs and preferences.

People had good relationships with staff and expressed satisfaction with the care they received.

People had been involved in planning their care and their views were taken into account.

Is the service responsive?

Outstanding 

The service was exceptionally responsive.

Staff had an excellent knowledge of how to support people to live well with dementia. They used creative approaches to deliver personalised and responsive care. People were involved in all aspects of their care and were supported to lead their lives in the way they wished to.

The service was flexible and responded quickly to people's changing needs or wishes. People's care plans reflected their care needs and were updated after care reviews or if people's circumstances changed.

People felt comfortable in raising any concerns or complaints and the provider took concerns and complaints seriously. People's views and opinions were sought and listened to. Feedback from people receiving support was used to drive improvements.

Is the service well-led?

Outstanding 

The service was exceptionally well-led.

The registered manager demonstrated outstanding commitment and skills in tackling the challenges faced by the people they supported. They went beyond the provision of the service to ensure that services in the local community were supported to understand the needs of their service users.

There was an open and positive culture which focused on people. People were asked for their views about the service and their comments were being listened to and acted upon.

The registered manager was aware of their responsibilities and role in providing high standards of care.

The registered manager maintained quality assurance and

monitoring procedures in order to provide an on-going assessment of how the service was functioning; and to act on the results to bring about improved services.

Home Instead Senior Care

Detailed findings

Background to this inspection

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

This inspection took place on 22 November 2016 and was announced. The provider was given 48 hours' notice of the inspection as they needed to be available during the inspection. The inspection team consisted of two inspectors. We carried out a follow up visit on the 24 March 2017 due to additional evidence sent to us by the provider as part of the factual accuracy process.

Before the inspection we looked at previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law.

During our inspection, we spoke with the provider/registered manager, and the quality training manager. Following the inspection visit, we spoke on the telephone with two staff who provided personal care to people, one person that used the service, and three relatives of people that received personal care.

We also reviewed a range of documents and records. These included three people's care records and four staff recruitment files. We looked at records relating to the management of the service, such as staff induction and training programmes; staffing allocations and completed incident forms. We also sampled the policies and procedures for the service.

At the previous inspection on 13 February 2014, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service safe?

Our findings

People who used services told us that they felt safe with the staff that supported them and had no cause for concern regarding their safety, or the manner in which they were treated by staff. One person said, "Yes, very safe, they (staff) are very good". Relatives said, "Yes, I feel my relative is safe with the staff", and "Yes, it is usually the same staff and it is safe". People described a service that was safe.

The service had a clear and accurate policy for safeguarding adults from harm and abuse. People were confident that staff had the knowledge to recognise and report any actual or suspected abuse. Staff we spoke with were aware of how to protect people from abuse and the action to take if they had any suspicion of abuse. They understood the different types of abuse and how to recognise the potential signs. Staff training in protecting people from abuse was part of the induction programme and there was on-going refresher training. The policy for safeguarding adults reflected the local authority safeguarding protocol, which was available to staff to make sure they followed the correct procedure if they needed to raise any concerns. Staff knew about their right to blow the whistle on poor practice in confidence to agencies outside the organisation. This meant that people were protected from the risks of harm and abuse.

Before any care package commenced the registered manager carried out risk assessments of the person's home, and for the care and health needs of the person concerned. Environmental risk assessments were thorough, and included risks inside and outside the person's home. For example, they carried out a visual check of electrical appliances that staff may use during their visits, such as the kettle or cooking facilities. They also included checks of gas and electrical appliances, and safe storage of cleaning materials. People's individual risk assessments included information about action staff were required to take to minimise the chance of harm occurring. Some people had restricted mobility and information was provided to staff about how to support them when moving around their home. In this way people were supported safely because staff understood the risk assessments and the action they needed to take when caring for people. One individual risk assessment informed staff that, 'Person walks with a rollator (walking aid) indoors and outdoors'. Staff we spoke with were aware of and followed this risk assessment.

