

Mid Kent Senior Care Limited

Home Instead Senior Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This announced inspection was carried out on 9 November 2016. Home Instead Senior Care provides support and personal care to people living in their own homes in Maidstone and the surrounding areas. On the day of the inspection there were 12 people using the service who received personal care.

The service had a registered manager in place at the time of our inspection. 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 were supported by staff who understood the risks people could face and knew how to make people feel safe. People were encouraged to be independent and risks were mitigated in the least restrictive way possible.

People were supported by consistent staff who they knew. People who required support to take their medicines received assistance to do so when this was needed.

People were provided with the care and support they wanted by staff who were trained and supported to do so. People's human right to make decisions for themselves was respected and they provided consent to their care when needed.

People were supported by staff who understood their health conditions and ensured they had sufficient to eat and drink to maintain their wellbeing.

People were provided with a creative and person centred service which was caring and consistent. People described the service they received in exceptional terms and staff displayed dedication and commitment to their work. People decided what care and support they needed which was provided in a manner that valued and respected each person who used the service.

People were able to influence the way their care and support was delivered and they could rely on this being provided as they wished. People were informed on how to express any issues or concerns they had so these could be investigated and acted upon.

People who used the service and care workers were able to express their views about the service which were acted upon. The management team provided leadership that gained the respect of care workers and motivated them as a team. There were systems in place to monitor the quality of the service and make improvements when needed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe using the service because staff looked for any potential risk of abuse or harm and knew what to do if they had any concerns.

People were supported in a way that protected them from risks whilst maintaining their independence.

People were supported by a sufficient number of staff to meet their planned needs.

People received the support they required to ensure they took their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by an enthusiastic staff team who were suitably trained and supported to meet their varying needs.

People's rights to give consent and make decisions for themselves were encouraged.

People were supported to maintain their health and have sufficient to eat and drink.

Is the service caring?

Outstanding ☆

The service was caring.

People described their care as excellent and person centred. They were supported by staff who were committed to providing them with the best service possible and treated them with the upmost respect.

People received the care and support they had decided on,

which they could alter if they wanted. People were supported by consistent staff who they knew and got on with well.

People were encouraged and supported to maintain their independence by staff who understood the importance and value of respecting their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and support and this was delivered in the way they wished it to be.

People were provided with information on how to make a complaint and staff knew how to respond if a complaint was made.

Is the service well-led?

Good ●

The service was well led.

People had opportunities to provide feedback regarding the quality of care they received and about their involvement with the care agency.

People used a service where staff were motivated through encouragement and support to carry out their duties to the best of their ability.

The service was managed by a proactive management team who looked to bring about improvements to the service.

Home Instead Senior Care

Detailed findings

Background to this inspection

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

This inspection took place on 9 November 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted some other professionals who have contact with the service and asked them for their views. On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with three people who used the service and nine relatives. We also spoke with four care workers, the recruitment and retention officer, the head of care, the care coordinator and the registered manager.

We considered information contained in some of the records held at the service. This included the care records for four people, staff training records, three staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

We last inspected this service in June 2014, and no concerns were found.

Is the service safe?

Our findings

People told us they felt safe using the service and they were treated well by the staff who visited them. One person told us, "I feel safe, I haven't thought about it (before) but I think it is because several (care workers) come and I find them trustworthy." Another person said, "I trust the ones (care workers) I have." A relative said their relation felt safe, they said, "Very much so, we have the same three carers so [relation] feels comfortable with them."

Care workers were able to describe the different types of abuse and harm people could face, and how these could occur. Care workers confirmed they had received training in safeguarding and told us they would report any concerns they suspected or identified during a visit to one of the management team. Care workers said there had not been an occasion when they had suspected a person was at risk of abuse or harm. The management team said they discussed safeguarding with care workers as part of their supervision and the registered manager said they were confident care workers would immediately report any concerns as there was a "culture of openness and responsibility" amongst everyone who worked at the service.

