New York Care Limited

New York Care Limited t/a 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

Overall summary

We inspected this service on 15 and 22 December 2015. The inspection was announced. The provider was given 24 hours' notice, because the location provides a domiciliary care service and we needed to be sure that someone would be at the location offices when we visited.

New York Care Limited t/a Home Instead Senior Care is a domiciliary care agency which is registered to provide personal care to people in their own homes. The service supports people living in York and the surrounding villages and provides assistance with personal care, domestic help and companionship to people. At the time of our inspection the service supported approximately 100 people although only 40 were receiving support with a regulated activity.

The service was last inspected in July 2013 at which time it was compliant with all the regulations we assessed.

Summary of findings

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the 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.

We found that there were systems in place to ensure that care workers were able to identify and respond to signs of abuse to keep people using the service safe. We found that people's needs were assessed and risk assessments put in place to reduce risks and prevent avoidable harm.

The service had a safe recruitment process to make sure only people considered suitable to work with vulnerable client groups were employed and we found that there were sufficient care workers to meet people's needs.

Care workers were trained to administer medications and people using the service told us this was done safely.

There was an effective induction process and on-going training to equip care workers with the skills and knowledge they needed to carry out their roles effectively. Care workers received regular supervisions and annual appraisals.

People were supported to make decisions and consent to care and treatment was sought in line with relevant legislation and guidance.

We found that people using the service were supported to eat and drink enough and to access healthcare services where necessary.

We received positive feedback about care workers. People using the service told us they were kind, caring and treated them with dignity and respect.

People received care and support from a small number of care workers who had been individually matched based on shared interests and hobbies. Care workers did not visit for less than one hour and people received support from a small number of care workers. This enabled people to develop positive caring relationships and friendships with their care workers.

We found that people's needs were assessed and person centred care plans developed. Care plans were reviewed and updated regularly. Care workers we spoke with showed a good understanding of person centred care.

There was a system in place to manage and respond to compliments and complaints.

The service was well-led. People using the service and care workers we spoke with were overwhelmingly positive about the management of the service. There was clear organisation, good communication and effective processes in place to monitor the quality of care and support provided.

New York Care Limited t/a Home Instead Senior Care had been awarded 'Small Business of the Year 2015' by the local newspaper and a 'Top 10 Agency Award 2015' based on recommendations made to an independent website which reviewed domiciliary care agencies. A care worker had been a finalist in a national 'CareGiver of the Year 2015' award. These awards evidenced strong leadership, with processes designed to provide a high standard of care and support to people using the service.

We observed that there was a strong person centred ethos within the service and a clear and overriding emphasis on developing and improving the quality of care and support provided for the benefit of the people using the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

There were systems in place to ensure that care workers were able to identify and appropriately respond to signs of abuse to keep people using the service safe.

Risks were identified and risk assessments put in place to prevent avoidable harm.

There were sufficient care workers to meet people's needs.

Care workers were trained to administer medications and people using the service told us this was done safely.

Good

Is the service effective?
The service was effective.

Care workers were supported to develop the skills and knowledge needed to carry out their roles effectively. People using the service provided positive feedback about the skills and experience of care workers who supported them.

There were systems in place to seek consent to care and treatment in line with relevant legislation and guidance.

People were supported to eat and drink enough and access healthcare services where necessary.

Good

Is the service caring?
The service was caring.

People were very positive about the kind and caring nature of the care workers that supported them.

There were systems in place to support care workers and people using the service develop meaningful caring relationships.

People told us they were treated with dignity and respect and supported to have choice and control over the care and support provided.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed and person centred care plans developed. These were reviewed and updated regularly and people using the service were actively involved in this process.

There was a system in place to manage and respond to compliments and complaints.

Good

Is the service well-led?
The service was well-led.

People using the service were complimentary about the effective leadership of Home Instead Senior Care.

Good

Summary of findings

There was a strong person-centred focus at all levels of the organisation.

The management team were committed to driving improvements and delivering a high standard of care and support for the benefit of people using the service.

New York Care Limited t/a Home Instead Senior Care

Detailed findings

Background to this inspection

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

We inspected this service on 15 and 22 December 2015. The inspection was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the location offices when we visited.