The registered manager planned in advance to ensure people's care could be consistently delivered. There were policies and procedures in place protecting people from the risk of service failure due to foreseeable emergencies so that their care could continue. There was an out of hours on call system, which enabled serious incidents affecting people's care to be dealt with at any time. The registered manager had a policy in place to reduce the risk of people not receiving a service in the event of inclement weather. Staff who lived near to people's homes were made available to cover if required. The business continuity plan had an arrangement in place for 4 x 4 vehicles available should heavy snow occur.

Staff knew how to inform the registered manager of any accidents or incidents. Staff said they contacted the office and completed an incident form after dealing with the situation. The registered manager viewed all accident and incident forms, so that they could assess if there was any action that could be taken to prevent further occurrences and to keep people safe. For example, the registered manager had contacted the occupational therapy team on behalf of a person who was having frequent falls to arrange an assessment

for handrails to be fitted. They had also identified that the risk of falling could be reduced by providing additional walking frames so that there was always one available regardless which way a person got out of bed. As a result of these actions the number of falls had reduced.

People were supported to manage their medicines safely and at the time they needed them. One relative told us that the system worked well as and when support was required. Checks were carried out to ensure that medicines were stored appropriately, and staff signed to confirm when they had supported and assisted people with the administration of medicines. Each person had an assessment of the support they would need to manage their medicines themselves. This varied from people who were able to manage the whole process independently to those who required assistance. The registered manager would also recommend any additional aids such as automatic dispensing pill aids. Staff had been trained to administer medicines to people safely. Staff were informed about action to take if people refused to take their medicines, or if there were any errors. Records showed that people received the medicines they needed at the correct time and as prescribed by their GP.

Staff were provided to people in line with the support hours agreed. The service provided, as a minimum, a two hour call. The three people that were receiving personal care were in receipt of a minimum of four calls a week. The levels of staff support were determined by the number of people using the service and their individual needs. There were sufficient numbers of staff to cover all calls and meet people's needs. Staffing levels were adjusted according to the needs of people, and the number of staff supporting a person could be increased as required. People told us that they had no issues with timekeeping and were satisfied with this aspect of their care. People knew who was coming to support them and when. This consistent level of support was important to people so they could get to know their staff well. New staff were introduced to the person or their families prior to the package starting and also during the holidays of the regular staff. The registered manager focused on matching staff to people based on shared interests and personalities. They gave an example where a member of staff had been changed as there appeared to be a difference in personality. One person who had an interest in horses was supported by a staff member who shared that interest and volunteered at a stables. Another person loved wildlife and was allocated a staff member who shared this interest. The person's care records showed they fed the wildlife daily together. Staff knew people well as some had been with them for a number of years. They could anticipate people's needs and make suggestions to improve their safety and wellbeing. The service kept a log of any missed calls. The provider took these incidents seriously and records showed that once alerted, action had been taken to cover the call as quickly as possible.

The service had robust staff recruitment practices, ensuring that staff were suitable to work with people in their own homes. These included checking prospective employees' references, and carrying out Disclosure and Barring Service (DBS) checks before successful recruitment was confirmed. DBS checks identify if prospective staff have had a criminal record or had been barred from working with children or vulnerable people. Employment procedures were carried out in accordance with equal opportunities. Interview records were maintained and showed the process was thorough, and applicants were provided with a job description. Successful applicants were provided with the terms and conditions of employment, and a copy of the staff handbook. New staff were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people safely.

Is the service effective?

Our findings

People told us staff were well-trained and attentive to their needs. Feedback from people was positive. One person said, "They (staff) are very helpful, I like to have them around when I am having a bath". A relative said, "Yes, the staff know what is needed to support my relative". A quality assurance survey included the comments, "The carer does as requested and cooks excellent meals. Good company too", "All the staff are very well trained and do everything that needs to be done. Mum always enjoys the staff coming and I know that she is left safe and well", and "The staff are excellent. We have three, and each one has their own strengths which balances out well. It gives peace of mind to know exactly when they will be coming and that they will use their own initiative".

All new staff completed a four day face to face induction when they started in their role. The induction and refresher training included all the essential subjects, such as moving and handling, fire safety, safeguarding, first aid and infection control. This helped ensure that all staff were working to the expected standards and caring for people effectively. One member of staff said, "The training was comprehensive and good". Staff did not work alone until they had been assessed as competent to do so. Following the four day induction was a period of observation in practice under supervision to meet all competences of the Care Certificate (Skills of Care), as well as shadowing of experienced staff.

