

Bolton New Care Limited

# Home Instead Bolton

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 13 and 15 July 2016 and was announced. The registered manager was given 48 hours' notice of the visit to the office. This was to ensure that they would be available at the office.

For the purpose of this report CareGivers are the preferred title of staff and people who use the service are referred to as clients.

There was a registered manager who was in charge of the day to day running of the service. 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 and associated Regulations about how the service is run.

Home Instead is a domiciliary agency providing personal care, support and companionship to people in their own homes. The agency operates across the Bolton borough. At the time of the inspection the service was supporting 52 clients with various care needs including personal care. There were also 46 clients supported with domestic tasks such as shopping and household tasks and companionship for trips and appointments. The majority of the visits undertaken were for one hour or more. There were also some 30 minute visits for where CareGivers supported clients with prompting or administering medication. The agency had 52 CareGivers with a further seven CareGivers who were in the process of completing their induction.

The service was flexible which meant that times of visits could be changed if clients had appointments they needed to attend and wished a Caregiver to accompany them. One client spoken with told us, "The service is excellent they [Caregiver] will change my visit time to suit my needs and any appointments".

CareGivers working at the service were safely recruited and were able to complete training to meet the support the clients needed. The service also enabled Caregivers to undertake nationally recognised training to help them progress in their work. The service prided themselves on supporting clients living with dementia.

Home Instead participates in the City & Guilds Accredited Training Programme for Alzheimer's & Dementia Care. One of the directors was accredited by the Alzheimer's Society as a Dementia Friends Champion. This awareness programme was offered to all Home Instead staff and also to groups in the local community. Home Instead also ran free Family Workshops in the community for family members supporting those living with dementia.

We received some outstanding feedback from clients spoken with and from families. One client told us, "Fantastic service" another said "Absolutely excellent ". One relative told us, "We have peace of mind knowing that our [relative] is being supported by excellent carers".

Clients spoken with told us they felt safe knowing that Caregivers would do their best to enable them to maintain their independence. We saw there were robust systems in place to manage risks to clients. For example referrals to the falls team for equipment to keep clients safe. This demonstrated that they had acted on the information gained at the assessment.

We saw that a comprehensive assessments were completed with the client and their family, where appropriate enabling them to make choices about the support they required. The assessment formed the baseline of the care records. Clients spoken with told us they had a care record in their home and these were completed after each visit.

CareGivers did not wear uniforms as following consultation with clients it was found they preferred Caregivers not too especially when accompanying them on trips and outings. All CareGivers carried an identification badge at all times. There was a dress code policy which CareGivers adhered to.

Clients told us that they were introduced to their CareGivers prior to the package of care commencing. If the CareGiver was on annual leave or sick leave the CareGiver offering care would be introduced to the client by the registered manager or senior staff. One relative spoken with told us that the same CareGiver provided care and support to their relative. They felt it was important in providing good, consistent care.

People spoken with said that CareGivers were polite and respectful and treated them with dignity at all times especially when helping with personal care tasks. One client told us, "All the people I have met have been lovely; they have all gone out of their way to support me".

Clients and family members spoken with knew how to make a complaint and were able to share their views and opinions about the service they received. This was done with regular telephone calls and home visits by the registered manager and senior staff. There was also a satisfaction questionnaire to allow clients and their relatives the opportunity to feedback on the quality of the service and the care provided.

The service promoted an open and honest culture. The registered manager and the two directors were transparent in their discussions with CareGivers. Caregivers told us they were supported by the directors who were based at the Bolton office and by the registered manager and the management team. CareGivers spoken with told they thought the service provided 'excellent care' and described the support from the registered manager as 'Brilliant'. Caregivers told us they were confident that they could raise any concerns or issues knowing that these would be listened to and taken seriously.

The registered manager and the directors were committed to continuous improvement and feedback from clients and relatives whether positive or negative was used as an opportunity for improvement and development. Clients and their relatives spoke very highly of the registered manager. They told us they thought the registered manager ran an excellent service which led to a good, happy staff team that helped ensure they received a high standard of care and support.

The registered manager demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understood the experience of clients and their relatives.

