Nicholson Care Ltd

Home Instead Senior Care Basingstoke

Inspection report

Eastlands Court,
Wade Road,
Basingstoke,
Hampshire
RH24 8FA
Tel: 01256 840660
Website: www.homeinstead.co.uk/basingstoke

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection was announced and took place on the 3 and 4 November 2015.

Home Instead Senior Care Basingstoke (referred to as Home Instead) is an agency which provides personal care and support to people who live in their own homes in Basingstoke and the immediate surrounding areas. People who receive this service include those living with dementia, people with medical conditions including diabetes and those receiving end of life care. At the time of the inspection the agency was providing personal care to 21 people. Care was being provided by domiciliary care staff the agency called 'care givers' and is how they will be referred to throughout this report. Domiciliary care is where care givers visit people in their homes to provide them with personal care and support.

Summary of findings

Home Instead has a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service told us they felt safe. Care givers understood and followed guidance to enable them to recognise and address any safeguarding concerns about people.

People's safety was promoted because risks that may cause them harm in their home had been identified and managed safely. People were supported by care givers who encouraged them to remain independent. Appropriate risk assessments were in place to keep people safe.

Robust recruitment procedures were in place to protect people from unsuitable staff. New care giver induction training was followed by a period of time spent working with experienced colleagues to ensure they had the skills and confidence required to support people safely.

Contingency plans were in place to ensure the safe delivery of care in the event of adverse weather conditions and to protect the loss of care delivery if a power cut effected the main office. The registered manager and office staff were also trained care givers who were able to be deployed to deliver care if care givers reported sick or were behind on their agreed appointment times.

People were protected from unsafe administration of their medicines because care givers were trained effectively. Care givers had completed mandatory training to ensure people's medicines were being prompted, administered, stored and disposed of correctly. Care giver skills in medicines management were reviewed on a regular basis by appropriately trained senior care givers to ensure they were competent to continue.

People were supported by care givers to make their own decisions. Care givers were knowledgeable about the requirements of the Mental Capacity Act (MCA 2005). The service worked with people and relatives when required to assess people's capacity to make specific decisions for themselves. Care givers sought people's consent before delivering care and support.

People were supported to eat and drink enough to maintain a balanced diet. People told us they were able to choose their meals and enjoyed what was provided. Records showed people's food and drink preferences were documented in their care plans and were understood by care givers.

People's health needs were met as the care givers and registered manager promptly engaged with other healthcare agencies and professionals to ensure people's identified health care needs were met and to maintain their people's safety and welfare. Personal care visits were operated on a minimum of a one hour appointment time to allow care givers to spend additional time supporting people with any additional needs.

Care givers demonstrated they knew and understood the needs of the people they were supporting. People told us they were happy with the care provided. The registered manager and care givers were able to identify and discuss the importance of maintaining people's respect and privacy at all times. People were encouraged and supported by care givers to make choices about their care including how and what care they required.

People had care plans which were personalised to their needs and wishes. They contained detailed information to assist care givers to provide care in a manner that respected each person's individual requirements and promoted treating people with dignity. Relatives told us and records showed that they were encouraged to be involved at the care planning stage, during regular reviews and when their family members' health needs changed.

People knew how to complain and told us they would do so if required. Procedures were in place for the registered manager to monitor, investigate and respond to complaints in an effective way. People, relatives and care givers were encouraged to provide feedback on the quality of the service during regular care plan reviews, care giver spot checks or telephone calls to and from the office staff.

The provider's values were communicated to people and care givers. Care givers understood these and people told us these standards were evidenced in the way that care was delivered.

The registered manager, office staff and care givers promoted a culture which focused on providing

Summary of findings

individual person centred care. People were assisted by care givers who were encouraged to raise concerns with them, the registered manager and office staff. The provider had a routine and regular monitoring quality monitoring process in place to assess the quality of the service being provided. Care givers told us they felt supported by the registered manager and office staff.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Good

People were safeguarded from the risk of abuse. Care givers were trained to protect people from abuse and knew how to report any concerns.

