

Eminent Care Limited

Home Instead 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 ●

Summary of findings

Overall summary

This inspection took place on 12 July 2016 and was announced.

Home Instead Care is a domiciliary care service which offers support to people in their own homes. The service supports approximately 110 people with diverse needs who live in the community, predominantly in central Hampshire. Services offered include a wide variety of support packages and community projects. Approximately 58 people are supported with the regulated activity of personal care.

There is a registered manager running the service. 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.

The safety of people, staff and others was taken seriously. They were kept as safe as possible by staff who were appropriately trained and followed health and safety procedures. They knew how to recognise and deal with any form of abuse or risk of harm. Any significant risks were identified and managed to reduce them, as much as possible. The service operated with a robust recruitment procedure which checked that staff were safe and suitable to provide people with care. If people needed support to take their medicine, the service made sure care staff did this safely.

People's right to make decisions and choices for themselves was upheld by staff. Care staff understood how important it was to people to give consent and direct their own life. People's capacity to make decisions was recorded, if appropriate and necessary. Relevant paperwork was, generally, included in care plans. People's rights were protected by staff who understood the Mental Capacity Act (2005). This legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision

People were treated with the greatest respect and care, at all times. Staff understood how important it was to maintain people's privacy and dignity and did so. Care staff made sure they provided people with care that met their individual needs, preferences and choices. People's diversity was understood and people's care reflected any special needs they may have had.

The service was well-led by a registered manager who had been in post for a number of years. The management team was described as open, approachable and very supportive by staff and people who use the service. The service thoroughly monitored and assessed the quality of care they offered. Any shortfalls or improvements needed were identified and acted upon, as far as possible. The service worked in the community to improve lifestyles for people use their service and those who may not.

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.

People were kept as safe as possible from all types of abuse or harm.

Any risks to people or staff were identified and action was taken to reduce the risk so that they would be as safe as they could be.

The service was as sure as possible that the staff chosen were suitable and safe to work with vulnerable people.

People were helped to take their medicine safely, in the right amount and at the right times, if required.

Is the service effective?

Good ●

The service was effective.

People were encouraged to make their own decisions and choices about their care.

People were always asked their permission before the care staff undertook any tasks.

Care staff were properly trained to make sure they were able to provide people with good care.

People's needs were met in the way they preferred.

Is the service caring?

Good ●

The service was caring.

People were provided with care by staff who were kind and caring and treated them with respect.

Staff developed a good relationship with people because people were visited by the same staff, most of the time.

Staff had plenty of time to spend with people so they could help them with their care in an unhurried way.

People's differences were recognised and respected.

People were given information about the service so they knew what care they could expect.

Is the service responsive?

Good ●

The service was responsive.

People were offered care that met their individual needs, in the way they wanted.

People's care needs were regularly looked at and their care plans were changed, if necessary.

People were involved in the assessment and care planning processes.

People knew how to make a complaint, if they needed to. They were sure that they would always be listened to and things would be put right, if necessary.

Is the service well-led?

Good ●

The service was very well-led.

Care staff felt they were valued and well supported by the management team.

The registered manager and staff team made sure that the quality of the care they offered was maintained and improved.

People, staff and others were asked for their views on the quality of care the service offered and their views were listened to.

People who use the service and others benefit from the service's involvement in the community.

Home Instead 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.

This inspection took place on 12 July 2016 and was announced. The provider was given notice because the location provides a domiciliary care service. We needed to be sure that the appropriate staff would be available in the office to assist with the inspection.

The inspection was carried out by one inspector.

We looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

During the inspection visit we spoke with two staff members and the care manager, who was the senior staff member available on the day of the visit. After the day of the inspection we received written comments from a further four staff members. We contacted eight local authority and other professionals and received two responses. We spoke with three people who use the service and received written comments from a further person and three relatives (commenting on behalf of their family member).

We looked at a sample of records relating to individual's care and the overall management of the service. These included six people's care plans and daily notes, a further three care plans, a selection of policies and a sample of staff recruitment files and training records.

Is the service safe?

Our findings

People and others told us they felt safe when caregivers (care staff) were in their home and providing care. One person told us, "I am comfortable with the caregivers in my home, they are no trouble at all." Others said, "I feel absolutely safe" and, "caregivers are totally and absolutely trustworthy." Staff told us, "I am confident that people are safe and well treated." Another said, "I have not experienced any complaints of ill treatment or unsafe behaviour."

