

Happy at Home Ltd

# 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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 05 and 06 September 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes.

Home Instead Senior Care provides personal care to people living in the areas of Taunton, Wellington, Wiveliscombe, Bridgwater and surrounding villages. At the time of this inspection they were providing personal care for 48 people. They also provided a domestic service to people living in their own homes.

The last inspection of the service was carried out in August 2014. No concerns were identified with the care being provided to people at that inspection. There is 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.

In this report we refer to care workers as CAREgivers as this is the title used by Home Instead Senior Care for their care staff.

People who received personal care and support from Home Instead Senior Care told us they were happy with the service provided. They said the registered manager and staff were open and approachable, cared about their personal preferences and kept them involved in decision making around their care. One person said, "The people in the office are extremely forthcoming. If I have any questions they will ring me. They are very proactive and care for you. They put themselves in your shoes. I am extremely happy. I have nothing but good to say about them."

People were supported by sufficient numbers of staff who had a clear knowledge and understanding of their personal needs, likes and dislikes. We observed staff took time to talk with people during our home visits. One person said, "I have my regular team who I have got to know very well." Another person said, "I know who is coming and when. I know them all like old friends now."

People's care needs were recorded and reviewed regularly with, senior CAREgivers and the person receiving the care or a relevant representative. All care plans included written consent to care. CAREgivers had comprehensive information and guidance in care plans to enable them to deliver consistent care the way people preferred. One person's care plan clearly showed how they liked their care provided and the exact routine they liked to follow. The registered manager had also included picture guidance for things such as catheter care so staff could see what the specific catheter looked like.

People also experienced consistent care and support when moving between services. Assistance had been

given to one person to ensure they received a care package without delay when they moved to another part of the country.

People were protected from abuse because the provider had systems in place to ensure checks of new staffs characters and suitability to work with vulnerable adults were carried out. Staff had also received training in protecting vulnerable people from abuse. People said they felt safe when being cared for; we observed people were happy and relaxed with care workers during our home visits.

Staff told us they received plenty of training, staff attended the organisations mandatory training which included regular updates of subjects such as, manual handling, dementia awareness, medication, safeguarding vulnerable adults, infection control, health and safety, food hygiene, first aid and nutrition. They also attended training in areas specific to people's needs such as diabetes care, catheter care and awareness of Parkinson's. Staff were also supported to attain a nationally recognised qualification such as an NVQ or diploma in health and social care

Home Instead Senior Care's principle objective was to "Provide supportive care and companionship which both enables and encourages our clients to remain independent in their own homes for as long as possible." The nominated individual said they wanted to, "Provide the standard of care we would want for our own loved ones. The client is always at the centre." It was evident that all the staff spoken with supported and understood the organisation values and ethos.

Staff monitored people's health with their consent and could refer and direct to healthcare professionals as appropriate. Support was provided for people to attend hospital and doctor appointments. The service supported people to be "heard" when they attended their appointments.

The service had a complaints policy and procedure that was included in people's care plans in large print. People said they were aware of the procedure and had numbers they could ring. People and staff spoken with said they felt confident they could raise concerns with the registered manager and senior staff. Records showed the service responded to concerns and complaints and learnt from the issues raised.

There were systems in place to monitor the care provided and people's views and opinions were sought on a daily basis. Suggestions for change were listened to and actions taken to improve the service provided. All incidents and accidents were monitored, trends identified and learning shared with staff to put into practice.

## 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 were protected from the risk of abuse as staff had been trained to recognise and report abuse. Staff were confident any concerns would be acted on and reported appropriately.

People were protected from being looked after by unsuitable staff because safe recruitment procedures were followed.

Risk assessments were completed to ensure people were looked after safely and staff were protected from harm in the work place.

### Is the service effective?

Good ●

The service was effective.

People received effective care and support because staff understood their personal needs and abilities.

Staff had the skills and knowledge to meet people's needs. The provider had a programme which included training specific to people's care needs.

Staff ensured people had given their consent before they delivered care.

### Is the service caring?

Good ●

The service was caring.

People received care from staff who were kind, compassionate and went the extra mile to make sure people were respected and their likes and dislikes were taken into consideration.

