Archie Care Limited trading as Home Instead Senior Care Durham

Home Instead Senior Care Durham

Inspection report

Moor Chambers
26 Front Street
Framwellgate Moor
DH1 5EJ
Tel: 0191 3744041
Website: www.homeinstead.co.uk/durham

Date of inspection visit: 2 and 3 November 2015
Date of publication: 18/02/2016

Ratings

Overall rating for this service	Outstanding ☆
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

Overall summary

The inspection took place on 2 and 3 November 2015 and was announced. This meant we gave the provider 48 hours' notice of our intended visit to ensure someone would be available in the office to meet us.

The service was registered with CQC on 20 December 2012 and was previously inspected on 4 October 2013, at which time it was compliant with all regulatory standards inspected.

Summary of findings

Home Instead Senior Care Durham is a domiciliary care provider based in Durham providing personal care and support to people in their own homes. There were 26 people using the service at the time of our inspection.

The service had a registered manager in place. 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.

Safeguarding principles were well established through training and regular discussion at staff supervisions and we saw evidence of concerns regarding people's safety being appropriately managed. We found that risks were managed and mitigated well through pre-assessment and ongoing assessment. People using the service felt safe and we saw that the provider operated an out-of-hours phone line in case of unforeseen circumstances.

We saw that adequate numbers of staff were on duty to meet the needs of people who used the service. Staff underwent a range of pre-employment checks to ensure they were suitable for the role.

We saw that no medicines errors had been made on the Medication Administration Records (MAR) we sampled and that the provider regularly audited this aspect of the service, as well as regularly assessing the competence of people administering medicines.

We found that staff received an induction that included training incorporating the latest National Institute for Health and Care Excellence (NICE) guidelines regarding care provided in people's homes and Care Certificate standards. Training included safeguarding awareness, moving and handling, infection control, health and safety, first aid and handling medication.

We found consistent and comprehensive liaison with external healthcare professionals and other agencies in order to ensure people's healthcare needs were met.

We found the provider delivered outstanding levels of care and put the person's needs at the forefront of care planning and decision making. People who used the service, relatives and healthcare professionals were unanimous in praising the compassionate, dignified and effective care provided by staff. People who used the service had developed meaningful, trusting relationships with those who provided care. People who used the service and staff felt having care calls of a minimum of one hour enabled these relationships to develop.

People told us that that consent was sought both at the initial care planning stage and when care staff visited people who used the service. When we asked staff questions about the subjects they had been trained in, for example, mental capacity, they were able to give detailed responses to a range of questions about how the training influenced the care they gave.

We saw that staff supervisions, appraisals and staff meetings all happened regularly and that staff felt supported to perform their role, as well as to develop their careers in the sector through additional vocational training.

We saw that people were encouraged and supported to contribute to their own care planning and review, with family members similarly involved.

We saw that personal sensitive information was stored securely.

Care plans were reviewed regularly and, where people's needs changed, these reviews were brought forward and care provision amended accordingly. People who used the service and healthcare professionals told us staff were accommodating to people's changing needs and preferences.

People's hobbies and interests were encouraged, with people supported to pursue their preferred activities as independently as practicable.

The provider had a complaints policy in place. People who used the service were made aware of the complaints procedure and told us they knew how to make a complaint and who to, should the need arise.

People who used the service, relatives and healthcare professionals we spoke with were consistent in their praise of the leadership of the service. The owner, registered manager and all staff we spoke with were consistent in their understanding of the principles of the service, as set out in the Statement of Purpose, and passionate about the care they provided to people. We found leadership of the service to be outstanding.

Summary of findings

We found a strong and highly efficient auditing and quality assurance regime had been established within a culture that was positive, open to challenge and always took people's preferences as the starting point for decision-making.

Care planning, delivery and training were all informed by aspects of industry best practice, regarding which the owner and registered manager were well informed.

The owner, who was a dementia champion, and registered manager, maintained excellent community links and local media to raise awareness of dementia, risks to vulnerable adults, but also championed the role of caring within a community.

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.

Risk assessments of environmental and person-specific factors were incorporated into care to manage and mitigate risks.

Medicines were managed safely, with clear management oversight of staff competence through auditing and assessment.

People told us they felt safe with the care and support provided by the service.

Pre-employment checks of prospective employees were comprehensive.

Good

Is the service effective?
The service was effective.

Staff were supported through an induction that involved a range of training methods and ongoing scrutiny to ensure they were equipped for the role.

