

Inspiratus Senior Care Limited

Home Instead Senior Care Swindon & Vale of White Horse

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

We carried out an inspection of Home Instead Swindon and Vale on 1st and 2nd August 2016. This was an announced inspection where we gave the provider 48 hours' notice. This was because the location provides a domiciliary care service and we wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf.

Home Instead provides a range of services to people in their own home including personal care, companionship and shopping in Swindon and the surrounding areas. At the time of inspection there were 110 clients using the service; 40 of whom were receiving care under the regulated activity of personal care.

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

People and their relatives spoke highly of the staff and said they always treated them with consideration and respect. Staff spoke about how they helped people retain their independence and encouraged them to be in control of their decision making and choices. People said they were cared for in a person centred way and were able to contribute meaningfully in day to day decisions about how their care was provided. Staff spoke fondly about the people they supported and gave good examples of how they developed positive relationships with people using the service. People, their relatives and staff all gave examples of when staff had gone the 'extra mile' to help and support people.

People who used the service told us they felt safe. Staff had received training about safeguarding and knew how to respond to any allegation of abuse. Staff were aware of the whistleblowing procedure which was in place to report concerns and poor practice.

There were sufficient staff employed to provide consistent and safe care to people. People said they had regular staff who knew them well and there were suitable arrangements in place to cover any staff sickness.

People said they were satisfied with the support they received with regards to their medicines however; medicines were not always managed safely. The Medicines Administration Records (MAR) did not always provide sufficient information to enable the safe administration of medicines and documentation of medicines administered was not consistently completed. This meant people were at risk of not receiving their medicine as prescribed and according to the labelling. The registered manager told us during the inspection they had recently identified some of the issues in the way medicines were being managed and they were in the process of addressing and rectifying this.

Effective systems were in place to manage risk and ensure people were cared for in a safe way. Risk assessments had been completed and actions recorded to manage identified hazards and concerns.

Staff completed competency assessments as part of their induction followed by regular supervisions and training. Staff were knowledgeable about people's needs and said they received the necessary training to equip them with the skills they needed to provide the care people required.

Staff had received training around the Mental Capacity Act 2005. Staff explained they understood the importance of ensuring people agreed to the support they provided. Consent forms were filed in people's care plans, some signed by people receiving care. However, some consent forms had been signed by a next of kin or relative. In some cases, there was a record that the person had a legal right to do this on a person's behalf but this was not consistent in all care files.

Staff helped ensure people who used the service had sufficient food and drink to meet their needs. Some people were assisted by staff to cook their own food and other people received meals that had been prepared by staff.

People had access to health care professionals to make sure they received appropriate care and treatment. The service maintained accurate and up to date records of people's healthcare and GP contacts in case they needed to contact them.

Staff were knowledgeable about people's care and support needs. Care plans detailed how people liked to be cared for and were person centred. There were regular visits and spot checks carried out by the director to monitor the quality of service and the care practice carried out by staff.

A complaints procedure was available and people we spoke with said they knew how to raise a complaint if they needed to. Complaints and concerns were handled in an appropriate way.

Staff were passionate about providing good quality care and said they felt supported by the management team. There was an open door culture and staff said the management team were very approachable.

People had the opportunity to give their views about the service. There was regular consultation with staff, people and/or family members and their views were used to improve the service. Regular audits were completed to monitor service provision and to ensure the safety of people who used the service.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

Systems were in place to ensure that people who used the service were protected from the risk of abuse. Staff were aware of procedures to follow to safeguard people from abuse and people told us that they felt safe.

The service employed sufficient staff to meet the identified needs of the people they provided services to. The service carried out appropriate checks to ensure suitable staff were employed.

Medicines administered by staff were not always accurately recorded and records for the safe administration of medicines did not always provide the guidance required to ensure medicines were administered as prescribed.

Is the service effective?

Good 

The service was effective.

Staff had access to ongoing training and a system was in place to ensure this was up to date. Staff received regular supervision and appraisals.

People's rights were protected. People received capacity assessments and were consulted before care was provided. The provider was aware of their responsibilities under the Mental Capacity Act 2005 (MCA).

