Colvincare Limited

Home Instead Senior Care

Inspection report

8 Old Aylesfield Buildings
Froyle Road
Alton
Hampshire
GU34 4BY

Tel: 01420543214

Date of inspection visit:
05 December 2016
06 December 2016

Date of publication:
05 January 2017

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

The inspection took place on 5 and 6 December 2016 and was announced to ensure staff we needed to speak with were available. Home Instead Senior Care is registered to provide personal care to people living with dementia, people with a learning disability, people living with mental health issues, older people, people with a physical disability and younger adults. In addition to the regulated activity Home Instead Senior Care provides companionship and home help services to people in their homes. At the time of the inspection there were 17 people receiving the regulated activity.

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

People told us they felt safe in the care of staff who understood how to manage risks to them. People's experience of the service was that their care was provided to them safely.

Staff had undertaken relevant training to enable them to understand their role and responsibilities in relation to safeguarding people. Processes were in place to safeguard people from abuse.

The provider ensured risks to people were assessed and measures put in place to manage them. Staff had a good understanding of their responsibilities for responding to and reporting accidents, incidents or concerns about people. Processes were in place to manage any unexpected or out of hours events for people's safety.

There were sufficient staff to provide people's care. People received consistency in the care staff rostered to provide their care. People's care was provided by staff who had received guidance about their care needs and to whom they were introduced prior to their care commencing.

Staff had undergone relevant recruitment checks to ensure their suitability to work with people.

Medicines assessments identified the level of support people needed with the administration of their medicines. Peoples' medicines were managed and administered safely by trained and competent staff.

People's experience of the service was that their care was provided effectively.

There was a process in place to ensure staff received a relevant induction and that their competency to deliver people's care safely and effectively was then assessed. Not all staff had updated their training as required to ensure it remained current. The manager was aware of this issue and these staff were booked to attend refresher training.

People's consent was sought for their care. People were cared for by staff who had undertaken Mental Capacity Act training relevant to their role. The provider was able to tell us how they had assessed that where people lacked the capacity to consent to their care, it was in their best interests to provide the care. They have assured us they will now be documenting these decisions for people to ensure there is a record of how these decisions have been reached.

People's records documented their arrangements for meals; this ensured there was clear guidance for staff. Where risks to people associated with eating or drinking had been identified there were arrangements in place for staff to manage them.

Staff supported people to access health care professionals as required and liaised with them to ensure the effective provision of people's care.

The provider and staff understood the importance of people experiencing caring relationships from caring staff. The provider told us and records confirmed that staff visits to people were a minimum of one hour; this ensured staff had sufficient time to spend with people, focused on them. Staff listened to people and empowered them to make decisions about their care.

People told us staff upheld their privacy and dignity. Staff did not wear uniforms this made it more dignified for people when they were supported out in the community by staff.

People's experience of the service was that their care was provided responsively.

People or their relatives were involved in developing their care plans which were personalised and detailed the daily routines specific to each person. The service was flexible in response to changes in people's needs. People with dementia experienced care from staff who were responsive to their needs. People were supported by staff to identify and pursue their interests in order to meet their need for social stimulation. People were provided with regular opportunities to review their care and to provide their feedback on the service.

People were provided with information about how to complain. People's concerns were listened to and responded to appropriately.

The provider had a clear set of values which underpinned the delivery of peoples' care. Feedback received from people and professionals showed that staff understood and demonstrated the provider's values during the course of their work with people.

Feedback from relatives was that the service was well-led, with regular communications.

There was a clear managerial structure in place for people and staff also felt the service was well-led. The provider demonstrated a good understanding of the challenges to the service and used their role within the community to promote the needs of older people locally.

Processes were in place to audit people's records in order to improve the service people received. The results of feedback had been used to improve the service for people.

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.

Processes were in place to safeguard people from the risk of abuse.

Risks to people were identified and managed to keep people safe.

There were sufficient staff to provide peoples' care safely.

Relevant employment checks were completed for staff.

Peoples' medicines were managed and administered safely by trained and competent staff.

Is the service effective?

Good

The service was effective.

Staff received an induction to their role and supervision. Not all applicable staff had yet had the opportunity to update their training to ensure it remained current; the manager had made arrangements for them to do so.

People's consent was sought for their care where they had the capacity to consent. The manager has assured us they will be documenting decisions relating to the provision of care to people who lack the capacity to consent; in accordance with good practice.