The inspection was carried out by one Adult Social Care Inspector. Before the inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information we held about the service which included notifications sent to us since the last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also sought relevant information from City of York Council's safeguarding and commissioning teams. They told us they did not have any concerns about New York Care Limited t/a Home Instead Senior Care at the time of our inspection.

As part of this inspection we spoke with five people using the service by telephone and visited three people in their own homes. We also spoke with two relatives to ask them what they thought of the service. We visited the provider's office and spoke with four care workers, the staff coordinator responsible for arranging rotas, the recruitment and retention coordinator, the general manager, the registered manager and the managing director. We looked at seven people's care records, three care worker recruitment and training files and a selection of records used to monitor the quality of the service.

Good

Is the service safe?

Our findings

People using the service consistently told us they felt safe with care workers in their home and with the care and support provided by Home Instead Senior Care. Feedback we received included "They all seem very good", "I'm not on edge with either of them" and "I feel safe with the carers…you know when you feel safe, they definitely know what they are doing."

The registered provider had an up-to-date safeguarding adult's policy and provided training to care workers on how to identify and respond to signs of abuse. We saw evidence that confirmed that there had been no safeguarding alerts since our last inspection. Despite this, care workers we spoke with showed a good understanding of the types of abuse they might see and identified what action they would need to take, if they had concerns, to keep people using the service safe. One care worker said "Any concerns about any of my clients, I would be straight on the phone to the office." Care workers told us that concerns raised with staff in the office were dealt with immediately. This showed us that the registered providers had systems in place to identify and respond to safeguarding concerns.

We looked at seven people's care files and saw that in each case, people's needs were assessed, risks identified and risk assessments put in place before the package of care started. Risk assessments identified risks to the individual and the care worker and then documented what was in place or what the care workers should do to minimise the risks to prevent avoidable harm.

We saw that each care file contained environmental risk assessments identifying any hazards or risks associated with providing care and support in people's homes. We also saw that care files contained risks assessments in respect of maintaining people's physical health, managing the risks associated with providing personal care, moving and handling and risk assessments to manage the risk of falls. Within these risk assessments were details about how care and support would be provided to keep people using the service safe. For example, we saw one risk assessment identified a falls risk and identified factors including the person's poor eyesight, which increased the level of risk. To reduce the risk, care workers were instructed to ensure all walkways were unobstructed and free from clutter and to prompt and assist the person to use their walking frame when mobilising. Care workers we spoke with talked knowledgeably about the needs of the people they were supporting and showed a good understanding of the risks associated with meeting those needs.

Although risk assessments were generally detailed and proportionate, we noted two examples where risk assessments were brief or contained limited details. This issue was particularly relevant where accidents and incidents had occurred.

We saw that accidents and injuries were reported, documented and signed off by the registered manager when they were satisfied that appropriate action had been taken. For example, one accident and incident report concerned a person who was found on the floor by care workers at the beginning of their visit. We saw that care workers had responded appropriately to the initial incident and the registered manager had reviewed this. However, given the severity of the fall and the reported injury, the person's risk assessment contained limited information about how future risks would be managed. Although this fall occurred when care workers were not at the person's home and there were no concerns about the care and support provided during care workers visits, a more proactive response could reduce future risks. For example, recommending a review of medication, a referral to the physiotherapy team to consider exercises to improve mobility and balance or suggesting that the person obtained a falls detector or pendant alarm to enable them to call for assistance in a similar emergency. We discussed with the registered manager the importance of reviewing and updating care plans and risk assessments in light of accidents and incidents and considering what further proactive support or signposting could be provided to further reduce risks.

There was a safe recruitment process in place to ensure that only people considered suitable for the role were employed as care workers. Applicants completed an application form and had an interview before being offered a job. We saw that the service obtained six references including personal and professional references from previous employers and a number of character references. Disclosure and Barring Service (DBS) checks were completed and there was a system in place to monitor the progress of checks to ensure that care workers did not start caring work before these were in place. DBS checks return information from the Police National Database about any

Good

Is the service safe?

convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. These measures ensured that people who used the service were not exposed to people that were barred from working with vulnerable adults. We saw that new care workers were provided with job descriptions and terms and conditions. This ensured that care workers were aware of what was expected of them.

We spoke with the staff coordinator responsible for arranging rotas. They explained that they only started providing support to a new person when there was suitable care workers available to provide the support required. Although this could mean refusing or delaying the start of a new package of care, it ensured that there were always enough care workers to meet the needs of people using the service.