The recruitment and retention officer showed us a 'senior fraud protection toolkit' which was a booklet of information they had prepared with advice for people who used the service on how to be safe in their own home. This provided advice on how to prevent being a victim of scams, where a dishonest attempt is made to obtain money or other valuables, and how to access support if this occurred. There was also information about a charity which provides information and support to people about postal and telephone scams. The registered manager spoke to local community groups about the work of this charity and how to prevent individuals falling to be a victim of scams. They told us about how they had supported people from these risks. This included helping one person manage their mail and have some property maintenance carried out by a responsible trader. Another person who had been scammed into making an unwanted purchase had been supported to regain their money by the service.

People received their care and support in a way that had been assessed for them to receive this safely. They told us care workers provided them with care and support in a safe way. One person said, "I feel confident with the help they give me, I am safe getting in the shower. They put a mat down and all that." Another person said, "I used to keep falling over, they help me to the shower, I am not to be left on my own, so they stay with me to make sure I don't fall." People also spoke of care workers making sure they were wearing a personal alarm when they left so they could call for assistance if they needed to. Relatives also told us that their relations were kept safe by care workers.

Care workers spoke of providing people with care and support in a manner that maximised their independence, such as going out into the local community, whilst keeping them as safe as possible. We saw a record made in one person's care file where a care worker had arrived to take a person on a regular planned trip to the supermarket. The care worker assessed the person was unsteady on their feet so determined they were not safe enough to walk and, with the person's agreement, did not take them shopping on that occasion.

People also confirmed that their home environment had been assessed to ensure their care and support could be provided to them safely. One relative said, "Someone came and said they will need 'this that and the other' doing." We saw completed environmental assessments in people's care records and care workers said they referred to these when visiting a new client. The head of care was responsible for undertaking the environmental assessments. They told us about one occasion they went to assess the property of a person who wanted to return home from residential care, and they found the property was not in a suitable condition for the person to return to. The head of care organised a small team of care workers, with the permission of relatives, to clean and make the property safe for the person to return to. This enabled the person to return home and receive the support they required.

There were sufficient staff employed to provide people with consistent care and support which met their needs, and was provided at the time it was planned for. People told us they normally received their care and support from the same individual or group of regular care workers. A person told us they, "Have the same person, if it is not viable they give me someone else, but that is not very often." A relative said, "We have got a group of about five regular carers. We met them all before they were due to start to introduce them." The relative added that there was, "One main one, the others cover during holidays and days off." In the provider's 2016 quality assurance survey 100% of people answered positively that their care worker was properly introduced before they started to work with them.

People also said their personal care visits took place at the time planned. One person said care workers "Turn up on time, they are pretty good on time." Another person agreed with this telling us the care workers, "Arrives on time and if traffic is bad they let me know." A relative said care workers had, "Never let me down with arriving on time, I can't think of any time they haven't arrived on time."

Care workers agreed there were sufficient staff employed for them to carry out their calls as planned and spend the time required with people who used the service. All calls were for a minimum of one hour's duration. They said they had sufficient time to travel between calls and if there was not enough time allowed they informed the care coordinator who would adjust this. Care workers said they only visited people who they had been introduced to previously and they would cover for any care worker who was not at work to ensure people received their visits as planned. Care workers also spoke of being confident when they had any time off work the people they cared for were still receiving appropriate care from a care worker they knew.

The care coordinator said they had sufficient care workers available to schedule all their planned calls. The recruitment and retention officer spoke of how they continually recruited new care workers to maintain and develop their service. The registered manager told us they had recruited some very good care workers who had not previously worked in care.

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicants suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. A recently appointed care worker described having undergone the required recruitment process and recruitment files showed the necessary recruitment checks had been carried out.

People were encouraged to manage their own medicines, but support was provided to people if they required this to ensure they took their medicines safely. Some people told us they did not need any assistance to manage their medicines, which they continued to do independently or with the help of a

relative. One relative told us their relation was assisted by care workers to take their medicines and said, "They do that (administer medicines) every day safely, I order them and they leave me note if they are getting low so we don't run out."