People were supported to maintain good health and to access healthcare services.

Is the service caring?

Good 

The service was caring.

People were offered support in a way that upheld their dignity and promoted their independence.

Staff took extra steps to ensure people received care that was person centred often providing support outside the agreed care

package.

People were involved in making decisions about their care.

Is the service responsive? **Good** ●

The service was responsive.

People were treated as individuals. Staff knew people's preferences and how to deliver care to ensure their needs were met.

Care plans were detailed, personalised and contained information which enabled staff to meet people's identified care needs.

People we spoke with and their relatives told us they felt able to raise any concerns and were confident that they would be acted upon and taken seriously.

Is the service well-led? **Good** ●

The service was well-led.

People benefited from a management team that regularly monitored the quality of care and sought to continuously improve the service.

The registered manager promoted a culture of openness and transparency through being approachable and listening to people.

Staff told us they understood the values of the provider. This included keeping people safe, promoting their independence and ensuring people received care which met their needs.

Home Instead Senior Care Swindon & Vale of White Horse

Detailed findings

Background to this inspection

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

This inspection took place on 1st and 2nd August 2016. This was an announced inspection where we gave the provider 48 hours' notice. This was because the location provides a domiciliary care service and we wanted to make sure the manager would be available to support our inspection, or someone who could act on their behalf.

The inspection team consisted of one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had domiciliary support as their area of expertise. 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 information we held about the provider, in particular notifications about incidents, accidents, safeguarding matters and any deaths. We spoke on the telephone with seven people who used the service and eleven relatives. We spoke with the registered manager and seven staff including the general manager, learning and development coordinator and care workers to gather their views about the service provided.

We also reviewed a range of records which included people's care plans and risk assessments, staff training

records, staff duty visit schedules, staff personnel files, policies and procedures, complaint files and quality monitoring reports.

Is the service safe?

Our findings

People told us they felt safe whilst receiving care and support and they trusted staff who cared for them. One person receiving care from the service told us "I do trust them, they provide very, very good care. They treat me well and I just have to mention I'd like help with something and it's done". Relatives also confirmed they had no concerns about the safety of their loved ones. Comments from relatives included "They are absolutely fantastic. I can't praise them enough. I have been able to have a holiday without worrying about (X) for the first time in years. They are totally trustworthy" and "I know my relative is safe with Home Instead, in fact, they are quite wonderful".

Policies were in place and up to date in relation to safeguarding and whistleblowing procedures which guided staff on any action that needed to be taken. Staff we spoke with could explain what keeping people safe meant. We saw from staff records that they had received training in safeguarding adults from abuse and whistleblowing. Staff knew the different types of abuse and said they were confident the registered manager and senior staff would act on their concerns. Staff were aware they could take concerns to agencies outside the service if they felt they were not being dealt with.

People were protected from the risks of potential abuse or harm. There were a range of individual assessments which identified potential risks for people. We saw this information was documented for each person and included how to manage the risks including the risk of falling, malnutrition, and the safe moving and handling of people. Staff were able to tell us about people's risk assessments and what they did to manage identified hazards and concerns.

Sufficient staff were deployed to provide care and keep people safe. People said they had regular carers who knew them well and were familiar with their needs. They felt suitably supported by dedicated staff and there were suitable arrangements in place to cover any staff sickness. Comments from people using the service included; "I've not had any missed visits, and that's in more than a year" and "Home Instead has never missed a visit. They're very reliable". People told us staff were usually punctual, but if they were going to be slightly late due to traffic, then they were always contacted and told the situation. This meant staff were treating people and their relatives with respect and reassured them when being slightly delayed was beyond their control.

Staff told us how they communicated with the office if they were unable to gain access to see a person they were due to visit, such as when they were unable to answer the door. One member of staff told us about a time when a person had fallen and had been unable to respond to their call. They told us they had informed the office and contacted the person's relatives and how, when they had been able to get access and found the person had fallen, they acted appropriately to support them.

