

Tony O'Flaherty 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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 23 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. At our previous inspection on 16 September 2014 we found the provider was meeting the regulations we inspected.

Home Instead Senior Care provides personal care for people in their own homes. The office is based in the Earlsfield area but provides care to people in Wandsworth, Lambeth and Dulwich. At the time of the inspection there were approximately 80 people using the service.

There was a registered manager at the service; however she was not managing the service at the time of our inspection. The owner was in the process of registering with the CQC 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.

Care workers were known within the organisation as 'caregivers,' we have called them this in the report.

People and their relatives told us that caregivers were responsive to their needs and praised them for their caring attitude and empathy towards them. The minimum length of a visit was one hour. This helped to develop caring relationships with people as it meant that caregivers were not rushed and had time to sit down and speak with people and look out for their wellbeing. Both people using the service and caregivers felt the time given to them was beneficial and it made the caring seem more human rather than task based and time pressured.

People said they were offered choices and caregivers asked for their consent before supporting them with personal care. Caregivers were aware of the importance of privacy and maintaining people's dignity when supporting them with personal care and gave us examples of how they did this. People and their relatives said they felt safe in the presence of caregivers.

The provider included people's background and a life profile in their care plans so that a more personalised service could be provided. Caregivers were matched to people based on their skills, their interests and other factors such as language were considered.

People and their relatives told us there were no issues with timekeeping and caregivers were on time. A system was in place which alerted office staff if caregivers were running late.

The provider had thorough recruitment checks in place which helped to ensure caregivers were safe to work with people. Each caregiver was required to submit four references about their suitability for a role in care.

They were also required to submit evidence of eligibility to work and criminal background checks. Caregivers completed an induction programme which helped them to prepare for their roles and they shadowed more experienced caregivers before supporting people unsupervised.

Ongoing training was provided by refreshing training every year. People were also provided with more in depth training around caring for people with dementia, in line with the provider's aim of being a specialist dementia care provider. Although caregivers told us they felt supported, there were gaps in some of the one to one supervisions which was not in line with the provider's own policy of four supervisions in a year.

The provider completed a thorough needs assessment when people first started to use the service, this included their support needs in relation to nutrition, medicines, mobility and other personal care support needs. Risk assessments were also carried out to help ensure people were supported in a safe manner. This information was used to develop person centred care plans that were individual to each person. People were provided with a copy of their care records and there was evidence that consent was sought before care was started.

People and their relatives told us there was an open culture at the service. They said the provider listened to them when they raised concerns and they felt comfortable calling the office if they needed to change or talk about any aspect of their care. Relatives told us they were kept informed with any changes to their family member's needs.

Unannounced spot checks took place to monitor the quality of service and people were asked for their feedback about the service, their caregivers and any other issues. Other audits, such as checking daily care records and surveys sent to people and caregivers from independent external companies were used to improve the service.

The provider had helped to facilitate some unique community events to support people. This included helping to set up screenings in cinemas for people and their carers. The owner was passionate about supporting people with dementia and had worked with various organisations to raise awareness around dementia and supporting people with dementia to lead fulfilling lives.

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 told us they felt safe. Caregivers were aware of safeguarding procedures and who they could contact if they had concerns about people's welfare.

There were thorough recruitment checks in place for new staff.

There were clear guidelines in place for supporting people with their medicines. Staff completed medicine administration record accurately when administering medicines.

Is the service effective?

Good ●

The service was effective.

Staff received a thorough induction which was based on the Care Certificate.

Consent was sought from people by caregivers when supporting them with personal care, their meals or their medicines. People's wishes were respected.

People's health and diet support needs were met and by the provider.

Is the service caring?

Good ●

The service was caring.

People and their relatives said that caregivers were caring, showed empathy and tried to get to know them as individual people.

Care records were person centred.

People told us that caregivers respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

Care records were thorough and included risk assessments, care records and support plans. They were individual to each person and reviewed when people's support needs changed.