Care workers were able to describe safe methods of assisting people with their medicines and told us they had received training on the safe handling and administration of medicines, as well as being observed by the head of care to assess their competency in providing this support. We saw completed competency assessment records which showed care workers had been observed to administer medicines to ensure they were following safe practices and answer a number of questions about circumstances that may arise when administering medicines.

We looked at Medicine Administration Records (MAR) made to show when people were supported with their medicines and noted that on a few occasions these had not been correctly completed. The head of care and registered manager said they would be following these up and reminding care workers of how and when MAR sheets should be completed. We also read in one person's care plan that they required their medicines to be prepared in a certain way. Although care workers knew how this was done there was insufficient detail about how to do so in the person's care plan. The head of care said they would include the detail required in the person's care plan and confirmed to us after our visit that they had done so.

Is the service effective?

Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their needs. A person who used the service told us care workers who visited them, "Seems to be trained, they've all been good to me." Another person said, "Older staff are more confident, but I think that is because of experience, they all seem to know what to do for me." A relative said care workers, "Seem to be well trained and reliable, and know what they are doing." Another relative said, "I am very happy with their competency."

Care workers told us they had the training they required to carry out their duties. New care workers underwent an initial induction period and then undertook 'shadow' shifts where they observed an experienced care worker. A recently appointed care worker told us they felt the induction had prepared them for their role. They added, "I didn't feel I had the training and left on my own, I have support from the office (staff) and can phone up anytime." They also said they felt the time spent shadowing an experienced care worker was very helpful. Experienced care workers said they felt new care workers were prepared for their role by the induction. The recruitment and selection officer told us how they had reviewed the way they delivered training to new workers and made changes as a result of the feedback they received.

The registered manager said that all new care workers who had been employed since July 2016 were completing the Home Instead Senior Care adapted version of the care certificate. The Care Certificate is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support. The registered manager said this was presenting some challenges as the work they undertook did not always provide them with sufficient opportunity to cover all of the standards so care workers were not competing this as quickly as they would like.

Care workers said they thought they received good training and liked the opportunity they had to discuss issues in groups. However they said once they had completed the initial induction training programme they did not have any further classroom based training. The registered manager said they did not have a structured system for providing care workers with refresher and update training after the initial induction. This meant longer serving staff would not have undergone specific training in key areas for some time. The registered manager told us they used a competency based method of ensuring staff were working appropriately and following best practices. However they were not able to demonstrate that all staff had been kept up to date with best and latest practices. The registered manager said they would look into how they kept staff up to date in these areas and told us following our visit they had met with a training provider to discuss this.

Care workers said they were given the opportunity to have regular supervision and discussion about their work. They spoke positively about this support and said they had planned observations carried out when they were working to see if they were following the correct practices and procedures. There was also a programme followed of annual staff appraisals where they were given feedback on how they were working and contributed towards the service's objectives and values.

People told us care workers listened to them and asked for their agreement before providing them with any care or support. One person said, "They always ask 'Do you want 'x' doing?'" A relative told us their relation was able to make decisions about their care because "they give [relation] choices they able to cope with." Care workers told us they respected people's right to make their own decisions. They told us they always asked people to consent to any care and support before providing this.

One care worker described an occasion when they had resolved a difficulty when a person would only wear one specific item of clothing, and did not consent for this to be laundered when needed. The care worker said they spoke with a relative who had then purchased two similar items of clothing. This had enabled the care worker to wash the person's clothing, whilst the person was content as they were wearing the clothing they wished.

There were systems in place to obtain people's written consent to show they had been involved in planning, and were in agreement with, their plan of care. We did identify some occasions where these had not been signed by the person who was receiving the care and no explanation had been provided as to the reason for this. The registered manager and head of care told us they would ensure these were explained in future.

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.

We checked whether the service was working within the principles of the MCA. We found care workers were aware of the principles of this legislation and described how they had followed these in their daily work. This included expecting people were able to make decisions for themselves, providing people with any support they needed to make a decision and recognising people may make a decision that they were not in agreement with. The registered manager told us there was not anyone who used the service at present who did not have the capacity to make decisions and consent to their care for themselves. The head of care told us they were responsible for completing an assessment of someone's capacity if this was needed, but they had not needed to do so to date.