Staff supported people to eat and drink sufficient for their needs.

People were supported to maintain good health and to access healthcare as required.

Is the service caring?

Good

The service was caring.

Staff were well matched to people. Staff were kind, caring and compassionate to people.

People were supported to express their views about their care.

People's privacy and dignity was upheld by staff.

Is the service responsive?

Good

The service was responsive.

People experienced a responsive service, provided by staff who supported their independence and community presence where possible.

People were provided with regular opportunities to review their care and to provide their feedback on the service.

People were informed of how to raise concerns and any issues raised were addressed.

Is the service well-led?

Good

The service was well-led.

The provider had a clear set of values which underpinned the delivery of peoples' care.

There was clear and visible leadership of the service.

Processes were in place to monitor and improve the service people received.

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 checked 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.

The inspection took place on 5 and 6 December 2016 and was announced to ensure staff we needed to speak with were available. The inspection was completed by one adult social care inspector.

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 reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with three people and three people's relatives. We spoke with five care staff, the co-ordinator, the head of training, the manager and the provider. We received feedback on the service from a GP, a dementia trainer for the service and a mental health nurse.

We reviewed records which included five people's care plans, three staff recruitment and supervision records and records relating to the management of the service.

This service has not previously been inspected.

Good

Is the service safe?

Our findings

People told us they felt safe in the care of staff who understood how to manage risks to them. One person told us "They keep me safe" and another commented "Yes, they provide the care safely." A relative told us about staff "They are trustworthy." People told us they received consistent and timely care when they wanted it provided. A relative confirmed their loved one received their care from regular care staff who had been introduced to them. People told us staff provided their medicines as required. One person commented "They cream my legs." People's experience of the service was that their care was provided to them safely.

Staff told us they had completed safeguarding training, which records confirmed. Staff were able to demonstrate their understanding of the safeguarding process and their role and responsibility to safeguard people from the risk of abuse. Staff had access to relevant safeguarding policies, procedures and telephone numbers in the event they were needed. Records demonstrated that when staff had a query in relation to the management of a person's finances they had correctly sought advice on this from office staff, to ensure the person's financial safety. Staff understood their role in relation to safeguarding people from the risk of abuse and sought advice and guidance where required to keep people safe from the risk of abuse.

Staff told us they had a good understanding of the risks to people they cared for and that they rang the office about any concerns they had about people or changes they noted in their presentation. Before people's care commenced, the provider ensured risk assessments were in place, these helped to ensure people's safety. Risk assessments included areas such as: the safe management of medicines, the person's health, safe mobilising for the person and environmental risks. Risk assessments included information for staff about the action to be taken to minimise the chance of harm occurring to people. Some people had restricted mobility and information was provided to staff about how to support people when they were moving around their home and any equipment that was in place such as grab rails.

Records demonstrated that when incidents occurred such as people having experienced a fall; staff acted promptly to ensure people were checked by medical services. Any accidents or incidents were documented and the actions taken recorded. Incident and accident forms were then checked by the manager or the provider to identify risks or any changes that might be required for the person's safety. Staff had a good understanding of their responsibilities for responding to and reporting accidents, incidents or concerns about people.

Staff underwent moving and handling training as part of their induction. At present no-one required transferring with a hoist. The provider told us that in the event a person required this type of care, arrangements would be made for relevant staff to receive further training from a healthcare professional in the use of the person's particular hoist and sling. Staff told us they had received training from a nurse in relation to a person's continence care to ensure they could support the person safely. The provider informed us the Hampshire Fire Safety Officer was due to attend the staff meeting on 9 December 2016 to train staff on fire safety. Staff told us they also wanted to undertake first aid training and arrangements were being made for staff to do this. Staff were provided with the guidance they required to meet people's needs safely.

The provider had a business continuity plan in place to ensure there was a plan in the event of unforeseen circumstances such as adverse weather or staff sickness, to ensure people's care would be provided. Arrangements were in place to ensure staff could access management out of hours for people if required. Processes were in place to manage any unexpected or out of hours events for people's safety.

The provider told us they did not accept packages of care for people unless they had the capacity to do so safely, they used an electronic staff planning system to allocate staff. Staff confirmed there were sufficient staff to provide peoples' care and that they had plenty of time to complete their calls. Travel time was built into their visit schedules so they were not rushing to complete people's calls. Arrangements were in place to ensure any staff leave or sickness could be covered for people.