There was a thorough recruitment process in place. Care givers had undergone relevant pre-employment checks to ensure their suitability to deliver people's care.

Contingency plans were in place to cover unforeseen events such as adverse weather conditions effecting care delivery and power loss at the office where people's personal information was stored.

Medicines were prompted and where necessary administered by trained care givers whose competency was regularly assessed by senior care givers and the registered manager

Is the service effective?
The service was effective.

Good

People were supported by care givers who had the most up to date knowledge and specific training available to best support their needs and wishes.

People were supported by care givers who demonstrated they understood the principles of the Mental Capacity Act (MCA 2005). People were supported to make their own decisions and where they lacked the capacity to do so care givers ensured the legal requirements of the MCA 2005 were met.

People were supported to eat and drink enough to maintain their nutritional and hydration needs. Care givers knew people's preferences regarding food and drink and encouraged people to drink to maintain their health.

People were supported by care givers who identified a need and sought healthcare advice for them whenever required.

Is the service caring?
The service was caring.

Good

People told us the care givers were caring. Care givers were encouraged and motivated to develop positive relationships with people.

People were encouraged to participate in creating their personal care plans.

Relatives and those with legal authority to represent people were involved in planning and documenting people's care. This ensured that people's needs and preferences were taken into account when developing their care plans.

People received care which was respectful of their right to privacy whilst maintaining their safety.

Is the service responsive?
The service was responsive.

Good

Summary of findings

People's needs had been appropriately assessed by the registered manager or deputy manager. Care givers were able to identify when risk assessments and additional care plan reviews were required due to people's changing needs. People were encouraged to make choices about their care and supported to assist in activities.

There were processes in place to enable people to raise an issue or concerns they had about the service. Any issues, when raised, had been responded to an appropriate and timely manner.

Learning took place following feedback and complaints in order to reduce the risk of repeat incidents.

Is the service well-led?

Good

The service was well led.

The registered manager promoted a person centred culture which placed the emphasis on care delivery that was individualised, personal and of high quality.

Care givers were aware of their role and felt supported by the registered manager. Care givers told us they were able to raise concerns and felt the registered manager provided good leadership.

The registered manager and provider regularly monitored the service provided. This was to identify where any potential improvements could be made to increase the quality of the service people received.

Home Instead Senior Care Basingstoke

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 was 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 of the Care Act 2014.

This inspection took place on the 3 and 4 November 2015 and was announced. The provider was given 48 hours notice because the agency provided a domiciliary care service and we needed to be sure that people and care givers would be available to be spoken with.

Before this inspection we looked at the previous reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the agency is required to send us by law. We also spoke with two social and healthcare professionals about their experiences of working with Home Instead.

During the inspection we visited three people in their homes, spoke with one relative, the recruitment and training manager, the registered manager, the deputy care manager, the director and a care giver. We looked at six care plans, four sets of daily activity care notes and four care giver recruitment files. We also looked at the care givers training and supervision records, two people's medicines administration records (MARS), quality assurance audits, the providers policies and procedures, care giver schedules for the 1 to the 15 November, complaints and compliments.

Following the inspection we spoke with a further four relatives, two people, another deputy care manager and one care giver.

This was the first inspection since the agency registered to deliver care in February 2015.

Good

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe with the care givers who provided their support. Relatives we spoke with also said they felt their family members were safe with the care that was provided, one told us, "Yes, definitely", another relative said, "Yes, very much so".

Care givers were able to demonstrate their awareness of what actions and behaviours would constitute abuse and provided examples of the types of abuse people could experience. Care givers were knowledgeable about their responsibilities when reporting safeguarding concerns. The provider's safeguarding policy and employee manual provided guidance for care givers on how and where to raise a safeguarding alert. A safeguarding alert is a concern, suspicion or allegation of potential abuse or harm or neglect which is raised by anybody working with people in a social care setting. Care givers received training in safeguarding vulnerable adults and were due to repeat this on an annual basis. People were protected from the risks of abuse because care givers understood the signs of abuse and the actions they should take if they identified these.

