

Aevus Limited

Home Instead Senior Care Canary Wharf

Inspection report

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Date of inspection visit:
13 January 2016
14 January 2016

Date of publication:
02 March 2016

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 13 January and 14 January 2016 and was announced. The provider was given 48 hours' notice because we wanted to be sure there would be someone at the office when we called. This was their first inspection since registration with the Care Quality Commission.

Home Instead Senior Care Canary Wharf is a domiciliary care agency which provides personal care and support to people in their own homes. At the time of our visit the service supported 10 people.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and their relatives told us they felt safe using the service and care workers understood how to protect people from abuse. All staff had received training in safeguarding adults from abuse and had a good understanding of how to identify and report any concerns. Staff also felt confident that any concerns would be investigated and dealt with.

People's risks were managed and care plans contained detailed risk assessments which were updated regularly. The service had a robust recruitment process and staff had the necessary checks to ensure they were suitable to work with people using the service. The service had an ongoing recruitment policy and had sufficient numbers of staff to meet people's needs. People had regular care workers to ensure they received consistent levels of care.

People who required support with their medicines received them safely and all staff had completed training in the safe handling and administration of medicines, which was refreshed annually.

Care workers received an induction and a comprehensive training programme to support them in meeting people's needs effectively and were always introduced to people before starting work with them. They shadowed more experienced staff before they started to deliver personal care independently and received regular supervision from management. They told us they felt very supported and confident in their role.

Staff understood the principles of the Mental Capacity Act 2005 (MCA). Care workers respected people's decisions and gained people's consent before they provided personal care.

People's dietary needs and preferences were recorded in their care plans. Care workers told us they notified the registered manager if they had any concerns about people's health and we saw evidence of this in people's care plans. We also saw people were supported to maintain their health and well-being through access to healthcare professionals, such as GPs, physiotherapists and chiropodists.

People and their relatives told us care workers were kind, compassionate and caring and had the right skills to provide the care and support they required. Care workers were knowledgeable about the people they supported and told us about the importance of spending time with people and getting to know them.

People's health and well-being was monitored and care workers told us they would contact the office or health care professionals if they were concerned. Health and social care professionals confirmed the service was responsive to people's needs and were made aware of any health issues.

Staff treated people in a way that respected their privacy and dignity and promoted their independence. There was evidence that language and cultural requirements were considered when allocating care workers to people using the service.

People were involved in planning how they were cared for and supported. An initial assessment was completed from which care plans and risk assessments were developed. Care was personalised to meet people's individual needs and preferences and was reviewed after six weeks to ensure the support needs of people were being met. It was then reviewed regularly and any changes in people's needs were updated in the care plan.

People and their relatives knew how to complain and were able to share their views and opinions about the service they received. There were also surveys in place to allow people and their relatives the opportunity to feedback about the care and treatment they received.

Staff felt extremely well supported by the registered manager and were confident they could raise any concerns or issues, knowing they would be listened to and acted on. The registered manager valued staff and promoted their development. They also conducted staff surveys to get their views about the quality of the service and how it supported staff.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was achieved through regular communication with people and care workers, supervision and a programme of other checks and audits.

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.

Staff had a good understanding of how to recognise and report any signs of abuse and protect people from harm.

Risk assessments were in place to identify the areas of risk and to reduce the likelihood of people coming to harm.

The provider took appropriate steps to ensure robust staff recruitment procedures were followed and there were sufficient staff to meet people's needs.

Medicines were safely administered by staff with relevant medicines training and accurate records were kept.

Is the service effective?

Good 

The service was effective.

People received care and support that met their needs and reflected their individual choices and preferences. Care workers received the training and support they needed to meet people's needs and were passionate about their job.

Staff understood the principles of the Mental Capacity Act 2005 and care workers gained people's consent before care was provided.

People were supported to maintain a healthy balanced diet which took into account their likes and dislikes, as well as cultural preferences.

Care workers were aware of people's health and well-being and responded if their needs changed. They supported people to access healthcare services either by attending or confirming appointments with healthcare professionals, along with arranging suitable transport.

Is the service caring?

Good 

The service was caring.

People and their relatives told us they were happy with the care and support they received. Care workers spent time getting to know people and they were treated with respect and kindness.

Care workers monitored people's well-being and responded to their changing needs, such as contacting the GP or raising these concerns with senior staff.

Care workers promoted people's independence, respected their dignity and maintained their privacy.

Is the service responsive?