The staff coordinator explained how care workers declared their availability and they used this information to identify where there were gaps in their rotas to provide support to a new person. This system was also used to identify who may be available to provide care and support to cover sickness and short-term absences. Feedback from people using the service confirmed that there were enough care workers to meet their needs. People told us that care workers always turned up, were generally on time and always stayed the right length of time. Comments included "They have never missed a visit", "They have never not turned up, their timing is excellent", "Neither of the carers have been anything other than on time" and "If they are going to be late because of weather or traffic, head office always rings and explains why. They have only been late once this year because of flooding, but when they are late they never cut corners or leave early."

The general manager explained how they used an electronic call monitoring system whereby care workers used the person's phone to clock in and out at the end of each visit, at no cost to the person receiving a service. This system sent an email to the office if a care worker did not turn up and also allowed the registered manager to monitor punctuality and ensure that care workers did not leave early. We saw that this information was discussed during supervisions if any issues with punctuality were identified.

The registered provider had a medication policy and procedure in place and care workers had training on medication management as part of their induction. We saw that care workers provided support, where needed, to ensure that people using the service took their prescribed medication. Where care workers supported with medication, an agreement had been signed with the person to record that they consented. Care files also contained details about where the medication was stored within people's home, who was responsible for ordering repeat prescriptions and the level of support required.

People who had support to take their prescribed medications told us this was done safely, with comments including "They help with the medication and there have been no problems that way" and "They put cream on my feet and help to get tablets out, there's never been a problem."

We looked at Medication Administration Records (MARs) used by care workers to document prescribed medication given to people using the service. We found that there were minor gaps where care workers had not signed to record they had administered that person's medication. When medication was not required or had been refused, care workers recorded an appropriate code on MARs. However, we found that care workers did not always document further information on the back of MARs to record why medication had not been given. We discussed this with the registered manager who agreed that they would more robustly evidence how they had addressed these issues with the care workers responsible.

Some people using the service managed their own medicines; this had also been documented in their care files. Despite this, people using the service told us "They never fail to say 'have you had your tablets' although I take them myself", whilst a care worker we spoke with said "I had concerns that someone was not taking their medication. I contacted the office and they contacted their next of kin. Now the medications are in blister packs so we can more closely monitor." This showed us that care workers were proactive in ensuring that people were supported to take their prescribed medication.

Good

Is the service effective?

Our findings

People told us that care workers had the skills they needed to carry out their roles, with comments including "I have people with experience and a kindly nature. The carers know what they are doing. A new person gets shown around and they read the book, you tell them once and they do it." Another person we spoke with said "I find them [care workers] very good…they are very respectful and know what they are doing when handling me. From the very beginning I had confidence as they both knew what to do."

New care workers completed induction training and shadowing to equip them with the skills and knowledge needed to carry out their roles effectively. One care worker we spoke with told us they completed classroom training on topics including health and safety, moving and handling and medication management. This was followed by three days shadowing a more experienced worker. People using the service confirmed this saying "One carer who is coming in has someone shadowing them, but they keep you informed. They confer with each other and ask would you do it differently?" Other people we spoke with told us new care workers were introduced and shown how best to support them before working independently.

We spoke with the recruitment and retention coordinator responsible for training. They told us new care workers completed a three day induction before starting shadow shifts. We saw a copy of the induction schedule and care workers training files contained training workbooks and certificates to evidence the training received. In addition to induction training, care workers were required to complete refresher training to update their skills and knowledge. We reviewed care workers training files and saw that regular training was provided on moving and handling, medication management, safeguarding vulnerable adults, infection control, first aid and health and safety. In addition to this we saw that care workers had completed specific training to support people with more complex needs. This included training on dementia, Alzheimer's, Huntington's Disease and end of life care. Care workers we spoke with told us "There's lots of training. They are always asking for our availability…we have regular training" and "I do think people are safe, they make sure we are fully trained before we go in." This showed us that there were systems in place to equip staff with the skills and knowledge to enable them to provide effective care and support.