Risks to people's health and wellbeing were identified and guidance provided to mitigate the risk of them experiencing harm. All people's care plans included their assessed areas of risk which were categorised within three key areas. Physical health including areas such as speech/ swallow, hearing sight and memory. Moving and handling including areas such as standing/mobilising, transfers, toileting and environmental risks including information regarding medicines storage and location and operation of smoke detectors. Risk assessments included information about action to be taken by care givers to minimise the possibility of harm occurring to people. For example, one person using the service had a restricted appetite due to their memory loss, forgetting when they had last eaten. Information was documented in this person's care plan which provided guidance to care givers about how and when to remind this person to eat and drink. This was in order to prevent a deterioration of this person's physical and mental health. Care plans and associated risk assessments were stored within people's homes. This was to ensure care givers had ready access to all the information they required to support people safely. Care givers knew the particular risks associated with the people they supported and were able to discuss how they would care for people safely.

Comprehensive recruitment procedures ensured people were assisted by care givers with appropriate experience and were of suitable character. Care givers had undergone detailed recruitment checks as part of their application and these were documented. These records included evidence of good conduct from previous employers in the health and social care environment. As well as professional references the provider also sought personal references from people who could evidence care givers personal character to ensure their suitability for the role.

Recruitment checks also included a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent the employment of care givers who may be unsuitable to work with people who use care services. People were kept safe as they were supported by care givers who had been assessed as professionally and personally suitable for the role.

There were detailed contingency plans in place in the event of an untoward event such as a power loss in the main office. People's personal records were held electronically and securely stored, in the office, in people's homes and on a computer system which could be accessed remotely. This meant that in the event of an adverse situation affecting the office the registered manager and provider were able to access this information remotely. These processes ensured people's information was readily available if required and care givers always had access to the most current information on how to best support people to stay safe. In the event of severe weather conditions detailed procedures were in place to ensure that people's safety was maintained by seeking and providing alternative care arrangements to protect the person's welfare which included, contacting friends and relatives and seeking support from other agencies. Risks to the critical functions which could affect people's care delivery had been identified and plans documented to ensure continuity of care for people if required.

There were sufficient numbers of care givers available to keep people safe. Home Instead scheduled their care givers to ensure that people received consistency with familiar and known care givers supporting them. As a result people had a core team of five or six care givers who were

Good

Is the service safe?

responsible for providing their care. This ensured that there were always care givers available who knew people and their specific wants and needs to support them. A computer system was used to identify care givers availability and people's care visit requirements to ensure sufficient numbers of care givers were available. Where shortfalls were identified, due to care giver annual leave or sickness, other care givers known to people were able to provide cover to make sure people received their care from a known and recognised care giver. The registered manager and office staff were also available to provide personal care if required.

People were happy with the support they received with their medicines. Most people we spoke with were able to manage their medicines independently. Where people were able to take their own medicine care givers ensured that this was done correctly. One relative told us, "They (care givers) will always check that she's taken it (medicines), they write it all down".

Care plans contained a signed medication agreement which provided care givers with authority to assist with administering of medicines if people were no longer able to self-medicate. Care givers received training in medicines management and records showed that when required medication administration records were correctly completed to identify that the right medicine was given at the right time by the right route. A healthcare professional told us, "They (care givers) have not administered medication (to their particular client group) but they have provided me with accurate and timely feedback regarding medication, as well as symptomatology, side effects and benefits". Care givers who were involved in directly administering medicine received additional training to ensure they did so safely. A relative told us, "They (care givers) do all that for him (medicines) and that's very good". Care givers were also subject to competency assessments to ensure medicines were managed and administered safely. There were policies and procedures in place to support care givers and to ensure medicines were managed in accordance with current regulations and guidance.

Good

Is the service effective?