Communication with other agencies was consistently effective to meet the needs of people who used the service.

The registered manager and staff had a clear understanding of mental capacity and consent was integral to care planning.

People were supported to maintain balanced diets based on their preferences and health care needs.

Good

Is the service caring?
The service was extremely caring.

Without exception, people were treated with compassion, respect and dignity by staff who built meaningful relationships with them.

There was evidence of staff at all levels "Putting themselves in the shoes" of people who used the service before making decisions.

People's rights were consistently upheld through thoughtful and sensitive care planning.

Outstanding

Is the service responsive?
The service was responsive.

Care plans were person-centred and contained significant amounts of information regarding people's history, likes and dislikes.

Care plans were reviewed regularly and with the involvement of people who used the service and their relatives.

Changing needs were identified promptly and staff ensured these needs were met through the involvement of other agencies.

Good

Summary of findings

Is the service well-led?

Outstanding 

The service was extremely well-led.

The owner, registered manager and all staff we spoke with were consistent in their understanding of the principles of the service and passionate about the care they provided to people.

The registered manager and owner ensured care planning, delivery and training were all informed by aspects of industry best practice.

The owner and registered manager maintained excellent community and partnership links. They used local media to raise awareness of dementia, risks to vulnerable adults, whilst championing the role of caring within a community.

The owner and registered manager had an excellent knowledge of the needs of all people who used the service.

Home Instead Senior Care Durham

Detailed findings

Background to this inspection

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

The inspection took place on 2 and 3 November 2015 and was announced. This meant we gave the provider 48 hours' notice of our intended visit to ensure someone would be available in the office to meet us.

The inspection team consisted of one adult social care inspector and one expert by experience. An expert-by-experience is a person who had personal experience of using or caring for someone who used this type of care service. The expert in this case had experience in caring for older people.

During the inspection we reviewed five people's care files, looked at five staff records and reviewed a range of policies and procedures. We contacted nine people who used the service, speaking with them and their relatives. We also spoke with eight members of staff: the owner, the registered manager, one office-based member of staff and five care staff. We also spoke with two external healthcare professionals.

Before our inspection we reviewed all the information we held about the service. Prior to the inspection we spoke with the local authority, who raised no concerns about the service. We also examined notifications received by the Care Quality Commission.

Good

Is the service safe?

Our findings

All people we spoke with expressed confidence in the ability of the provider to deliver care safely. One person told us, "We feel safe, absolutely, because we know who is coming and we have developed a relationship." One relative told us, "We feel safe in every area – psychological, physical and financial."

Safeguarding was a core topic in the staff induction and throughout staff supervisions. All staff we spoke with had a sound understanding of what constituted abuse and what actions they would take should they suspect abuse. During our inspection we observed the registered manager give reassurances and a range of practical safeguarding advice to a relative concerned about a person's wellbeing. We saw there had been a safeguarding incident a year ago and the provider had acted promptly, involving police and other agencies to ensure the person was safe, before completing disciplinary procedures and referring the individual to the Disclosure and Barring Service (DBS). When people are referred to the DBS they decide whether they should be barred from working with vulnerable groups based on the risk they may present. We reviewed the service's disciplinary and safeguarding policies and found them to be clear and current. This meant the provider was committed to protecting people through ensuring staff understood and were able to act on safeguarding principles and policies.

We reviewed a range of staff records and saw that all staff underwent pre-employment checks including enhanced Criminal Records Bureau (now the DBS) checks. We also saw that the registered manager sought and verified six references – three professional and three personal - and ensured proof of identity was provided by prospective employees prior to employment. We saw gaps in employment were explored. This meant the service had in place a robust approach to vetting prospective members of staff, reducing the risk of an unsuitable person being employed to work with vulnerable people.

We reviewed procedures for the administration of medicines and sampled recent Medication Administration Reports (MARs). There were no errors in the records we reviewed. Allergies were noted and when a medicine was not given we saw a clear rationale had been documented on the back of the MAR sheet, in line with the Royal Pharmaceutical Society (RPS) guidelines. When we spoke to people about their experience of being supported to take medicines, one person said, "They write the date and record it in the daily book." A relative said, "The agency is very careful about medication. The office have to know and make plenty of notes and introduce the carers to the medications and make sure they know what they are doing with them." We saw that staff were appropriately trained in the administration of medicines and had their competence with regard to administering medicines regularly appraised. This meant people were protected against the risk of unsafe administration of medicines.