Staff were provided with up-to-date safeguarding training and any additional necessary information to assist them to keep people safe from any form of abuse or poor treatment. A professional commented, "the service tailor the care to the client and keep them safe and well looked after."

Staff members demonstrated that they fully understood their role and responsibilities with regard to keeping people safe from abuse of any kind. They described what action they would take if they had any concerns about people's safety. For example, staff knew who to contact outside of the organisation if they felt the provider was not responding to their concerns, appropriately. We saw an example of a safeguarding referral made to protect a person from possible abuse being perpetrated by someone in the community.

People, staff and others were kept as safe as possible because the service had a health and safety policy in place. Health and safety training and other safety information were available for staff, who could easily access it. General and environmental risk assessments included manual handling and maternity. The care manager gave an example of swapping a caregivers work to eliminate the carrying of heavy bags because the staff member had a particular condition. This action was not recorded but staff told us the management team understood their needs as well as the needs of people who use the service. The care manager undertook to review the recording of specific risk assessments and resulting actions taken to keep care staff safe. Staff were issued with appropriate safety equipment such as aprons and gloves to adhere to infection control procedures.

The service had a detailed plan to cover any emergency situations such as, loss of IT equipment, adverse weather conditions and unavailability of staff. The plan had been reviewed and up-dated in August 2015. It included emergency contact numbers and a check list to complete to ensure staff took all the necessary actions to safeguard people's safety and the continuity of the service, as far as possible.

People had individual risk assessments which identified any areas that posed a significant risk to people or care staff. Risk management plans were incorporated into care plans and daily routines, as necessary. The plans described how staff were to work with people so they were offering care as safely as possible. For example mobility and medicine administration.

The safety of people and staff's safety was improved, wherever possible, because the service learnt as much as they could from accidents and incidents. They recorded and reviewed all accidents and incidents and took any actions necessary to reduce the risk of recurrence. Any actions taken, relating to specific individuals, were cross referenced with people's care plans, risk assessments and/or reviews. Examples

included people falling. The service took actions such as, reviewing the individual care plans and risk assessments. They referred people to other professionals and provided refresher training to staff with regard to lifting and positioning people.

Care plans contained instructions for staff to enable them to help people to take their medicines safely. However, the instructions were not individualised for that person. For instance, care plans noted, "medication level 2". Whilst the medication policy clearly describes the different levels of assistance given they are not adapted for the person's particular needs. The administering of medicines is therefore safe but may not be given as preferred by the individual. The care manager told us that caregivers knew people well and listened to what they wanted, on a daily basis. However, they undertook to review the way instructions for medicines administration were presented. All staff, who administered medicines, had received up-dated training and their competence to administer medicines was checked a minimum of annually. Medicine administration sheets (MAR) were completed on a daily basis and returned to the office at the end of each month.

The service had a comprehensive, up-to-date medication policy and procedure. A log of medication errors was kept to assist with the monthly audit. The service had identified 21 medication recording and administration errors since January 2016. Each incident had been carefully recorded and the appropriate actions, such as contacting the GP had been taken. Additionally, medicine administration was discussed at staff meetings, more training was provided and disciplinary action was considered and taken against staff members, if appropriate. No harm had resulted from the errors. The care manager told us that a computer system had been identified that would reduce and possibly eliminate medicine administration errors. This will be in use within the next three months. The computer system meant that staff completed MAR sheets on line. If this was not done an alert would be sent to the office within 15 minutes of the omission. This would ensure everyone was given their medicines in a timely way.

The service kept a missed calls log which showed that 55 missed calls were reported between December 2014 and April 2015. Action was taken to reduce the amount of missed calls and a new planning system was adopted. This reduced the number of missed calls immediately and in the past seven months (i.e. 2016) there have been no missed calls. The new system alerted the office if care staff were more than 15 minutes late and the senior team ensured the call is covered.

People were provided with staff who had been recruited using a system which ensured, that as far as possible, staff appointed were suitable to work with vulnerable people. The recruitment procedure included Disclosure and Barring Service checks to confirm that employees did not have a criminal conviction that prevented them from working with vulnerable adults. The service asked for at least four references which were checked and verified, as necessary. The application forms for the most recently recruited staff members were fully completed and any gaps in work histories were explained. Staff records were detailed and well kept. A staff member said, "I believe the carers that Home Instead employ are very good and well-vetted before commencing employment."