Staff told us and records confirmed they were required to use a phone 'log-in' system when they completed people's calls. This ensured there was an electronic record of the time staff had arrived at people's calls and the duration of each call. This enabled the provider to monitor people's calls and to take any action required for people to ensure their safety.

The provider appreciated how important is was for people and especially those with dementia to experience continuity of care. People told us and their records confirmed that they received consistency in the care staff rostered to provide their care. The provider told us people were personally introduced to their care staff after the staff member had received a handover about the needs of the person they were to care for, which records confirmed. People's care was provided by staff who had received guidance about their care needs and to whom they were introduced.

Staff told us and records confirmed that they had undergone recruitment checks, which included the provision of references, proof of identity, health declaration and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. There was a written record of staff interviews. We found that the staff files reviewed did not always contain their complete employment history. We spoke with the manager and the provider who took immediate action to rectify this for people's safety.

Medicines assessments identified the level of support people needed with the administration of their medicines, these included: none, prompting or administration. Peoples' records contained an up to date list of their medicines. There were policies and procedures in place to ensure medicines were managed in accordance with current regulations and guidance. Records showed that where risks had been identified for a person in relation to the storage of their medicines staff had worked with the person's family to ensure safe arrangements were in place. Processes were in place to review people's medicine administration records monthly to ensure they were fully complete. Peoples' medicines were managed and administered safely.

Staff told us they underwent medicines training and assessments of their competency to administer people's medicines. Records demonstrated that all of the care staff had completed their medicines training and undergone a six monthly medicine competency assessment to ensure they remained competent to administer people's medicines safely.

Good

Is the service effective?

Our findings

People told us "Staff seem well trained." People also informed us staff sought their consent for their care. People said staff supported them with their meals where required. One person commented "I get what I like." A relative told us "They make sure she has eaten enough and write it down." Another relative informed us "Staff are good at reporting any healthcare concerns." People's experience of the service was that their care was provided effectively, this was confirmed by a local GP.

Staff told us they had undergone an induction to their role, records demonstrated that all of the 21 care staff had completed the Skills for Care Common Induction Standards. In addition two of them had completed the Care Certificate which was now incorporated into the providers induction programme for new staff. The Care Certificate is the industry standard which staff working in adult social care need to meet before they can safely work unsupervised. The induction was a face to face interactive programme for staff which they completed over three days. Staff were required to complete a range of workbooks and observations to embed and demonstrate the knowledge they had acquired during the induction programme. Following completion of the programme new staff were required to complete three shadowing's or more if required with a senior colleague. The purpose of this was for them to be able to observe senior staff providing care, work beside them in the provision of people's care and then provide people' care under observation. There was a process in place to ensure staff received a relevant induction and that their competency to deliver people's care safely and effectively was assessed.

The manager told us they expected staff to update the required training every two years. Records showed that five of the 21 staff had been employed for over two years and therefore should have updated their training by the time of the inspection. The provider and the manager had already identified this issue and were making arrangements for these staff to update their knowledge. Although some staff needed to refresh their training, this had not had a negative impact upon the care people received. Following the inspection the provider submitted evidence that these staff had been booked onto a course to update their training on 18 and 19 January 2017. The manager of the service had been proactive in identifying this issue and ensuring arrangements were made for staff to update their required training.

Staff told us and records demonstrated that all care staff received supervision of their work in the form of quality assurance checks on the practical care they provided to people, competency assessments of their work and one to one supervisions. All staff had either received an annual appraisal of their work or this was booked. An appraisal provides staff with the opportunity to reflect on their practice over the course of the past year and to identify areas for growth. Three of the care staff held a professional qualification in social care and a further two had just commenced a professional social care course. Staff were supported with their on-going development.

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.

People told us staff sought their consent to provide their care. A staff member said "Absolutely we seek people's consent." Staff informed us they had completed MCA training as part of their induction programme and this was confirmed by records. Staff were able to demonstrate their understanding of the MCA as it applied to their daily work with people. People were cared for by staff who had undertaken MCA training relevant to their role.

Some people had appointed a power of attorney for health and welfare to represent them in the event they lacked the capacity to make decisions in these areas themselves. The provider had documented this, and requested copies. However, at present they did not always have a copy to enable them to check what decisions the attorney was authorised to make on the person's behalf. Therefore they could not consistently demonstrate how they had satisfied themselves that the attorney had the legal authority to sign their consent to the provision of care and treatment for the person. This had not had a negative impact upon people, however, it is good practice to obtain a copy of these documents.