The registered manager undertook an initial environmental risk assessment when visiting a person considering using the service. This helped to support staff and people who used the service to remain safe. We saw individualised risk assessments were then put in place for people who used the service. For example, one person was at increased risk of falls. We saw their care plan was extremely detailed with regard to their mobility requirements as well as how best to communicate with them when providing care. This meant that both personal and environmental factors were considered and incorporated into risk management and mitigation.

We saw that accidents and incidents were recorded and acted on. For example, one person had injured their finger on a piece of equipment. We saw the relevant risk assessment and care plan had been updated with more detailed instructions as to how carers should support the person to avoid recurrence. This meant the registered manager and owner investigated accidents and incidents with a view to ensuring lessons were learnt and people received a more tailored approach to managing the risks they faced.

With regard to infection control, people confirmed staff used personal protective equipment (PPE), such as gloves and aprons, when delivering personal care and commented on the attention to detail of staff with regard to cleanliness. One relative said, "The carers always tidy up," and another, "They always mop the floor; the house smells lovely."

All staff, people who used the service and relatives we spoke with felt staffing levels were appropriate. All people and relatives we spoke with confirmed carers arrived at the agreed time and had never missed a call. This meant that people had not been placed at risk of neglect through missed calls.

Good

Is the service safe?

Staff operated a 24 hour phone line so people could contact them out of office hours if required. People confirmed to us there had always been a response when they had needed to contact the service on this number. This meant that people who used the service could be assured of support in the event of contacting the service out of office hours.

Good

Is the service effective?

Our findings

People who used the service and their relatives consistently told us they had confidence in the ability of those providing care. One relative told us, "They meet [Person's] needs very well." Another told us that, when a new hoist was put in place, carers were trained to use the new hoist. They stated, "The office came to make sure the carers could use the new hoist." One person told us, "I know my carer did some dementia training recently," whilst a healthcare professional stated, "Staff were well trained." People also confirmed that new carers were introduced to them by a member of senior care staff or management to ensure there was a level of continuity in their care. One relative said, "One of the benefits is that we are always introduced to the carers." Prior to this introductory visit a new member of staff would also spend time reviewing the person's care plan and discussing it with the experienced member of staff. We observed this process during our inspection and found it to be comprehensive, with due regard to the person's individual needs.

The provider had a comprehensive induction process in place. This involved a range of training methods such as one-to-one meetings, quizzes and shadowing experienced members of staff. Day one of the induction contained audio-visual training designed to ensure people new to the role were able to, "Put themselves in the shoes of the people they're caring for," as the owner described it. They went on to state, "You can't teach people to be caring," and that the induction process was also a means of them assuring themselves the people who were successful at interview were suitable for the role. This meant people who used the service could be assured new members of staff had undergone a screening process before they delivered care.

We saw staff received initial training in core areas such as safeguarding, infection control, first aid, moving and handling, medicines administration, dementia and Alzheimer's awareness. We saw training was until recently in line with Common Induction Standards (2010) and that, since the introduction of the Care Certificate (2015), existing training modules had been mapped across to ensure that new members of staff received training and support that was in line with the Care Certificate standards. The Common Induction Standards were agreed fundamental standards for people working in health and social care. The Care Certificate is the most recent identified set of standards that health and social care workers adhere to in their daily working life. This meant the owner and registered manager had regard to industry best practice when delivering training and incorporated updates to best practice into its induction of new staff.

When we spoke with staff they were extremely positive about the induction process. One member of staff said, "It's the best I've had and I've been in care over twenty years." Another member of staff who had recently joined the service praised the induction as well as the focus on continuous professional development, citing the support they were given to complete a relevant social care qualification.

The provider supported all staff we spoke with to develop professional skills relevant to their role. One member of staff told us, "We can do the NVQ if we want to and they support us." Another said, "They've offered distance learning to us so we can improve our skills," and gave examples of 'bitesize' courses they had undertaken, relevant to the role, such as End of Life care.

With regard to medicines, staff had recently increased their knowledge and ability to support people's needs flexibly. For example, the provider had arranged for the District Nurse to train carers how to give eye drops and take blood pressure readings. This meant staff were able to meet more of people's needs through focussed training on particular aspects of care.