At the time of our inspection the registered providers were redeveloping their training programme to move towards a system of continual assessment whereby care workers would be required to complete regular on-line learning and assessments to test their knowledge and demonstrate they were 'Safe to practice'. We could see this was 'work in progress'. We spoke with the recruitment and retention coordinator, registered manager and general manager about the importance of being able to evidence that care workers training and knowledge was up-to-date during the transition to this new system and also ensuring that there was a system in place to monitor when training needed to be updated.

The registered provider had a supervision and appraisal policy. Care workers we spoke with told us they had regular supervisions and annual appraisals to support them to develop in their role. A care worker told us "I do feel supported…I regularly get asked if things are ok. I have one to one meetings every few months and yearly appraisals to discuss any issues – I feel well supported." We saw records of supervisions completed and the system used to identify when supervisions were due.

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. Where people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the registered providers were working within the principles of the MCA. We saw that care workers completed MCA training as part of their induction. Care workers we spoke with understood the importance of consent and supporting people to make their own decisions.

We saw that people using the service or their representative had been asked to sign a consent form agreeing to the care and support provided. People using the service consistently told us that care workers sought consent and asked their permission when providing care

Good

Is the service effective?

and support. We could see that people using the service were actively involved in reviewing their package of care and their care plans to make sure they were happy and agreed with the care and support provided.

We saw that care plans contained information about whether the person using the service had a power of attorney (POA). A POA is someone who is granted the legal right to make decisions, within the scope of their authority (health and welfare decisions and/or decisions about finances), on a person's behalf. It is important for care workers to be aware when a POA is in place, so that decisions are made by the right person in line with previous wishes. Care files also contained information about how to access advocacy services. Advocacy seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them.

Some people using the service required support with preparing meals and drinks. Where this was the case, this was documented in their care file along with information about foods people using the service liked and disliked and any allergies they had. Care files contained information about who did the shopping and the level of support required with preparing meals and drinks.

People we spoke with were positive about the care and support provided to ensure they ate and drank enough. One person told us "They help me with meals, they always prepare meals exceptionally. My food has to be liquidised and they take a great deal of care providing soup which is nutritious…I don't drink enough and all the time they are on to me to drink." We observed that care workers had left this person a number of different drinks on the table next to them to have between visits. Another person commented "Some cook meals better than others, but I would tell them if I wasn't happy."

A relative of someone using the service told us that since Home Instead Senior Care had started providing support with meals and drinks "[Name] is eating better than they've eaten in a long time. They've put on weight, they were losing weight dramatically." They explained that the care worker had been to the supermarket in their own time and without being asked, to pick up snacks they knew the person liked.

We asked care workers to tell us about the support they provided to make sure people using the service ate and drank enough. One care worker told us "I look at what they had the day before for variety and ask them what they want to eat. We have a section in the care file to record meals and drinks. We always prompt and offer drinks and drink with people to encourage them." We saw that care workers completed a daily log of the support provided with people's meals and drinks and noted how this could be used to monitor people's food and fluid intake.

Care files contained detailed information about people's medical history and current health needs. This included contact information for people's GP and other healthcare professionals involved in providing care and support. We reviewed accident and incident records and saw that where concerns were identified, people were supported to access healthcare services.

Good

Is the service caring?

Our findings

People using the service were overwhelmingly positive about the kind and caring nature of the care workers that supported them. Comments included "Certainly they do care – the way they do the job you can tell", "All the carers have the same approach, they care" and "Most of them I have are absolutely excellent."

We asked care workers if the people they worked with cared for people using the service; comments included "Yes other staff care. Clients open the door and are happy to see carers – that's a really good sign. You can tell by how staff talk to them, it's lovely to see."

Home Instead Senior Care did not provide visits of less than an hour. This meant care workers had time to get to know people using the service and to develop meaningful caring relationships. People using the service told us "We have a conversation, they ask me how I am, we talk about things" and "They sit and chat with you if there is nothing that needs doing."

The general manager and staff coordinator explained how they matched people using the service with suitable care workers who shared similar hobbies and interests. They explained that this was an important part of providing effective companionship and supporting people to bond and form positive caring relationships. We saw that people using the service and care workers were asked to provide information about their hobbies and interests. This information was used as the basis of matching the right care worker to the right person. Care workers were then individually introduced to the person and follow-up checks made to ensure that a suitable match had been made.