Our findings

All the people we spoke with were positive about care givers ability to meet their care needs. Relatives and people said that they felt care givers were well trained and had sufficient knowledge and skills to deliver their care. A relative told us, "Yes, 100% (they are well trained), our care giver cared for a relative when they had dementia…she's got first-hand experience, she's brilliant, we're very lucky, she's very supportive, she's acute to noticing things and tells me if he gets an infection which we catch straight away". A healthcare professional said, "They (the agency) have provided carers who are extremely sensitive to my patients individual needs and addressed their unique requirements efficiently and extremely effectively…I am extremely satisfied with how they manage this particular client group".

New care givers received an effective induction into their role with Home Instead. This induction included a period of shadowing to ensure they were competent and confidence before supporting people. Shadowing is where new care givers are partnered with the registered manager or an experienced care giver as they perform their job. This allows new care givers to see what is expected of them. Care givers had completed the Care Certificate induction standards. These are nationally recognised standards of care which care givers need to meet before they can safely work unsupervised. The provider had identified courses that had to be completed by care givers during their induction period prior to commencing working with people. These included courses in health and safety issues, manual handling, medicines administration, pressure sore awareness and safeguarding of vulnerable adults. All care givers had additional training in areas such food hygiene and First Aid to enable them to carry out their role. Care givers were also encouraged and able to ask for additional training in areas that interested them. One care giver had asked for additional training on dementia care which we could see was being arranged for them to complete. New care givers were provided with the guidance and information they needed to enable them to undertake their duties safely.

Before care delivery commenced the registered manager and the office staff would speak with people who requested care to identify what skills and experience they would require from their care givers. This information was used to identify care givers who lived in the close proximity with the particular skills and experience required to best meet the person's needs. A relative told us that this continuity was appreciated, "This has been very important for her". Care givers were introduced to people by the registered manager or one of the deputy care managers and after a person's first care visit a phone call was made to people ensure they were happy with the care giver who was supplied. This meant that people were in control of who they wanted to provide their care. People told us they were well matched with care givers who had the necessary skills, knowledge and experience to effectively meet their needs.

People were assisted by care givers who received support in their role. There were documented processes in place to supervise and appraise care givers to ensure they were meeting the requirements of their role. Supervisions and appraisals are processes which offer support, assurance and learning to help care givers develop in their role. Care givers told us and records confirmed supervisions occurred every three to four months. This process was in place so that care givers received the most relevant and current knowledge and support them to be able to conduct their role effectively.

People were supported to make their own decisions. Care givers were able to identify the principles of the Mental Capacity Act 2005 (MCA 2005) and demonstrated they had complied with legal requirements. If care givers had any concerns regarding a person's ability to make a decision this was reported to the registered manager and action taken to address with healthcare professionals to ensure appropriate capacity assessments were undertaken. This was in line with the Mental Capacity Act 2005 (MCA 2005) Code of Practice which guides staff to ensure practice and decisions are made in peoples' best interests.

Care givers were able to describe the principles of the MCA and when a best interest decision would be most appropriate. Best interest decisions are made when someone no longer has the capacity to make a specific decision about their life. In these circumstances people who knew the person or who had been appointed by the person or a court as a Power of Attorney (POA) to make such decisions had been involved in discussing and deciding what would be in the person's best interests.

Care givers were able to discuss the importance of giving people choice in the care they received. Care givers

Good

Is the service effective?

identified when additional support was required for people to make decisions due to a lack of capacity and that the involvement of friends and family with PoA would be required. One care giver told us, "I had a client who had no capacity and in that care the family were involved and I kept them involved and also the community psychiatric nurse". Care givers were able to evidence that they supported people with making decisions about their day to day care and routine. One care giver told us, "You always offer (one person) options (with breakfast) he always choses porridge but it's good to give people options". Another care giver told us, "Even if don't have full mental capacity their choices are still theirs to take and I provide the choice".

People and their relatives told us people's consent was sought before care was delivered. In care plans people, or those with a PoA for them, had signed consent to care forms. These were dated, signed and made clear to people that consent could be withdrawn by them at any time. One person told us, "They always ask if I want personal care".