Some people said they did not require any assistance with preparing meals, others told us care workers would provide them with the assistance they needed to have a meal during their visit. A person told us how one care worker purchased ready meals locally for them rather than the ones they had delivered. The person said the care worker, "Gets me some meals and brings them for me, they are better than the ones I had delivered." A relative said care workers would, "Do a sandwich and a cup of tea if I am not home in time." for their relation. Another relative said care workers "help with meals and make meals they (relation) like." They added that care workers always left their relation a drink at the end of the call.

The registered manager said they only provided people with meal preparation and gentle support at this time, as this was all people needed. Care workers told us they encouraged people to eat and drink well, but said there was not anyone who used the service who required additional support due to concerns about their nutritional or fluid intake. Care workers described how they provided people with encouragement to eat their meals and have regular drinks. One care worker told us they brought their lunch and ate this with one person which encouraged them to eat theirs. Another care worker said they had tried to work to a meal plan but found the person ate better when they could choose what they had, even though they sometimes made unusual choices. Care workers said they always made people a drink during the visit and left them with a cold drink at the end of the call.

Care workers said there had not been anyone who needed external health professional support regarding nutrition. They said one person had been referred to Speech and Language Therapy (SALT) who provide advice on swallowing and choking issues, but they had declined this support.

People were supported with regard to their health and wellbeing. People who used the service spoke of care workers showing an interest in how they were feeling and responding accordingly. One person told us that care workers, "Ask how I am as soon as they come in the front door, they seem interested in how I am feeling." Relatives told us that care workers understood their relation's healthcare needs.

Care workers told us they always asked people how they were feeling and looked for any indications that a person may not be feeling well. They said their knowledge of people helped them recognise any signs of ill health. Care workers spoke of making people appointments to see their doctor when they were unwell and accompanying them to medical appointments when requested to. The head of care told us how one person had been taken to a long distance hospital appointment they needed to attend due to a particular health condition.

We saw detail about people's healthcare conditions were included in their care plans. Care workers told us they found these helpful and added that they also carried additional research to gain further knowledge about people's health conditions.

Is the service caring?

Our findings

People who used the service and their relatives consistently told us they received excellent care and support from dedicated and caring staff. A person who used the service said, "They are perfection, you cannot fault their general attitude." Another person told us, "[Name] is caring to me." Comments from relatives included, "I would say they are exceptional. They are so helpful and easy to talk to. They listen to me, I can get very chatty and they listen to me", "[Name] seems enthusiastic and keen to help. It doesn't seem like a job to them and they put in extra time. It seems more than a job to them and [relation] relates to them well" and "I am particularly impressed with them, they sit down and chat with [relation] and take the time to talk with [relation] whenever they can. It can be what's on telly or their memories. It's nice they take the time to do that as well." In the provider's 2016 quality assurance survey 100% of people answered positively that their care worker took an interest in them as a person.

We also received extremely complimentary feedback about the service being caring from other professionals who worked with them. Comments included that the service was, "Well thought of and local people speak highly of them", "The time they take to get to know their client and their wants and needs is brilliant", "The whole team is friendly, efficient and helpful" and "Home instead have literally bent over backwards to cater for their (people who use the service) needs and most importantly they feel cared for and can trust in the service."

There were many examples of where people had received a service which went over and above what was expected. We heard a number of examples of where people's pets had also been looked after, which went over and above people's agreed level of support, for example, one person who had spent some time in hospital recently told us how the care worker had looked after their pet which had alleviated their worry. They told us that staff had, "Made sure my cat was looked after, they popped in and fed her every day."

Two people who used the service who had complex needs wanted to visit a close friend who lived abroad. A care worker who visited these people had volunteered to accompany them to provide the support they needed to make the visit. The registered manager then undertook making all the arrangements needed to make this visit a possibility. This involved making arrangements for one of the people's medicines to be safely, and legally, transported. This involved the service purchasing storage equipment that would comply with the regulations for transporting medicines to another country, obtaining medical certificates, arranging insurance and researching the local area for health care services should they be needed. An arrangement was agreed for charges which were in accordance with their normal care visits.

