Dixon Dunn Care Solihull Limited

Home Instead Senior Care

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

Home Instead Senior Care, Solihull is a domiciliary care agency which is registered to provide personal care support to people in their own homes. At the time of our visit the agency supported 18 people with their personal care and employed 15 care workers and one senior care worker.

This was the first inspection of Home Instead Senior Care, Solihull since registering with the Care Quality Commission in June 2016.

A new manager was appointed in January 2017. The manager has submitted an application to us so they can be 'registered'. A requirement of the provider's registration is that they have a registered manager. 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.

Known risks, related to the delivery of care and support for people who used the service, had not been assessed and some risk assessments did not reflect people's current needs. This meant staff did not always have the information they needed to support people safely and to keep themselves safe. The manager was taking action to address this.

People who used the service told us they felt safe with care workers who were caring, kind, friendly and patient. Staff had been trained to understand how to protect people from abuse.

Staff had been recruited safely and received a comprehensive induction when they began working at the service to prepare them for their role. The quality of training care workers received equipped them with the skills and knowledge needed to support people effectively. Care workers practice was regularly checked to make sure they worked in line with the provider's policies and procedures.

The provider had not established effective procedures to check and monitor the quality and safety of the service people received. This meant the provider was not always aware of potential poor practice and areas where improvement was necessary. Systems to ensure medicines were managed safely were not always effective and required improvement.

People were involved in how their care and support was planned and delivered. Care records provided staff with information about people's backgrounds, preferences and needs to enable care workers to provide personalised care and build relationships with people.

Care workers had a good understanding of the people's needs and provided care in a respectful and dignified way. Care workers promoted people's privacy and encouraged independence. However, care records were not always reflective of people's current needs. This was being addressed by the management

team.

The provider had developed systems to gather feedback from people, relatives and others so they could use the information to improve the quality of the service provided. People saw health professionals when needed. Support was given to people who required help with eating and drinking.

There were enough care workers to meet people's needs effectively. All people using the service received their care visit from care workers they knew and with whom they shared a common interest or pastime. Care calls were consistently made at, and for the length of the time agreed. People were very satisfied with the service they received.

The registered manager understood the principles of the Mental Capacity Act 2005 and their responsibilities under the act. People's capacity to make decisions had been assessed and care workers had the information needed to understand which decisions people could make and those they needed support with. Care workers sought people's consent before care was provided.

People and relatives were confident the service was well run and well managed. Complaints were managed in line with the provider's policy. Staff felt supported and valued by the management team who were accessible and responsive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Some known risks associated with people's planned care and to ensure staff's safety had not been assessed. However, overall, care workers understood the risks relating to people's care and support. Systems to ensure the safe management of medicines were not always effective. The provider was taking action to address this. People felt safe with their care workers and there were enough care workers to provide people's planned care calls. Staff were recruited safely and care workers knew how to safeguard people from harm.

Is the service effective?

Good

The service was effective.

The manager understood their responsibilities under the Mental Capacity Act 2005. People's capacity to make decisions was established and recorded and care workers gained people's consent before care was provided. Care workers had been inducted into the service and had completed training the provider considered essential to ensure they had the knowledge and skills to deliver safe and effective care to people. Care workers supported people with their nutritional needs and to access health care when needed.

Is the service caring?

Good

The service was caring.

People were supported by care workers who were gentle, kind, friendly, polite and respectful. Care workers had a good knowledge and understanding of people's likes, dislikes and preferences. People were supported to be as independent as possible by care workers who showed respect for people's privacy and dignity. The provider promoted the well-being of people, relatives and staff.

Is the service responsive?

Good

The service was responsive.

People received their care calls at the times they needed from care workers they knew and who understood their individual needs. People's care was planned with their involvement. Care plans were personalised. However, some care plans had not been updated and did not reflect people's current needs. Action was taken to address this. People and relatives had access to information about how to raise a complaint. Complaints were managed in line with the provider procedure.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider had not ensured processes to assess and monitor the quality and safety of the service people received, were effective. Relatives and people who used the service were able to speak to the management team at any time. Staff felt supported by a management team who provided good leadership.

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.