A relative of someone using the service said "They only allow certain people in the house; Home Instead have bent over backwards to make sure they send the right people. They provide great companionship as well as practical help." They explained how their relative had dementia and only accepted support from certain people. Successfully matching care workers to this person ensured that they were only visited by people they knew, liked and would be willing to accept support from. Other people we spoke with said "I did not relate to one of the carers, they dealt with it and they have not come again, they acted immediately" and "I like to have people I can have conversations with and they send them!"

It was clear from this and other comments that people using the service benefited from the care and attention taken to find suitable matches and that through this had found companionship and friendships in the care and support provided by Home Instead Senior Care. One person told us "I like the company; I've made quite close friendships with four or five of them. They are all quite nice people."

As people using the service were only matched with a small number of care workers, there was good continuity of care with each person supported by a small group of named care workers that they knew and had met before. These care workers visited on a regular basis as part of a weekly routine. For example, we saw that all of one person's weekday morning calls were provided by one care worker; with afternoon visits provided by another. The staff coordinator told us that rotas were produced a month in advance based on this regular weekly pattern and that changes were only made to this in the event of sickness or absences. People using the service confirmed this saying "They send me a sheet every month telling me who is coming, it doesn't change much." The staff coordinator told us they planned to introduce rolling rotas with the pattern of care workers visiting each week repeating indefinitely. The staff coordinator explained that this would then only be changed, and updated rotas sent out, if the person's needs changed, a care worker left or in the event of sicknesses and absences. People using the service said "The advantage of having a regular carer is that they get to know me and my routines."

People using the service told us they were supported and actively encouraged to express their views and to be in control of the care and support provided. Comments included "I don't have to ask - they see what needs doing and then ask my permission before doing it. They never come in and take over, always ask 'do you mind…?'", "They listen to me and don't take over" and "They're always willing to do anything you ask." We saw that the packages of care were regularly reviewed and the general manager completed frequent quality assurance visits to ensure that people using the service were happy with the care and support provided. Records of these visits showed that they were used to gather feedback and to make changes to the package of care if needed. This showed us that people were supported to express their views and actively encouraged to make decisions about how care and support was provided.

Good

Is the service caring?

People using the service consistently told us that the care workers treated them with dignity and respect. Comments included “They [the care workers] respect the people they are going to see, they don’t treat you like some old hill billy” and “They treat you as equals, like friends, they remember things about you and are very respectful.”

Care workers we spoke with talked knowledgeably about how they supported people to maintain their privacy and dignity when assisting with personal care. Whilst people using the service told us “They do not talk about other clients when visiting.” This showed that care workers understood that information needed to remain confidential.

Good

Is the service responsive?

Our findings

People's individual needs were assessed and care plans put in place detailing how those needs would be met. We spoke with the general manager who explained that they completed an assessment visit, before the package of care started, to gather information and complete a biography about the person. This process involved the person and family members, as well as friends or carers wherever appropriate. Information from the pre-assessment was then used to develop person centred care plans and these were completed before the service started providing care and support.

We saw care plans contained information about individual needs and provided guidance to care workers on how best to meet those needs. Incorporated within this was information about people's particular likes and dislikes as well as personal preferences about how care and support should be provided. Care plans also contained person centred information including details about people's family history, career, people who are important to them and pets as well as hobbies and interests.

Each person using the service had a 'Client Journal'; this contained a copy of their care plans, risk assessments as well as a daily client activity log. We saw a copy of the client journal was kept in the person's home for care workers to look at during their visits and also a copy was stored securely in the service's offices. The client activity log was used by care workers to record information about the care and support provided at each visit and any important information that needed to be recorded for the next care worker visiting. People using the service said "They write in the book each time they come what they've done." This ensured that information was effectively communicated and ensured that care workers had up-to-date information to enable them to provide responsive care to meet people's changing needs. We saw that there was a comprehensive system in place to review and update care plans regularly to ensure they reflected people's current needs.

We asked care workers how they got to know people using the service and ensured they were providing person centred care. One care worker we spoke with said "We get given a copy of the care plan beforehand so we are not going in blind and then we take that time to speak to people about the things that are important to them. The care plans are useful right down to if they have a pet. These things are really important to some people, it's about being personal." Another told us "Before we go to a client they send us the care plan via email. Knowing about their routine is really helpful, there's a lot of information in the care plan…it makes it easier to start a conversation." These and other comments reflected a strong person centred focus to the planning and delivery of care and support and showed us that care workers understood the importance of and took time to get to know people so that they could provide individualised person centred care.