Medicines were not always managed safely. We looked at Medicines Administration Records (MAR) of the people using the service. These did not always provide clear guidance or instructions to indicate how medicines should be administered. For example, there were two different types of MAR. One was completed where people had their medication pre-packed in daily blister packs. These MAR detailed the route of

administration and the times of day these should be given. However, where medicines were being given straight out of the original packaging, different MAR were being used which did not detail this information. For example, one person had been prescribed antibiotics. There was instruction on the MAR to give one tablet per day however, there was no information on the required route of administration or further instructions such as whether the medication could be taken with a drink other than water. For this particular medicine the labelling states that it should not be taken with dairy products as this could make the medication less effective. Where topical creams and ointments had been prescribed, there was not always clear instruction on how or where to apply these. For example, one person had been prescribed a cream where it stated this should be applied twice per day however, there was no instruction available on the MAR to say exactly where this should be applied or how much cream should be applied. On some MAR, details of whether people had any allergies had been written, however, this too was not consistent for all MAR. This meant there was a risk people were not receiving their medicines as prescribed.

All MAR had been handwritten. In the policy for medicines management, it stated the MAR should be signed by a Home Instead Senior Care employee to confirm the handwritten details matched those printed on the blister pack or label on packaging. However, this was not always done. This meant there was a risk of transcription errors on MAR not being identified and people being at risk of not receiving medicines as prescribed.

MAR were not always consistently completed and where instructions on how to administer medicines had been available it was not always clear these had been followed. For example, on one person's MAR it stated their medicine should be given at 9am on weekdays and 2pm on weekends however, these medicines had been signed for the each day of the week including weekends at 9am. There were also gaps in signing for medicines with no explanation or reason given for this. For example, following an internal audit, it had been identified that some medicines had not been signed for and the MAR had been unclearly written on with 'lots of scribbles'. Although there was written documentation to confirm the writing on the MAR had been addressed with staff, there was no information to confirm the missing signatures had been investigated to determine whether the person had received their medicines or that this had been raised with staff. Where people had refused their medicines, the reason for refusal had not always been entered. The general manager said they had recently recognised from internal audits there were gaps on the MAR where staff had not signed for medicines and this was in part due to staff not having a visit to support people on those days which had led to these MAR having gaps. Although this did not explain the reason for gaps seen in all MAR, for these particular situations the management team had already recognised this as an issue and in response had revised the coding on the MAR for when medicines were not given. Although no completed MAR were seen with this new coding during the inspection, a sample of a new MAR was seen detailing these changes and we were informed staff had been trained in and were now using these new forms.

Medicines which had been prescribed to be given as and when required (also referred to as PRN medicines) were not always managed effectively. There was not always an indication given on the MAR to state what the maximum daily dose of this medicine should be. Where an instruction as to whether for example; one or two PRN tablets could be prescribed and this medicine had been given, there was no information on the MAR as to how many tablets had been given. This meant there was a risk people were receiving an insufficient dose or too much medicine as prescribed to meet their needs and was also not in line with the Home Instead policy for PRN medicines. There was also no running tally of the amount of PRN medicine available which meant people were at risk of running out of their medicines and replacement medicine not being ordered in time. However, for people staff supported with their medicines, staff said they regularly checked the amounts available and arranged re-supply accordingly. This was raised with the registered manager and general manager during the inspection. They confirmed some of these issues had been recently identified during their own internal audit process and as a result of this, had made modifications to the PRN MAR sheet

to address this. An example of a blank PRN MAR was shown to us during the inspection. They also confirmed staff had been trained on the use of this revised form at the last two inductions and during the last two team meetings and this was confirmed by some of the staff we spoke with during the inspection. Therefore, although these changes had not yet been fully implemented, the service had identified and begun the process of correcting some of the shortfalls of managing PRN medicines prior to the inspection. In addition, following feedback given during the inspection they immediately devised a PRN protocol sheet which included information required for the safe administration of PRN medicines which would be available for all staff and would include information such as the indication, maximum dose and instructions on how to take the medicine.

These shortfalls were a breach of Regulation 12(2)(g) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014 because the risks to people were not protected against the risk associated with the unsafe management and use of medicines.

Is the service effective?