People were given details on how to complain if they were not happy and said the provider listened to them when they made a complaint.

Is the service well-led?

Good ●

The service was very well-led.

There was an open culture at the service.

Quality assurance checks such as unannounced spot checks and feedback surveys took place.

The provider was proactive in raising awareness about dementia within the community.

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.

This inspection took place on 23 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection was carried out by one inspector and an expert by experience who carried out telephone interviews with people using the service and relatives after the inspection. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

Before we visited the service we checked the information that we held about it, including notifications sent to us informing us of significant events that occurred at the service. We asked the provider to complete a Provider Information Return (PIR) prior to our inspection. The PIR is a report that providers send to us giving information about the service, how they met people's needs and any improvements they are planning to make.

We spoke with one person using the service, nine relatives and eight staff members including the owner, the care manager, two care co-ordinators and four caregivers. We looked at records including nine care records, training records, five staff records, complaints and audits.

After the inspection, we contacted two health and social care professionals after the inspection to gather their views and received responses from both.

Is the service safe?

Our findings

People using the service and their relatives told us they had no concerns about their safety in the presence of their caregivers. Some of their comments included, "Yes I feel safe. I never worry or feel frightened", "Yes absolutely my [family member] feels safe", "Yes, no issues with safety", "[Family member] feels safe, they are good, the carers are on time and stay for the whole time. They phone in and phone out when they leave" and "[Family member] feels safe, yes definitely."

Caregivers were aware of safeguarding procedures and who they could contact if they had concerns about people's welfare. Training records showed that caregivers had received safeguarding training which was refreshed and they were able to tell us some of the different types of abuse and how they would look out for potential signs of abuse. One caregiver said, "I would raise any concerns with the manager." Another said, "I have regular clients, one I have been supporting for five years. I know when they are not themselves."

There had been no incidents of a safeguarding nature with the provider since the last inspection.

Risks to people were managed effectively and caregivers were given guidance on how to manage these risks to ensure people were safe.

Records were arranged in a logical manner. For example, there was a physical needs assessment which led onto a physical health risk assessment. There was a moving and handling needs assessment which led onto a moving and handling risk assessment. Any potential risks identified during the needs assessment were documented in an associated risk assessment. For example, in the physical needs assessment for a person, it identified that there was a potential risk around hydration and there was a risk assessment in place for caregivers to support this person in this regard. Similarly where people were identified at risk of falls the provider had appropriate risk assessments in place.

An environmental checklist was completed during the initial assessment which was used to identify any risks in relation to the environment.

People told us that there were enough caregivers employed to meet their needs and they had no issues with their timekeeping. They said, "are late only occasionally, hardly really", "The timekeeping is good and I've had no problems", "We are not there to monitor the timekeeping but it seems to be running smoothly, my [family member] would say something if they had noticed something irregular with the timing", "Timekeeping is generally good, they are with her within five to ten minutes" and "They are on time except a couple of times due to traffic."

The care co-ordinator told us they always considered travel time when assigning caregivers to people using the service. The provider utilised a clocking in system that caregivers used when they started and finished their visits. The system was set up so that an alert would be flagged up if a care worker had not clocked in within 15 minutes of their scheduled start time.

A relative told us, "Their recruitment is good, they have good carers." The provider had thorough recruitment checks in place which helped to ensure appropriate staff were employed. The owner told us the main question he would ask when interviewing new caregivers was "Would I have you looking after my mum?" He spoke with us about the recruitment procedure in place. Potential caregivers were interviewed over the phone and then invited for a face to face interview to assess their suitability. Once they had interviewed successfully, they completed an application form and were required to provide evidence of their eligibility to work in the UK and four references, two professional and two personal.

Staff files were complete and included evidence of identification, proof of address and a Disclosure and Barring Service (DBS) check. The DBS provides criminal record checks and barring functions to help employers make safer recruitment decisions.