Where areas for learning and development had been identified, appropriate action was taken or considered. For example the directors and the registered manager were looking at end of life training. This would support CareGivers in providing care to clients in their homes who were nearing the end of their life.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

CareGivers had the skills and knowledge to care for clients in a safe and consistent manner. CareGivers had a clear understanding of the procedures in place to help safeguard people from abuse.

There were safe and robust recruitment procedures in place to help ensure that clients received support from CareGivers who were of a suitable character.

Individual risks had been assessment and identified as part of the support and care planning process.

The system for managing medicines was safe and people received their medicines when they needed them.

### Is the service effective?

Good ●

The service was effective.

The service ensured clients received effective care that met their needs and wishes. Clients and relatives provided us with excellent feedback about the outstanding care provided.

Staff were supported in their roles through regular supervisions and training which enabled them to meet the needs of the clients they were supporting. CareGivers also received service specific training which enabled them to meet the needs of clients living well with dementia.

Clients were supported to make decisions about their life in a way that maximised their autonomy. The registered manager and staff were fully aware of the principles of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

### Is the service caring?

Good ●

The service was caring

Clients and families spoken with told us they were very happy with the care and support provided. Clients told us CareGivers were kind and caring and respectful.

Clients had built up good relationships with their CareGivers and felt it was important to be supported by familiar people who knew them and how they wished to be supported.

Clients were actively involved in making decisions about their care and choice of CareGivers and took account of individual needs and preferences.

### Is the service responsive?

Good ●

The service was responsive

Clients and their relatives were involved in the assessment process which enabled them to determine the support they required.

The service was flexible and was able to work around client's needs. For example escorting clients to appointments.

Care records were detailed and were seen to have been reviewed and updated as required.

CareGivers worked hard to ensure people's lives were as fulfilling as possible. Client's views were listened and acted upon.

Clients and relatives knew how to raise any concerns or complaints.

### Is the service well-led?

Good ●

The service was good.

The culture was exceptionally supportive of clients and of the CareGivers. Lines of communication were strong to help ensure that information and messages were communicated to the right people.

CareGivers were highly motivated and understood their roles and responsibilities. They told us they were supported by the management through team meeting and supervisions. Observations of work practice ensured CareGivers provided the best possible service to their clients.

Systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed

up to ensure continuous improvement. The directors and the registered manager were proactive in seeking ways to improve the service.

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# Home Instead Bolton

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 13 and 15 July 2016. The provider was given 48 hours' notice of the visit. This was because we needed to be sure key staff would be available at the office. This inspection team consisted of one adult social care inspector.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission (CQC) by the registered manager. We also received a provider information return (PIR) from the provider. This form asks the provider to give us some key information about the service, what the service does well and any improvements they plan to make.

On the 13 July 2016 we spent time at the office. We looked at three staff files, four care records, staff training and supervisions. We also looked at policy and procedures and other records relating to the management of the agency including audits and satisfaction surveys. We spoke with the registered manager, one of the directors, the training officer and the office staff.

On the 15 July 2016 we contacted four clients, two relatives and three members of staff. We also contacted four healthcare professionals who worked closely with the agency.

# Is the service safe?

## Our findings

Clients spoken with told us they received outstanding care from the agency. Comments included, "Fantastic service" and "Absolutely excellent ". Another client told us, "They [CareGiver] have become a good friend. They are someone I can trust to help me when I need it. I would not want to be without them". Relatives were also complimentary about the agency. One relative said, "I have nothing but praise for this service. They put a lot of initial work in to finding out about the people they are caring for to ensure they their needs are met. They take time in finding the right person [CareGiver] to work with people. They are reliable and never miss a visit". Another said, "They keep me informed and if there is any problem they call me straight away. The service they provide is second to none".

We asked clients if they felt safe being at home. One person said, "I feel extremely safe knowing that someone reliable is coming to see me". Another said, "I get the same girl [CareGiver] coming nearly all the time, if someone different is coming they let me know so I am not worried".

We spoke with CareGivers about their understanding of safeguarding and protecting vulnerable adults from abuse. They told us that they received training as part of their induction and that they attended regular refresher training. We saw from the staff training matrix and from our discussions with the training officer that safeguarding was covered in detail throughout the New CareGiver Training Programme so CareGivers knew how recognise, report and record concerns. The registered manager told us if there were any safeguarding concerns with a client this would be reported to the local authority safeguarding team immediately, with local safeguarding procedures being adhered to. CareGivers had a good understanding about whistleblowing procedures and were confident if they raised any issues with the registered manager or the directors these would be addressed efficiently and in confidence.