Each one of the office management team spoke of occasions when they and care workers had gone significantly above and beyond the agreed plan of care and support for people who used the service. One person had a significant birthday which also fell at a time of a religious festival connected with the person's faith. The person did not have any relatives who were able to visit them on this occasion so the care coordinator and some other staff organised an event to jointly celebrate the person's birthday and the religious festival. This included conventional birthday food as well as traditional food the person associated with this religious festival. The care coordinator then sent photographs of the occasion to the person's

relatives so they could see their relation had enjoyed this special occasion. We were shown the photographs of the event and these showed the person beaming with happiness.

Another person needed to attend a significant hospital appointment some distance away. The care worker who visited the person was concerned that the person did not have any support to attend this appointment and would be taken alone by hospital transport and shared these concerns with the head of care. The head of care then made arrangements to drive the person who used the service and the care worker, who had built a strong relationship with the person, to the hospital appointment. The care worker attended this with them and then brought them home again afterwards so they were at hand to provide the person with any support they needed at a very difficult time.

The registered manager told us about one person who they had supported over a period of two years. The person had some significant needs which had not been met for some time prior to being referred to this agency. This meant the person had a number of difficulties they needed support with, but they were reluctant to allow anyone to help them. A care plan was made to support the person to build up their confidence, re-establish relationships with relatives and support them to rebuild ties with the local community, where they had previously been very active. The care plan also described how to provide support to the person with their nutrition and taking their medicines, as well as to receive support with their mental health.

During a discussion with a care worker the person spoke of a previous interest they had in painting. The care worker arranged for another care worker who had an interest in art to visit the person and spend time painting together. The care worker also arranged for a local art therapy artist to visit the person and they built up a friendship and enjoyed weekly painting sessions together. It was also identified that the person had a previous interest in yoga, but no longer practiced this activity. The person agreed for a care worker to find a local yoga class for them to try attending, which they did. However the person was reluctant to take this step despite showing real enthusiasm for joining the class and did not attend a session for the first few weeks. The registered manager visited the person who confided in them they were lacking in confidence to join in with the yoga class. The registered manager told us they felt it would be very beneficial for the person to take this step which would continue with the overall progress they had made in the previous months. The registered manager offered to attend the first session with the person which they agreed, and said that when they called for the person the following week they were, "Waiting with their yoga mat by the front door and raring to go."

The registered manager told us this led to a regular weekly event for over a year which had a number of positive benefits for the person, which included reacquainting themselves with some old friends who re-established social contact together. The registered manager said they believed this contributed to the person making some great personal strides at this time such as avoiding destructive behaviour, increasing their nutrition and rebuilding family relationships. The registered manager told us, "I really enjoyed our yoga sessions together and I was very proud of the positive effect this had on [name]. I was more than happy to give an hour of my time on those Tuesday mornings to see the positive effect this had for them. At [name]'s funeral their [relative] even joked about our yoga sessions during the eulogy, I was also very proud that they thanked all of our team that had made such a difference to their [relation]'s life through some very difficult times." We saw emails sent to the registered manager expressing the family gratitude for the support provided to their relation, one of which described the staff as "regularly going beyond the call of duty."

Care workers spoke of recognising people's individuality and showing people respect. They spoke of having accompanied some people to their preferred place of worship and supporting people with any event that held some significance or meaning for them. One person, who had been active within an association that

comprised of people who had undergone similar events in their life had lost contact with the group as they grew older. The registered manager told us they had made contact with the association and obtained their events timetable. This was used to identify events the person would like to attend and they were then supported to do so. The person thanked the care workers for this, and told their family how much his had meant to them. After one trip a relative sent a bouquet of flowers to a care worker to say thank you. Other professionals involved in the service also spoke of staff treating people as individuals with one saying, "More importantly the client feels supported and valued."