Good ●

The service was responsive.

Care records were personalised to meet people's individual needs and care workers knew how people liked to be supported. The information was detailed, easily accessible for staff and updated if there were any significant changes.

People and their relatives knew how to make complaints and said they would feel comfortable doing so. The service gave people and relatives the opportunity to give feedback about the care and treatment they received.

Is the service well-led?

Good ●

The service was well-led.

People and their relatives told us that the registered manager was very helpful and approachable and was always available.

Care workers told us they felt well supported by the management team and enjoyed working at the service. The registered manager received good support from a team consisting of a business development manager and a care supervisor. They also received regular support from their head office.

There were regular audits and meetings to monitor the quality of the service delivered. The registered manager spoke positively about the need to drive improvement and raise standards of care.

Home Instead Senior Care Canary Wharf

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.

The inspection took place on the 13 January and 14 January 2016 and was announced. We gave the provider 48 hours' notice of our inspection as we wanted to be sure that somebody would be available.

The inspection team consisted of one inspector. Before the inspection was carried out we reviewed the information the Care Quality Commission (CQC) held about the service and statutory notifications received from the provider.

We spoke with four people using the service, four relatives and 10 staff members including the registered manager, the business development manager, the care supervisor and seven care workers. We looked at five people's care plans, six staff recruitment files, staff training files, staff supervision records, medicines records and audits and records related to the management of the service.

Following the inspection we contacted five health and social care professionals who had worked with people using the service for their views.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe when they were receiving their care. One person said, "I feel safe when they are here." Another person said, "I feel safe with them." One relative told us they thought their family member was safe and said, "I think they are extremely safe, I trust them when I'm not there."

Staff had received appropriate training in safeguarding and were able to explain in detail what kinds of abuse people could be at risk of, what could be the signs of this abuse and what they would do if they thought somebody was at risk. This topic was covered in depth during the staff induction and a copy of the safeguarding policies and procedures was given to staff, which was outlined in the employee handbook and caregiver manual. The registered manager showed us records of all the safeguarding training and knew when staff training needed to be updated.

There were sufficient care workers to provide all the calls people who used the service required. The registered manager told us they were always recruiting new care workers and at the time of our inspection there were 23 care workers employed in the service and two going through the induction process. The care supervisor told us that there were five interviews scheduled for the following week. The registered manager told us they hired enough care workers to ensure consistency thereby maintaining continuity of care, which was important to people using the service. One person said, "They are very good, always on time." One relative told us they had asked to have the same care worker and the service were able to accommodate this. The relative added, "They are very flexible and always on time." The provider had a system where the care worker was able to log in and out of people's homes at the start and end of a shift. The office was alerted if a care worker hadn't arrived for their scheduled shift time. In this situation the office staff could contact the care worker to find out where they were and then inform the person they were running late. Staff told us there had been times when they had forgotten to log in when they started their shift but felt reassured that they always received a call to find out if they were alright.

The six staff files that we looked through were consistent and showed that the provider had robust recruitment procedures in place. Before potential care workers were invited to an interview they had to pass a telephone screening process where they were asked about their character, their geographical location, given a brief overview of service provided and asked whether they would feel comfortable working in people's homes. We saw evidence of criminal records checks and photographic proof of identity. The provider asked for up to six verified references and people couldn't start work until at least a minimum of four had been received. Staff files also included feedback from the interview question and answer process. One relative said, "They take it seriously who they hire." and two health and social care professionals told us that it was obvious the staff had been well vetted and that they were very reliable.

The provider had an out of hour's on-call system when the office was closed. The registered manager told us that they were always there, not just for the clients but for their staff too. One relative told us, "They are always available to talk, I've never had any issues with that." Care workers told us they were reassured a senior member of staff was always available if they needed support and could call at any time. One care worker said, "I can always get hold of them and they always respond, seven days a week."

There was a procedure to identify and manage risks associated with people's care. Before people started using the service an initial assessment of their care needs was carried out by the registered manager or another senior member of staff that identified any potential risks to providing their care and support. Some of the risk factors that were assessed related to people's daily routine, mobility, medicines, eating and drinking and physical health and well-being. They also carried out a risk assessment on the safety of the person's home environment. One relative told us she thought it was really important that it had been detailed, including how to turn the gas or water off in an emergency.