The registered manager and the director told us that client safety is the number one priority for Home Instead and all of the policies and procedures were in support of this. The agency operated an incremental business model which assumed month on month growth of client numbers and hours of care delivered. Therefore, the operational and business planning processes were structured in a way to adjust the organisational design to accommodate clients, CareGiver and hours of care growth. An Organisational Modelling Guide was published by the National Office and designed by the business and care compliance teams. It assumed the incremental growth planned and then provided a structural design for growth whilst maintaining client safety. This model was reviewed by the business owners and registered manager to plan for ongoing, successful growth whilst upholding all performance measures of which safety is the priority. Due to the growth of the Bolton office, this planning resulted in new office roles being identified for 2015. In addition, the agency had implemented a new CareGiver training programme which devoted a whole section to client and CareGiver safety. This was implemented for all CareGivers.

Risk assessments had been undertaken to assess any risks to clients and to the CareGivers who supported them. For example environmental risks, including electrical equipment, moving and handling equipment, tripping hazards and pets. CareGivers had undertaken training in moving and handling. If the use of any specialist equipment in client's homes was required, CareGivers were trained in the client's home in how to



use the equipment to ensure safety and comfort for the client.

Risk assessments were proportionate and centred around the needs of the person. The registered manager or senior staff reviewed the risk assessments and made necessary adjustments as required.

We saw the recruitment of staff was robust and thorough. Before CareGivers started employment with Home Instead they were required to submit: six references consisting of three personal and three professional, an application form with a full employment history, other forms of identification and a satisfactory enhanced Disclosure and Barring Service (DBS) check. The DBS carries out a criminal record and barring check on individuals who are applying to work with vulnerable people to help employers make safer recruitment decisions.

We found there were enough skilled and competent staff to ensure they could safely support the clients and meet their individual needs. Clients and relatives spoken with told us that where possible the same CareGiver attended. If the regular CareGiver was on annual leave or on sick leave another CareGiver known to the client would cover the visits. This meant that CareGivers knew the client they were supporting well and this provided consistent care to clients.

In the event of a CareGiver running late due to unforeseen circumstances the office staff were alerted electronically after 15 minutes that the CareGiver had not 'logged in' from the clients home by the use of a free phone number or mobile. This would be dealt with immediately by staff in the office and actions taken to find out why the CareGiver had not arrived at the clients and what actions were needed to cover the call. This meant that the safety of the CareGiver and the client were maintained. Clients spoken with told us staff always arrive on time, one said, "They have never missed a visit in all the time I have had them".

The agency had a comprehensive medicines management policy which enabled CareGivers to be aware of their responsibilities in relation to supporting clients. CareGivers had received training and competency checks were carried out by senior staff to ensure that medicines were managed effectively. The level of support, if any was documented in the care records. Any medicines administered was recorded on the Medication Administration Record sheet (MARs). One client spoken with told us, "I manage all my own tablets, but the girls would help me if needed". A relative spoken with told us they were confident that medication prescribed for their relative was given in a safe and timely manner and on checking this was always recorded on the MARs.

There were systems in place for the registered manager to monitor accidents and incidents. CareGivers reported any concerns or near misses for example tripping hazards. The auditing of accidents/incidents helped the registered manager to assess, prevent and eliminate any areas of risk. This would be discussed with the client or their relative, where appropriate.

## Is the service effective?

### Our findings

#### Our findings

Feedback from clients and relatives was excellent. Clients told us, "Fantastic service" and "Absolutely excellent ". Another client told us the service they received was, "Brilliant, cannot fault it ". One relative told us that their relative has previously used another care agency and were not satisfied. They told us, "When Home Instead started to provide care the change was unbelievable. People arrived on time, they were polite and respectful and nothing is too much trouble, they are great".