People we spoke with were able to provide their own meals or used an external food delivery service. Care plans however detailed people's personal food preferences enabling care givers to prompt people to prepare meals they enjoyed. When people had been identified as losing weight or care givers were concerned with people's lack of appetite food and fluid charts completed. These were completed to ensure people were receiving the food necessary to regain and retain a healthy weight. A relative told us that the agency worked with their family member who was known for not eating or drinking sufficient which meant they were prone to urinary tract infections. This relative said, "He's known for not having enough to drink but every time they (care givers) go in they encourage him to drink, they put water by his chair by his bed, he likes (a branded drink) and they keep an eye on it as much as they can, he has bottled water to see how much has gone". Care givers identified where people needed additional support with their meals and sought advice from office staff when required. During the inspection a care giver attended the office to raise concerns about one person who they felt were not eating or drinking enough to maintain a healthy weight. The care giver was trying to encourage the person to cook with them to increase their interest in food. The care giver raised also identified that they did not believe this person had sufficient funds to be able to feed themselves effectively. As a result the office staff liaised with the local food bank and the following day office staff had sourced a box of food which the care giver was going to take to the person's home.

Care givers were available to identify and assist in arranging access to healthcare appointments for people when required. A domiciliary care giver had identified a red mark on a person's skin which they believed to be the start of a pressure ulcer. A pressure ulcer is an area of skin where the underlying tissue has become damaged because of pressure and friction. These can occur for people whose mobility has been restricted as a result of injury or physical disability. The person said that the registered manager arranged with the district nurse to attend the following morning, they told us, "It's all very quick". People's care records included evidence the agency had supported them with access to district nurses and other healthcare professionals based on their individual needs. Another relative told us, "(care giver) Rang me during her visit to say that she wasn't happy, within 2 hours the doctor had been there, I had been there and the care worker had got the antibiotics, everybody seems to be working together".

Good

Is the service caring?

Our findings

People experienced comfortable and reassuring relationships with care givers. Relatives and people told us that support was delivered by caring staff. One person told us, "They (care givers) have a kind and caring approach…my care giver is very easy to talk to, we keep it friendly but professional. Another person said, "She (care giver) is very kind and we have a laugh, she's very good, it's nice because I look forward to her coming in the morning". A relative told us, "Our care giver is an absolute star, when he (family member) was poorly she was there and I said to her I wouldn't know what I'd do without her". Another relative said, "Yes very much so (care givers are kind), they seem to be genuinely into their care rather than just being task orientated".

Positive and caring relationships had been developed by care givers with people. People were provided with care givers to support them in line with their personal preferences which included male or female care givers where appropriate. People were able to change their care giver when required without delay. This allowed people to retain an element of choice in who they wished to be providing their care. People were provided with the opportunity to see if they felt they would be able to work with the care giver who had been chosen to work with them. Three people we spoke with had asked for a change of care givers either due to their changing needs which meant they wanted a more mature care giver or because their personalities were not compatible. These requests had been accommodated by the registered manager immediately. One person told us they had contacted the registered manager to request continuity of having one carer for all their morning visits, "I phoned the registered manager and asked her, she said she'd see what she can do and she did, the same day".

People's care plans were written in a person centred way. Person centred is a way of ensuring that care is focused on the needs and wishes of the individual. People's care plans included information about what was important to them such as their hobbies, favourite TV shows, past family and working life and details of what help they required to support them. Care givers, the registered manager and office staff were able to tell us about people's interests, preferences and hobbies. People and their relatives told us they were happy when speaking with the registered manager and the care givers and that conversations held were familiar and personable to the individual. People were supported by care givers who were caring in their approach. Daily activity logs, a record of what care and support had been provided by care givers during their visit, were detailed and written in a positive way. One person's daily care notes included information such as, 'Had a lovely chat, watched a little TV laughing at the programme…lovely visit". Another care worker had written in this person's daily care notes, "Enjoyed watching a TV programme, sorted out her clothes as she likes to, lots of giggles" This showed that care givers were person centred in their approach and the minimum one hour personal care visits allowed them to spend some companionable time with people so they were people and not task orientated.