Is the service effective?

Our findings

People told us they receive, "very good care" and one person said, "I receive fantastic care I am very, very pleased with them." One person told us the service had helped them through a time of illness and had helped them to recover.

People's identified needs were met by staff who were provided with enough information to ensure they could meet them in the way people preferred. A staff member told us, "I always have a conversation with a senior member of staff to get an understanding of what a new client's wishes are then I am introduced to them by my senior. I will then read through the client journal and speak to the client." Another commented that they always knew enough about the person they were caring for. They gave examples of, "...information logged in the Home Instead Care manual (kept at the client home)". "...I am always introduced to new clients by an existing carer where they will brief me with information and at this point I ask relevant care questions".

Care plans included detail of all relevant areas of care and what staff should do in the specific time period of the visit. For example, health conditions and medical details, mobility details and specialist care. Staff took appropriate action to alert other professionals if people's needs changed or their health and well-being caused them any concerns. A professional told us, "I have always found Home Instead managers and Carers address the health needs of their Clients." People's care plans included an 'emergency client information' sheet. This was a summary of vital information such as medication and allergies to give to ambulance personnel in the event of an emergency.

Care staff helped people with food preparation and eating and drinking, as necessary. Care plans included a nutritional assessment and an area called meal preferences and dietary requirements, which were completed according to the needs of the individual. Nutritional records were included with daily notes, if required. All staff had received food hygiene and infection control training.

People told us that staff were punctual and always stayed the correct amount of time. One person reflected the views of others when they said, "They are always, always on time." Staff were given time to travel between calls to make sure they could reach people within the correct time frame. However, travelling time was not included in their paid work hours. The care manager told us that rates of pay ensured staff were paid over the hourly rate of the national minimum wage.

Staff told us they were never rushed and gave an example of when they stayed with a person who was distressed until their family arrived. The office made this possible by providing staff to cover their subsequent calls. All staff (including those who were generally administrative and managerial) were trained to give care safely. This meant that they could cover colleagues and give practical care, if necessary. One staff member said, "The running of the service always has its challenges due to staffing issues, such as holidays, illness etc. but we never fail to supply the service required."

Staff supported people to make their own decisions and choices. They recognised how important it was for

them to uphold people's right to retain control over their life. One staff member told us, "I always ask for their permission and listen to their requests." Care plans included any necessary information with regard to people's capacity and ability to make decisions about different areas of their care. People gave their consent to care in a service agreement. If people had given family members or others a formal power of attorney to act on their behalf, this was recorded in their records. The care manager told us the service was in the process of asking relatives for copies of the relevant paperwork. However, if people had informally asked that their relatives make decisions or sign things on their behalf, this had not always been recorded. This meant it was not clear why family members had counter signed care plans or been involved in particular decision making processes. The registered manager undertook to ensure this information was recorded in the future.

People's legal rights to make their own decisions were understood by staff who had a clear understanding of the Mental Capacity Act (2005). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so, when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Applications to deprive people of their liberty must be made to the Court of Protection, no such applications had been made. We checked whether the service was working within the principles of the MCA. Staff had received mental capacity training and were able to describe the principles and terms of the MCA. However, currently, no-one was being deprived of their liberty or lacked capacity to make the day-to-day decisions care staff were involved in.

Care staff were well trained to enable them to meet people diverse and changing individual needs. Staff members told us they had good opportunities for training and training was regularly up-dated. One staff member said, "I find all the training I have had with Home Instead very helpful and have always been encouraged by the management team to ask if I am unsure of anything." The service kept a training matrix which showed the training staff had received, whether they were qualified and when they needed refresher training. Of the 58 staff, 22 had obtained a relevant qualification in social care. Staff told us they could request any training they felt they needed to do their job more effectively and meet the needs of individuals. For example staff were given the opportunity to undertake a City and Guilds Certificate in Alzheimer's and other dementias. Of the 58 staff 27 had completed the course. One staff member told us, "I take care of clients with dementia and have received specific, detailed training. There is also an extensive library at the office where we can read up on other issues such as Parkinson's disease, etc. If we are assigned new clients with specific needs e.g. using a hoist, we are given refresher training before going to the client."