People's privacy and dignity was respected and staff were conscious of the need to maintain confidentiality

People were involved in making decisions about their care and the support they received.

### Is the service responsive?

Good ●

The service was responsive

People received care that was responsive to their needs because staff had an excellent knowledge of the people they provided care and support for.

The service was flexible to make sure people received support that was person centred and met their changing needs and wishes.

People were able to make choices about who supported them and build relationships with regular staff.

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint if they needed to.

**Is the service well-led?**

**Good** ●

The service was well led.

The vision and values of the service were understood by the staff and these made sure people were at the heart of the service. There was a focus on continuous improvement through regular assessment and monitoring of the quality of service provided.

Staff were highly motivated, they worked as a team and were dedicated to supporting in a person centred way.

There were systems in place to monitor the quality of the service and any shortfalls identified were addressed promptly. There were robust contingency plans in place to deal with staff shortages and adverse weather.

# 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 05 and 06 September 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available for the inspection. It also allowed us to arrange to visit people receiving a service in their own homes.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in August 2014 we did not identify any concerns with the care provided to people.

This inspection was carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses or has used this type of care service.

Home Instead Senior Care provides personal care to people living in the areas of Taunton, Wellington, Wiveliscombe, Bridgwater and surrounding villages. At the time of this inspection they were providing personal care for 48 people. We visited four people in their homes and spoke with ten people and three relatives over the telephone. We received an email from one relative telling us of their experience following the inspection. We also spoke with four staff members as well as the registered manager and nominated individual.

We looked at records which related to people's individual care and the running of the service. Records seen included six care and support plans, quality audits and action plans, three staff recruitment files and records of meetings and staff training.

# Is the service safe?

## Our findings

Everybody we spoke with said, they or their relative felt safe with the staff that supported them. One person said, "I always feel safe they are all very good and look after me very well." Another person said, "My carer seems to know everything. She does things quickly, competently and safely." One relative said, "My [the person's] care is very good. The standards are quite high. I have no doubts as to whether [the person] is safe or not."

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work for the organisation. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. We asked staff if the appropriate checks had been carried out before they started work. They all confirmed they had not started to work for Home Instead Senior Care until their DBS check had been received. One relative said, "Home Instead is really thorough. They have a strict vetting process."

To further minimise the risks of abuse to people staff received training in how to recognise and report abuse. The registered manager told us in their Provider Information Return (PIR), "At induction all of our CAREgivers attend an extensive training programme...The programme...helps support CAREgivers to learn how to recognise, record and report any risks within each client's individual situation." Documentation held by the service showed all staff had completed the training before they worked with people. Staff confirmed they had all received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. One CAREgiver said, "I have no worries about anything not being dealt with. They are very good, and I know they would listen and act."

The service's policy and procedure for the safe handling of money protected people from financial abuse. When handling people's money as part of their personal care package staff kept a record and receipts for all monies handled. Records showed staff had followed the procedure and had obtained receipts and signatures from people when they returned their change.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. Everybody said they received care and support within the time agreed. One person said, "They never rush me and they are always happy to spend a little more time than is booked if necessary." The registered manager confirmed they had sufficient staff to meet the needs of the people receiving personal care. They told us they would only take on new referrals if they were able to meet the care package with the staff they had. One relative said, "We asked for a certain amount of help at the beginning. They had a problem at first finding people but it has all settled down now." An on-going recruitment programme was in place to ensure staffing levels remained consistent. This meant people could be reassured they would receive the care package agreed.

Everybody we spoke with said they did not have any problems with late or missed calls, one person said, "They keep to the times remarkably well." Another person said, "I am perfectly happy. On the whole they turn up on time. If they are going to be very late the office phones me and warns me." One relative said, "It is usually very good. A couple of times when someone has been late it is for understandable reasons. If the carer is going to be fifteen minutes late, you get a call. They are reasonably on top of time. Sometimes the carer can be five minutes early."

The registered manager explained how they monitored whether calls had been carried out on time. They used a system which was either connected to an application on the CAREgivers phone or they dialled in on a Freephone number. Office staff monitored these through the day so they could be alerted to any calls that had been missed immediately. During the inspection we heard an alert come in. The registered manager explained the system had picked up that the CAREgiver had not arrived. They instantly contacted the CAREgiver, and then rang the person to explain they were stuck in traffic and would be another five minutes. This meant people could be reassured that they would receive the planned care at the correct time especially if the visit was time critical for medication or appointments.