When we spoke with staff about the support they received more generally, they were consistently positive. All confirmed they received regular support from management staff, and each other, and that they received regular supervisions. We saw these supervisions had been recently updated to incorporate discussions regarding the fundamental standards of care as per the Care Certificate. Staff supervision meetings between a member of staff and their manager reviewed progress, addressed any concerns and looked at future training needs. We saw that staff also had annual appraisals and that regular team meetings were held. This meant the owner and registered manager had in place processes to formally support staff on a regular basis, and means by which staff could raise any concerns or suggestions.

When we asked staff questions about the subjects they had been trained in, for example, mental capacity, they were

Good

Is the service effective?

able to give detailed responses to a range of questions about how the training influenced the care they gave. The registered manager, owner and all staff we spoke with demonstrated a good understanding of mental capacity considerations and the need to consider capacity as decision-specific. We saw detailed mental capacity assessments were in place and consent was incorporated into care planning and delivery. Staff told us they felt supported with the training arrangements in place. This meant people could be assured they were cared for by staff who had undergone relevant training and were able to apply that training.

All people and relatives we spoke with were content with the delivery of care as agreed through the care plan format. One person stated, “The manager went through the care plan with me. I am delighted with it.” Another person told us they had been impressed with the service’s consistent delivery against the care they committed to, stating, “Everything is to the letter.” This demonstrated people were involved in the planning of their own care, were informed partners in their care, and were confident in those delivering care.

Consent was recognised as an integral part of care by staff and people who used the service, with all people who used the service we spoke with telling us they were asked if they were happy with aspects of care before it was given. We also saw that care files contained signed consent to the care provided. This meant that people’s right to be involved in decisions about their own care was consistently upheld and respected.

With regard to nutrition, we saw there was a meal log in each care file and that entries indicated people were consistently supported to have food and drink of their choice. People and their relatives confirmed this to be the case when we spoke with them. One relative told us, “If [Person] doesn’t want to eat and drink, the carers will find something that [Person] likes,” and another, “They cook [person] a fried breakfast if he wants one!”

Staff communicated effectively and efficiently with other agencies to provide care that met the needs and preferences of people who used the service. We found there was evidence of people accessing healthcare through close liaison by staff and there were a number of instances where people and their relatives cited this co-ordinated approach as having a positive impact on their wellbeing.

Outstanding ☆

Is the service caring?

Our findings

One relative told us, "I would recommend them to anyone; they are marvellous. They are everything you would want if it were your parent." Other comments from people who used the service and their relatives included, "Wonderful care," "There is nothing I would change," "This is as good as you can get," "They are the only agency we have had that are so caring and they won't let you down," "They far exceeded my expectations; they are wonderful," and, "The agency has been absolutely superb."

In the recent 'Client Survey', all 22 respondents stated they felt their carer had 'gone the extra mile' for them. Likewise the majority of people who used the service and relatives we spoke with gave examples of where they had considered carers to go, "Above and beyond" in order to ensure the person was well cared for. Examples of this included visiting a person in hospital out of working hours to enquire about their wellbeing, such was the rapport the carer and the person had developed, and another carer changing their pre-planned leave to ensure the person they usually cared for received a continuity of care.

The trusting, meaningful relationships that had developed between carers and people who used the service were consistently cited as evidence of extremely caring interactions. One person said, "They are like family," and a number of people we spoke with used this 'family' descriptor when talking about the relationship between carers and people who used the service. The provider had a policy of never undertaking a care visit of less than one hour. When we spoke with people they confirmed this was the case and were clear this allowed them time to get to know their carers and feel comprehensively supported. Relatives and staff also commented on the benefits of this policy in terms of its impact on people's quality of care and life. People also commended the attitude, patience and dedication of care staff. Relatives described visits by carers as, "Patient and respectful," and, "Never rushed". This meant people felt at ease in their own homes and able to build a rapport with care staff.

All staff we spoke with had an excellent knowledge of people's histories, likes and preferences and we saw this attention to detail was built into the practicalities of care provision. For example, one person's care plan had detailed instructions about how the carer was to remind a person about a coffee morning they regularly attended. The instructions detailed how the carer should make the person feel it was them taking the carer to the coffee morning. This empowered their independence as far as was practicable. We saw another care plan made it clear to carers that, after assisting one person to shave, they were to give the razor to that person to put away as they enjoyed the sense of completing/achieving a task. One relative told us, "They make [Person] feel good about themselves. They really put the care into care." This meant people's care needs, physically and emotionally, were met with an exceptional attention to detail that had a positive impact on their wellbeing.