We saw that the service worked in partnership with other organisations such as the Alzheimer's Society – Dementia Friends and Bolton Age UK. Home Instead had produced a 'What's On and Where Guide in Bolton for 2016. The Guide listed the activities, resources and social events that were taking place locally that had been arranged by Bolton Age UK. Many of the activities were free of charge or had a small cover charge. All the activities listed in the guide were designed for older people for example: lunch clubs, advice and support groups, health and fitness and creative and leisure pastimes.

Home Instead offered free educational workshops aimed at caring for a loved one living with Alzheimer's or other dementias. These workshops were based on the Home Instead City and Guilds Accredited CareGiver training programme. The sessions were held in groups of eight and helped relatives and family carers to encourage their loved ones to engage in positive activities, to provide techniques to manage challenging behaviours and to look after yourself and as a family carer. The feedback from the groups was extremely positive. Written comments included: 'Very relaxed atmosphere. I took away lots of hints and tips to try with my [relative]' and 'Superb! catered for individual circumstances – so much information which makes sense of behaviours. Can't rate the training enough' and 'Really useful advice and information that I will take away and use again and again - thank you'. The provision of these workshops showed that the service recognised and valued clients' family members. It also helped ensure client support was offered confidently both within the service and at home with family. This demonstrated a holistic approach to care by the service.

The staff trainer was available during the inspection to explain the induction programme including CareGivers work books. New CareGivers attended a comprehensive and detailed three day training induction. The training programme had been redesigned to ensure that all modules of the Care Certificate were covered within the training programme. Assessments of CareGivers took place so that all topics were met by the end of the 90 day mentoring period. The mentoring period was set up for new CareGivers for continued support and advice. Existing CareGivers were also trained to the same level as required in the Care Certificate modules. This ensured all CareGivers provided an excellent standard of care to clients.

We asked the Caregivers about the training they had had received. One CareGiver told us, "There has been lots of training which was really well delivered. The trainer delivers the training in a way that is easy to follow and makes it interesting and she is always around for support and advice". "Another told us, "We gets lots of training and it's relevant to the job".

CareGivers had completed a survey in 2015. Feedback comments included: 'They [trainer] went into fine

detail about everything Home Instead stands for. They slowly introduce you to the client and match you well with them' and 'I had no experience in caring for older people and felt that I received excellent instruction initially, with further training as required.

We spoke with the registered manager and CareGivers about how they gained consent to care and treatment. The CareGivers we spoke with had a good understanding of the Mental Capacity Act 2005, in protecting clients and the importance of involving people in making decisions. The clients spoken with were able to make their own decisions on how they wanted their care to be delivered in their own homes. Where clients had limited capacity relatives were available to inform of decisions that may have been needed. The Mental Capacity Act 2005 sets out what must be done to ensure the human rights of people who lack capacity to make decisions were protected and were as least restrictive as possible.

We found the assessments and care plans contained comprehensive details to ensure CareGivers knew exactly what care and support clients required. Clients spoken with told us that they were asked about their preferences and likes and dislikes, for example a choice and times of meals and preferred times for rising and retiring. The records showed that consent had been sought and agreed and signed, where possible by the clients or by those acting in their best interests.

One client told us, "It was the manager who came to see me and the person [CareGiver] who would be coming to help me. They asked me about what I needed help with and what was the best time for them to come". This meant that the client needs were a priority and the agency planned care to suit their individual needs.

Clients spoken with told us there were suitable arrangements in place to ensure they had sufficient food and drink to meet their nutritional needs. This ranged from support from CareGivers to reheat or prepare meals. Some clients told us they were able to manage meal preparation themselves.

Clients and their relatives with whom we spoke told us that CareGivers supported clients with their healthcare needs. For example, the registered manager had discussed with the client and the family about a referral to the falls clinic for a client that had a number of falls. Also if a CareGiver found a client to be unwell this would be communicated with the family (where appropriate) and the clients GP would be contacted. The care records would be amended to reflect any healthcare professional's intervention.

The registered manager told us that the care records we looked at in the office were exact copies of the records held in peoples home. Clients and relatives confirmed that there was a care record available in their homes and these were updated after each visit and was regularly reviewed by the management team.

One CareGiver told us that they had worked for the agency for some time. They said they enjoyed supporting people in their home and on visits and trips out. CareGivers told us they were supported by the registered manager and the directors. One CareGiver said, "If you have any problems either work related or personal you could speak with the manager in confidence and they would try to support as much as possible.