People were matched to the care workers who supported them based on their preferences. A relative told us how their relation had been reluctant to accept any type of personal care. They said the sensitive and respectful way the care worker introduced themselves and went about their work had resulted in their relation trusting the care workers who visited them to provide this. They said, "I think having a male carer helped." A relative told us that, "Matching the person to the client absolutely suits them, it's a personality thing, it definitely is good for them." We saw a comment on a survey form that stated their relation had been matched with, 'The most fantastic carer [name] who is an absolute star.' The relative added that their relation, 'Loves [care worker] to bits and thinks they are perfect.' In the provider's 2016 quality assurance survey 100% of people answered positively that their care worker was well matched to their needs. Another person's care records showed how their preferences for a certain type of care worker had been acted upon. We were also told, and given examples when this had occurred, that if a person who used the service did not gel with a care worker changes were made to enable positive relationships to be built.

The management team spoke of matching people with care workers with similar interests and personal characteristics. The management team and staff used innovative ways to develop these relationships and support people to live a more fulfilling life. The recruitment and retention officer told us about how a care worker had supported one person they visited who was reluctant to engage with care workers during their visits. This had begun by talking about the person's childhood home, which had led to a lot of reminiscing and looking up on the care worker's lap top at internet maps showing how the area was now, as well as other memories. Part of this reminiscing had included what music the person used to listen to, and the person had said they particularly remembered one famous war time singer. The care worker played, and sung, a well-known song by this singer, and the person described how this had taken them back to the time they were in the war flying home from active service over the white cliffs of Dover. They spoke of how this had made them feel safe after being involved in tense and dangerous missions. This led to the person speaking of many events that had taken place during the war, which was very emotional for them and the care worker. Listening to war time songs became a regular activity for the person during their visits, on one occasion the care worker arrived for a planned call to find the person was already singing a war time song and dancing on their own. The care worker had informed office staff about these nostalgic singing sessions, which they described as "a breakthrough" in engaging with the person. The recruitment and retention officer devised a plan to arrange an 'olden time' afternoon tea party for the person at the office. They purchased items to make it authentic, including a china teapot and tea set. They then prepared an afternoon tea consisting of scones, strawberry jam and cream. Staff known to the person came to the office for the tea party and they all enjoyed an afternoon tea and sing along to songs from that era. Following this afternoon the care worker said, "My client felt special for the afternoon and talked about it for days after."

The registered manager spoke of the benefits to the staff team from the diversity that existed within this, and said it was important for them to have. They said this enabled them to meet preferences and diverse needs of people who used the service and provided a supportive and caring ethos amongst staff.

The registered manager told us that advocacy and signposting was a key part of their service and something that they were very keen on promoting. Advocates are trained professionals who support, enable and

empower people to speak up about issues that affect them. The registered manager described strong working relationships with local organisations and charities, who provided advice and support on people's rights. These included benefits, accommodation issues, health care and general assistance in accessing services and administrative tasks such as completing forms. The registered manager had visited local organisations to find out what services they offered so they could share these with people who used the service. They had also arranged for a coordinator of local advocacy services to visit the office and inform staff of the services and support that was available in the local community. They said there had been a number of people who had been in contact with an advocate they informed them of, and provided an example of one person who had their benefits reviewed and increased and also identified some discounts they were entitled to due to a health condition.

People were treated in the way they preferred and they found care workers were friendly and respectful. A relative told us, "As soon as they are in the front door they are asking how I am as well as [name]. They always ask what I am doing today as well." Another relative described how care workers spoke with their relation, who had some memory limitations, about things they understood and could reply to. This included their earlier life and even knowing the recent results for the football team they support. The relative said, "It is as if they really matter and [relation] responds to that." A third relative told us care workers had shown respect to their relation by, "Finding out common ground and really engaged with [relation]. I have tried really hard to find ways to communicate with [relation] but watching (staff with) them was lovely."

Care workers described the practices they followed to enable people have privacy and dignity when they supported them. They also told us of ways they showed respect when in people's homes. These included having a sensitive approach, showing consideration to any other people who live in the home and always asking if it is alright to do something before doing so.

People's wishes for how they wanted to be supported when they reached the end of their life was explored and planned for. The registered manager told us when needed they had liaised with other professionals regarding preparing and planning for people's end of life care. A professional worker involved in planning end of life care told us their experience of working with staff from the agency was that they were forward thinking and proactive. They also referred to their professionalism and compassion. Another professional told us they "treat their clients with dignity and respect."