Where people were able to they had signed their consent to the care to be provided. If people lacked the capacity to consent to their care and treatment by the service the provider had asked their relatives to sign the consent form on their behalf in the absence of a power of attorney. The provider was able to tell us, how they had assessed that the person lacked the capacity to consent to their care and how they had applied the best interest checklist for the person in determining that it was in their best interests to provide the care but had not documented this for people. Although this had not impacted negatively upon people; it is good practice for providers to keep a record of the steps they take when providing peoples' care. The manager showed us a mental capacity form they had obtained to document these decisions for people. They assured us this would now be used to provide a written record of how these decisions had been reached for people.

People's records documented their arrangements for meals, whether staff made them or they were supplied by the person's family or other arrangements. This ensured there was clear guidance for staff about people's meals. Staff were able to tell us about whom they supported with meals and whether there was anyone they needed to monitor more closely to ensure they ate sufficient for their needs. They told us they recorded everything people ate and kept the person's family informed of what they had eaten. Where people had been identified as at risk from dehydration plans were in place to manage this risk to them. If people required drinks to be left for them between visits then this was noted. Records demonstrated the provider had food and fluid charts available for care staff to use in the event they needed to monitor a person's food and fluid intake in more detail than recorded in their daily activity records. Staff supported people to eat and drink sufficient for their needs.

Records demonstrated staff had liaised with health care professionals such as GP's, nurses, catheter care nurses and physiotherapists on people's behalf. Where people requested staff to attend health care appointments these were facilitated wherever possible or alternative arrangements were made for the person. Staff gave an example of where they had accompanied a person to attend an outpatient's appointment. Records demonstrated staff ensured they obtained feedback on people's healthcare appointments to ensure they obtained any information relevant to the safe and effective provision of their care.

Good

Is the service caring?

Our findings

A person told us "The staff I have are marvellous. If I feel under the weather they sit and talk with me as they would their own grandma." Another person commented "The lady who comes is excellent. She has the right attitude, kind and caring." A relative told us "They (staff) have got to know him (the person) very well." They also told us "They treat him as a person not a patient. They use humour." People told us staff used their preferred term of address. People told us staff treated them with dignity.

People were asked to complete an annual survey. The 2016 survey was sent to 34 people (including those who did not receive the regulated activity) and 18 responded. 100% of respondents felt care staff had been well matched to their needs and took an interest in them as a person. 100% of respondents also felt staff went 'The extra mile' to make a positive difference in their life.' People's experience of the service was that it was very caring.

Staff appreciated professional boundaries but genuinely cared about people. One staff member told us "I see people as more than clients" and went on to say they saw themselves as a source of support for people who were often isolated and lonely. Staff told us they enabled people to feel valued and celebrated their achievements together such as going out to lunch or for a walk.
The provider told us they applied 'The mum's test' when recruiting staff for the service; which assesses whether the care provided would be good enough for the assessors own loved ones. Staff told us "I treat people as you would treat your mum." The provider and staff understood the importance of people experiencing caring relationships from caring staff.

The provider told us and records confirmed that staff visits to people were a minimum of one hour; the service did not complete calls of short duration. The purpose of this was to ensure staff had sufficient time to focus on the person as an individual, spending time with them, rather than rushing to complete a set of tasks. They told us the person and their preferences and wishes were central to the provision of the service and they knew people individually. They said they matched care staff to people based on their shared interests and personalities, not just on staff's availability or location to ensure people were matched with staff whom they were more likely to form a positive relationship with. Staff confirmed they felt the provider understood their skills and matched them to people accordingly.

People's records contained a profile which detailed the person's work history, family and hobbies. This provided staff with information about the person and their background which they could use to initiate conversation and develop a relationship with the person. There were also details of people's contact with their family and friends. Records demonstrated staff had used this information when they were introduced to people to get to know them. Staff told us they spent time talking with people during their visits. A staff member told us "We get to know what people like as we have the same clients" and "I chat as I provide the care." People experienced positive relationships with staff who had an interest in them as individuals.

People's records identified what decisions they were able to participate in such as day to day decisions about their care for example. Staff told us how they encouraged people to express their views and make

decisions about their care such as what they wished to wear or what they wanted to eat. Staff told us how they listened to people's wishes about what they wanted to do and tried to enable them where possible to fulfil their wishes. For example, a person expressed a wish to visit a loved one's grave so the staff member took them to do this. Another person wanted to go out to visit a garden so the staff member had spoken to their family to arrange extended time to enable them to visit the garden. Staff had listened to people and empowered them to make decisions about their care.