Care plans contained risk assessments which established whether it was safe for the person to receive a service in their own home. An initial environmental assessment established whether it was safe for staff and people receiving the service to carry out the care and support required. Risk assessments were completed in relation to falls and the assistance people required moving about their homes. Care plans contained written information about how risks were reduced. For example, some people used emergency lifeline pendants. These enable people to contact a call centre if they fell or were ill. The care plans clearly showed staff checked monthly that the call system was working. There were clear guidelines on checking equipment for staff to follow. One person required the use of a specific hoist; clear guidance was in place for the safe use of the equipment as well as the type and positioning of the sling. The guidance was provided in both written and picture format. Another person explained, how they had problems with weight loss, they said, "They also weigh me as my weight is very low."

Staff informed the registered manager or senior CAREgivers if people's abilities or needs changed so risks could be re-assessed. An immediate visit to reassess any change in needs and risk would then be carried out. This meant people could be reassured that any risk to their safety was assessed and dealt with in a timely manner.

There was a system in place to record any accidents or incidents that occurred. These would be reported directly to the registered manager so appropriate action could be taken.

Some people required assistance with their medication. Clear risk assessments and agreements were in place and recorded to show how and when assistance was required. There were clear protocols to show at what level the assistance was required for example, just prompting or reminding a person to administer prescribed medication from a blister pack. One person said the CAREgivers were very good at reminding him to take his medication. Another person said they were well supported with their medicines, they said, "We get the pills out together." All staff were trained in managing medicines. Senior CAREgivers and the registered manager assessed staff competency during spot checks, if they had any concerns the staff member would be referred for follow up training. The registered manager confirmed some calls could be time critical to ensure people had the correct therapeutic gap between each dose to ensure best outcomes for them.

People confirmed staff used personal protective clothing to ensure they were protected from infection. One person said, "The minute they arrive to look after me, on go the apron and gloves. They are very good with



hygiene, always washing their hands before getting me something to eat or drink." We observed staff used gloves and aprons appropriately and washed their hands before preparing food.

## Is the service effective?

### Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People said they felt all the staff were well trained and knew their needs well. One person said, "They have all the training. I can't praise them enough." Another person said, "They have quite a lot of experience. They have got a lot of empathy."

All staff confirmed they had access to plenty of training opportunities. This included annual updates of the organisation's statutory subjects such as, manual handling, dementia awareness, medication, safeguarding vulnerable adults, infection control, health and safety, food hygiene, first aid and nutrition. Records showed all staff had attended all the statutory training. Care staff were also offered the opportunity to attend training in end of life care and other areas specific to people's needs. For example training in the management of pressure area care and catheter care had been arranged.

The registered manager and nominated individual confirmed their induction programme followed the Care Certificate which is a nationally recognised training programme. All new staff received basic training in the service's essential subjects before working with people in their homes. New staff worked alongside an experienced member of staff until they were competent to provide care on their own. One CAREgiver explained how they had worked alongside a regular experienced member of staff until they were considered competent and able to work alone. One relative said, "New ones shadow first." This meant people could also get to know new staff whilst still being supported by staff they knew.

People received their care from staff who were well supported and supervised. Staff confirmed they received regular supervisions. These were either through one to one meetings, team meetings or spot checks.

Some people needed support to eat and drink as part of their care package; care plans were clear about how the person should be supported. They also explained how people liked their food prepared and whether finger food such as sandwiches and biscuits should be left for people to eat whilst staff were not there. One care plan showed staff assisted the person whilst encouraging them to remain independent and help prepare their own meal. Another care plan identified the type of food the person liked so they could support them to eat a well-balanced diet and maintain their weight. All care plans ensured staff were reminded to make sure adequate fluids were in reach when they completed their call. During our visits staff offered to make people a cup of tea or coffee and get them a snack if they required one. One person explained how the staff always prepared their meal from fresh produce.