Our findings

Staff had the knowledge and skills they needed to carry out their roles and responsibilities effectively. New staff had an induction period which included core training and shadowing more experienced staff members prior to working independently. One staff member who had not previously worked in care told us about their induction. They had ongoing support and shadowed staff. They told us about the mandatory training which they completed and also read care plans, were introduced to people who used the service and informed what support people needed before visiting them on their own.

Mandatory training as set by the provider was completed by staff to ensure they had the appropriate skills and knowledge to provide the individual support and care people needed. They were also able to describe training they had completed and what this had involved.

Training included safeguarding vulnerable adults, infection control, safe moving of people, the Mental Capacity Act 2005 and specific training such as dementia awareness and other mandatory training in line with Skill for Care's Care Certificate. Staff training was monitored through regular supervisions to make sure their knowledge and skills were up to date and there were systems in place to identify when supervisions were due. There was a training record of when staff had received training and training was available to staff according to need.

Staff said they were supported by management to complete training which met the needs of people using the service. When we asked one staff member about ad-hoc and refresher training they told us "When we ask for it, we can get it". Staff also said they received supervisions every three months and spot checks which included looking at their interaction with people, medicines administration and whether they were being responsive to people's needs. Staff also received annual appraisals. The registered manager told us at the start of the inspection that in response to a recent evaluation of the staff training and development program, they had restructured their focus in this area and deployed staff to learning and development roles. In addition to this, they had included in their team an external validation and client advocate who would be responsible for auditing people's care records to ensure they were receiving care as agreed and in line with their needs. At the time of the inspection, we were told this process was in the early stages and the full implementation of this was not yet completed but included additional training for staff in end of life care and more in depth dementia care training with the aim for at least 75% of staff to complete a certificate in dementia care. Staff told us they had regular supervisions which sometimes included assessment of their competencies in areas such as manual handling and medicines administration. One member of staff told us: "I welcome supervisions and the feedback I receive in order to continually improve the quality of care I provide to people. A form was available for completion during a supervision visit which detailed general information such as whether staff carried out a task to a high standard but this did not detail any specific assessments or observations made. Although staff received supervisions and had competency assessments recorded during their induction, there was no record available to confirm the assessment of competency in certain areas had been completed as part of their regular supervisions. This meant there was not a robust process in place to ensure these competencies were regularly assessed or recorded. We gave feedback on this to the registered manager. They confirmed this was one of the areas of focus as mentioned to us at the start of the inspection and although they confirmed staff competency was being regularly assessed, the

system for specific tracking and recording of these was currently a 'work in progress'.

People told us they were happy and confident with the skills and competency of the care staff. One person told us "The staff came in especially for some specific training for my (relative)" and "Yes, I'd say they're well trained. They do good handovers if someone is going on holiday or leaving, and a new member of staff is starting they have a shadowing for quite a few days so they're trained up".

People confirmed staff always asked them for their consent and views before carrying out tasks. People and their relatives told us staff were respectful and asked them before supporting them with all aspects of their care. They said they felt able to make choices about how their care was provided and felt staff respected their decisions. One person told us: "My carers are very good at talking to me about my needs and when these change. They listen to me".

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). 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. Training records showed staff had been trained on MCA requirements and this was also discussed during a recent team meeting. Consent forms were filed in people's care plans, some signed by people receiving care. However, some consent forms had been signed by a next of kin or relative. In some cases, there was a record that the person had a legal right to do this on a person's behalf but this was not consistent in all care files therefore it was not always clear where people had consent forms signed on their behalf that these had been done in line with the legal framework. However, all staff we spoke with were able to tell us about the MCA and what to do when people were unable to make particular decisions and gave descriptions of what was meant by lacking capacity and doing things for people in their best interests.