People's records identified any communication needs they had for example, due to a hearing impairment and how staff should communicate with them. A person's care records noted 'Speak clearly and concisely to ensure the communication has been understood.' Staff had guidance about people's communication needs.

People told us staff upheld their privacy and dignity. People's records instructed staff to uphold people's privacy and dignity in the provision of their care at all times. Staff were able to tell us about how they upheld people's privacy and dignity in the provision of their personal care. For example, by ensuring the curtains were kept closed and keeping the person covered during the provision of their personal care.

The provider told us that although all staff carried identification they did not wear a uniform. This was to make it more dignified for people when they were supported out in the community by staff. A staff member gave an example of when they were out shopping with a person and the person was able to introduce them as their 'Companion' rather than their care staff, this served to preserve the person's dignity.

Good

Is the service responsive?

Our findings

People told us their care needs had been assessed and reviewed. One person told us "I had an assessment with the boss." People told us the provider had found out about their preferences for the provision of their care. People said staff were flexible in the provision of their care. One person commented "They are flexible if I have an appointment." A relative said "They responded promptly to the request to increase the care." A relative told us that their loved was living with dementia and that staff had a good understanding of the person's needs. Another relative commented "Staff are sensitive to mum's needs and work with her." People told us they knew how to complain if they wished. A person told us they had raised an issue verbally and the provider had met with them to discuss it. People's experience of the service was that their care was provided responsively, this was confirmed by a local GP.

The provider told us they completed everyone's initial assessment. This enabled them to meet with each person to discuss with them what their care needs and wishes were. Peoples' personal details were recorded including their: preferences, religion, preferred names and hobbies. A health and care needs assessment was also conducted which included eating and drinking, personal care, behaviour and communication. These assessments were used to complete people's personal care plans. People or their relatives were involved in developing their care plans which were personalised and detailed the daily routines specific to each person.

The service was responsive when people needed additional calls for example; one person's calls had to be increased recently following a fall. Records showed that where people requested an additional visit or time to attend health care appointments or social events then the service was responsive in supporting people to attend these. A person wanted care staff to support them to attend a Christmas meal and this had been arranged to enable the person to participate. The service was flexible in response to people's needs.

Records demonstrated 15 staff had completed dementia training and arrangements were being made for the remaining staff to undergo this training. The trainer told us not only were staff very attentive at the training but were actively applying what they had learnt to their work with people. A mental health nurse told us the service had been very accommodating in providing care for a person living with dementia. At the October 2016 staff meeting there was a talk from the local Dementia Advisor to inform them of their work within the local community and of local resources they could access for people and their carers. Staff told us how important it was that people who were living with dementia received their care from the same staff. One staff member told us "Although the person has dementia and does not know my name they recognise me." People with dementia experienced care from staff who were skilled and responsive to their needs.

The provider had received many compliments about the service. A respondent had commented 'One carer takes her out on trips which is amazing.' Staff confirmed that where possible they encouraged people to get out into the community and to pursue their interests. A staff member told us a person living with dementia had mentioned fishing to them so they had helped them to find their fishing equipment and taken them. The staff member told us "Just because you haven't done something for years it doesn't mean you can't." People were supported by staff to identify and pursue their interests in order to meet their need for social

stimulation.

People's' records documented what they could do for themselves in the provision of their care. For example, a person's care plan noted they liked their lunch to be prepared for them, but that they could do their evening meal. Staff told us they tried to involve people in what they were doing. A staff member told us they had supported a person to put their Christmas tree up and commented "It's more fun for us to do it together." People were encouraged to retain their independence.

People's records demonstrated that information was communicated between the care staff and the office when there were changes to peoples' care needs. Care staff told us people also had a communication sheet in their home for care staff to update each other on any information relevant to the person's care. This ensured there was a good exchange of information between staff about people's care.

Staff told us and records demonstrated people received a number of scheduled quality assurance calls and visits and service reviews. These commenced with a courtesy call the day after the start of the service, this was then followed by regular checks from staff to ensure the person was satisfied with the service received and that it was meeting their care needs. Staff told us they were asked to contribute their views when people's care was reviewed. Records showed staff had taken the time to provide detailed feedback to contribute to people's care plans reviews. This ensured the person; the reviewer and their family were provided with all relevant information to contribute to the reviewing process. People were provided with regular opportunities to review their care and to provide their feedback on the service.