We looked at the supervisions and appraisals records which had taken place at the office. Discussions of these meetings were documented. Supervision meetings provided CareGivers with the opportunity to discuss any concerns they had and any further training or development they may wish to undertake. The registered manager told us that they and senior staff also carried out unannounced support checks to client's home visits during CareGiver hours to ensure that tasks and care records were completed as required. We were shown evidence of the support checks and if any actions had been identified information was recorded as to how these had been addressed.

CareGivers received feedback from the management team which may identify further elements on training and development. We saw some completed observation forms and saw that CareGivers were caring in a way that the registered manager and the directors expected.

We received positive feedback from external professionals who were complimentary about the service. One person who managed a retirement housing complex in Bolton told us, "Many of my residents have used Home Instead and I know that they have been very happy with the service they have received. The carers I have met have always been very pleasant and friendly. I particularly like the idea that clients receive visits from the same group of carers and so therefore can build a strong professional relationship. I do feel this is very important for older people. My main dealings have been with the one of directors who is a dementia friend and I have always found him to be friendly and professional, he has given several talks for example on Dementia Friends and Falls Prevention and the residents at my service have been very impressed and have a high regard for him". A registered manager from a care home told us, "Some of our families have used Home Instead for residents that need additional support for activities, taking them shopping etc. The staff are always really supportive and communicated well back to the team at [care home].

# Is the service caring?

## Our findings

### Our findings

Clients spoken with told us about the care and commitment provided by their CareGivers. One person told us, "I did everything for myself until recently, I don't know how long I will need to use the service for but I can tell you the girls that have helped me are great. They understand my situation and have cared for me in a professional and respectful manner. A healthcare professional told us, "I feel services users are extremely well supported and cared for by staff from Home Instead. I have personal experience of witnessing this and have also received good reports from services and their families. I have offered advice to Home Instead (feedback) and I am aware this was received well and acted on. I feel the management team are very supportive of service users, families, carers and staff"

We looked at the feedback from the client survey 2015. Comments received were positive and included: 'My CareGiver takes interest in me as a person', 'My CareGiver goes the extra mile' and 'She's [CareGiver] is very pleasant, I enjoy her company and she has a good head on her. She answers all my questions, listens to me when not many would, lovely girl'.

Feedback from the relatives survey 2015 stated, 'Caring, kind, considerate, trustworthy, professional, providing excellent care for [relative] who have helped so much, without them he would lose his independence', 'The standard of care we have received more than meet our needs and very positive relationships were developed, very relaxed and good humoured' and 'The office staff keep me informed about issues to do with my [relatives] care and are always very helpful and sensitive to his needs'.

CareGivers spoke positively about working for the agency. One said, "I really enjoy my job, the agency is well run. Most of our people have at least one hour support, it is important that we can spend time caring and chatting with people and not just rushing in for a five minute call.

One CareGiver told us, "One of the people I visit does not require personal care; however, the support from visits is as vital to [client] for company and knowing that people do care and they are not alone".

Clients and relatives, where appropriate told us they were involved in developing their care record. Plans were detailed but easy to follow. The care records described how clients wanted to receive their support and what was important to them and things they liked to do.

CareGivers spoken with were able to describe in detail how they supported their clients. Staff gave examples of how they approached clients to ensure they respected their wishes. They said they always asked clients permission before undertaking any tasks especially if personal care was needed and ensured that client's dignity was maintained. Clients were also consulted about domestic tasks to ensure these would be addressed to the client's expectations.

One client told us, "They [CareGivers] always make sure I have everything I need before they go". For one client the agency provided a CareGiver who covered an overnight waking stay. This meant the main carer

could have a break and a good night's sleep knowing their loved one had the support of someone they knew and could trust during the night. This again demonstrated the service's commitment to supporting the whole family unit rather than focusing exclusively on the client.

The registered manager told us that at the initial assessment care was taken to ensure compatibility with the client they were supporting. Consideration was given to age, preference of male or female CareGiver, interests and hobbies, times and number of visits.

The management team carried out observations of CareGivers working with clients in their own homes. These were often unannounced and focused on the client's experiences. They judged how CareGivers carried out caring tasks, maintained their dignity and respected client's wishes.