Before we visited Home Instead Senior Care, Solihull we reviewed the information we held about the service, for example, the statement of purpose for the service and the 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. We were able to review the information in the PIR during our inspection.

We conducted telephone interviews with ten people who used the service and nine relatives of people to obtain their views of the service they received.

The office visit took place on 11 May 2017 and was announced. We told the provider we would be coming so they could ensure they would be available to speak with us and arrange for us to speak with care workers.

The inspection was undertaken by two inspectors and an expert by experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of care service.

During our visit we spoke with four care workers, the senior care worker, the deputy care manager, the learning and development coordinator, the manager and the provider.

We reviewed six people's care records to see how their care and support was planned and delivered. We checked three staff files to see whether staff had been recruited safely and were trained to deliver the care and support people required.

We also looked at other records related to people's care and how the service operated; including checks the management took to be assured that people received a good quality service.

Requires Improvement

Is the service safe?

Our findings

There were procedures to identify potential risks related to people's care, such as risks in the home or risks to the person. However, risk assessments were not always in place where risk had been identified and were not always updated with the most up to date information. For example, one person's medication administration record (MAR) indicated they had been prescribed 'thickener' to be added to fluids on an 'as required' basis. Thickener is prescribed to assist a person, at risk of choking, to swallow more safely. However, there was no information on the MAR about when this might be required, neither was there any information on this in the person's care plan. The deputy care manager confirmed the person was at risk of choking, but there was no risk assessment recorded for this. Neither was there any information from the (Speech and Language Therapy) SALT team. The SALT team complete assessments where people are at risk of choking, and provide guidance on what consistency food and fluids should be to reduce this risk.

The deputy care manager explained the person began using thickener a month ago, and that care workers needed to 'judge' whether they needed to use the thickener by giving the person fluids without thickener to 'see how they got on'. We were concerned this placed the person at significant risk, and we could not be sure care workers had the information they needed to keep the person safe. The deputy care manager acknowledged this and contacted health professionals during our inspection visit to establish what should be in place. We were told the senior care worker would meet with the person's family once they had received information and guidance from the SALT team and the person's doctor. We were assured the person's care plan, risk assessment and MAR would be updated as a matter of urgency.

We were told another person's mobility had deteriorated recently and as a result, risks had been identified when the person was moving around upstairs. We were informed a referral had recently been made to an occupational therapist (OT) to reassess the person's needs. Whilst there was evidence held electronically that the provider had contacted the OT, there was no information relating to this in the person's care plan. The person's risk assessment had not been updated to include the most up to date information, and there was no updated guidance for staff in the person's care plan. Whilst care workers told us they knew about these increased risks, we were concerned the lack of recorded information meant these risks would not be managed consistently, and the person might be at increased risk, of falling, as a result. We raised this with the deputy care manager, who acknowledged this was a concern and took immediate action to update the person's care plan and risk assessment.

The provider also assessed risks presented to care workers to ensure they were kept safe whilst supporting people. However, records showed when care workers reported incidents of concern; action had not always been taken to ensure staff's safety. For example, on 30 January 2017 a care worker reported a person had displayed verbal and physical behaviour's which the care worker found challenging. An incident form had not been completed and the person's care plan and risk assessment had not been reviewed or updated. We spoke with the senior care worker. Whilst they understood the action required to respond appropriately to the concern raised, which they told us included, "…filling in the log and an incident form and reviewing the person's care file", they confirmed these actions had not been taken. We were concerned this meant staff did not have the information they needed to keep themselves safe and to reduce the possibility of a future

reoccurrence.

Another care worker had reported a medicine error to the provider's 'on-call' service (management support outside of normal office hours), on 3 April 2017. This was recorded on a 'call log' along with details of the need to arrange additional support (shadowing an experienced staff member) for the care worker responsible for the missed medicine. We asked if the medicine error had been reported on an incident form and if the person's GP had been contacted for advice. The senior care worker told us they had not. We reviewed the staffing rota and found the care worker continued to support people with their medicines. However, they had not received any 'additional support 'or had their competency to continue to administered medicines safely re-assessed. The cause of the medicine error had not been investigated. The manager told us they would arrange medicines refresher training for the care worker as a priority.