Staff told us their training was continuous. A recent staff survey gave the following comments about training, "I felt we were well prepared for our job. I especially appreciated the shadowing with a more experienced carer", "Training sessions are given to update our skills and ensure they are up to date" and "The training is very good. The trainers take time to make sure you all understand and are happy with what you do." A bespoke training module had been developed to support staff when facing situations that are challenging. For example, the registered provider told us that staff had reported concerns where requests were made by families that conflicted with the values of the organisation. The training was designed to help staff respond safely and appropriately, whilst still trying to accommodate people's wishes. There were three qualified trainers working for the service which enabled training to take place on a flexible basis such as at weekends or evenings for those staff who had other family or caring commitments. Staff were offered the opportunity to complete qualifications relevant to their role.

Staff told us they were supported through individual supervision and appraisal. Records seen confirmed this practice was consistent. Checks of staff performance were carried out in people's homes with their consent. People told us they thought it was good to see that the care staff had regular checks, as this gave them confidence that staff were doing things properly. Checks were recorded and discussed, so that staff could identify development needs and receive encouragement and feedback about their work.

Staff were trained in the requirements of the Mental Capacity Act 2005. People were supported to make their own decisions, using a range of different techniques to enable them to consent to their care. Staff understood and had a good working knowledge of the key requirements of the Mental Capacity Act 2005. They put these into practice and ensured people's human and legal rights were respected. Staff had a clear understanding of people's rights in relation to entering their homes and should consent not be granted were

aware of what action they should take. People were always asked to give their consent to their care, treatment and support. Records showed that staff had considered people's capacity to make particular decisions and knew what they needed to do to ensure decisions were taken in people's best interests, with the involvement of the right professionals. Where people did not have the capacity to make decisions they were given the information they needed and where appropriate, their family and friends were involved. People's care was planned and delivered to maintain their health and well-being. People were supported to maintain a balanced diet. One person said, "They always ask me what I would like, and give me the support I need". Care records evidenced the care and support needs that people had in relation to maintaining their health through eating and drinking. Care plans encouraged staff to offer plenty of drinks and staff said that they always left drinks in reach of people before leaving. One care record seen stated, "Staff to encourage person to drink frequently during their visit." People were also encouraged during the visit to continue with any mobility exercises and walking, as prescribed by a physiotherapist. This was documented as part of the care plan and where necessary the risk assessment.

People were involved in the regular monitoring of their health. Staff identified any concerns about people's health to the registered manager, who then contacted their GP, community nurse, or other health professionals. Each person had details of their medical history in their care plan, and information about their health needs. Care plan records showed that people were supported to contact their GP if there were concerns about their food and fluid intake or if they had lost weight.

Is the service caring?

Our findings

People told us that they viewed staff positively. One person said, "They are very kind and supportive", and another person said, "They always make sure I am okay". One person's relative said, "They are kind and compassionate and treat people with respect." People told us they had regular staff whom they knew well and people said they got on well with the staff that visited them. People saw the same staff at the same time each week, with some relationships having lasted for over three years. Staff told us this enabled continuity and consistent care.

Staff had developed positive relationships with people. The staff were organised to ensure that people received support from a small number of staff that knew them well. People said, "I have the same staff that I have got to know and get on well with." This showed that the registered manager took care to deploy staff that would meet people's individual needs. People valued and spoke highly of their relationships with the staff. They said that staff listened to people and respected their wishes. The registered manager told us, "Our staff don't wear uniforms. We want people to see us as equals and as a friend. I think we achieve this and it creates positive relationships."

People and their families told us they were involved in making decisions about their care and staff took account of their individual needs as well as preferences. Regular reviews were carried out by registered manager, and any changes were recorded as appropriate. This was to make sure that the staff were fully informed to enable them to meet the needs of the person. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and support was consistent with their plan of care. People were encouraged and enabled to remain as independent as possible. A staff member told us, "We aim to keep people at home for as long as possible. We believe that when a person moves to a care home, they lose their independence and, shortly after that, their identity." The registered manager identified changes to people's levels of independence and sought solutions to help people continue to do as much for themselves as possible. People's care plans showed that they were encouraged to be independent in their personal care.