The provider had a complaints policy which was provided to people. It outlined how people could make a complaint and how any complaints would be responded to. Staff understood their role in supporting people to make a complaint where required. The provider had received one complaint. Records demonstrated this was thoroughly investigated and the provider spoke with the complainant about their complaint. Records demonstrated the complaint was resolved to the complainant's satisfaction.

Good

Is the service well-led?

Our findings

Feedback from relatives was that the service was well-led, with regular communications. A relative told us "There is a new manager who is very good." Another relative commented "It seems well-led." This was confirmed by a local GP.

Staff told us "The values are second to none. We provide companionship in all of our visits." Staff were provided with information about the provider's aims and objectives during their induction and within the employee handbook. These were to 'Foster an atmosphere of care and support which both enables and encourages our clients to live as full, interesting and independent lifestyle as possible.' Records demonstrated the provider opened staff meetings by re-visiting the service's mission statement with staff to remind them of the purpose of the service. Feedback received from people and professionals showed that staff understood and demonstrated the provider's values during the course of their work with people.

The service was managed by a new manager who was in the process of applying to the Care Quality Commission to become the registered manager for the service. They were supported by the provider who was based in the office working alongside them to oversee the delivery of the service to people; in addition there was a co-ordinator who scheduled people's calls. In the field there were two senior care staff to oversee the work of the care staff. At the last staff meeting held on 13 and 14 October 2016 the provider had introduced the new manager to the team and informed staff of the different roles of staff within the office to ensure they were clear about staffs roles and responsibilities. Staff across the service were encouraged to get to know each other in order to support each other as a team. There was a clear managerial structure in place for people.

Staff told us the service was "Very well-led" and "When you ring up they are so friendly and helpful. They always respond to what I ring up about." Staff informed us the provider was "Very involved in the business" and "Knows the people and staff."

The provider demonstrated a good understanding of the challenges to the service. In ensuring they managed to continue to recruit staff of the right quality and only committed to provide people's care, where they had the capacity to do so safely. The provider wanted to ensure that as the service grew; people and staff would still find them to be readily accessible. They supported their staff through bonuses and recognition of their contribution, when the service received compliments. They told us "I try to keep staff engaged, empowered and enabled to do their job through the support and training provided." The level of care provided by staff was reflected in the service being awarded the 'Top Ten Award' 2016 from the homecare website which collates testimonials from people and their families based on their experience of the care provided.

The provider informed us they met with other providers from the franchise to share ideas and examples of good practice. As a result they told us they were in the process of introducing a summary sheet of people's needs to ensure care staff had access to an overview of people's care needs. The provider was keen to seek ways to improve the service for people.

The provider told us they did a lot of networking within the local community and with the local college; they also gave presentations within the community to raise awareness of the service and the needs of older people. One of the presentations they gave was on fraud protection. This served to raise awareness of financial abuse of older people both to people and professionals likely to be coming into contact with older people in order to protect them. They were also a 'Dementia Ambassador' and had been involved locally as a committee member for Dementia Friendly Alton to help the local area to become more dementia friendly for people accessing the community. The provider used their position to promote the needs of older people within the local community.

People's medicine administration records and activity logs were audited by the senior care staff on a monthly basis in order to identify any omissions or areas that required action for people. When actions were identified, it was noted who was to action them and by when, staff had then signed to demonstrate the action had been completed. For example, a person's level of medicines assistance had changed and their care plan needed to be updated to reflect this change. We saw this had been completed to ensure staff had access to accurate records about the person's medicine support requirements. Records demonstrated people's care records had been audited to identify what quality assurance calls they had received, when their care had last been reviewed and when their next review was due. This enabled the manager to monitor that people's care had been reviewed at the required frequencies. Processes were in place to audit people's records in order to improve the service people received.

The provider externally commissioned an annual survey which people and staff were both asked to complete. People's feedback from the survey was that 100% of respondents felt satisfied with the quality of the service provided. The July 2016 staff survey had been sent to 20 staff, 17 of whom had responded. Eighty-six per cent of staff were favourable about their initial training and support, 41% felt they had access to the training they needed to do their job well; and 100% of staff felt motivated to do more than was required of them. The provider told us the dementia training that had taken place in November 2016 had been arranged in response to the feedback from the staff survey which had indicated staff felt they needed additional training. The results of feedback had been used to improve the service for people.