We checked the relevant person's MAR, and found from 31 March to 3 April 2017, there were no gaps in medicines administered, and they had all been signed for. This did not correspond with the medicines error that had been reported. We discussed this with the deputy care manager, who could not explain the discrepancy. This meant we could not be assured people received their medicine as prescribed and that some care workers had the skills and knowledge need to administered people's medicines safely. The deputy care manager assured us they would speak with the care workers who had reported the error, as well as those who had signed the MAR to establish exactly what had happened.

Where people were prescribed medicines on an 'as required' (PRN) basis, there was not always information for staff on when the person might need such medicines. For example, we looked at three medication records where people were prescribed PRN medicines. Two people were prescribed creams in order to maintain good skin condition. Care records did not inform care workers as to when people might need these creams applied, and did not record whether or not the person could tell care workers when they needed them. We also found 'body maps' were not used so care workers could record and monitor where cream was being applied on a person's body. Whilst we did not identify anyone who had sustained damage to their skin as a result of this, there was a risk that PRN medicines, such as creams, might not be applied consistently.

We discussed our concerns with the deputy care manager. They told us PRN guidance was included on prescription labels, and should also be recorded on MAR sheets. However, they acknowledged there was no clear PRN guidance on MAR sheets and in order to ensure PRN medicines were given consistently, personalised information needed to be included in people's care records. They assured us they would review care records and add guidance.

Since our inspection the provider has informed us of the actions taken and those planned to ensure risks to people and staff are managed safely.

People who required support from care workers to take their medicine told us, "The staff ask me if I have taken my medication. They then write it up in the book.", And, "My carer gets my tablet out for me." A relative told us they had discussed and agreed the support their family member required to take their medicine when the service started. They added, "The staff always prompt [person's name] to take their medication."

Where people had chosen to administer their own medicines, this was clearly documented in people's care plans, along with confirmation that people had capacity to make this decision and understood the risks involved.

People who used the service told us they felt safe with care workers who supported them. One person

explained this was because care workers were reliable which meant they were confident of their care visit taking place. They added, "This means I don't have to worry." A relative told us the services practice of introducing care workers prior to them undertaking a care visit made their relative feel safe because the person knew who was calling at their home. They relative told us, "We would not continue with the agency if they [person] was not safe."

Staff had received training in how to protect people from abuse and understood their responsibilities to report any witnessed or allegations of abuse to a member of the management team. Care workers knew what to look out for that might be a cause for concern. One explained, "Bruising, changes in behaviour, someone acting out of character. That could be a sign of abuse. If I was concerned I would phone the office or on-call. I would log what I had done."

Care workers knew who to contact if they felt their concerns were not taken seriously and people might still be at risk. One care worker explained the provider had a whistleblowing policy which they could use if they thought their concern was not being addressed. Whistleblowing is when an employee raises a concern about a wrong doing in their workplace which harms, or creates a risk of harm, to people who use the service, colleagues or the wider public. Another staff member told us, "If I didn't think it [concern] was dealt with, I would follow it up to make sure something had been done."

The provider's recruitment policy and procedures minimised risks to people's safety. The provider ensured, as far as possible, only staff of suitable character were employed. Prior to staff working at the service, the provider checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. Staff confirmed they were not able to start working at the service until all pre-employment checks had been received by the manager.

There were enough care workers available to support people at the times they preferred, and people received the support they needed. One person told us," The staff arrive on time, they are very punctual. I have never been missed." A relative explained whilst staff mostly arrived on time, "If there is a problem, a couple of times the car broke down, the agency calls and asks if [person's name] would like someone else or are they willing to wait." The relative told us they found this 'reassuring'.

The deputy care manager confirmed there were enough care workers to allocate all the planned calls people required. They told us, "Care givers now have a 'set schedule' so they know who they are going to and how many hours. The client knows who they are getting and the time of the visit." They deputy manager told us continuity for 'clients' was very important, they said, "Matching care givers to clients is central to what we do. It may be a shared love of animals or gardening." They added, "If we can't make a good match we explain and ask people if they would like to go on our waiting list. We have two people on the list at the moment because we need to recruit more caregivers."