This information was then used to produce a detailed care plan and risk assessments around the person's health needs. The care plan contained details about the level of support that was required and detailed information about any health conditions and the best outcomes or goals for the person. The information in these documents included practical guidance for care workers in how to manage risks to people. Care workers knew about individual risks to people's health and well-being and how these were to be managed. Records confirmed that risk assessments had been completed and care was planned to take into account and minimise risk. For example, one person had been assessed for risks to move around their home because they had poor mobility. The care plan gave detailed instructions to staff about how to support the person when transferring them from their wheelchair to their bed and also negotiating kerbs when using the wheelchair out in the community. Care plans and risk assessments were updated every six months or if there were any significant changes to a person's needs.

Some people were supported with their medicines as part of the overall care package they received. Care plans contained information about people's medicines. This included how the person's medicines were dispensed, if there was a risk that the person may become confused about when they were supposed to take their medicines and whether any relatives were assisting with the medicines. This demonstrated that the provider took into account people's ability to self-administer medicines and provided the level of support they required. Care workers administered medicines to people safely and as prescribed. Care workers had received training to administer medicines safely which included checks on their competence and records we saw confirmed this. They recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. We looked at a sample of MAR sheets and found they were appropriately completed. Completed MAR sheets were returned to the office every month for auditing. Care workers knew to contact senior staff if they had made a mistake or had any concerns with medicines, and told us they would feel supported to do so. One care worker said, "I know I can call the office if I have any questions or concerns. There is always somebody there, it's always easy to get hold of them."

Is the service effective?

Our findings

People told us their care workers understood their needs and circumstances and had the right skills to support them. Comments included, "They are very kind and capable, quick to learn" and "They are excellent, I'm very pleased with them and like them all very much." One relative said she couldn't wish for a better care worker, "She is wonderful, she knows how to deal with [my family member] and is well trained."

Staff completed a three day induction when they first started employment with the service. This was a comprehensive programme covering three key modules and a range of policies and procedures. The modules covered the understanding of the ageing process, safeguarding and individual safety and how to build positive relationships with people using the service. We looked at their policies and procedures which included subject areas such as entering a person's home, privacy and dignity, emergency situations and awareness and understanding of the Mental Capacity Act 2005. Training was also provided as part of the induction which was a mixture of classroom based sessions, practical skills such as safe moving and handling and assessments. Staff were given mandatory training about moving and handling, infection control and medicine administration which was refreshed annually. All of the staff files we looked at had certificates that confirmed the training and induction process had been completed, along with their assessment results.

Staff also received training which was specific to people's individual needs. One care plan highlighted that the person could be at risk of pressure sores. The registered manager had arranged for a district nurse to carry out training and a demonstration on how to change dressings. We saw records within the care plan which documented this activity and confirmed the care worker was competent in carrying out the task. Care workers also had to carry out monthly electronic learning training covering the 15 standards of the Care Certificate. The service was registered with an online training programme which sent out easy-to-use Care Certificate assessments, which quickly measured and recorded knowledge and evidence of safety to practice, enabling the registered manager and the care worker to prioritise learning against identified gaps. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. Care workers told us they had to carry out e-learning every month and would be reminded by the registered manager if they hadn't completed an assessment. One care worker told us, "The training is really helpful. It shows our strengths and where we can improve. If we don't pass the assessment they send us workbooks on the area and can take another test."

The registered manager told us that all new care workers were introduced to people first before they started work with them and were shadowed on their first day by either senior staff or another experienced care worker. They would then have a review after six weeks, then supervision and spot checks every three months with an annual appraisal. Care workers told us they received regular supervision and we saw copies of documents related to supervision records where it showed it gave them the opportunity to discuss the people using the service along with their own thoughts and any training needs or personal development. One supervision record showed a care worker had asked for further training in first aid and basic life support. We asked the registered manager about this and they told us the senior staff team had just completed the training to carry out the module themselves. They showed us the certificates and the scheduled training

plan for later this month. Staff also received annual appraisals. At the time of our inspection only two care workers had worked in the service for over 12 months and we saw records of their appraisals. They hold team meetings for care workers every six months but it can be difficult to get everybody together at the same time. Therefore several different team meetings relevant to each care worker are held throughout the year. Staff told us this was not an issue as they could visit the office or speak to a senior member of staff at any time if they had any concerns or issues. One care worker told us, "We have regular reviews and are always asked about everything and if we have any concerns."

The registered manager told us no one currently using the service was subject to any restriction of their freedom under the Court of Protection, in line with the Mental Capacity Act 2005 (MCA).