Is the service responsive?

Our findings

People told us that before they started to use the service they had discussed what care they needed so a plan of their care and support could be made. They also told us that their care plans described their needs and how these should be met. A person who used the service told us, "I have got a care plan, I don't really look at it as I get what I need." A relative told us their relation, "Has a care plan, quite an extensive one which has a lot of information in." The relative also said the care plan, "Describes the care they need which they get." Another relative said their relation was, "Certainly better now than they have been for a long time and I put that down to the care."

People received their care and support at the time it was planned for. One person said, "They arrive on time, apart from traffic problems which are beyond their control, and they always stay the full hour." People also told us care workers stayed for the full duration of their call, which was a minimum time of an hour long and made records of what they had done during their visit.

People received care and support that met their needs and responded to any change in circumstances. One person simply said their care, "Meets my needs." A relative told us their relation now, "Eats three good meals which they weren't doing for themselves, and they are washed, cleaned and clothed." Another relative said, "I am quite happy with what they do, they meet [relation]'s needs and more. They are all so friendly." The relative also told us that due to a sudden change in their circumstances they were, "Provided with extra support we need at the moment, it was done instantly."

Care workers told us the care plans had the information they needed to meet people's needs. One care worker said they had, "very good info." The head of care told us care plans were reviewed with the person who used the service and any family member they wished to attend every six months, or sooner if needed due to any change in need or circumstances. We found in the care plans we reviewed that in some parts these did contain detailed information, but there were also some other parts where they would be clearer with some additional information. The head of care agreed with this and said this would influence how they completed people's care plans in the future.

Care workers said there was sufficient time allocated for visits to enable them to provide people with the care and support they wanted. One care worker said, "We are not rushed and it is important people we look after don't feel rushed." Care workers also said they tried to involve people in activities they enjoyed. This included activities in their home as well as in the community.

Some people used the service for companionship in addition to personal care. During these times care workers would take people on planned trips within the community and any other activity they were interested in. A relative told us a care worker took their relation, "Out shopping and occasionally they have been to the pub for a drink." Other activities people had taken part in included an Alzheimer's memory walk, baking, playing golf, costal outings and gardening.

We received positive feedback about the service being responsive from other external professionals who

worked with them. Comments included, "They really do meet their clients' needs in the ways that their client wants" and "I have seen Home Instead help my clients learn how to use a computer, reinstate confidence to go shopping, laugh and have fun."

The recruitment and selection officer had introduced a new initiative which was a hand-out booklet. This contained games, puzzles and recipes along a specific theme, with the first one having been Halloween. Care workers spoke of having used these during visits with people and described them as "having gone down well" and "good fun." The recruitment and selection officer said they were going to produce similar hand-outs on a regular basis.

People were provided with information on what to do if they had any concerns or complaints with the service. They told us they had not needed to make a complaint, but said that they would feel quite confident they would be listened to and their concern would be acted upon if they did. A person who used the service told us they had, "Information in some of the pamphlets they gave me, I have not wanted to (complain) as they have been very good." A relative said there was, "Something in the file about complaint procedure."

Care workers told us people were given a copy of the complaints procedure with their initial care documentation. They said they had not been made aware of any complaints, however they were confident that any concerns that were raised would be acted upon and people would be encouraged to say if anything was worrying them so something could be done about it.

The registered manager shows us a compliments and complaints file they maintained, which had one formal complaint in. The recording of the complaint showed this was investigated and appropriate action was taken on the findings. We discussed how minor complaints and concerns were responded to at the service and the registered manager said they would look to be more proactive at recording any issues they dealt with as concerns or complaints in the future. This would provide an overview of issues that did arise and had been resolved, rather than restricting the complaints procedure to only deal with more formal complaints.

Is the service well-led?