The provider told us recruitment was one of the services biggest challenges and they had recently appointed a 'recruitment coordinator' to address this. They told us, "We will not take clients on until we get the right people [care workers] to give good quality care and continuity. I am very clear we will stall the business growth until the right staff are in in post."

Good

Is the service effective?

Our findings

People told us care workers had the right skills and knowledge to meet their individual needs and preferences effectively. One person told us, "Certainly the staff know how to wash hair correctly which is wonderful. The staff come across as someone who knows what they are doing." A relative told us they were confident care workers were 'well' trained because, "The staff notice things and let me know. An example, [Person's name] has falls; the staff asked me about the bruise on the hip they had found. Staff seem to know about guidelines."

Staff told us they had an induction when they first started working at the service. Care workers said their induction was 'very comprehensive' and included completing training the provider considered essential to meet the needs of people using the service. This included working alongside experienced and established staff before they worked unsupervised. Recently recruited staff told us their induction had prepared them for their role and they felt well supported as they started working for the provider.

Induction training included supporting new staff to achieve the national Care Certificate. The Care Certificate assesses care workers against a specific set of standards. As a result of this, care workers had to demonstrate they had the skills, knowledge, values and behaviours expected from care workers within a care environment to ensure they provided high quality care and support. Staff told us in addition to completing the induction programme; they had a probationary period to check they had the right skills and attitudes to work with the people they supported. Records showed new care workers were signed off as being competent by a senior member of staff once they had completed their induction.

We spoke with a senior staff member responsible for assessing care workers competence, both during their induction period and afterwards. They told us they had been unsure about how to do this effectively, so had raised their concerns, "I spoke to [manager] who arranged for me to have a regular catch up with [training coordinator] so they could share how to assess competence and make sure I was confident. It felt like all the jigsaw pieces needed to fit in and now they do."

Staff told us how they were supported to develop their skills, knowledge and confidence through on-going training. A care worker told us, "We get good training and management support, which allows you to share your strengths, and to get support to develop if you have any weaknesses. The whole support mechanism is very solid." Another said, "Training is available all the time. If I felt I needed training in something specific I would ask and they [management] would sort it. I am doing my social care diploma at the moment."

Staff told us how they put their training into practice. For example, one care worker said, "We did fire safety training. It told us about a free service we could refer people to so they can check people's homes for safety. There is someone now who I think will need a referral so I am going to talk to them and make a referral if they agree." Another told us they had attended a mobility course which helped them to understand what it felt like to use a walking frame. They said, "The training benefits the client."

We spoke with the learning and development coordinator responsible for training. They told us they used a

combination of learning styles and different techniques to make training interesting. They said, "I have tried to liven up the training to make it a bit more fun, this helps them [staff] remember and understand the training. I get the care givers to experience things so they can relate to the feelings and emotions clients may experience. For example, care givers wear items from a 'sensitivity box' such as glasses designed to experience what it is like to undertake day to day tasks with limited, or no sight and as part of moving and handling training care givers are moved around in a hoist so they understand how the clients may feel."

A training matrix maintained by the service showed all staff had completed training the provider consider essential and this was up-to-date.

Care workers told us they had regular one to one meetings (supervision) with a member of the management team, which they said were positive and helped them be more confident and more effective in carrying out their role. One care worker commented, "We get regular supervisions and very regular spot checks. In a recent supervision meeting I brought up I wanted more medication training and within a few days it had been sorted." Records showed senior staff regularly observed care workers providing care, with people's agreement. Senior staff checked this was done according to the provider's policies and procedures, and that the care was of a good quality.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the MCA. We found the manager understood the relevant requirements and their responsibilities under the Act. They confirmed no one using the service at the time of our visit had restrictions on their liberty; however they were aware of when this may be applicable for people.

Staff understood the principles of the MCA and told us they had received training to help them understand the Act. Care workers were clear people had the right to make their own decisions, and supported people to make decisions where they had the capacity to do so. We saw care worker had been issued with miniature booklets from 'skills for care' to carry with them which reminded them of the five important principles of the MCA.