Staff helped ensure people who used the service had food and drink to meet their needs. Some people were assisted by staff to cook their own food and other people received meals that had been prepared by staff. One person said a member of staff was good at cooking meals for them and listened to what type of food they liked. They told us: "I do feel listened to, and she's a decent cook. It's nice to have homemade food". People's care records showed how people were assessed to ensure they had sufficient food and drink. Staff told us how they ensured people using the service were well hydrated and maintained a healthy weight by recording and monitoring this on a regular basis and informing their manager and relevant healthcare professionals if they had any concerns. The registered manager told us about information they had recently filtered out to all care staff during very hot weather to remind them to ensure people had sufficient drinks available and for people who were less mobile to provide them with drinks that were within reach to ensure their hydration needs were met. We also saw an example of where a member of staff had supported someone with dementia who was struggling to remember when to drink by putting markers on a bottle and setting a regular alarm to remind them to drink to the next mark on the bottle when the alarm went off. This had been very successful with this person and had assisted them in maintaining their independence.

People who used the service were supported by staff to have their healthcare needs met. Care staff had details of people's GPs and any other health professionals such as district nurses or occupational therapists. People's care records showed staff liaised with GPs where requested, although this was usually managed by people themselves or their relatives. One member of staff told us how they had assessed the needs of someone who had diabetes who had become unwell. They had noticed this person was not as responsive as usual and had called the person's GP and District Nurse in response to this. They were subsequently assessed by medical staff and were admitted to hospital for treatment. People said they felt supported by

staff to see healthcare providers as required. One person said: "They (staff) come to support me with hospital appointments. They turn their hand to things, they pick my prescriptions up for me too". Another person gave an example of when a member of staff had noticed a health issue with their relative. They had alerted the necessary people, taken them to the GP then the hospital and because of their prompt actions, the issue had been caught early.

Is the service caring?

Our findings

Throughout the inspection, we were given examples of when staff had 'gone the extra mile' to help and assist people, often doing so on their own initiative and without being prompted. One staff member told us about a time when there was a weather forecast of heavy snow and frost and they had contacted all the people they regularly cared for to see whether they needed any supplies ahead of their scheduled visit in case they were unable to get to them. The same staff member had also lent a CD player to a person who they had discovered through daily interactions responded to music and changed their mood in a very positive way. Another staff member told us they had tried to learn a foreign language when they discovered a person using the service liked to use this language after spending a considerable period of their life in a foreign country. One person's relative told us the service always tried to 'match' staff to their loved one by finding something they had in common with each other to help them feel comfortable and at ease. They said "The care staff are brilliant". They told us staff went over and above what they needed to do and often stayed beyond the required time and bought in CDs and crosswords. The registered manager told us about a member of staff who had seen a person struggling to use a spoon due to having a tremor and had found by searching on the internet and purchasing in their own time, specialised cutlery which helped them overcome this. In a communication file, we saw a request which had been sent to all staff from the office administrator requesting odd items of haberdashery in response to staff wanting to make sensory cushions for people with dementia. These cushions consist of different textures such as fabrics, buttons and zips and provide sensory stimulation for people with dementia and some of these had already been made by staff and given to people using the service.

People were supported by staff who were warm, kind, caring, considerate and respectful. People told us that their staff were kind, considerate and showed a level of compassion which they really appreciated. They felt comfortable with the staff and said they had built good relationships with them. People and their relatives gave numerous examples of how the staff supported them in a person centred and considerate way and they were able to contribute in day to day decisions about how their care was provided. Comments we received from people and their relatives included "When my relative fell and had broken a bone, the carer found them, stayed and even visited them in hospital in their own time" and "They are very caring with (X). They are always patient and considerate. I hear the way they are, and I'm very happy with it".

Staff spoke fondly of the people they cared for and displayed a thoughtful, caring approach when speaking about people and the way in which they deliver care. People using the service their relatives and staff told us there were a team of carers who supported the same people regularly which meant there was continuity of care as well as the reassurance that people were being cared for by staff who knew them well. Staff we spoke with and the records we saw demonstrated care was co-ordinated in such a way that ensured the same care staff would be scheduled to work with people, in order for relationships to develop and so staff could understand people's needs and wishes. Staff we spoke with had a good knowledge of the people they supported. They were able to give us information about people's needs and preferences which showed they knew people well. One staff member told us "I absolutely love my job, I like the fact that we are not rushed and have a minimum of one hour for visits. I have seen the same clients for two years now and have built some lovely relationships with them" and another said "I love the fact that we have a minimum of

an hour to spend with our clients and that we are matched by our mutual hobbies and interests" and "Just putting a smile on a client's face is amazing".