People only received care with their consent. Care plans contained copies of up to date consent which had been signed by the person receiving care or a relative if they had the relevant authority. The registered manager confirmed they asked to see Lasting Power of Attorney certificates so they were sure the right person was giving consent on the person's behalf. Everybody spoken with confirmed staff always asked them first before they carried out any care.

Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who

did not have the mental capacity to make decisions for themselves had their legal rights protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. At the time of the inspection nobody was being deprived of their liberty. However the registered manager and nominated individual both had a clear knowledge of the process to follow and people they could contact to ensure best interest decisions were discussed and put in place for people using the service.

People were supported to see health care professionals according to their individual needs if they informed the service they required assistance. Some people did not have families living close enough to provide this support. The service would provide staff to help people attend doctors' appointments and hospital outpatient follow ups if needed. Some people said they received support from their relatives to attend appointments.

## Is the service caring?

### Our findings

People said they were supported by kind and caring staff. All of the people spoken to over the telephone were extremely happy with the service and people said staff were, "helpful, kind and caring." One person said they felt that their carers were kind, caring and helpful, that they communicated with them very well and they felt valued and respected. One relative said, "Their patience, attention to detail, sensitive personal care and genuine friendship is outstanding."

More than one person said the staff went that extra mile for them. One person explained how staff often stayed longer than the allotted time, whilst another said it was like having a companion and friend visit. When one person was asked if they felt the CAREgivers were kind, caring and helpful they responded, "Absolutely. No doubt about that. They are smart and well turned out, prompt, bright and cheerful and they look around for things to do to help you." A relative said, "They were always ready to go that extra mile in a crisis which was very reassuring."

During our home visits we observed staff were very caring and compassionate. We did not observe personal care being carried out. However we did observe the staff we travelled with offer the person a drink and ask if there was anything they could do whilst they were there even though it was not a scheduled visit. The registered manager introduced us to the people we visited and it was clear they all knew her and had a good relationship with her.

People commented on the consistency of the staff team. Everybody told us they had a team of staff whom they knew and could rely on. One person said, "I have a regular team of people who I know. There are no surprises." One relative said, "My [the person] has two regular people who are very good. They were introduced by the manager who was also very good." Another relative said, "They introduced [the person] to four or five people to provide back-up. They have one regular carer." This meant people received consistent care from a small team of staff who knew them well.

People said the carers who visited them were all polite and respectful of their privacy. Everybody confirmed personal care was provided in private and in the room of their choice. People said staff treated them with respect, one person said they felt "valued and respected," by the CAREgivers.

The service kept a record of all the compliments they received. The registered manager confirmed if compliments were specific to an individual member of staff the person's message was shared with them. All staff would also be informed of general compliments received. We looked at complimentary letters and cards that had been sent to the service. Comments included, "You have been so supportive and caring and have undoubtedly provided a Gold Star service." And, "The carer was simply superb; she was warm, caring, calm, conscientious and willing."

People were supported to express their views and remain involved in decisions about the care they received. People were included in all care reviews and their comments taken into account. Either the registered manager or senior staff visited people to carry out a review of their care plan. An initial contact was made

with people by telephone following the first week of care to discuss any changes that might be needed. Further reviews of care would be carried out regularly to ensure people's changing needs were recorded. People were always involved in the reviews and the review form included questions about how happy they were with the care and support or if there were any changes they would like made. People told us they felt they maintained control over their lives and the care and support they received.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

## Is the service responsive?

### Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about how the service supported aspects of their day to day lives. People were able to choose how much support they required and when it was delivered. One person said, "I'm in control, they do what I want the way I like it that's very important to me." One relative said they believed the person was able to exercise choice and control. "[The person's name] memory is not good but they know what they like. As far as I can tell they listen and try to accommodate what they want."

Staff had a good knowledge of the needs and preferences of people they cared for. All Staff spoken with were able to describe how they supported the people they visited. People said staff understood their needs and looked after them in the way they wanted to be looked after.

Staff had a good understanding of what was important to people and provided support in line with people's social and cultural needs. For example one person did not go out and socialise much. The CAREgiver suggested a picnic. They left a note explaining what time they would be back to take them out. They made a picnic of the person's favourite foods and went to a local park where they talked about the children there. The person appeared to enjoy the impromptu trip. On another occasion a CAREgiver took one person to a local show. They knew they loved owls and it was made possible for the person to hold an owl at the show. This showed that staff understood people's wider cultural needs beyond just providing personal care.