Staff told us they always asked for people's consent prior to providing personal care for them. They told us that people sometimes needed encouragement when having personal care needs met and that they respected people's right to say no. One care worker said, "I always ask them if it is alright and give them the option if they want to." There was evidence in the care plans that people were asked for their preferences with regards to how they wanted aspects of their personal care to be delivered. Where appropriate, the views of people's relatives were sought when assessing risk and developing care plans. One relative said "I was 100% involved in the care plan and when it needs updating." We saw people's care records contained consent forms, signed by people to say they agreed to the care package being delivered.

Some people required care workers to support them with meal preparation. People's dietary preferences with regards to what they liked to eat and drink and whether they had any allergies were recorded in their care plans along with the level of staff support needed. We looked at a sample of daily log sheets which confirmed people were eating the food that they wanted to. This showed that care workers had read and understood the care plan and were familiar with the dietary requirements of the people they supported. One person who was at risk of malnutrition due to a health condition was supervised during every meal to make sure they ate enough and maintained a balanced diet. One care worker told us how they had encouraged and supported a person to try to eat more healthily to help them with a health condition. They had spoken to senior staff about it and involved the person's relative. This information was highlighted in their care plan.

Care workers said they helped people manage their health and well-being and would always contact the office if they had any concerns about the person's healthcare needs during a shift. If they felt the person required a GP they would speak with the person first, then contact their next of kin. The registered manager told us that in the event of an emergency they would always call 999. Senior staff and care workers also helped to support people attend appointments or make referrals to health care professionals. For example, one person wanted support with cutting their toenails. As this wasn't support that the service was able to provide they made contact with a local chiropodist to make sure the person's needs were met. One care plan highlighted that a person was supported to make contact with the wheelchair service whilst another care plan showed a care worker had booked a hearing aid assessment and had arranged transport, in accordance with the person's wishes. We saw further records of this written down in the daily logs. One health and social care professional said that care workers were very involved in all aspects of people's care and went above and beyond their duties to help people out.

Is the service caring?

Our findings

People told us they were well supported by the service and thought the staff were kind and caring. Comments from people included, "They are all really lovely"; "They are very nice and always friendly" and "They are very kind. I'd recommend them to anybody." Relatives were very positive about the staff. One relative said, "They know what the clients like as they spend time getting to know them." Another relative told us that they were very friendly and got on really well with their family member. Health and social care professionals told us people and care workers had great relationships and care workers were always bubbly, friendly and willing to help out with anything.

People were assigned a designated care worker or care workers depending upon their individual needs. The registered manager told us that they spent time getting to know both the person and the care worker which helped to match people up. One care worker who was carrying out her induction during our visit said, "They spent time finding out about me and my interests to help with the matching process." This also provided a consistent and reliable service to people which helped to develop caring relationships, which we were told was very reassuring. One relative said, "I asked for the same carer and they could accommodate our needs." One of the modules covered during the induction was about building relationships with people and care workers were very aware of the importance of this when carrying out their duties. Care workers knew the people they were working with and were able to give detailed information about personal histories. One person said, "We always have a good chat and they know about my life and family." Care workers told us they had enough time allocated for calls and encouraged people to do things for themselves where possible and supported them to maintain their independence. They were able to do this as the service had a policy where the minimum length of one visit was one hour which would give enough time for the care to be provided without care workers being rushed. One health and social care professional told us they observed a care worker encouraging the person to do their exercises and activities without taking over and was very patient.

The people and relatives we spoke with confirmed they were involved in making decisions about their care and were able to ask care workers what they wanted. The registered manager told us they visited people in their homes and always made sure, where appropriate, a relative was present with the person. We listen to people's preferences and find out exactly what they want. The care supervisor said, "People and their families are completely involved. We always ask them what they want and they design it." There were detailed instructions on people's care plans about how staff should support people in their daily routines. A copy of the care plan was left in the person's home and the registered manager made sure they had regular contact to make sure their views were listened to. The business development manager told us that where appropriate they told people about a local advocacy service they had made contact with. Advocates are trained professionals who support, enable and empower people to speak up. At the time of our inspection one person had been supported to access this service.

People told us staff respected their privacy and dignity. Staff told us they were compassionate and respectful with people and had a good understanding of the need to ensure they respected people's privacy and dignity. One care worker told us that they always announced themselves upon arrival and if they have to

let themselves in. Another care worker said, "I always ask them if it is OK especially when helping them with personal care." The service had a privacy and dignity policy which was discussed at the induction and care workers had access to it. Privacy and dignity was also one of the Care Certificate training modules included in their e-learning training system.