People using the service and their relatives did not raise any concerns about the way their support needs were met in relation to medicines. One relative said, "[My family member] has a dosette box and they ensure that he/she takes his/her medicine." Others said they managed their own medicines or their relatives helped them.

The area manager explained there were three levels of medicines support, Level 1, 2 or 3. Level 1 support was where people needed a reminder or prompting to take their medicines. No medicine administration record (MAR) charts were completed for this, but caregivers recorded clearly what medicines were prompted in daily records. For level two support where caregivers physically gave people their medicines, they completed MAR charts. Level three support was related to the administration of all prescribed creams and drops, caregivers completed MAR charts for these as well. One care worker told us, "We complete a medical record sheet for any tablets and ointments we give."

Staff files included records of medicines training that had been updated recently. This included a competency test and observation of staff giving medicines.

Is the service effective?

Our findings

Caregivers told us they received training which helped them to support people. They said, "The training is good, we recently had end of life, dementia and the refresher induction training" and "Staff training is great, if you have any suggestions, they don't shirk away from it." They also told us they were given opportunities to familiarise themselves with the role, "I shadowed a more experienced caregiver." A person using the service told us, "The carers they recruit are excellent. They are kind, sociable and very accommodating."

All new caregivers completed an induction which took place over three days. This was based on the Care Certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new caregivers and was developed jointly by Skills for Care, Health Education England and Skills for Health. There are 15 different standards that are covered as part of the Care Certificate, these include duty of care, equality and diversity, working in a person centred way, communication, privacy and dignity, fluids and nutrition, awareness of mental health, dementia and learning disabilities, safeguarding, basic life support, health and safety and infection control.

These were classroom based but included practical training in first aid. All caregivers also completed distinct training around supporting people with dementia. Induction training was updated yearly for all caregivers.

Supervision records included actions carried forward from the previous supervision, any disclosures, health and safety, safeguarding concerns and training needs. Caregivers were also asked about the goals of the organisation, how they could be achieved, and any improvements.

Although caregivers told us they received regular supervision, this was not always reflected in the records that we saw. The provider's policy on supervision and appraisals stated that caregivers would have four supervisions a year. We found that the provider was not consistently following this directive and there were gaps in some of the supervision records we saw. In one staff record there were only three seen, even though they had been employed for over a year. In another record, where the caregiver had been employed for two years, there were four recorded supervisions. Another caregiver who had started in December 2014 had only two recorded supervisions. We spoke with the owner about this who acknowledged there were some gaps in formal supervisions and said he would endeavour to make sure these were completed in a timely manner in future.

The Mental Capacity Act 2015 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in domiciliary care agencies are to be made to the Court of Protection.

Caregivers were familiar with the MCA and how it was implemented. One caregiver said, "Mental capacity is about ascertaining capacity to make decisions and informed choices. If people are not able to then decisions are made in their best interests and they may have a Lasting Power of Attorney (LPA)." A lasting power of attorney (LPA) is a legal document that lets a person appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf. They also told us they made sure people were asked for their consent and supported to make decisions, telling us "I always give them a choice, I ask them what they want to wear or eat even if their preferences are recorded in their care plans", "My clients can tell me what they do and don't like" and "I always ask them what they would like and we respect their decision."

People using the service told us they were involved in planning their care and were aware of their care plan. "[My family member] has a care plan and it's reviewed every six months I think. I am involved with the plan", "Yes there is a care plan and it's reviewed every six months, the office talk to me as well and we plan for the future. We are always involved in the care plan, we wrote it and altered it because something needed to be changed. The office corrected it and sent it back to us and we're fine with this" and "I wrote my own care plan, I've had a lot of experience with care agencies and I know exactly what I want, so I made my own care plan, it allows me flexibility which I wanted."

Care plans included an agreement to care which was signed by the person paying for the care. Also included was a client consent form which was signed by the person using the service if they had capacity or was signed by a person who held the LPA. We saw both examples where people with capacity had signed their own consent forms and where people did not have capacity, they were signed by their LPA. Other records related to consent included medicines administration consent form and a data protection agreement also.