People's care records included information about what decisions people could make for themselves and those where they needed support. Where it had been assessed a person did not have capacity to make a particular decision, care records provided clear instruction for care workers to follow on what action they should take including, where required contacting people authorised to make decisions on behalf of the person. Care records included evidence of this. One care worker told us, "There are a couple of people we support who have dementia. They might not know what was in their best interests. So, we make best interests decisions if it is something small like someone not getting dressed when it is cold… For bigger decisions such as someone being restricted from leaving their house, that would go higher (report to manager)…"

Care records detailed how decisions had been made in people's best interests, and who had been involved. For example, one person had been assessed as not having capacity to agree to an increase in their care package to keep them safe and improve their quality of life. A capacity assessment was recorded, as was a

'best interests' record which demonstrated how the provider had followed the MCA code of practice in making a decision to increase care provision in the person's best interests.

People and relatives told us care workers asked their permission before providing care and support. One relative told us they had heard care workers gaining their family members consent at the start of each care call. Staff demonstrated they understood the importance of obtaining people's consent. One told us, "I always ask clients how they prefer things to be done and to get their permission. That's their right."

Most people we spoke with prepared their own food or had relatives that supported them with this. People who were reliant on care workers to assist with meal preparation told us choice was offered and drinks were given where needed. One relative described how care workers offered their family member 'lots of choices' to try to encourage them to eat because their appetite had reduced. Where care workers supported people with food preparation, care plans included information for care workers on what people liked to eat. For example, one person's care plan stated, "[Name] likes to have a sandwich for lunch and likes BLT, prawn and ham."

Whilst people told us they managed their own healthcare or had relatives that supported them with this, they were confident care workers would provide support if required. Care workers gave us many examples of times where they have helped people to get medical attention. One care worker said, "I noticed someone had marks on their skin that had changed shape. I logged this and told the office, who helped organise a doctor's appointment." Records confirmed the service involved other health professionals with people's care when required including district nurses, occupational therapists and GPs.

Good

Is the service caring?

Our findings

People using the service spoke positively about the care workers who supported them. One person told us they looked forward to their care visits because they had a 'laugh and joke' with their care workers which they enjoyed. Another person told us their care workers had a caring attitude. They explained, "One day I was a bit off colour, the next day my carer phoned me to see if I was feeling better and it was her day off."

A relative described care workers who visited their family member as 'fabulous'. They added, "They do a hard responsible job and I feel confident they are doing a good job." Other relatives told us care workers supporting their family members were 'patient, gentle, kind, friendly, polite and respectful'.

People told us they were supported, where possible, to maintain their independence. One person said the support they received enabled them to continue living independently in their own home. This was important to the person. They said, "I do not want to go into a home, I want to stay here." A relative described how care workers used conversation and laughter to encourage their family member to "help themselves."

Staff understood the importance of helping people to be as independent as possible. Talking about one person they supported, a care worker told us, "One person liked to bake cakes but was struggling so we helped them get a high sided mixing bowl and a longer spoon, so they were still able to bake in the kitchen which they really wanted to do. They are now planning to host a tea party." Another staff member said, "Most people we support can do some things for themselves but it takes time. Just by prompting not doing for. With personal care for example, I ask people's opinions and choices, help to empower them. Picking their own clothes for example."

Everyone we spoke with told us they were involved in planning and reviewing their care and support. For example, people had signed to say they agreed with their care plans. People told us they felt in 'control' because care workers ensured they supported people in the way they chose. One person commented, "I have a very good relationship with the girls. They are always asking me what I would like them to do. If they have a bit of time left I tell them to go but they won't. Instead they use their common sense and do things like taking the rubbish out."

People's care records included information on people's likes and preferences, as well as their personal histories where they, or their family, had agreed to share this information. This helped staff talk with people over shared interests, or communicate with people positively. For example, one person's care record informed care workers the person enjoyed watching television and detailed their favourite programmes. Care records also encouraged staff to take people's needs into consideration when supporting them, so they felt comfortable. For example, one person's care plan stated, "Care givers will be patient throughout and may need to take breaks to allow [name] to relax into the situation."