Is the service responsive?

Our findings

People told us they were happy with their care and support and that staff encouraged them to be independent. One person told us, "They help me with everything that I need and I really trust them." Another person said, "They always come to my house and discuss my needs, they are very understanding." One relative said, "When the carers come in they know what they need to do but they also know the person. The care plan is excellent." One health and social care professional told us they were extremely happy with the level of care that was provided and they had recommended the service to another client.

We spoke with the registered manager and the business development manager about the process for accepting new referrals. The majority of people that received care from the provider were those who paid privately. Once contact had been made a senior staff member would do a home visit to carry out an initial assessment to see whether they would be able to provide the support for people's needs to be met. Staff told us that they also had to factor in travel time, people's cultural needs and staff availability when making their decision. The business development manager also told us that they were able to carry out assessments in Urdu or Bengali as they covered a very diverse area of London and people could find it more comfortable and reassuring speaking in their own language.

When it had been agreed and people wanted to start using the service, the registered manager told us that people and, where necessary their next of kin were always fully involved in the development of their care plan. One person told us they were involved in all the decisions from the beginning and was always asked if they were happy with it. One relative said, "I'm involved in the care and they always keep me updated." The registered manager told us that they made a follow up call the day after the person received their first visit to find out how it went and if they were satisfied. They then followed this up after two weeks and six weeks to make sure people's needs were being met. The next follow up was after three months and then a service review was conducted after six months. We saw records within people's care plans that these calls or visits had been made. The registered manager added that they would ask people or their next of kin whether they would prefer a telephone call or home visit and that if there were any significant changes to people's needs the review was brought forward.

Care plans were very detailed, well laid out and easy to understand. Each care plan contained a personal information sheet which had details about the person which included information such as the next of kin contact, their GP or other health and social care professionals, any identified health issues, living arrangements and their level of communication. Care plans also had other relevant information, such as activity logs, medicine records, expenditure records and visitor records. A copy was kept in people's homes along with the daily logs which care workers filled out during their visit. Care workers recorded what care and support they had carried out including what medicines had been taken, what food had been prepared, whether any cash had been handled and if any visitors were present during the visit.

Staff told us they found the care plans easy to understand and made sure they carried out the tasks which had been detailed. One care worker told us, "The care plan is given to us so we know what is needed to be done." Another care worker said, "The care is person centred and based around that person. I do similar

tasks differently with different people. Everything is geared towards them."

There was evidence that the provider considered people's preferences with regard to how they wanted staff to support them. Each care plan had detailed information about the tasks that had to be completed and within their daily routine people's preferences were recorded. One care plan highlighted how important it was for the person to get exercise by going for a walk or going out into the garden. Another care plan highlighted preferred foods that were to be cooked for their meals. People were also supported with more specific cultural or religious needs. One person was able to be supported by care workers from a specific cultural background and another person had their visits scheduled around their local church broadcasting their weekly service. We saw records within the daily logs that confirmed this and showed people were getting the care and support that they wanted.

Staff told us there was excellent communication between the senior staff and other care workers. When people's care plans were reviewed and updated the registered manager made sure care workers were notified so they had access to the most up to date information. One care worker said, "If there are any changes they always discuss it with the person and the family and then they will update us." Another care worker said there was great support within the team and we could always call each other or leave notes within the daily logs. One care plan detailed how a person needed support to book taxis for appointments and care workers needed to leave booking information for the next care worker. We saw evidence of this in the daily logs.

People and their relatives said they were happy with the service and would feel comfortable if they had to raise a concern. Comments included, "I've never had any issues with them, I can't speak highly enough of them" and "They are no problem at all, we are very fond of them." There was an accessible complaints procedure in place and staff also supported people to get their feedback. Both senior staff and care workers told us that they always asked people and their relatives if they had any issues or concerns with the service. One care worker said, "People have a copy of the complaints procedure, there is one in the back of their care plan. I always ask them if they are happy or have any concerns and would always support them if they did. I've never had to support anybody to make a complaint though." We saw evidence in one care plan of feedback that was received during a routine follow up call and the registered manager had acted upon it, resolved the issue and updated the care plan. At the time of our inspection the service hadn't received any complaints. The registered manager told us that if they received complaints they would aim to resolve them within suitable timeframes which was in line with their complaints policy and procedure.