We saw that the care files in people's homes contained a 'Statement of Purpose'. This provided information about Home Instead Senior Care as well as contact information for the registered manager, the Care Quality Commission and the Local Authority, along with details of the circumstances in which people might wish to contact them. Service User guides contained the registered provider's complaints procedure. People using the service told us they felt able to raise issues or concerns and felt that these would be dealt with appropriately. One person told us "I have the number to phone in case I need to complain."

The registered providers had a policy in place outlining how they dealt with complaints. We saw that complaints were received, recorded and responded to in a timely manner. For example, we saw one complaint had been received about problems with a person's rotas. We saw that a meeting was arranged to discuss this, the rotas were adjusted and the issue was resolved. Records of complaints provided information about how they had been addressed and the outcome for the person who had raised the complaint. This showed us that the service was taking appropriate steps to address complaints.

We saw that the service had also received a wide range of letters and cards praising staff and the service for "Going the extra mile" and complimenting care workers for their "Overwhelming kindness over and above any level of care I would expect."

Good

Is the service well-led?

Our findings

This location is required to have a registered manager as a condition of registration. We found that there was registered manager in post at the time of our inspection. The registered manager was supported by the managing director and the general manager as well as team of office staff.

We asked people using the service if they thought the service was well-led. Feedback we received was consistently positive with comments including "It is well-led, a ship is only as good as it's captain and I have absolutely no complaints whatsoever" and "They are excellent in one word…I would recommend them to other people and have done!"

A relative told us "They could not improve. [Name] is great at communication; they keep me in the loop. We also have the care file so I can keep an eye on what's going on."

Care workers we spoke with said "I feel the service is well-led. We have some people with high anxiety levels, the office staff are a support network to people in-between calls" and "I think it's a wonderful company, the support you get and the encouragement for clients, nothing is ever a problem." Other care workers we spoke with told us "I love them [Home Instead Senior Care], I've got a lot of time for their ideas for looking after the elderly…it's a lovely company to work for, they're not in it for the money, the whole feeling is that we are doing it for the people" and "We've got some really good carers here. We have good support from the office and we support each other."

The service communicated a clear vision about Home Instead Senior Care's approach to providing care and support. This information was given to people using the service and communicated to care workers through their induction training. Reinforcing this, we found that the managing director, general manager and registered manager reflected these values in their conversations with us and in their approach to planning and organising the care and support provided. We found the management was proactive in developing the service with the focus on delivering a high standard of care and support. This began with a detailed assessment of people's needs and continued through matching and then introducing suitable care workers, maintaining continuity of care and then consistently reviewing, monitoring and listening to people's experiences and responding to any issues or concerns.

We observed that the management team oversaw an organised and coordinated approach to providing care and support. We saw that there was strong leadership and clear organisation at all levels within the service. Care workers we spoke with knew what was expected of them and how to access support if this was needed. We saw that there were clear lines of communication between the management team and an effective division of roles and responsibilities. Despite this there were also systems to gather and coordinate information to ensure a joined up approach to providing care and support. We saw that important information was visibly displayed in the office for staff to access and the office team held morning meetings to share information, discuss any issues or areas of concerns and to delegate tasks that needed following up.

There was a strong person centre culture promoted within the service and this was reflected at all levels in the conversations we had with office staff and care workers. We observed that there was a clear purpose and drive towards improving the quality of care and support provided to the benefit of people using the service. An example of this was the new induction programme. Although care workers we spoke with were consistently positive about the induction training they received, we saw that the induction had been redeveloped for new care workers from January 2016 to include a longer more comprehensive four day induction period. This change was designed to enable new care workers to complete training on a wider range of topics and work towards completing the 'Care Certificate' (a nationally recognised training resource). This example reflected a wider ethos of continual improvement.

We saw that Home Instead Senior Care had been awarded 'Small Business of the Year 2015' by the local newspaper and a 'Top 10 Agency Award 2015'. This had been awarded for being one of the top 10 most recommended agencies in the Yorkshire and Humber region on an independent website which aggregated reviews from people who used the service, their families and friends. One of the care workers we spoke with had been a finalist in a national 'CareGiver of the Year 2015' award and the general manager showed us internal awards and acknowledgements given to care workers, for example to recognise continuous

Good

Is the service well-led?

service. This showed us that the service was aspirational, committed to delivering the highest level of care and to seeking and giving recognition for care workers who provided exceptional care and support.