People were involved and consulted about the type of care they wished to receive and how they wished to receive it. Everyone we spoke with confirmed they had been involved in developing and deciding their care plans and their views were listened to and respected. They told us they were able to make choices about how their care was provided and felt staff respected these. One member of staff we spoke with told us how they helped a person they were supporting make choices and how they did things together with them which promoted their independence. They assisted them to make daily choices; looking together at what clothes to wear, and household tasks with them such as making the bed and assisting them to prepare their own meals. In doing this, they also got to know more about each other which made the care more personal and interactive.

Everyone we spoke with said that their care staff were reliable and punctual and where staff had not been available at short notice, staff cover had always been possible. We were told on some occasions when there was staff absence at short notice and no other care staff were available to cover a visit, office staff who had also been trained in providing care, stepped in to provide support.

Care records confirmed people had been assessed and involved in decision making and had consented to their care. One person told us "The staff keep us informed about everything, we feel totally involved".

People's privacy and dignity was respected. Staff asked people's permission before carrying out any tasks and consulted them with regard to their support requirements. Staff were aware of the requirement to maintain confidentiality and the need to ensure that personal information was not shared inappropriately. People and their relatives told us staff were respectful while providing care and support. Comments from relatives included: "They'll shut the door and cover her up to maintain her privacy and dignity. Very private, very respectful", "I hear them always asking first if it's ok to help" and "She's still very proud and independent, despite her failing health and they respect this and they remember this".

People and their relatives regularly gave positive feedback on the service and said staff were courteous and polite and dedicated.

Is the service responsive?

Our findings

People's care records were up to date and individualised for each person. They reflected the current care and support needs of people and provided detail for staff to give care and support to people in the way they preferred. For example, the care plan for one person who had dementia detailed their daily routine and how keeping to this helped them to manage their condition. It detailed what time they liked to get up and when they liked their meals and also gave specific coping strategies such as having a daily newspaper available and removing the one from the previous day so they could know what the date was. People's care plans were developed and reviewed with the involvement of people using the service and their families where appropriate. People said when their care was being planned, the registered manager spent time with them finding out about their likes and dislikes. This included what level of care they required. One person told us: "A manager came round, they've been twice I think, and they really listened to me, They came again to introduce the carers". A relative of another person told us "We're contacted regularly and involved in reviewing and updating the care plans all the time. Things are changing quite rapidly for my relatives so this is very important and they do it well". Each care plan included a profile of the person using the service. This included information on their family history, their childhood memories and their hobbies and interests. Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

People and their relatives told us Home Instead had a very flexible approach and tried wherever possible to meet any requests or changing needs. Comments from people and their relatives included: "They were incredibly responsive to a very short notice request for 24 hour care when my relative became very unwell. They went above and beyond the norm" and "Another good thing, it's very flexible. If we leave a 'to-do' task list, it's all done and they give us feedback in the daily notes". Staff also said they contacted the office if there were any concerns regarding the changing needs of people using the service. One staff member told us "If we feel the duration of a visit or travel time to get to a client is not long enough, we can ask to see if this can be changed".

Information about people was shared effectively between staff. If there were any immediate concerns, staff would call the office so other staff who were due to visit the same people could be contacted and be made aware of information. There was also a system which raised an alert if staff had not arrived for a visit. This alert would be sent to the office schedule coordinator who would follow this up immediately to ensure staff and the people they were visiting were supported. Information was also entered onto a portal which all staff had access to. Any changes to a person's care would be entered onto this portal and staff informed so they were kept up to date with the current needs of each person using the service.

People and their relatives knew how to raise concerns if they had any issues and had confidence that they would be listened to. Comments from people and their relatives included: "I'd know how to complain, I've not had to what I call complain really, but when there was a small problem, they dealt with it." and "I would know who to ring if I was concerned. I'd feel fine doing that". One person told us there had been a small issue some time ago and told us "I rang the manager, they dealt with it straightaway". A relative of one person had felt let down and had made a formal complaint with the service. They said although it was not

good they had cause to complain, they felt it had been fully addressed to prevent it happening again and it had been dealt with appropriately. This showed the service was responsive to their concerns.