The registered manager also told us that an independent body carried out an annual satisfaction survey which was organised by head office. This was to hear the views of people who used the service and the care workers. As the service only had a few people using the service when the most recent survey was carried out they only had two responses, however both were positive.

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Care Quality Commission (CQC) since December 2014. She was present on both days we visited the office and assisted with the inspection, along with the rest of the senior management team.

People using the service and their relatives were very happy with the way the service was managed. One person told us, "The manager is very helpful and understanding, I like her very much." Comments from relatives included, "I'm over the moon with them. They are very professional and I trust her 100%" and "They are very reliable and business like and always available whenever we need them." Health and social care professionals who worked with people who used the service told us that the service was well-led and that the registered manager was always very helpful and helped to build positive working relationships.

Care workers told us they felt extremely supported by the management team and had positive comments about the management of the service. They said if they had any problems they could contact the office and speak to the registered manager or a senior member of staff. They said they could also seek advice and support if there was an issue out of hours. One care worker told us, "The service is very well managed. They are always there for us and I can call them anytime. They care about everybody, not just the clients." The service promoted a very open and honest culture and care workers knew about the whistle-blowing policy. Even though none of the care workers we spoke with had any concerns they were all very confident that any concerns would be dealt with straight away and the service actively encouraged them to question practice or raise concerns. One care worker said, "I'm always asked if I have any concerns and I would feel very comfortable speaking to them about it. I have a lot of confidence in them." Another care worker told us that they had been told about it and given a copy at their induction.

Care workers told us they enjoyed working for the service and felt comfortable in their roles. Comments included, "I've been really enjoying it from day one and feel proud to make a difference", "I love it, it's the best choice I've ever made", "I'm proud to be working for this company, they are so warm and welcoming. Nothing is too much trouble for them" and, "The best thing about it is that everybody is so friendly, caring and accepting."

The registered manager was aware of their responsibilities in terms of submitting statutory notifications to CQC informing us of any incidents that had taken place. They also understood the importance of notifying other bodies about issues where appropriate, such as the local authority and other health and social care professionals. The registered manager and the business development manager were aware of the achievements and the challenges which faced the service. They told us that they spent a lot of time getting out into the local community to promote their service to the general public and other health care professionals. They tried to work closely with other Home Instead Senior Care branches within the London area and we saw minutes of meetings where they discussed ideas to make the business grow together.

We saw that they were currently working on a new social media initiative for the service and had also

planned to offer some new training in 'Understanding Alzheimer's Care'. We saw the training programme for the course and that it had been scheduled into the training matrix for April 2016 for all staff. The business development manager told us, "We are always striving to improve, whether it be new ways of using technology to fill the gaps or continually refreshing our training and knowledge." The registered manager also explained they had introduced a staff award called, 'The Outstanding Caregiver Award', to help recognise staff's contributions to the service. We saw minutes of the staff meeting which detailed the three nominees for the award and some of the reasons why they had been nominated.

There were robust quality assurance checks carried out by the service. One of the checks carried out was an initial six week review after a new package of care started to ensure people's needs were being met and to implement any changes if required. In addition, a number of follow up visits took place. These included evaluation assessments for care workers which looked at their punctuality, appearance, communication and conduct. Records of these visits were kept in people's care records and the feedback that we read in these was very positive. Daily log records and completed Medicine Administration Record (MAR) sheets were brought back to the office for quality assurance checks to ensure they were completed correctly. One care worker told us, "If I bring back the log sheets I know that they go through them and read them rather than just filing them." The registered manager told us that they went through the MAR sheets every month to see if there were any mistakes. We looked at a sample of completed MAR sheets and saw that any non-recorded entries were followed up but they didn't have a separate recording system in place to highlight any patterns or trends. They said that they would look to implement this from their next audit. There was an accident and incident log book. At the time of our inspection there had been five entries. We checked all of these against the daily logs in people's files and saw they had been recorded accurately and in line with their accident and incident policy.

The provider also carried out their own quality assurance checks on a quarterly basis. They covered areas such as care plans, staffing levels, scheduling conflicts and unassigned visits. The time keeping of care workers was monitored through an electronic system which enabled them to track any late or missed calls. People we spoke with commented on the punctuality of care workers which was very important to them. The quality assurance report we saw showed they had adequate staffing levels and no missed calls. Comments that came out of the report were very positive and specifically highlighted the detail of the care plans and the quality of the daily log audits. The registered manager told us that they felt supported by their head office and had regular contact and visits.