People were offered a service by staff who had completed robust induction training. This ensured they were equipped to offer good care to people. Part of the induction included four days of practical and theory training, in the office and shadowing more experienced staff members. A staff member said the induction was, "Intensive and covered the whole body of responsibility in giving care." The full induction followed the care certificate framework (a set of 15 standards that new health and social care workers need to complete during their induction period). Many staff (not just new ones) were working towards their care certificate. The service used some of the standards as a refresher and reminder process.

People were given high quality care by staff who felt they were well supported by the management team and senior staff. One staff member commented, "I have had regular supervisions and we have four staff meetings a year but also if we have any concerns we can ask for a meeting at any time. I am also doing my

National Vocational Qualification level two which was offered to me through Home Instead and I have just been offered a new role as a mentor to new caregivers." Senior staff completed regular supervisions and 'spot checks' (observations of staff practices). A staff member told us, "I am supported by the management team ... I have had a random unannounced supervision by my team leader ...". Since the beginning of 2016 the registered manager had completed all due supervisions and appraisals.

Is the service caring?

Our findings

People were supported by kind and caring staff. One person told us staff, "Could not be kinder or more caring". Another said, "I can't speak highly enough of the care they offer." A staff member told us, "Nothing is too much trouble for the care givers." Another said, "Because of the culture of the service we all go over and above." A professional complimented the service by saying, "You are doing a wonderful job, a perfect service who give care and compassion exactly what our elderly and vulnerable deserve." Relatives and people's written compliments to the service included, "Thank staff for their wonderful care and support", "A huge thank you for your wonderful care and companionship" and, "Home Instead was the best decision our family ever made to help keep our mother living in her own home independently, as she wants".

Staff made sure they respected and maintained people's privacy and dignity. Care staff described how they did this. One staff member said, "I always make sure I preserve client dignity by asking them if they would like some privacy or whether they would like assistance." Others told us, "When undertaking personal care I am careful not to leave them exposed and ensure that they are comfortable with the process." "I make sure their dignity and privacy are always maintained by always asking their permission before any task is carried out like personal care and I will talk through what I am doing as I go along." They gave further examples of closing curtains and doors. Everyone we had contact with told us they were treated with respect and dignity at all times. Professionals commented, "Care staff treat people with dignity and respect" and, "Clients are happy with how they are treated."

People benefitted from being provided with continuity of care, as far as possible. Care staff were allocated people who they visited regularly. Care staff told us this helped them to make and maintain positive relationships with people. A staff member said, "I build up a trusted relationship with each of my clients and get as much feedback as possible from their families and friends so I can make sure their choices are listened to and upheld as much as possible." People told us they were happy with their usual care givers and anyone who came in their place. They confirmed that they usually had the same care staff and were always introduced to new staff, if it was necessary to have different ones. For new people the introduction was carried out by the staff member who undertook the care assessment.

People's individuality and diversity was respected by care staff. One staff member gave us an example of only offering care to people of the same gender as themselves. Another said, "I do not call clients by their first names unless they specifically request that I do so." Care plans included any religious, cultural or lifestyle choices and any support people might need to meet their diverse needs, as appropriate to the package of care.

Care staff were matched to people, as far as possible. The service operated a matching process so that people could be offered care by the most suitable care staff. The system involved staff being colour coded dependant on their experience, skills and knowledge. For example staff with a green coding were matched with people who had a simple care package and those with a red code were matched with people with the most complex care. However, attributes such as gender, personality, cultural background and interests were also considered during the matching process. The service's external quality assurance survey completed by

Pursuing Excellence by Advancing Quality (PEAQ) showed that 98% of people said that care staff were, "well matched" to them.

People received compassionate end of life care from a staff and management team who were supportive of the individual and their family and friends. A compliment received from a relative of a person given end of life care noted, "I want to thank you for enabling us to achieve our ambition for dad to be looked after and die peacefully at home. You created this wonderful option for us and through the selection of caring people (care staff) made it happen." Another wrote, "...thank care staff for their wonderful care of our mother and support of us".

Care staff were able to offer care in a relaxed way, they said they had plenty of time to meet people's needs and provide the care agreed. The service did not offer visits of under an hour because the provider believed in a 'holistic' approach to care. The care manager told us caregivers were able to meet emotional and social needs whilst supporting people with personal care. Care plans noted people's emotional, cultural and spiritual needs, as appropriate and relevant to the care offered by the service.