People using the service and their relatives told us they were satisfied with the support they received in relation to their nutrition and hydration. Some of their comments were, "Yes they give him/her breakfast and he/she has a cold lunch which they prepare. In the evening they give him/her dinner, it's a microwave meal which he/she is happy with", "They help [my family member] with breakfast, they make cereal and tea", "The carers only help with the evening meal....so far so good", "They give an evening meal and he/she's happy with meals" and "[My family member] has a discussion with me as to what he/she wants to eat."

Caregivers were aware of the importance of a good diet and the impact this had on people's wellbeing. They said, "I do the shopping, it's a good challenge for me to prepare a nice meal and see them finish it", "It's a lovely thing to be able to provide them with a satisfying meal" and "Having a nutritious meal is so important to good health."

People's meal preferences and dietary requirements were recorded in their care records. These records included details of the types of food that people liked or were suitable for them. It also included details of whether people made their own arrangements for food or if caregivers were to be involved. These details also included any underlying health conditions such as diabetes which had an impact on the types of food people could eat.

Each care plan contained an 'emergency client information sheet', this was to be passed onto ambulance personnel in the event of an emergency. This contained information related to people's health, any allergies, current medicines and contact information for their GP.

A section entitled 'client health conditions and medicines' was included which gave details about any diagnosis of health conditions, for example diabetes, stroke and Alzheimer's disease. Information was made available to caregivers giving them information about their client's medical conditions explaining its

symptoms, causes and effects.

Is the service caring?

Our findings

People using the service and their relatives praised caregivers for their attitude to work and the importance they gave to their needs. Some of the comments included, "The two carers are excellent, my [family member] loved them", "We are very pleased with the care. They respect her dignity and always give her time when she has a shower; they give her time to get her breath back" and "The carers are very kind, they are happy to sit and chat to [my family member] they are very accommodating."

The owner told us the minimum length of calls was one hour. This allowed caregivers to build relationships with people they supported, gave them time to spend with people and also meant they were not rushed in carrying out their duties. One caregiver said, "One of the best things about having an hour, you don't need to rush. You don't have an agenda and it's more person centred." Another said, "The hour call allows me to take my time, engage with people and be human" and "A lot of the time people just want someone to talk with. Companionship is so important." A relative gave us an example of where the hour call helped when they first started to receive care, "[My family member] put up resistance to having care but he/she has really bonded to her carer. The carer is very caring and has quickly tuned into [my family member's] personality, they know what he/she likes and is very empathic."

There was a section in the care records called client profile and background information. The registered manager told us they always asked people or their relatives to provide them with a detailed background about their life during their initial assessment. Information included their early life, their professions, family life, their hobbies and interests and how they liked to spend their time. A relative told us, "They are excellent. I rely on them and I like them. They know [my family member] as much as me." Caregivers said, "We have their life histories which we can use to start conversations and use as an ice breaker", "If you show an interest in them, it allows you to build a good relationship" and "We are always given information about their life history, where they worked, family and their interests which we can use to start conversations."

There was a separate section about people's daily routine for example, the time they woke up, what their preferred times for breakfast were and their personal care routine. Alongside this was a 'caregivers routine' with details of the tasks that the caregiver was required to attend to, such as personal care tasks and household chores. One person said, "The carers do what they can and they do it well."

People and their relatives gave us examples which demonstrated the caring attitude of staff. A person said, "They always ask to see if I need anything or if I'm happy." One relative said, "My [family member] has got used to them coming and the carers will take her out for a walk with the dog and keep her company" and "They treat [my family member] very well. One of them is particularly lovely." Another said, "They are very good with him/her. They understand him/her, they have seen him/her deteriorate over time and they really know him/her, they have a good relationship."