Care workers told us how they supported people in ways that improved their well-being and quality of life. One told us about a person who loved gardening but could no longer access their garden. They said, "So, we

brought the garden to her. She is now growing plants in her room. It is really bringing life back to [person]." Another care worker explained how they were supporting a person living with dementia to retain control over their care. They told us,"[Person's name] is forgetting what they want to ask care givers to do, so I have been helping them write down all the things they feel are important so they can show this to us if they have forgotten." The deputy manager told us how a care worker had used their knowledge of a person's 'love' of music to improve the person's physical and mental health. We were told the person, with support from their care worker, had arranged a party to thank everyone involved in their recovery.

The provider had recently introduced a monthly 'Hour of Love'. This was where office staff set aside an hour of their time to telephone people or staff who were feeling low. The aim was to offer emotional and psychological support and to check they were okay. The provider told us, "Staff have already responded positively to this extra support. It's another way of showing we care."

We saw a "Still in our thoughts" folder which contained 'order of service' cards for people who the service had supported, but had sadly passed away. We were told, "It will be there so anyone can take a few minutes to look and remember clients we have cared for." In remembrance of another person the service had supported staff had planned a McMillian coffee morning. One staff member told us, "We are inviting clients, staff, relatives and the local community. Everyone is welcome. It's a way of remembering and a sign of respect."

People's privacy and dignity was respected by care workers. One person said their care workers were 'very mindful of things like that." A relative told us, "I was concerned before the agency started about things like respect and privacy and providing the basic forms of care." They added, "but I have no concerns since using this agency. I feel confident about the care given."

When discussing privacy and dignity with care workers we were told, "You have to build a relationship and let it grow. Until people are happy it won't work. We had one person who was very reluctant [with personal care]. But, you start small and persuade people to have their hair washed for example, and then you can build their trust and do more." And, "It can be embarrassing for people. You have to reassure people it is okay. You have to go at their pace."

Office staff told us no one using the service at the time of our inspection, required the support of an advocate. However, we saw information about advocacy services, in the form of a leaflet, was provided to people when the service stared. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People's records held in the office which contained personal information were secured and kept confidential. Care workers told us they understood the importance of maintaining people's confidentiality.

Good

Is the service responsive?

Our findings

People and relatives told us they were very satisfied with service they received because the service was reliable, was provided by care workers they knew and who were responsive to people's needs. One person said, "They [care workers] are never late and have never missed me." Another person told us, "My carers know all about my likes and dislikes. They are very experienced." A relative whose family member had been using the service since March 2017 told us, "The small team on the rota really do understand [person's name]."

We looked at the call schedules for four people who used the service. These confirmed care calls were planned in advance, at the times agreed and people were allocated regular care workers.

Care plans were written in a personalised way, and included information for staff on people's likes, dislikes, preferences and history. Some plans included instructions for care workers about what to do on each visit. For example; what personal care support people required and how staff should provide this support. However, we reviewed other care plans which lacked the required detail and did not reflect people's current needs. For example, one person's care plan had not been updated to show advice had been sought from a specialist health care professional. We were concerned this meant care workers did not have clear information to ensure they supported the person safely. The deputy care manager gave assurance they would take immediate action to update care records.

Staff told us they had time to read people's care plans, and that they were updated if people's care plans changed. One care worker commented, "I read the full care plan before I start a new call. If something changed, the office phone or e-mail me with any changes." Another told us care records in people's homes were updated by one of the office staff when 'something' changed. However, this conflicted with some information we reviewed during our visit.

Despite omissions in some care records care workers demonstrated a good understanding of people's care and support needs. They told us this was because they had consistent care calls, which helped them get to know people and be better able to respond to their needs. One care worker said, "We never go to anyone we haven't met or been introduced to. They [office] try to match you up with people where you have shared interests, a love of animals for example. Or, it might be that you have particular skills or knowledge, dementia for example. I have a number of clients with dementia."

Care workers used other information about people's life history to help them build relationships and effective communication with people. For example, people living with dementia and their families were encouraged by care workers to complete a life journal. This included recording the person's 'strongest memories and accomplishments'. We saw one person had completed their journal using photographs to show the different stages of their life, special memories, family traditions and what was important to them. One care worker told us, "The journals really help to understand a client's life and we can have lots of conversation about different things."