People who were distressed or upset were supported by care givers who could recognise and respond appropriately to their needs. Care givers knew how to comfort people who were in distress. Daily care notes for people showed that care givers spent time with people when they needed additional emotional support. One person's daily care notes read, 'As I went to leave I stayed with her as she was upset and distressed'. A care giver described how one person had become upset during a recent care visit. This person had expressed negative thoughts about their life. The care giver told us how they reacted to this person's distress appropriately. This involved holding this persons hand and offering them comfort, reassurance and talking to them about positive things in their life. The care giver was able to demonstrate that this negative behaviour was not normal for this person and informed the office staff who were in the process of reassessing them to ensure that all their needs physical and emotional were being met.

People were supported to express their views and to be involved in making decisions about their care and support. Records showed people were regularly asked if the care they were receiving was meeting their needs or if changes were required. Care givers were able to explain how they supported people to express their views and to make decisions about their day to day care. This included enabling people to have choices about what they would like to eat or how they would like to spend their day.

People were treated with respect and had their privacy and dignity maintained at all times. Policies were in place and understood by care givers which detailed people's right to privacy and to be free from intrusion or unwelcome

Good

Is the service caring?

attention. These were given to, read and understood by care givers and provided detailed guidance and support regarding how to treat people with dignity. Care givers were able to evidence how they would ensure that people had their needs met whilst maintaining that persons privacy and dignity which included asking people if they wanted curtains closed during personal care delivery, not leaving people exposed whilst assisting them with their bathing routine and respecting if people did not wish to receive care during their visit.

Records detailed the actions to be taken by care givers when assisting people with their personal care and dressing needs to maintain people's dignity. These were known by care givers and people told us this advice was being followed in the delivery of people's care as people were provided privacy during personal care. One person required the use of an incontinence aid but found this embarrassing, advice in their care plan provided care givers with the terminology they could use to describe this item that the person was happy to respond to. Care plans included information on how to treat people respectfully whilst maintaining their personal well-being. One person's care plan read, 'Sensitively prompt (the person) to use the toilet, they are very private and care givers need to be aware not to embarrass them'. 'People and relatives told us that they were treated with respect by the care givers. A person told us, "The best example for me is using the commode in the morning, they set it up for me and say do you want me to stay or leave, I've got an alarm set up and if I ring it they're back in a couple of seconds, they leave me alone". Care givers were kind, compassionate and respectful of people's need for dignity and respect during all aspects of their care delivery.

Good

Is the service responsive?

Our findings

People we spoke with told us the care givers took time to know who they were and addressed them as individuals. People were engaged in creating their care plans and relatives with a Power of Attorney (PoA) were able to contribute to the assessment and planning of the care provided. One person told us, "I was involved in the process (of care planning), we were quite impressed". A relative told us, "I had a good chat on the phone initially and then I met with the registered manager and we wrote it all out".

People's care needs had been individually fully assessed and documented by the registered manager and deputy care managers before they started receiving care. These assessments were undertaken in people's homes to identify their support needs and care plans developed outlining how their needs were to be met. People's individual needs were routinely reviewed every six months or when people's health or care needs changed and care plans provided the most current information for care givers to follow. A healthcare professional told us, "I have felt reassured that they (care givers) have identified significant changes in needs which has enabled us to adjust the level of care provided to particularly difficult cases".

Relatives with a PoA to assist in the decision making process were informed when care plan reviews were happening to ensure they could be present. Relatives told us and records showed that they were involved in this process which enabled people to receive the care which was most appropriate to their wants and needs. When identified that there had been a change in people's health care needs this was recorded and actioned appropriately. Records showed that one person's care plan had been reviewed regularly due to their declining mental and physical health to ensure that their needs were still being met. Concerns had been raised by a care giver who had been supporting this person regularly. This person was reassessed six times in a four month period which resulted in additional visits, a further risk assessment regarding their physical health and the change in the support of their medicines required. These changes were all accommodated and the person's care plan updated accordingly. People were receiving care which was reviewed regularly to ensure it remained relevant to their needs.