Caregivers respected people's privacy and dignity and made people feel comfortable when supporting them with personal care. One person said, "They are absolutely kind and respectful. I'm very comfortable with my carer, I've had him/her for a long time. They help me with my shower as I can't get into the bath. They are

very, very sensitive with my privacy and dignity, I'm sitting there with nothing on and they deal with it sensitively. They really care." A caregiver said, "Privacy and dignity is about making people comfortable." Another said, "This morning, my client had a family member visiting; I made sure the doors were closed." A third caregiver told us, "You always have to be mindful about privacy, for example if you are out with the client. You have to be careful what you say."

Staff said they were always mindful of respecting people's choices and tried to accommodate their requests. "We always try and accommodate people's needs, if they prefer male caregivers we respect their choice." They gave us an example where a person had requested Spanish speaking caregivers due to their limited level of spoken English and this was met by the provider. A caregiver said, "You have to work according to their needs, have to listen and respect what choices they make."

Is the service responsive?

Our findings

The care manager talked us through the process of accepting new referrals, the majority of which were self-funded. They said that initial enquiries were dealt with over the telephone by one of the office staff which was then followed up by a visit to people's homes to carry out an initial assessment of their needs. These records were included in care records and were comprehensive in scope covering a number of areas related to their support needs including mobility, nutrition and medicines. A relative told us, "They were good at getting carers in and setting up the service."

The care co-ordinator was responsible for assigning caregivers to people using the service and also finding alternate caregivers in case their regular caregivers were away. They said, "We discuss the clients and see who would be suitable. We come up with a shortlist of caregivers and then see their availability" and "I always ask the caregivers to check their routes to see if they have enough time to travel between visits." People's preferences were always considered when allocating caregivers to them and their history and background was also looked into to see if caregivers with similar interests could be allocated to them, to help foster quicker relationships based on their shared backgrounds. A care giver told us, "They match us to clients. This makes people feel more secure and gives an emotional connection."

Caregivers told us they were given a comprehensive background on people, their support needs and their preferences before they went to support them. They told us they were introduced to people with a senior caregiver or manager. Some of their comments included, "They don't just give you information but also their preferences", "I will talk with (care manager) if I am about to support a new client" and "I read their care plans first to familiarise myself."

People and their relatives told us that the provider was accommodating, respected their wishes and was responsive to any request that they made. People using the service were given the opportunity to request changes to their caregiver if they wanted but also any requests to timings of calls and their support needs. Care and support plans were reviewed every six months, these were known as service reviews. These were carried out by care managers and the records documented who was present at the meeting. Areas covered included aspects related to the service such as whether clients were happy, satisfied with the office staff and the caregivers, and any suggestions to improve the service. People were also asked if their level of support met their needs.

Care plans were consistent in how they were arranged, so that information was accessible and useful. They included signed agreements in relation to the service, data protection and client consent. A section called 'client information and care plans' included needs assessments, a range of risk assessments and the support plans. Other records included medicines records, activity or daily records, visitor records, accidents and incident reports, quality assurance and care plan reviews. Changes to people's care and support needs were documented and records updated to reflect these.

There was an activities, exercise and socialising section in the care records which gave caregivers details about how people liked to spend their time. They gave details of family or friends who visited them, their

interests, on which days they liked to do shopping or go out into the community. We saw completed 'client activity logs' which were daily records completed by caregivers including notes on the tasks completed, any support with medicines and what people ate.

We reviewed the complaints and compliments folder and saw comments from relatives talking about the positive qualities of caregivers such as empathy, kindness, good humoured and patient.

People and their relatives told us that the provider listened to their concerns and acted upon them. They said, "Staff in the office are so good I feel I can contact them and they listen, I know them", "Only one complaint in the past when one carer's timekeeping was not good so he/she didn't come back", "The office has been good at accommodating us; it's very good with us in allowing us to split shifts and moving quickly to make changes for us", "I have made no complaints. All minor issues have been resolved to my satisfaction" and "No complaints, I feel comfortable with contacting the office."

People were given a copy of the statement of purpose when they first started to use the service. This contained details of how people could raise complaints either verbally or in writing and who they could contact if they were not satisfied with how the complaint had been handled.