We asked for a variety of records and documents during our inspection. We found these were stored securely, well maintained and updated as required. We reviewed the quality assurance process. We saw that each care file had a client checklist which was used to ensure that all sections had been completed correctly. When a new package of care started, we saw that a quality assurance telephone call was completed after the first visit, followed by a further telephone call or visit after the first two weeks, first six weeks, at three months and then every three months thereafter. The general manager explained that these visit were to make sure that people were happy with the care and support provided and to identify any issues or problems they could improve on. Records showed that a full review of the package of care was completed after six months and reviews scheduled every six months thereafter or more often if needed.

We saw that care plan reviews and quality assurance audits were completed simultaneously to monitor both the quality of the written records, including care plans, risk assessments and medication administration records and to ensure people using the service were satisfied with the care and support provided. Where there were issues or concerns, we could see these were acted upon. People using the service told us "The office team are in tune and in touch with everything that's going on. The office visits every three months and has a questionnaire to make sure carers are doing what they should be doing."

Alongside this, regular observations were completed to monitor the quality of care and support provided. These were unannounced and involved direct observations of practice. Care workers told us "They do spot-checks - work based supervisions - I've had a few, they are unannounced." Where issues were identified these were addressed through supervisions. This showed us that there were systems in place to monitor the quality of the service provided.

The registered providers commissioned an independent and anonymous annual survey called PEAQ (Pursuing Excellence by Advancing Quality). This involved sending questionnaires to all care workers and people using the service. We saw the results of the survey conducted in June 2015. Responses from 48 care workers and 39 people using the service had been collated and analysed with results shared via the registered provider's newsletters to care workers and to people using the service. Results of the 2015 annual survey were overwhelmingly positive with people using the service reporting that care workers took an interest in them as a person (95%) that care workers went the extra mile to make a positive difference (92%) and reporting that they would recommend Home Instead Senior Care (94%).

We were told as the survey was anonymous, managers could not always address specific complaints or issues that arose from this survey, but used regular reviews and quality monitoring to check that people were happy with the service and to respond to any individual complaints. However, we were told that the management team had reviewed the results of the PEAQ survey to explore areas of improvement. The general manager showed us an action plan they had developed called 'Planning for the extra mile'; this recorded improvements that had been made within the service and planned improvements that would be made. For example, referral cards had been obtained from North Yorkshire Fire Service; these were kept in the office and could be given to people using the service to use to request a free fire safety check.

The registered manager held regular meetings with care workers. The registered manager told us that where care workers were unable to attend, minutes were sent out to ensure they were kept up-to-date with important changes. Care workers we spoke with confirmed this "We have a team meeting usually once a month, if we can't attend they send meeting minutes." We saw minutes for meetings held in August, September, November and December 2015 (we were told the October meeting had been cancelled). These showed us that changes and new processes, time keeping, training issues, annual leave and practice issues were discussed. For example we saw that issues with recording on medication administration records (MARs) had been discussed at the December meeting. We saw that the meeting held in August had been used to complete Mental Capacity Act 2005 training and care workers had completed a quiz afterwards to test their knowledge. This showed us that the registered providers were using team meetings to share information with care workers and to support improvements within the service.

Good

Is the service well-led?

Information was also communicated with care workers through a monthly newsletter. We reviewed the November 2015 newsletter; this reminded care workers to ensure that people using the service were prepared for cold weather and provided guidance on how to do this. The newsletter also reminded care workers to collect a torch, ice scraper and de-icer from the office and suggested that de-icer could be used on people's key safes if they became frozen shut. We saw that these supplies were readily available in the office and care workers we spoke with were aware of this. This showed us that there were systems in place to communicate information. It also showed us that the registered manager, general manager and managing director were attentive to the needs of people using the service and the safety of their care workers and were taking proactive and positive steps to address the potential challenges cold weather caused.

We asked how the managing director, general manager and registered manager kept up-to-date with relevant changes in legislation and guidance on best practice. We were told that they received weekly updates from Home Instead UK, received information bulletins and attended talks or information session run by the Care Quality Commission and were an active member of the Independent Care Group (ICG), a support organisation for independent care providers.