Praise for more specific aspects of the service continued when we asked people about the care they received. For example, with regard to maintaining people's dignity, all people we spoke with were clear that carers had regard to their dignity at all times, stating, "Yes, the carers close the curtains and make sure I'm comfortable [with regard to personal care]". When we asked one relative about this subject they told us, "Absolutely. For instance the other morning someone came to visit so the carers closed the door." Another relative gave a specific example of how staff maintained a person's modesty whilst receiving personal care. We saw this attention to people's dignity through care planning documentation was comprehensive and all relatives we spoke with were unanimous in their praise, one stating, "The carers treat [Person] with such respect." This meant people were assured their personal care needs would be met sensitively and discreetly.

With regard to communicating with people, we saw this was tailored to need and context. For example, the registered manager became aware of a letter going from a GP to a person who used the service during our inspection. Given the person's history of misplacing post, the registered manager ensured carers due to attend over the next week had clear instructions to gain confirmation the letter had been seen by the person and their relative or to report back to the office otherwise. This meant the leadership's ethos of staff taking the perspective of those they care for was lived out in practice to achieve positive outcomes for people.

We saw one person had an advocate in place and there was information available to people who may want to use

Is the service caring?

an advocacy service. The advocate told us staff always acknowledged their role in the person's care and included them in care reviews. This meant staff valued the opinions of those who knew people best when implementing care.

The Statement of Purpose set out the service's principle objective as, "To provide supportive care and companionship which both enables and encourages our clients to remain independent." We saw this principle was put into practice. For example, one person's care plan included being taken to visit their partner and attending a regular social event with them. We also saw that people's religious beliefs were respected, with people who used the service supported to attend church regularly. This meant people's independence and choices were empowered, whilst protected characteristics such as their religious beliefs and sexual orientation were respected. People's protected characteristics are set out in the Equality Act 2010. This also meant people's right to a private life, in line with the Human Rights Act 2008, was respected.

People who used the service were given clear information and explanations of the standards they could expect through communication methods tailored to their needs. For example, one person was particularly anxious regarding change and preferred to discuss any changes to their care in person rather than over the phone. During our inspection we observed staff arranging a visit to this person to discuss with them a change in carer. They agreed in advance the best way to broach this change with the person in order to minimise their anxiety. One person living with dementia sometimes had difficulty recalling a carer. Staff therefore ensured photos of carers are in each person's file in their home, with a card stating 'Your next visit is with…', meaning people could be assured who would be providing care in their home. People valued the provider's commitment to continuity of care, stating, "I always know my carers," and "Never had a stranger." People's experiences were in line with the owner's earlier statement to us that, "We never send a stranger to the door." This focus on a familiarity and continuity of care was in line with recent best practice guidance from NICE ('Home Care: Delivering Personal Care and Practical Support to Older People Living in their Own Homes,' September 2015).

People told us that, where they or their relative preferred to continue providing one aspect of personal care, this was incorporated into the care plan. People told us they were involved in the planning and delivery of their care. This meant staff respected people's preference to maintain relatives' involvement in care and ease anxiety. Prospective barriers between the carer and the person who used the service were also lessened by the fact carers did not wear uniforms in a bid to appear less clinical and formal.

We saw sensitive personal information was stored securely in locked cabinets and entrance to the service's office was via a door requiring an access code. Relatives and people who used the service confirmed their permission was sought before their confidential information was shared with other healthcare professionals and we saw this documented in care files. This meant people could be assured their sensitive information was treated confidentially, carefully and in line with the Data Protection Act.

Good

Is the service responsive?

Our findings

We saw that all care files were reviewed regularly and care plans were person-centred, including personal histories of people's, likes and dislikes. There was a range of personalised and comprehensive care plans and risk assessments. There was a significant amount of detail in each care file we reviewed and any new prospective care worker would have a considerable amount of background information pertinent to a person before providing care to that person.

People and relatives we spoke with described a thorough analysis of people's requirements prior to care visits.

We saw that people's life histories and preferences had been meaningfully acted on and that people were supported to live their lives as they chose with the help of flexible support by staff. For example, one person had previously enjoyed swimming but had not done so in years. They were supported to attend a swimming pool regularly where their carer would swim with them. Another person had been a keen golfer in their youth. Through identifying this passion and exploring ways to pursue it, staff put in place a number of visits to the golf driving range, which the person had greatly enjoyed. This meant staff had incorporated the interests important to people and found ways for people to re-engage with those interests through flexible and innovative care provision.