Staff maintained people's privacy and dignity. Staff communicated effectively with each person using the service, no matter how complex their needs. In response to asking people if they felt staff respected their privacy and dignity, people said, "Yes, they do", and "Yes, I am sure they do." Staff ensured people's privacy when providing personal care. Some people wished to bath alone and require minimal assistance when transferring out of the bath or shower. This was detailed in their care plan for the staff to follow. Records showed that staff had advocated on behalf of people to challenge situations where a person's rights were being compromised. For example, staff had challenged staff in a hospital when a person was moved to a mixed ward that did not promote their privacy. Staff ensured that the care provided maximised people's dignity. A care record showed that a risk of spilling hot drinks had been identified for one person. Staff had considered using a lidded cup but had discounted this option in favour of cooling the person's hot drinks 'as it was more dignified.' A staff member described how they had supported a person to go out with their friend, but had made sure they had an emergency bag in case of any continence issues. They had discreetly made the person aware that it was there should they require it.

Staff had a good understanding of the need to maintain confidentiality. Personal records were stored securely. People's individual care records were stored in lockable filing cabinets in the office. Records held on the computer system were only accessible by staff authorised to do so as the computers were password protected. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

Is the service responsive?

Our findings

People described their staff as being "supportive" and "caring". They told us that the staff understood their needs and were skilled in providing the right amount of support. People said, "Yes, I have regular staff, I like them all." One person's relative said, "They have selected some very good carers that fit with her personality." They also said, "They are not just there to do the care tasks, they provide good companionship too." Another person's relative told us, "I have no problems, but would go to the manager if I wanted to discuss anything."

People's needs were assessed taking account of their preferences about their care. People received personalised care and support that was based on this assessment. People and those that mattered to them had been involved in identifying their needs and how these should be met. People's care and support was set out in a written plan that described what staff needed to do to make sure personalised care was provided. Their care plans contained information about their daily routines and things that were important to them. For example a cleaning schedule for one person detailed that staff were not to touch the person's desk. There was also information about the standards of cleaning they expected and the equipment to use. A staff member told us, "My job is to help people carry on with their life in the way they always have. We help people make adjustments to overcome any challenges they may face. Staff must never go in and rearrange a person's life." People's plans were reviewed on a regular basis or sooner if their needs changed. Staff recognised the importance of self-esteem for people and ensured this was taken into account when delivering care. For example, they supported them to dress in a way that reflected their personality and respected their right to privacy and independence.

Staff had an excellent understanding of how to support people to live well with dementia. Staff gave examples of how they responded in a personalised way to people's individual needs. They told us this was particularly important where people were living with dementia and experienced anxiety. Staff told us that one person consistently became anxious at 3.30pm saying they wanted to go home. Staff described the action they took to acknowledge the person's concerns and support them to get ready with their coat and bag. A staff member said, "You never say you are already at home. This would cause her great distress. We help her to get her things together and by the time we have done that she feels calmer and we can sit and have a cup of tea." Staff gave another example for a person who experienced Lewy body dementia that caused hallucinations. Staff told us that when they thought they could see animals climbing on their plants they became distressed. Staff said that, although it was a hallucination they reassured the person that they were removing the animals and this relieved the anxiety. These were excellent examples of acknowledging that people living with dementia may experience a different reality and require sensitive and skilled responses to meet their emotional needs.

Staff demonstrated that they were creative in their approach to providing personalised care. One staff member had found that a person they supported was struggling to eat independently. The staff member took in their lunch and ate with the person which provided role modelling and encouraged the person to eat. The registered manager had identified with a person that they wished to retain control of their menu planning and shopping, but a decrease in their mobility had made it difficult to access the shops. They

reviewed their care plan to include assistance to plan a weekly menu and do online food shopping. The appraisal notes for a staff member showed they had been praised on trying a number of different approaches to successfully support a person to take their medicines through a challenging time. Another staff member had used an innovative approach to encourage a person to drink more. They had worked with the person to identify ten different drinks they enjoyed and wished to try again. They then tried a range of different colourful mugs to capture the person's interest. This had been successful and was adopted by all staff.