People were provided with relevant information about the service and what it offered. This information included areas such as complaints and safeguarding processes and procedures. The information could be provided in different formats, such as large print, for people if required. Additionally the service had information which they could provide to people to 'signpost' them to other services, if necessary. Up-to-date care plans were available in people's homes. People told us they always had a care plan, up-dated by senior staff on their frequent visits. A staff member told us, "Up-to-date records are at client homes. If I have any queries I contact Home Instead office or my team leader."

Is the service responsive?

Our findings

One person reflected the view of others when they told us, "the service couldn't be more responsive." Another person said, "Our young lady is totally professional, calm and more than helpful." Staff described how they responded to people, on a daily basis. One staff member told us, "I always ask clients how they want things doing as I know myself how irritating it can be when things change to routines which do not suit." A professional complemented the service after an emergency situation in a person's home. They wrote, "Without [named care staff's] understanding of [name's] health and care needs supported by the comprehensive documentation in her folder we certainly would not have been able to treat her at home so rapidly and accurately, possibly requiring hospital admission which would have been against her wishes."

People's needs were assessed by the care manager or a senior staff member prior to them receiving a service. Person centred care plans, tailored to people's individual needs were developed with them and their relatives or friends, as appropriate. The individualised care plans contained all the relevant information to enable staff to deliver the agreed amount of care in the way that people preferred. Care plans included information such as how the care supported the outcomes they wished to achieve in that particular area of their life. For example, continuing with leisure activities they enjoyed. Compliments received by the service included, "We are so grateful for their caring attitudes (staff's) and their efforts to really get to know mum and dad and personalise their care".

People's care plans were reviewed a minimum of every six months and whenever necessary to ensure appropriate care was being provided. Staff responded quickly to people's changing needs. They were well informed and kept up-to-date of any changes to people's care plans. Any changes to people's plans or immediate changes in their needs were communicated to staff by the care manager or senior staff member who telephoned them directly. A review was then held as quickly as possible and the care manager ensured the change was incorporated into the care plan, as soon as possible. Staff told us they called the office if there were any issues or concerns with regard to individuals. They said the management team would take immediate action to make sure care was effective and safe. A staff member gave us an example of a person who had been discharged from hospital without enough community support. They told us, "This was reported to our office and action was taken immediately."

People's needs that could not be met by the service were recognised and referred to other professionals or specialists. This ensured that people were receiving the best possible overall care. For example the staff from the service had continually advocated on behalf of a person to make sure they received the appropriate support and help required. This had resulted in the relevant professionals being involved to improve the person's environment for their safety and comfort and receiving other necessary support with mental health issues.

Care staff were able to respond to unusual situations such as, if people were ill or needed additional time for other reasons. A compliment from a health professional noted, "The flexibility where [named care staff] was able to stay whilst [name] recovered, helping us with what needed doing was undoubtedly beneficial."

People could feedback their views on the service they received in a number of ways. Examples included, service review forms which involved people being asked if they were satisfied with the service and if not why not. When senior staff completed performance spot checks they included the views of the people who were cared for in their evaluation. The care manager made telephone calls or visits to people every three months to make sure all was well.

People told us they knew how to make complaints and who to approach if they had any concerns or worries. All the people we had contact with said they had never had reason to complain and felt it was very unlikely they would ever need to do so. They said they were confident that they would be listened to and action would be taken, if necessary. People were very happy with and complimentary about the service they received. The service had not recorded any complaints in the previous 12 months. The care manager confirmed that they had not received any. The service had received 17 written compliments in the same time frame.

Is the service well-led?

Our findings

The registered manager had been in post since August 2011. People who use the service, staff and other professionals were very complimentary about the management team. People and staff were particularly complimentary about the care manager, who conducted the inspection in the absence of the registered manager. They described the registered manager as very efficient and approachable. The care manager was described as, "Brilliant, effective and organised." One person told us, "The manager and office staff are absolutely 'tip top', they meet all my needs and then some." This reflected the views of others who commented, "I feel they are an excellent organisation and have no concerns regarding the care they provide to my mother...", "excellent" and, "absolutely wonderful".

Staff were very positive about the experience of working at Home Instead Care and recognised that this had an impact on people using the service. One staff member told us they were, "Very happy working at Home Instead and feel that they offer a brilliant service to their clients." Other staff comments included, "Overall the company is great offering a fantastic service to clients and place of work for staff." "Management are hands-on, helpful and effective". "I am very happy working for this company. I like its ethics and its commitment to meeting the clients' needs fully and in the kindest possible way." There was only one negative comment from a staff member which related to communication between the office and care staff. This issue had been recognised and the care manager told us that the new system would improve this area.