Our findings

People felt the service was well run and the management team and staff were effective at communicating with them. A person who used the service told us, "I feel home Instead are a good company." Another person said the service, "Seems to be well run to me." A relative said whenever they called the office, "The person you speak to is friendly. We all get on very well, they recognise my voice." Several relatives told us they would recommend the agency to others, and one relative said they had recently done so.

People were able to make changes to their care if they wished to. For example we saw emails sent requesting to cancel an appointment or change an appointment time. A relative told us they, "Have asked them to come in later sometimes, if we give notice they are flexible to arrange different times."

People used a service where the management team motivated and valued their staff. Care workers spoke with pride about working for the service and told us this was because "they care." One care worker told us they are the, "[Name of top retailer] of the care industry." Care workers said they felt valued and that they were supported well in their work. The registered manager told us they valued the care workers as doing the most important job within the agency, caring for people.

We received positive feedback about the service being well led from other professionals who worked with them. Comments included, "I know that I can also rely on Home Instead to highlight other issues that need to be addressed" and "No issue is too big and every challenge can be overcome without any difficulty."

The registered manager spoke of ways they provided a supportive and caring work environment. This included staff events which involved their families, such as a recent Halloween party. Other recent initiatives included a baking competition and a staff cinema outing. In addition staff individual needs and interests were catered for. One care worker's child had wanted to see where their parent worked, and so arrangements were made for them to visit the office and meet other staff their parent worked with. The visit was made special for them and included drinks and biscuits and photographs were taken to mark the event. The recruitment and retention officer regularly met with care workers to talk about any issues or to see how they were over a, "Coffee and cake" at a local coffee shop in the care worker's home area. All staff were signed up to an online employee reward and benefit scheme which gave them discounts and benefits at local and national retailers and services.

Care workers had the practical support they needed to enable them to carry out their work. Care workers told us they knew what calls they were required to carry out each week in advance. They said there was enough travelling time between calls so they could arrive on time. Care workers were provided with the resources they needed, such as personal protective equipment (PPE) and forms, charts and other paperwork. Care workers told us they had support out of normal office hours through an on call service operated by members of the management team.

People were confident in the way the service was managed and had confidence in the management team. People spoke of different occasions when they had been responded to positively by one of the managers.

Care workers told us the management of the service worked well, with each one of the management team having their own clear roles. Care workers said that they could go to any one of them and would receive an appropriate response or support. One care worker said, "We are well led and we feel they understand us."

The management team told us they had regular informal discussions in the office as well as structured meetings. They spoke of how they were developing as a management team. This included providing each other constructive feedback on how they could perform their roles better and they had reorganised some of their roles and responsibilities to maximise each of their strengths. The registered manager said they reflected back on things to look and see why things had happened and if they could make any improvements.

The registered manager was involved in local associations and groups that provide people with various types of support people. These included groups that supported people living with dementia. They were also preparing to launch a programme to involve the community in creating inclusive activities in local areas involving people who were living with a dementia related illness and had been awarded a grant for this project.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been notified of events in the service which the provider was required to notify us about.

The service is operated as a franchise of a national organisation. The national organisation monitors and audits the performance of each office to ensure they are meeting their standards. The recruitment and retention officer showed us the results of the most recent survey carried out in June 2016 which showed positive outcomes for people using the service. The recruitment and retention officer said as a result of a trend identified in this survey that new care workers were more likely to leave within the first 12 weeks of employment they had introduced a support programme for new staff. They showed us a 12 week programme they had created to address this which was fun and engaging, as well as providing time for new starters to talk through any issues or anxieties. The recruitment and retention officer said this had considerably improved their retention of new staff which was now the best it had ever been. This showed the provider and management team recognised the benefits of monitoring the service and making improvements based on issues identified.

We saw other audits carried out included auditing people's care records. A relative told us that, "One of the supervisors come and does an audit they check out what's happening." We found that audits of people's care records had picked up on some issues, however we also found some issues that had not been identified. We shared these with the registered manager who was clearly disappointed these had been missed through their auditing system. Later, after they had reflected on why this may have occurred, they informed us that they were making changes to the way records were audited. This included auditing a smaller amount of records at a time to reduce the monotony of the task, and marking records to show where any issues had been highlighted.