The provider's policies and care plans detailed the need to help people to participate in as broad a range of social and cultural activities as possible. Care plans detailed people's particular social interaction needs. One person's care plan specified they enjoyed walking around their garden when the weather was nice. Records showed and relatives told us this person was being encouraged and accompanied to do so safely.

People were actively encouraged to give their views and raise any concerns or complaints. People and relatives told us they knew how to make a complaint and felt able to do so if required. People were confident they could speak to their care givers or the registered manager to address any concerns. The registered manager highlighted to care givers and people the need for open and honest communication. This was particularly important as support was being provided by domiciliary care givers in people's own homes.

The provider's complaints procedure was available in people's care plans at their home addresses and listed where people could complain. It included contact information for the provider, the Care Quality Commission and the local government ombudsmen. Time scales for a response to complaints were also specified. People told us when they had raised any informal issues the registered manager had and dealt with them effectively. One person told us, "We had one girl (care giver) who didn't turn up, Mary was brilliant…I said I couldn't take it and they took her off (my schedule) and I haven't seen her since". A relative said, "If there was a complaint it would be dealt with". The provider documented complaints within a complaints folder so they were accessible to review. One complaint had been received since the agency began delivering care in February 2015 regarding the actions of a care giver in a person's home. We saw the complaint had been raised, investigated by the registered manager and responded to appropriately. Action had been taken immediately to remove the care giver from that person's care schedule to prevent a reoccurrence of any potential conflict. The registered manager had also included a follow up visit to the person who had raised the complaint to ensure they were happy with the new care giver and the new arrangements which had been made.

Good

Is the service well-led?

Our findings

The provider and registered manager sought to achieve an open and responsive culture at Home Instead and actively sought feedback from people using the service, their relatives and care givers to improve the quality of the service provided. People knew who the registered manager was and were confident in her ability to manage. One person said, "The registered manager is really good, in fact, she is very, very good". One relative told us, "The registered manager is the top lady and absolutely lovely, I can go to her with everything". A healthcare professional told us, "The service is well led and it is pleasing to know that the managers also share some of the care giving which brings them closer to identifying the patients' needs". The registered manager was able to demonstrate she had a good understanding and knowledge of the people the agency supported. People and relatives told us they were very happy with the quality of the service provided.

The registered manager promoted a positive, supportive and inclusive culture within the service. One care giver told us, "We're very open with people and share everything". The registered manager told us that she and the office staff were always available to be spoken to by care givers, people and relatives. Care givers felt supported by the provider, registered manager and the office staff and told us they were able to walk into the office or call at any time if they wished to seek some additional support. One care giver told us, "You can phone about anything", another said, "I go in and talk to the director and there is no barrier about anything and the registered manager as well, when we've got a problem we talk it out between us". Another care worker told us, "I'm supported 24/7 the registered manager is amazing, she really is, she's so caring. The director is also very approachable".

People, their relatives and care givers told us communication with the agency was easy and that office staff were always in a position to assist. A relative told us, "We (manager and office staff) are pretty confidently emailing and talking as we go along…we have continuous updates on my family members care". The agency operated an on call out of hours facility which was available to people, relatives and care givers to raise any concerns or request support. The registered manager demonstrated good management and leadership by being easily recognisable and approachable to people, relatives and care givers.