Prior to the service starting, people were assessed by a member of the management team to ensure their needs and expectations could be met. The deputy care manager told us, "Our assessment is very thorough. We are honest and do not take people on if we can't provide a good service, like if we haven't got the right care giver or enough care givers. If that happens we explain and ask people if they would like to go on a waiting list."

People, relatives and staff told us care workers had sufficient time to carry out care calls without having to rush and had flexibility to stay longer if required. Comments made, "The minimum call time is one hour so there is plenty of time…", "What is good with Home Instead is you have time. I think this is a really refreshing view on care.", And, "They [care worker] are very patient they take as much time as needed. They wouldn't leave if I needed more help."

People using the service and relatives had access to a complaint procedure. Information about how to complain was given to people when the service started. Everyone we spoke with told us they had no cause to complain about the service. However, they knew how to raise a complaint or concern. Most told us they would telephone the office and speak with 'one of the managers'.

Staff told us what action they would take if someone wanted to raise a complaint. A care worker told us, "I would gather some initial information without expressing an opinion and would reassure the person. I would ask them what they wanted me to do but would explain that I would report it." The provider kept a record of any complaints or concerns raised about the service. These showed complaints were recorded and responded to in accordance with the provider's policy and procedure.

Records showed the provider had received a number of compliments about the staff and service provided. For example, one relative had written, '…thank you so much. I feel so relieved we are in such good hands. Mum really liked them [care workers] which is lovely.' Another commented, '[Staff member's name] thank you for contacting me. I really appreciate the way you keep in touch with me.

Requires Improvement

Is the service well-led?

Our findings

We found, audits and checks to assess and monitor the quality of the service had been completed but were not always effective. For example, care plans had been audited, but had not identified that no PRN guidance was included in people's care records, or that one person who was at risk of choking did not have a risk assessment in place for this and that instructions on when staff should thicken the person's fluids to reduce the risk of harm were not clear. This meant staff did not have accurate information about people's needs and how to provide care and support safely.

Some audits processes were not sufficiently detailed to enable them to be effective. For example, audit tools used to check care plans asked if certain documents were included in care records, but did not ask how up to date and accurate these documents were. We discussed this with the deputy care manager. They acknowledged audits were not effective and made some immediate changes to the care plan audit tool. The manager assured us the senior team would meet to discuss how these could be further improved.

Incidents which could affect the safety of people who used the service and staff had not been correctly documented or actioned in line with the provider's procedure. And, systems were not in place to ensure this information was analysed to identify any patterns or trends and to reduce the possibility of a reoccurrence. For example, a known medicines error had not been fully investigated and the identified need for staff refresher training had not been followed through. The manager told us, "We have worked really hard to implement systems and process. Now we need to move to the next stage and set up systems to ensure these are followed through." We observed the manager began to address this during our visit.

In addition to quality checks completed by the management team, records showed audits were completed by other directors from the provider organisation. These looked at staff files and people's care records, amongst other things, to assure the provider the service was being delivered to a high standard. We saw an audit had been completed in February 2017 which made a number of recommendations. The services 'business improvement plan' confirmed these had been addressed. For example, the manager had submitted an application for registration with us.

Everyone we spoke with was positive about the service they received and how the service was managed. Comments we received included, "I would recommend the agency to anyone, I am very happy with what they do.", "I feel it is well managed, there is great communication between myself and the company, I am kept in the loop with emails and phone calls.", And, "I was very impressed with the agency. Two of the managers came out to see me, at the beginning, with the person [care worker] they felt would suit me. And I do get on with that person."

The provider and manager had a clear overview of the service, including where improvement was needed. The provider told us these had been identified following the resignation of the previous registered manager in December 2016 and included, staff recruitment, scheduling of care calls, care planning records, staff support and reporting systems and quality monitoring. The provider told us, "We realised we were not where we needed to be." They explained the required changes were being made through,"…the sharing of

resources (office staff from within the provider group) to implement best practice." They added, "The last few months have been a whirlwind, especially with the unexpected office move but we are pretty close to where we should be."