People said they could express a preference for the care worker who supported them. One person had stated they did not want a male care worker. This was clearly recorded and records showed the service respected the person's request. One relative explained how they had asked the service not to send a specific CAREgiver as their relative did not get on with them. They said they were listened to and the work rota changed. This meant people felt they could maintain some control over the staff who supported them.

People's care needs were assessed on their first meeting with the registered manager. All needs were discussed and the initial package agreed with the person or a relevant person if they were unable to take part. The registered manager confirmed they would discuss with the person the support they were able to provide. If they felt the service could not meet the persons' needs they would signpost them to another service who may be able to provide a package of care. This was to make sure the service could meet the person's needs and expectations. Following the initial visit care plans were developed outlining how their needs were to be met. One relative said, "The registered manager visited to explain the service Home Instead could provide and we were immediately impressed by her rapid understanding of my parents' situation."

All the care plans we looked at gave clear information about the support people required to meet both their physical and emotional needs and had information about what was important to the person. They were person centred and included what people liked and disliked. There was a clear life history which helped staff to understand the person and topics they could talk about. One care plan was very clear about the person's goal which was to remain as independent as they could in their own home. Another was very clear about the

person not liking the use of the word Dementia. This meant staff were aware of triggers which could upset a person. Where people had specific needs the registered manager researched information and included it in the care plan for staff. For example where medical terms were used, such as Oedema, a clear explanation of what this was and what impact it had on the person was included. People were involved in the content included in their care plan. For example one person had very clear instructions on the way they liked things done and in what order so their routine was not disrupted.

The service was responsive to people's changing needs. Staff would inform the registered manager of changes in people's health and mobility. The registered manager would obtain their permission to make a referral to the relevant people to ensure a reassessment of their needs was carried out. For example in care plans we saw referral forms for mobility changes resulting in a higher risk of falls and for reddened swollen legs. One person said, "I banged my leg about 15" above the ankle. The carer noticed a large blister. She said I needed to see the doctor. She got hold of the doctor and took control. The District Nurse came out to see it."

The service provided was also flexible to accommodate the changes people experienced in their lives. One relative said, "They have been extremely flexible and accommodating when we have had to adjust the care times, for example when [one relative] has gone into hospital, or [the other relative] has had appointments." One person said, ""Normally my carer comes on a Tuesday but my appointment was for a Thursday. My carer checked with head office that it was all right to swap."

People were supported to receive consistent co-ordinated care when they moved from one service to another. The nominated individual explained how they supported people moving between services. One person had informed them they were moving to another part of the country but wanted to continue with a care package from a similar service. The nominated individual obtained their permission to share their care plan with another domiciliary service in the area they were moving to and arranged for the care package to commence as soon as they arrived. This meant the person did not experience a delay in receiving the care and support they needed when they moved.

People said they felt they could complain if they needed to and the service responded to their concerns. One person said, "I haven't had to complain but I would ring the office if I needed to." Another person explained how they had not been happy with a specific situation and had rung the office and told them and it had been resolved. Records showed issues were responded to within the correct timescale and learning put in place for staff if necessary.

## Is the service well-led?

### Our findings

The registered manager and nominated individual were very open and approachable. There was an open door policy at the office and throughout the inspection staff came to the office to speak with the management team. All the feedback we received about the service was very positive and each person, without exception, told us how valuable the service was. People and their relatives considered the service was well-led and excellent standards of care were provided by a team of highly skilled and caring staff. One person said, "Very good. First Class." Another person said, "It is very good. It is excellent. I am very happy. They do a very good job." One relative said, "Everything is done to the highest standard with attention to detail. They run a tight ship. They are very thoughtful. It should be the model for all agencies. The staff enjoy working there. The retention rate of staff is very good. That is telling."

The registered manager was proactive in monitoring people's care needs and meeting people so open communication supported the type of care and support they received. For example where possible they actively sought care workers with the same interest as people receiving the service. The impact for one person meant they were able to feel they could communicate with staff effectively, they said, "I am over the moon with them. They are thoughtful and articulate. They have all the training. I can't praise them enough. My carers are extremely competent and literate which is a big plus as I am an intelligent person myself. I can talk to, talk with and can associate with my carers. It is all part of the care package to have that." For another person living with dementia it meant they had rekindled a love for art and painting.