We asked the registered manager about providing care for clients who were nearing the end of their life. The registered manager told us they were not providing this service at this time. The registered manager and the directors were currently sourcing a programme and provider as this was an area where CareGivers had requested further training. This meant that CareGivers would be suitably trained to provide care and support for people who wished to spend their last days in the comfort of their own home and be cared for by people who they knew and could trust.

## Is the service responsive?

### Our findings

#### Our findings

Clients care and support was planned proactively in partnership with them. Everyone spoken with said that without exception when their care or support was being planned the registered manager or senior staff visited them at home and spent time with them to discuss their preference and how they wished to be supported. We found that clients received personalised care and support. The agency put the client at the centre of all that they do. One clients we spoke with told us, "I was fully involved in developing my care record and the staff [CareGiver] adhered to what had been discussed and agreed". Relatives where appropriate, were involved in providing information so that CareGivers understood their family member likes, interests and preferences. This was important when their family member was living with a dementia related illness. This meant the CareGiver had a good understanding of the client they were supporting and also helped generate topics of conversation.

Following consultation with clients CareGivers did not wear uniforms as clients preferred them not to, especially when accompanying them on trips and outings. CareGivers spoken with said they preferred this way of dressing and confirmed they had access to disposable gloves and aprons for any personal care tasks. This helped to manage infection control risks. All Care Givers carried an identification badge at all times. The clients confirmed that CareGivers had an ID badge at all times. There was a dress code policy which CareGivers adhered to. One client spoken with told us, "I prefer not to go out to places with a person in a uniform. The girl [CareGiver] always looks neat and smart".

The service was able to respond to the changing needs of clients. For example, where people had hospital appointments the service amended the time of the visit to clients if they wished could be accompanied. A relative told us, "They [agency] are so obliging; they will do whatever they can to fit around [relative] and family commitments which takes some of the pressure off us". This demonstrated a flexible and person-centred approach to the support offered.

Information from the relatives' survey in 2015 was positive. One comment included, 'My [relative] has dementia so I deal with the office staff and communications. I find them totally friendly, efficient and immediately responsive to whatever needs I'm discussing with them. For me this agency is the best'. Another said, 'They communicate by email which works well for us as our [relative] lives in Australia plus the time zone makes phoning difficult. They [office staff] confirm arrangements promptly and responded to nearly all requests even at short notice'. Another comment included, 'My [relative] has dementia so I deal with the office staff and communications. I find them totally friendly, efficient and immediately responsive to whatever needs I'm discussing with them. For me this agency is the best'. They [office staff] confirm arrangements promptly and responded to nearly all requests even at short notice'.

The service provided was responsive in a number of different methods, one of which was the quality assurance process where they are able to discuss with the clients their needs, wishes and preferences including any identified risks. If there was a need for the service provided to change in any way this would be completed by updating the care plan for the client and discussing these changes with the CareGiver to

ensure they were fully aware and comfortable with all changes and the way they supported the clients. CareGivers were given extensive training on recognising, reporting, and recording changes in the health, well-being and behavioural patterns of their client. CareGivers reported all concerns to the registered manager ensuring they documented any actions accordingly. Once the registered manager was alerted to any concerns they acted appropriately to ensure the safety of the client. The registered manager where appropriate, would discuss with the relevant people and other healthcare professionals

The agency operated an out of hours on call service to clients which meant the clients had access to the service 365 days a year, 24 hours a day, seven days a week. Someone was available to answer the phone if the client had an emergency or required medical help. The on call manager would act appropriately according to the emergency to ensure the safety of the client at all times. The on call manager would also ensure the concern was discussed with all relevant professionals when the needs arise even at short notice.

Any emergencies were relayed to the management team who dealt with them promptly and efficiently, for example a CareGiver ringing in sick at the last minute. The agency would then arrange for another CareGiver cover as soon as possible and inform the client of the disruption to the service. There was a contingency plan in place in case of extreme weather conditions to ensure that calls were prioritised and covered.