Other professionals told us, "In my opinion Home Instead is very well - led care provider. I have always found the Carers to be of an excellent standard. Home Instead is always my first recommendation if I am asked to recommend a care agency." Another said, "Dementia Advice clients who have carers from Home Instead give good feedback."

The views of people, staff and others were listened to. People told us they were confident their views would be listened to but they couldn't think of anything that could really be improved. Staff told us they felt valued and respected. One staff member said, "We are encouraged to make suggestions and these are followed up on where applicable."

People were regularly asked their opinions of the care they received. For example, at the six monthly service reviews, 'spot checks' on staff performance and annual surveys. Staff meetings were held every three months or more often, if necessary to give staff the opportunity to express their opinions of the service. Additionally, information was provided to staff by regular E-mails and four monthly newsletters. Staff meetings were based around different topics such as standards of the care certificate and the quality assurance questionnaire (staff survey). Staff told us they were absolutely comfortable to approach any member of the management team with any ideas, concerns or other issues.

People benefitted from exceptionally good quality care. Everyone we had contact with told us they would, "Recommend Home Instead care as an excellent service to anyone." Several people told us they had already done so. The service used a variety of methods of ensuring the quality of care provided was maintained and developed. Part of the methodology involved the use an external company called Pursuing Excellence by

Advancing Quality (PEAQ). The results from the last PEAQ survey (2015) were extremely positive. The results were reported back to all staff at staff meetings. Staff were told how the service was going to address the issues highlighted in the survey where the score was less than 100%. Additionally, various audits were completed by senior staff. These included the monitoring of daily notes and medicine administration sheets every month and reviewing five care plans per week. Actions taken as a result of listening to people staff and from the analysis of auditing systems included finding a new integrated computer system to reduce medication errors and enhance communication with care staff.

The service held a franchise from Home Instead who set rigorous standards that the service was required to meet to retain its franchise. A representative of Home Instead visited the service a minimum of annually to check that the service was meeting the requirements of the franchise. The service completed a quality assurance document that was sent to Home Instead every three months. This covered all aspects of care and business of the company. The last franchise visit was completed on 30 June and 1 July 2016. All the recommendations made had been completed or actions were being taken. The service received regulatory up-dates from the national office which were communicated to staff at staff meetings or via E-mails, as necessary.

People benefitted because the service had developed excellent links with the local community, specific groups and charities. Care staff had developed and ran projects for the benefit of people who use their service and for people who live in the local community. The projects include a memory cafe, a singing group and an accessible cinema day for people living with dementia. Students from a local school are encouraged to be involved in the singing group. The service does not make a charge to people for accessing these activities. The local media have featured the projects and noted their benefits to people. A professional commented, "Home Instead care has contributed a great amount to the local area with the memory cafe and singing group."

People who use the service and those who live in the community were valued and supported. The service was very involved in the dementia friend's initiative and had appointed a dementia champion who promoted dementia friendliness in the local community. A senior staff member is a founder member of 'Dementia Friendly Winchester' and part of the team that launched the dementia friendly high street initiative in Winchester. They are now a board member helping to promote dementia awareness amongst business and local residents. Additionally the service was working with a school to introduce dementia friends sessions for students to build relationships with elderly local residents and had provided five free dementia workshops to family and friends of people living with dementia.

A senior staff member was head of 'scam awareness'. This resulted from a number of local vulnerable people being targeted and tricked out of money. The care manager told us that the member of staff worked with the police and trading standards to provide training and awareness to community groups such as assisted living schemes and local authority personnel. The service received weekly E-mails from the police about any local crimes effecting vulnerable people. Exceptionally, they then ensure that any of their clients in that area are warned and encouraged to make security arrangements. The care manager gave an example of a lady who lived in an isolated area that was being targeted being given safety advice and helped to make extra security arrangements.

The service, generally, kept very good quality and well maintained records. However, the registered manager had agreed to make improvements to some records relating to consent. People's individual care plans were up-dated regularly and accurately reflected their current needs. Records relating to other aspects of the running of the service, such as staffing records, were well kept and up-to-date. The management team understood when and why to send any statutory notifications to the Care Quality Commission. Records kept

supported the quality of care provided to people who use the service.