Staff supported people to avoid social isolation through providing care that empowered their varied interests. For example, a number of people chose to attend a nearby 'Singing for the Brain' group. Singing for the Brain is a service provided by Alzheimer's Society which uses singing to bring people together in a friendly and stimulating social environment.

Care plans were regularly reviewed and we saw relatives were invited to these reviews. We saw these reviews identified changing needs in people's care and ensured that care plans contained up to date information. For example, we saw staff had incorporated recent Speech and Language Therapy advice into one care file and had updated the care plan accordingly. This meant the person could be assured of care that was informed by recent input from healthcare specialists. People we spoke with unanimously confirmed that their needs were reviewed regularly with the involvement of family.

Whilst staff provided a continuity of care, people also told us they were flexible when required. One relative said, "The agency are open to send carers in for the day if we need respite – they are very flexible." This meant staff responded to and acted on the changing needs of people who used the service.

We saw there was regular engagement with external healthcare professionals to ensure that people's changing healthcare needs were monitored and supported. During our inspection we observed the registered manager liaising with a Nurse Practitioner to ensure a person regarding whom they had concerns had their needs appropriately met. We also spoke with another healthcare professional who praised the responsiveness of the registered manager and staff regarding their liaison with a moving and handling specialist to ensure one person's changing mobility needs were supported. They said, "It was a very complicated case that they handled discreetly. Their communication was consistent and they worked well with all agencies."

The service had a complaints policy in place but no complaints had been received. We saw the complaints procedure was clearly displayed in the Statement of Purpose as well as in documentation given to people when they started using the service. When we asked people who used the service and their relatives if they knew how to complain and who to they were confident in this regard. This meant people were supported to raise concerns should they need to. People confirmed that issues that they did not feel constituted complaints were dealt with promptly and in line with people's wishes. For example, one person had "taken a dislike" to one carer and preferred not to have them attend in future. We saw this was dealt with by the registered manager. Likewise another relative told us they had not been, "100% convinced" by one carer's knowledge regarding the person's position in bed when receiving care. They told us they raised this with the registered manager, who attended the next call, observed the staff member's practice and ensured refresher training was put in place. This meant the registered manager listened to people who used the service and their relatives and acted promptly regarding any concerns.

We saw daily care notes were comprehensive and ensured an accountability of care but also allowed for a co-ordinated, consistent transition to other services, should the need arise. The quality of these notes was commented on by one external healthcare professional,

Good

Is the service responsive?

who said, “Everything is always easy to follow – they are thorough with their documentation.” This meant people received care that was fully informed and could be assured of a consistent, co-ordinated approach to care should they move between services.

Outstanding ☆

Is the service well-led?

Our findings

At the time of our inspection, the service had a registered manager in place. Both the registered manager and owner had worked at the service since its registration with CQC in December 2012 and both had significant relevant experience in health and social care.

On a day-to-day level, management of the service was described in positive terms by all people who used the service we spoke with, relatives and external healthcare professionals. One relative said, "They have very high standards, they are brilliant. They encourage me to ring them and not sit on any problems." Another said, "They are excellent communicators." One person said, "The manager has been to see me twice." People who used the service knew who the registered manager was and appreciated their detailed involvement in care. During our inspection we observed the registered manager effectively managing a range of queries regarding people who used the service. They displayed an in-depth knowledge of each person who used the service and consistently put into practice the ethos of taking the perspective of the person receiving care before acting. This person-centred approach was a consistent feature of the culture of the service.

The owner and registered manager were proactive at ensuring the service delivered care in line with established best practice, such as the National Institute for Health and Care Excellence (NICE) 'Home Care: Delivering Personal Care and Practical Support to Older People Living in Their Own Homes' (September 2015). The Chief Executive Officer of Home Instead, of which the service is a franchise, contributed to the consultation process for this guidance and it was clear that staff in the service welcomed the recommendations. The owner was able to talk in detail about this recent guidance and explain how they had ensured processes were reviewed to ensure they incorporated the recommendations. We saw the guidance's focussed on tailoring care to the individual, care visits of a longer duration, continuity of care and promoting independence were already embedded in the policies and day-to-day interactions of the service. This meant the service, whilst benefitting from a corporate structure that proactively contributed to the future of social care on a policy level, benefitted from the on-site owner and registered manager having an awareness of sector best practice.