People and their relatives were also regularly invited to give their feedback of the service. One person told us "I've filled in feedback surveys on two occasions, once someone came round and another it was a telephone contact". This showed the service was keen to involve everyone and to improve things where necessary. It also showed the service was working in partnership with people and their families; keeping the needs of those they support at the forefront.

We looked at records of compliments received, complaints and incidents and saw that these were appropriately logged and responded to. Letters of thanks, compliments and any incidents or issues people had were appropriately recorded.

Is the service well-led?

Our findings

The service demonstrated good management and leadership. There was a registered manager in post who was supported by a team of staff who coordinated care and managed the business of the service. The team included head of recruitment, general operations manager, learning and development manager and coordinators, head of care, field care supervisors, office administrator and schedule coordinator. Staff were able to describe a shared vision of how they saw the service as one which provided care to a standard that would be suitable for their own relatives. The registered manager was available throughout the inspection.

The service promoted a positive culture that was person-centred, open and inclusive. The registered manager expressed their passion for providing a high quality service and focussed on delivering care that was person centred rather than task driven and training was provided to reflect this. The registered manager told us certain aspects of the service had changed over the last twelve months following a review of how the service focussed on the care being provided. As a result of this, more time had been invested in training and development and in increasing the review and assessment of the quality of care. The registered manager also told us they were focussing on developing improved dementia care and end of life service in response to people's changing needs.

There were many positive comments about the registered manager and office team. One staff member told us "There is an open door policy. I can call into the office anytime or make an appointment. The door is always open". Staff were able to tell us the vision and values of the service and told us the management team were always approachable. Staff told us they would recommend Home Instead to anyone who needed care, or to a care worker looking for employment. People using the service and their relatives told us they thought the service was well run and organised. They felt listened to and saw actions taken when necessary to provide confidence in the service they received. Comments from them included "They arranged the support I needed really quickly when I had to go to the hospital" and "They deal with things straight away, they listen to me and I know I can ring the office if I have a problem".

However, some said the support from the office was more variable with comments around the availability of staffing schedules saying they would like to have them sent to them on a more regular basis. From the information we received prior to the inspection on the service, this issue had already been recognised and the service was currently in the process of working to improve this. Despite these comments, people and their relatives all said that the management team were accessible if required and were aware of the needs of people using the service. One person using the service told us "Sometimes (the manager) will do a shift, to replace someone if they are sick" and "(The manager) has been out three times to us, it's good to meet them in person like that".

Regular staff meetings were held in order to share best practice, highlight training requirements and to provide support to staff. One staff member told us "The team meetings are really useful. It is nice to get together with other care givers. There are always two time slots available so that everyone has an opportunity to attend".

The service monitored the quality of care provided. We saw documentation of quality assurance systems

and audits which were designed to monitor the quality of the care provided and to ensure people's experiences and views were used to help improve the service. Everyone received a Quality Assurance visit/phone call every 3 months to ensure they were satisfied with the service they were receiving. In addition, there were 6 monthly service reviews. The management team sought the views of people using the service, their relatives and from the staff which demonstrated they valued their opinions. An external organisation was used to conduct an anonymous annual survey with both people who used the service and staff. Feedback received from people and staff was overall, very positive with people rating highly on the quality of the service and staff saying they were proud to work for the service. These results were shared with staff and people and were incorporated into the service's business plan.

We saw that records were kept securely and confidentially and these included electronic and paper records.

The registered manager told us they networked with external services and organisations in order to continually look at innovations and ways to improve and enhance the service they provided. This included being closely involved in a multi-disciplinary team with the NHS and local authority in developing the strategy and implementation of dementia care in the local area. As part of a franchise, Home Instead had its own forum, held meetings with other local owners as well as the franchise providing up to date news bulletins to share current best practice and guidelines.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People were not protected from the risks associated with the unsafe use and management of medicines.