A person living with dementia experienced memory loss that caused anxiety when they could not remember if family and friends had visited. Staff had set up a visitor's book for the person so that guests could leave messages. Staff told us they guided the person to the book each day to assure them of people's visits and that this had significantly decreased the person's anxiety. A person who used the service had become anxious when their relative had been admitted to hospital. Staff supported the person to telephone the hospital each day to talk with their relative and this helped to reassure them. The staff member told us "We repeated this as often as they needed to feel reassured."

There was detailed and personalised information recorded about people's hobbies and interests. Staff told us that one person had been writing a book for many years and, whilst their diagnosis of dementia presented challenges for them in continuing with this, the staff respected the person's wish to continue and enabled them to complete writing and computer based tasks that fulfilled their emotional and occupational need in this area. People were supported by staff to go out for social activities in the local community and to access local services, such as shops and health services. Staff knew people well and understood what they enjoyed doing. Staff told us of one person. "We are planning a trip to Hever Castle in warmer weather as it is their favourite place."

The service was flexible and responsive to people's individual needs and preferences. Relatives told us that the service was flexible and would provide the support that was needed. Care calls were a minimum of two hours to allow for staff to provide personalised care and support. Where people needed additional care this was provided. Examples were seen in the care records where staff stayed longer with a person, for example at their request to accompany them to an appointment. Staff had stayed longer to help a person settle at hospital when they were anxious. Staff told us that the registered manager supported them to provide additional support to ensure people's needs were met. There was a system in place for recording important information to be handed over to the next staff member following each call. This ensured staff had the information they needed to provide a responsive and consistent service.

The registered manager had a complaints and compliments procedure. The complaints procedure was clearly detailed for people within the 'service user guide'. The complaints policy available in the office showed expected timescales for complaints to be acknowledged and gave information about who to contact if a person was unhappy with the provider response. This included The Care Quality Commission (CQC) the Local Government Ombudsman (LGO). Records showed that complaints were taken seriously, investigated, and responded to quickly and professionally. One person said, "I would contact the office if I had any concerns, but I do not have any". Relatives told us that they felt confident they would be listened to if they made a complaint.

The registered provider carried out an annual survey of the views of people using the service. Comments received during the most recent survey included, "There is nothing to improve, this service is efficient, friendly and above all caring to the client", "They (the staff) are all interesting, on time and I enjoy the company", "Very friendly, keep me well informed", and "This company delivers a truly caring and compassionate service, enriching the life of the client and also being exceptionally supportive to the clients

families. The care given is in my experience unparalleled". The survey showed that 100% of people were satisfied with the quality of the service and there was a noted improvement, since the last survey, in the communication between people and the office. The registered manager told us that they visited people regularly to seek their feedback about the care provided and the staff that supported them. People had a photo chart of all the staff that supported them in their home. The registered manager used this to facilitate conversations about staff to enable people to give feedback.

Is the service well-led?

Our findings

People and their relatives were consistently positive about the service they received. People spoke highly of the management team. People, when asked if they were happy with the service they received said, "Yes, it's been very, very good" and "Yes, they are really helpful." One person's relative said, "Yes, it does seem to be a very helpful service". Another person's relative told us, "(The provider) and her team provide an excellent service."

The registered manager demonstrated an exceptional commitment to enabling people to live well with dementia. She worked as a dementia friends champion within the local community to deliver awareness sessions for members of the public to increase understanding of dementia and how they can help people. This had led on to supporting local businesses, which people using the service used, to become dementia friendly services. This included provided dementia training to pharmacies, shops and local health practitioners such as a person's foot health practitioner. The registered manager had trained over 100 people in dementia awareness within the local community. They had also provided free training in dementia for families of the people the service supported. We saw that these sessions had been well attended and positive feedback had been provided by the families that had received the training. The registered manager gave examples of how this training had made a difference to the lives of the people they were supporting. One family member had developed a life history book for their relative as a result of the training. Staff told us that they used this book with the person if they became anxious or were particularly withdrawn. Records showed that this had a positive effect on the person who 'came alive' and chatted with staff about their work and experiences when they were younger. Another family member had attended training and had been given information about acknowledging the anxieties of people living with dementia. They were able to respond appropriately when their relative was getting up in the night to go out and find their car. The relative put on a note on the door saying the car was in the garage. The registered provider told us that this had reassured the person.