The provider had a set of written values for the service outlining the principles and values of care required of care givers. These were given to people when they started receiving care and were in their care plans kept at their home address. These core values were detailed in the providers mission statement. These included the provider's aim, 'To provide an excellent care service for people in the North Hampshire are which respects the dignity of clients and meets their individual needs, whilst providing fulfilling employment for care givers'. This information was provided to care givers when they were recruited by the agency. Records showed these values were reinforced with care givers through their supervisions and spot checks to ensure they remained at the core of how care was delivered. A care giver told us, "The ethos (principles) are reiterated at staff meetings, very much so and it's planned to have this at coffee meetings to give people the opportunity to speak about their experiences and relate them to the ethos of the company. It's kind of backed up all the time". Another care worker told us, "People are individual and are important, they're made to feel very special, it's providing care which is personal to them, wanting them to enjoy the rest of their lives and to assist them without making them feel they're no longer important".

People and relatives told us care givers were displaying these values when delivering their care. One relative told us, "I have been very impressed with management and all aspects of dealing with Home Instead ". A healthcare professional said, "I would not hesitate to continue to recommend this care agency to my patients, relatives and carers in the future".

The registered manager was keen to promote a culture which focused on people's experiences and sought information on how they could improve the service people received. Feedback was sought from people during regular care plan reviews and from care givers during their team meetings. At the time of the inspection no negative feedback had been obtained during regular reviews. One person told us, "I seriously can't think of anything (they can improve) I seriously can't". Care givers and records showed that when suggestions had been made by care givers to improve the quality of the service provided this information

Good

Is the service well-led?

had been acted upon. One care giver had suggested the introduction of a communication sheet. This suggestion was to enable members of the person's care team to immediately identify what actions had or required taking. For example, this included information about someone requiring an additional household chore being completed, if a healthcare professional was due to visit or whether there had been a change in someone's needs. This suggestion had been made to make it easier for care givers to identify if there had been any immediate changes in people's needs or wants. We saw that these were being completed effectively.

People, their relatives and care givers spoke highly of the registered manager and the quality of the care provided. They told us they had a high degree of satisfaction with the agency. Care givers identified what they felt was high quality care and knew the importance of their role to deliver this. One care giver told us, "You give a little piece of yourself to people, you're not just there as a carer….it's nice to be able to chat with them and make sure people are ok". Care givers were motivated to treat people as individuals and deliver care in the way people requested and required. People were assisted by care givers who were able to recognise the traits of good quality care and ensured these were followed.

The quality of the service people experienced was monitored through regular care plan reviews, spot checks and observations of care givers in their roles by the registered manager and deputy care managers. The provider also conducted audits on the quality of the service provision. The results of these quality assurance audits were used to improve performance.

Records showed that a head office Quality Support Audit had been conducted in May 2015 three months after the agency's registration to deliver care. During this audit it was identified that care giver supervisions and client quality assurance visits were not being documented accordingly. These were important to ensure that it was clear that both care givers and people using the service received support where required and were happy with the care being delivered. During the inspection records showed and people told us that these supervisions and quality assurance processes had been fully implemented

People were regularly asked their opinions about the quality of the care provided. The registered manager monitored the quality of the service by completing care plan reviews with people. One person told us "The manager's always asking for my opinion and so on and reviewing the situation".

People, relatives and care givers were also asked to participate in a Pursing Excellence through Advancing Quality (PEAQ) survey. This is a confidential annual survey of client and caregiver satisfaction and attitudes completed by an independent company. These results were specific to the Basingstoke branch and allowed the provider to identify areas for improvement as well as receiving positive feedback. The last survey had been completed in June 2015 with the results published in September 2015, the results of which were viewed. People were asked to provide their level of satisfaction in key areas including, if the care giver was well matched to people's needs, if the care giver went the extra mile to make a positive difference to people's lives and asked to provide an overall rating for the quality of the service. 10 surveys had been completed and all had stated that they felt the overall quality of the service was favourable with 80% saying it was very favourable. Comments on the completed forms from people included that care givers 'take a real interest, my mother has shown signs of improvement since you took over her care' and 'Management and care givers would always give that bit extra when necessary". Another person commented, 'My mum has had a deterioration in her health and both the agency and carers have gone out of their way to help". Another person stated that Home Instead was a, 'Very excellent, caring, professional company'.