We saw that the agency had a comprehensive complaints policy and procedure in place. This was explained to clients and relatives when the service commenced. There was a system in place for receiving, handling and responding to complaints. The registered manager told us there had been no complaints made within the last 12 months. When we spoke to clients and relatives they were aware of the complaints procedure. One client said, "If I had any concerns or complaints I would be straight on the phone to the office. I have every confidence that the manager or office staff would deal with them appropriately. A relative told us, "I have never had to complain, this service is excellent, however I would ring the manager if I was not happy".



# Is the service well-led?

## Our findings

### Our findings

There was a registered manager who was in charge of the day to day running of the service. 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 and associated Regulations about how the service is run.

The registered manager was an excellent role model who actively sought and acted on the views and opinions of clients, relatives and CareGivers. The registered manager had worked in the care sector for several years. The registered manager was supported by two directors who were based at the Bolton office. Both directors were actively involved in the running of the agency. It was clear that they shared the same principles and values in their approach to the care provided. These included: choice, involvement, dignity and respect, equality and promoting independence for people. We spoke with several CareGivers during our inspection and they answered all our queries in an open and helpful manner. They said the values of the service were clear and they demonstrated an excellent understanding of these values. They were able to give examples of these behaviours in practice for example ensuring dignity when assisting with personal care.

Clients told us there was always someone they could get in touch with at end of the phone. This was described as 'reassuring and comforting'. Information from the clients survey 2015 about contact with the office stated, 'Always helpful and attentive', 'Always there to answer the phone' and 'Never had a problem getting in touch, someone always there'.

Clients spoken with told us the care and support they received was very good and the agency was well run. Clients told us they knew who the registered manager was as they had visited them at home. The agency was described in one comment from a client as being, 'very professional'.

Information from the survey 2015, which was conducted by an independent body, showed that 90% of people asked would recommend Home Instead to others.

We found there was a positive culture which centred on the needs of the clients. Clients we spoke with, without exception, told us how valuable the service was. Clients said that the staff [management and CareGivers] were highly motivated and were clear about the support they needed and were worked to encourage and maintain independence.

The CareGivers we spoke with told us they felt valued and supported by the registered manager and the directors. CareGivers said that the management had an 'open door' policy and that they felt comfortable in approaching them at any time. CareGivers told us they were encouraged to be involved in decision making to shape the future of the service.

CareGivers and administration staff told us they felt part of a team. Team meetings were held with all staff to

look at developments within the service and also to give staff an opportunity to talk about any concerns and further training and development. Team meetings were booked in advance in the calendar so CareGivers could attend. We saw minutes of these meetings. This meant that clients receiving the service could be supported to meet their goals and aspirations by using ideas and suggestions from staff. For example, looking at training to provide end of life care and developing further links with regard to dementia care. One of the directors, who was a 'dementia friend' often spoke at community events about dementia and any available resources. Minutes of the meetings were recorded and distributed to CareGivers who were absent from the meeting.

Within the last 12 months the agency had introduced further benefits for CareGivers. For example the agency had increased the hourly rate of pay, introduced travel time between client calls, holiday and staff benefits. The directors were of the opinion that this would help stability in retaining CareGivers and enabling them to continue to provide an excellent care service.

We found that effective and robust systems were in place to monitor and improve the service provided. We saw evidence that support checks for CareGivers in client's homes had taken place and documentation was available and any actions required had been addressed.

There was evidence of telephone monitoring satisfaction calls from office staff to clients and any actions required were documented and actioned. Management alternated home visits and telephone monitoring quarterly. This meant they could check the care records had been completed and if any amendments to the care plan was required. The records demonstrated that the registered manager was able to confirm clients received their visits in a timely manner and that CareGivers stayed for the allotted time.

We check our records before the inspection and saw that any incidents that CQC needed to be informed about had been notified appropriately by the registered manager. This meant that we were able to see if appropriate action had been taken by the service.

The registered manager and the directors had close links with other health and social care organisations to ensure the clients whole package of care helped them to remain in their own homes. For example Age UK Bolton, Alzheimer's society, local befriending services, occupational therapists, social workers and the Bolton dementia support group. The agency looked at the benefits gained when providing relatives of clients living with dementia with information, training and support. The aim being that this reduced the impact on other health services such as hospitals and long term care. One relative spoken with who had been providing care for their loved on living with dementia said the support provided to them by the agency was invaluable.