We looked at the complaints received over the past year and saw that there was one informal complaint received by email. The owner had contacted the complainant within 24 hours and the complainant was satisfied with the response.

Is the service well-led?

Our findings

People using the service and their relatives told us the service was well managed and the communication with the office was good. They said, "I have no problem in contacting the office and speaking to them", "I can talk to the office easily, they are very responsive, and management is good", "Yes they (office staff) listened to me; I feel I could talk to them" and "The office are excellent, I know them all especially the manager. He has been exemplary in his understanding. The office communicates well. I feel comfortable as they know who I am."

There was an open culture within the service, which was reported by people, relatives and caregivers. A person told us, "Yes, I can speak up if I need to or if I need anything." Another said, "It's a small organisation; they are the opposite of faceless."

Caregivers told us they felt well supported by their colleagues and the management team, "So proud to work here", "[The registered manager] is very fair and inclusive. He asks for our opinions and values us", "I have worked in other services and the standard here is high" and "The other caregivers work to a high standard so it pushes you."

People and relatives praised the service for the way that it was managed. Some of their comments included, "Excellent, very well organised", "The organisation has a real ethos, the client is put first and this is very evident. The training makes it very clear", "It's a really excellent service", "It's a very good service. I have recommended them", "There is a consistency of care. I am very pleased with them. I can't think of any improvements", "After all my previous experiences of care I would have left the service if I wasn't happy" and "It is very, very good."

Staff told us that there were opportunities to progress within the organisation. The care manager had started as a caregiver and supervisor and took on the role of care manager in February. They told us training had been arranged for them to help them in their role and they were due to attend care managers training with peers from other franchises. They said they were satisfied that there were opportunities given to existing staff to progress and take on more senior roles.

The owner told us, "Home Instead is a dementia specialist service" and spoke about how this was evident in the extra training that was provided to staff around supporting people with dementia and reinforced through some of the work they did within the community.

The owner was a dementia champion. He told us he had spoken on behalf of the Alzheimer's Society to raise dementia awareness in the community. He had delivered talks to GPs, hospitals, housing associations and councils. He was also qualified to deliver dementia training. He told us "It is important for our caregivers to recognise the signs of dementia and how to manage it effectively." The provider also worked closely with Trinity Hospice supporting people receiving palliative or end of life care.

The owner also spoke about the work they had done in collaboration with a local independent picture

house, The Alzheimer's Society and Age Link Southwark to facilitate screenings for older people and their care workers during dementia awareness week. The first one was held the week prior to our inspection at Dulwich Picture House. He said the event proved so popular that a further screening was being planned for June. The registered manager said, "We work within the communities."

The provider was rated highly amongst domiciliary care providers on homecare.co.uk. We reviewed the feedback received on homecare.co.uk and saw that the provider received 9.9/10 which was based on 22 reviews in the past two years. People rated the service on staff, care/support, management, value for money and whether they were treated with respect. It was also a member of United Kingdom Homecare Association Ltd (UKHCA) which is the professional association of home care providers. UKHCA helps organisations providing domiciliary care to people in their own homes, promoting high standards of care and providing representation with national and regional policy-makers and regulators.

The provider had quality assurance systems in place to monitor the quality of service they were providing to people. Client quality assurance forms were completed every three months. People were asked for their views about the office staff, caregivers and the service provided. Client audit reports were also completed, these gave a summary of the support people received over a period of time and were used to provide updates on people's well-being.

A quality assurance survey was carried out by an independent company who contacted clients and caregivers. We reviewed the feedback form the last survey carried out in 2015. 37 clients and 26 caregivers provided feedback, the results of which were positive and action was taken against issues that had been identified as a concern, such as caregivers' pay.

The provider was part of a national franchise. The owner told us they were well supported by the franchise and kept up to date with any changes which affected them and provided business support, for example updated policies and care records. As part of the ongoing support, forums were arranged with owners of other franchises to provide peer support.