The registered manager had provided assistance and information to people and their families to enable them to access support, funding and equipment to make their lives easier. The registered manager had chased X-ray results on behalf of a relative, signposted people to mobility equipment companies and supported people to make referrals for assessments of their mobility needs as needed. The registered manager had also helped a person's relative to contact the carers support agency to see if there was any assistance they could get with their caring role.

The registered manager had identified that there was a gap in local community services for people who were living with dementia to access exercise classes to help prevent falls. The NHS services do not accept people who are living with dementia onto their existing programme of courses. The registered manager worked in partnership with the 'good neighbours' scheme to obtain funding and set up a course of exercise classes specifically for people living with dementia. One person who received a service from Home Instead accessed this course and learnt how to get up safely from a chair to reduce the risk of falling. Notes in the person's care plan showed a fall had been avoided as the person was able to stand safely as a result of this course. A person's care plan showed they had expressed a wish to go swimming. The registered provider

won a bid for funding through the local authority innovation fund. They set up a hydrotherapy course for older people at a local rehab centre. Staff supported the person, and others, to access sessions at a hydrotherapy pool that would provide for their mobility needs. Records showed the person was regularly attending and enjoying the session.

The registered manager had a clear vision and values that were person centred. These values were owned by people and staff and underpinned all practice. Staff consistently provided person centred care and support which was clearly evidenced in the care plans and feedback from people. The registered manager provided leadership and used systems effectively to monitor the culture of the service. Observations of practice were used at regular intervals to monitor and ensure that high standards were maintained. These observations focused on how staff delivered the values of the organisation. For example, how staff responded to a person's distress, promoted people's independence and dignity and encouraged their self-identify and self-esteem.

The registered manager had developed a positive culture in the service encouraging staff and people to raise issues of concern with them. Staff said they felt they could speak with the registered manager if they had any concerns and they enjoyed working for the service. Our discussions with people, their relatives, the registered manager, and staff showed us that there was an open and positive culture that focused on people. Staff told us that the registered manager had an 'open door' policy which meant that staff could speak to them if they wished to do so. Staff told us there was good teamwork amongst staff. One member of staff said, "I love the job and the clients I support". The registered provider had a whistleblowing policy. This included information about how staff should raise concerns and what processes would be followed if they raised an issue about poor practice. The policy stated that all staff were encouraged to come forward and reassured them that they would not experience harassment or victimisation if they did raise concerns. The policy included information about external agencies where staff could raise concerns about poor practice, and also directed staff to the Care Quality Commission.

Staff felt supported in their roles. A survey of staff views had been carried out in 2016 and the results shared with staff through a newsletter in November 2016. The survey results showed that 100% of staff felt they were positively supported in their role and with their development needs and 97% felt the leadership of the service was excellent. The registered provider had developed a 'you said, we did' document to provide feedback to staff about improvements made following the survey. For example, staff had raised in survey that there was room for improvement in rewards and recognition. The registered provider had developed a plan to raise the hourly payment rate and develop different pay rates dependant on responsibilities. Staff with three years' service were taken out for a meal to reward them for their commitment to their roles.

There were effective systems in place to assess and monitor the quality and safety of service provision and any concerns were addressed promptly. Auditing systems had identified any shortfalls or areas for development, and action was taken to deal with these for example, refresher training for staff. These checks were carried out to make sure that people were safe. Accurate records were maintained and comprehensive details about each person's care and their individual needs. Care plans were reviewed and audited by management on a regular basis.

Policies and procedures were available for staff. The registered manager's system ensured that all staff were aware of procedures to follow and of the standards of work expected of them to provide safe, effective, responsive care and support for people. The provider/registered manager ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service. Staff knew they were accountable to

the provider/registered manager and they said they would report any concerns to them. Staff meetings were held and minutes of staff meetings showed that staff were able to voice opinions. We asked staff if they felt comfortable in doing so and they replied that they could contribute to meetings.