The registered manager and nominated individual supported and advised people about remaining safe. They supported the "Think Jessica" campaign (an organisation which seeks to protect the elderly and vulnerable people from fraudulent "scams.") They raised awareness by giving talks to various community groups, their CAREgivers and sometimes the people they supported. The impact for two people was that they assisted them when they were unsure of callers who could have placed them at financial risk.

People were supported by a service where management and staff embraced new ideas about how to improve the quality of care. Regular telephone and face to face contact was made with people and care plan reviews included a look at how they could improve the service provided. For example the service used an IQ system to monitor calls which had been carried out. This system also enabled the office team to inform staff when any changes had occurred. To update them on policies or remind them of important issues such as maintaining fluids in hot weather.

Staff all felt listened to and involved in shaping improvement. One noticeboard in the office contained the actions taken following a "staff" survey. "You said We did," actions were in place. The nominated individual explained one key issue had been, not knowing which member of staff to talk to about specific issues. They introduced a list of staff and responsibilities which was circulated to all staff and is updated monthly.

Other quality assurance audits included audits of medication practices and records and full audits of care plans. Where audits identified shortfalls an action plan with dates was put in place. One audit identified poor wording by some staff in daily records. Further training in writing person centred records was being



planned for all care workers so they would complete records to the same standard.

We spoke with the registered manager and nominated individual about the culture of the organisation and discussed the vision, values and ethos of the service. In their statement of purpose it stated the aim of Home Instead Senior Care is to. "Become the UK's most admired care company through changing the face of aging. The principle objective is to "provide supportive care and companionship which both enables and encourages our clients to remain independent in their own homes for as long as possible." The nominated individual said they wanted to, "Provide the standard of care we would want for our own loved ones. The client is always at the centre." It was evident that all the staff spoken with supported and understood the organisation values and ethos. In their PIR the registered manager said, "We have created a culture that is open, fair and transparent which encourages our CAREgivers to follow by example: it's important to us that our office team and CAREgivers all believe in the same ethos and values."

The nominated individual explained how it was important to ensure good communication in the office and with staff working in the community. The morning started with a "morning huddle," a five minute discussion of what had happened for on call staff and how the day's routine was going to be planned. The registered manager met with her team to discuss the focus of the work they needed to complete and the nominated individual met weekly with the registered manager to discuss how things had been and any issues they needed to deal with. There were also systems in place to make sure high standards of care were delivered. All staff received formal supervision with a more senior member of staff and there were regular spot checks on staff working in people's homes. Supervisions and spot checks were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed. One staff member explained how they found the spot checks an effective way of checking they were working consistently.

All the staff we spoke with were professional, open and enthusiastic about their role and working for the organisation. Staff told us they felt confident in raising any issues and felt assured that they would be dealt with effectively and sensitively. They told us they felt proud working for the service and enjoyed coming to work. One staff member said, "They don't just think about the clients they care about their staff as well. I feel really appreciated and listened to."

The registered manager promoted an ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The service had a robust contingency plan in place to make sure people in need continued to receive a service if adverse weather was experienced during the winter. Each person had an assessment of how essential their visit would be in bad weather conditions. It included information about who could provide the care if staff were not able to reach them. From these assessments staff would be able to prioritise their workload. Appropriate four wheel drive vehicles were also available within the organisation if they were needed. A business continuity plan was also in place highlighting the impact on the service if key issues such as staff or buildings were affected.

The registered manager and nominated individual looked for ways to continually improve the service and keep up to date with current trends. The nominated individual had been involved with the Social Care Institute for Excellence (SCIE) research into providing home care. They had acted as the "gatekeeper" obtaining permission from people to be involved. Following the research one person commented, "It was nice to be valued and listened to." They were involved with the local care providers association who offered advice and support, and they said they were looking at the local registered manager's network. The Home

Instead franchise also provided annual network meetings and specific training sessions for managers where they could discuss issues and new legislation and share learning from audits, compliments and complaints.

To the best of our knowledge, the registered manager has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.