The manager told us they had been providing management support at the service one or two days a week since January 2017 and had submitted the required application for registration with CQC. The manager was also registered to manage another service within the provider group. They said, "When I came over the service was not compliant. I have done a lot of work. The biggest challenge was to turn the staff around. Everyone had worked really hard and now the staff are really engaged." They added, "We [provider and manager] have done lots of talking about what has been achieved and what is needed. Now we just need to make time to formalise everything and put it on paper."

People told us they were encouraged to share their views about the service they received through a system of telephone calls and home visits from office staff. One person told us, "The manager spoke to me last week and asked how things were; I told them very good I have no complaints." The deputy care manager explained a member of the management team 'always' contacted people after their first and second care visit to check people were happy with the service and felt compatible with their care worker. Records showed quality monitoring through telephone and home visits continued on a minimum quarterly basis.

The provider informed us on their PIR they had commissioned an independent company to conduct an annual satisfaction survey. They stated the survey would, "...be completed by clients, relatives, and staff. The results will be shared and used to continually review the service and will help us to maintain our focus on providing a quality driven service." During our visit the manager explained this work was due to begin on 1 June 2017. They told us that following analysis of the results of this, an action plan would be developed to address any areas for improvement.

The provider also learnt from people's feedback collected by an independent organisation which gathered information about services provided from domiciliary care providers. The deputy manager told us they gave out leaflets for people to complete about their experience of the service provided by Home Instead Senior Care. However, we read minutes of a recent staff meeting which advised staff only to give these leaflets to people who were likely to submit a positive review. We shared our concern about this with the manager who told us they would look into the issue further.

Care workers told us they had opportunities to meet together as a team to discuss practice issues and what was happening in the service. One said, "Yes, I have been to a few [meetings]. They ask us how we are going, but also share good stories and compliments with us which is good. We talk about issues that have been raised… we are asked if we need more training." Records confirmed this. For example, minutes of a recent meeting showed the manager had shared an example of a MAR that had been completed incorrectly. Staff had been asked to identify the errors and a discussion had taken place about how these could be avoided and to ensure staff were clear on their responsibilities.

Staff also told us the provider supported the staff team to interact and get to know each other, which helped them feel positive about working for the provider. One staff member said, "The team are really good. They [provider] organise nights out for us so we aren't isolated. It can be lonely so that helps us get to know each other." The provider told us they, "Enjoyed" creating opportunities for staff to engage with each other. They said, "This assists in creating a positive atmosphere and helps to show staff they are valued."

Staff told us they felt supported and valued by the management team which boosted their confidence and made them more committed to their role and to people. One care worker described using the 'on-call'

system to seek management support outside of normal office hours. They told us, "It works well." Another said, "They [managers] will ring you if you have done something you consider is normal and praise you for it. We are a very good team." The provider also recognised staff contributions through the presentation of an 'above and beyond' certificate. The award was presented to staff at a team meeting along with a small gift to 'reward' them for their hard work.

The provider worked in partnership with other organisations and was active in the local community. They told us this was important to them in order to help people living in the locality. For example, they had taken part in local fund raising event, and had utilised the links made with Age UK to train staff so they could raise awareness of a 'winter warmth campaign' with people who used the service and relatives.

The provider told us, now the new manager was in post they planned to focus on expanding partnership working and to widen community links. They explained plans were already in place to develop a newsletter to raise awareness of the service within the local community. There were also plans to run a free dementia education and training workshop for family members and other unpaid carers. The provider told us this was a 'condensed' version of City and Guilds accredited training programme which they used to train and equip staff to support people living with dementia. They commented, "It helps those caring for a family member with dementia to gain more knowledge and information about how they can support their loved ones and look after themselves."

The provider understood their responsibilities and the requirements of their registration. For example, they had sent notifications to us about important events and incidents that occurred. The also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations.

The management team at Home Instead Senior Care, Solihull told us they were committed to the continuous provision of high quality care. The provider said, "We are frustrated because we are not as far forward as we had hoped. But we are on a journey, I am very passionate about providing high quality care and I now have a very good team who share that. We want, and will get it right."