The owner and registered manager maintained community links but also had a positive, proactive impact on the community through promoting care for the elderly and associated issues. For example, the owner appeared on local radio during Dementia Awareness Week to raise the profile of people living with dementia and how relatives and others may be able to better support people living with dementia. The owner also held regular free dementia awareness sessions in the local community and, as a result of positive relationships formed with other community groups such as the Women's Institute, the owner has been invited to speak at a conference on the subject. The owner also delivered regular free public 'Senior Fraud Protection' sessions to raise awareness of the risks faced by vulnerable people and how these risks could be mitigated. At Christmas time, staff engaged in a gift-giving scheme with a local retailer, wrapping gifts that members of the public donate to the elderly. This meant leaders at the service had established themselves through strong, innovative partnership working as role models in the caring ethos of the service.

We saw the provider's dementia and Alzheimer's awareness training had achieved City & Guilds Accreditation. City & Guilds Accreditation is a globally recognised quality benchmark for in-house training courses. This meant the provider valued the importance of providing staff with high quality training in order to best meet people's needs and was prepared to invest effort and resource into ensuring that training was to a high standard.

The owner, registered manager and care co-ordinator had in place a highly efficient and strong auditing and quality assurance regime. This included bi-annual unannounced checks of carers' competence to identify any areas of concern as well as an opportunity to praise and promote good practice. One relative praised this process, stating, "Supervisors come every so often to check on them." They were clear that they had no concerns at present and that, "The carers always report back to the agency with any issues."

Documentation we reviewed was accurate, contemporaneous and ordered in such a way that made any auditing or reviews efficient.

We saw detailed auditing processes in place to monitor aspects of the service such as medicines administration, daily logs and care plans. For example, one audit identified an aspect of medicines recording on a MAR sheet was not

Is the service well-led?

in line with established best practice. The member of staff was made aware of the issue and a reminder regarding best practice was shared with other staff. This meant auditing processes were effective at identifying errors and addressing them.

These levels of scrutiny were embraced by all staff we spoke with as a necessary function to ensure care remained at a high level; the registered manager and owner had successfully embedded a robust quality assurance regime, which staff and people who used the service valued. One staff member told us, "We have absolutely great support. They're always there '24/7'." Another staff member said, "They seem to care as much about us as we do about the clients." At a recent staff meeting a representative comment read, "I can make a positive difference to the clients I support. The back-up and support I receive is fantastic." Staff gave numerous examples of how the management team had supported them through personal as well as professional challenges. All staff we spoke to were proud to work in such a supportive team environment. This meant the leadership had successfully embedded a robust quality assurance and auditing regime alongside, whilst maintaining a strong, proud team who were committed to providing high standards of care.

All staff we spoke with clearly articulated their understanding of person-centred care and empowering independence, in line with the induction provided and the ethos of the organisation as set out in the Statement of Purpose and discussions with management colleagues. All staff we spoke with were motivated to provide high quality care and to achieve positive outcomes for the people they cared for.

The culture of the service was one entirely geared towards the care provided to people who used the service. This was reflected in the care planning we saw, in discussions with staff, throughout training and supervision, company policies and in the feedback from people who used the service and their relatives, one of whom stated in a thank-you email, "You go about treating people with dignity, respect and concentrating priorities around what they need, rather than what matters to your business."

Alongside auditing, the owner and registered manager also conducted surveys of people who used the service and staff, to identify any areas to improve or good practice to share. We found the results of the recent survey of people who used the service to be for the most part 'Very Favourable' regarding all aspects of care and management of the service. The owner and registered manager evidenced a good knowledge of the content of the surveys and were keen to improve again on areas where aggregated responses were less than 'Very Favourable.' We saw that all other responses were 'Favourable' and there were no 'Neutral' or 'Less than Favourable' responses. We saw evidence that this year's survey results were an improvement on the previous year's and that the owner and registered manager were passionate about finding ways to improve even further.

Staff survey responses were similarly positive, with significant praise for training and support on offer. We saw that, where suggestions were made, these were acted upon and outcomes shared with staff via a 'You Said; We Did' message board. Examples included staff suggesting DVD training not being effective enough and the owner and registered manager putting in place more face-to-face and varied training as a result.

The owner was able to give a clear vision for the future of the service in line with the goals of the Statement of Purpose. We saw the registered manager and owner liaised with other Home Instead services in the area and nationally via an online forum to share best practice and lessons learned. This meant the service benefitted from strong leadership and oversight at registered manager and owner level.