

## Thanet Lifestyle Care Limited

# Home Instead Senior Care

### Inspection report

Unit 1, Little Cliffsend Farm  
Chalk Hill  
Ramsgate  
Kent  
CT12 5HP

Tel: 01843862268

Website: [www.homeinstead.co.uk/Broadstairs](http://www.homeinstead.co.uk/Broadstairs)

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 23 and 24 November 2016 and was announced.

Home Instead Senior Care is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of this inspection the agency was providing a service to 29 people. Visits were a minimum of one hour and the frequency of visits varied depending on people's individual needs.

The previous registered manager left the service in September 2016. The providers have been actively seeking a replacement manager. There is an acting manager (who had previously been the registered manager of the service) and deputy in post, who with the support of the provider (who had previously been a registered manager), oversee the agency. A registered manager is a person who has registered with the Care Quality Commission to manage the agency. 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 agency is run.

People, their relatives and other stakeholders told us that Home Instead provided an excellent service. People were supported by staff and management who were committed to people being in control of their own lives and care. Staff shared the provider's passion and commitment to provide the best care possible. The provider and staff all worked to 'make a difference' to people.

Staff were supported and trained and had the skills they needed to support people. Staff were recruited safely and were asked questions related to the values of the service to help recruit the right staff. Staff said they felt supported and confident in their roles. The office staff also supported people so they knew them and could step in to cover any shortfalls like sickness. Staff were regularly given feedback to improve their performance or recognise their achievements.

There were enough staff to cover all the calls and meet people's needs. Staff were on time for visits, they often stayed beyond the allotted time if they needed to and people said they did not feel rushed. People told us staff were 'kind and caring, often going above and beyond what was expected.' Staff treated the people they supported and their families with dignity and respect, always remembering they were in someone else's home.

People and staff were matched by the agency, taking into account their hobbies and life experiences. People told us they had built positive relationships with staff. Staff used their knowledge of people to encourage them to stay well and remain independent. People were left snacks or drinks they liked to encourage them to eat and drink. If staff were concerned about people's health or weight, they contacted the office who would speak to the person's family or make a referral for support. Relatives told us this prompt response to health needs had enabled their family members to stay in their own home which was their wish.

The provider, manager and staff worked with local charities and organisations to support people to be

active and take part in activities. The provider and manager set up a 'Friday club' for people to be able to socialise and to reduce the feeling of isolation. The provider also delivered dementia training to local groups and families to increase their understanding of the condition.

People had care plans which were developed by them, and were based on their preferences. Some of the care plans were very detailed and gave staff the information they needed to provide people's care. People chose the times of their calls and the staff worked around this so that everyone had a call at a time that suited them.

Staff knew how to recognise and respond to abuse. There had been no safeguarding incidents in the past year, but the manager and provider knew what to do if they occurred. Risks to people and staff had been thoroughly assessed and action taken to mitigate them when necessary.

Trained staff supported people with their medicines, including people as much as possible. Staff had up to date knowledge on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They supported people to make their own choices. People signed their care plans, giving consent to their care.

The provider regularly checked the quality of care given to people through surveys, spot checks and quality assurance visits. Positive feedback was passed on to the staff, staff told us 'This makes us know how much they value us.'

The service was a franchise branch of a national company and was audited six monthly by the head office and improvements had been noted.

The service had not received any complaints in the last 12 months, but people told us they knew who to complain to and how. There was a policy in place and the provider reminded people of it when she visited them.

## 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.

Staff knew how to keep people safe and were trained to recognise possible abuse. There were enough staff and they were recruited safely.

Risks to people were recognised, assessed and managed safely. People were supported to find ways to reduce risks whilst retaining their independence.

Medicines were handled safely by suitably trained staff and people were encouraged to take an active role in managing their own medicines.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who knew them well and who were trained to support their care needs.

People were supported to make choices, decisions and take a lead in their own care. Staff had an understanding of the Mental Capacity Act (MCA.)

People were supported with meals if required and were encouraged to eat or drink enough to stay healthy.

People were supported with their health needs, relatives told us this support had enabled people to continue living in their own homes.

### Is the service caring?

Outstanding ☆

The service was extremely caring.

People and staff had developed excellent relationships and knew each other well.

The provider, manager and staff 'gifted' time to people to improve their quality of life or to support people in difficult times.

People told us their 'dignity and privacy were respected at all times.'

### Is the service responsive?

Good ●

The service was responsive.

People were actively involved in writing their own care plans. Some plans were very detailed.

When people needed support in an emergency or to have flexibility in their support the agency provided this.

Care was given in the way people preferred by staff they knew.

People were listened to. There were systems in place to enable people to share any concerns with the staff. There had been no complaints in the past year.

### Is the service well-led?

Good ●

The service was well-led.

The provider and manager knew people well and were approachable. They also supported people and everyone in the agency shared the same vision and ethos.

The provider and management team took part in community activities and fund raising, encouraging people to take part too.

The quality of people's care was checked continuously using spot checks and quality assurance visits to people. Views of those using the service and their relatives were sought and acted on.

# Home Instead Senior Care

## Detailed findings

### Background to this inspection

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

The inspection took place on 23 and 24 November 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service. We needed to be sure that someone would be in the office and that people were given notice in case they wanted to speak with us. The inspection was carried out by two inspectors on the first day and one inspector on the second day and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care agency.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed all the information we held about the service, we looked at the PIR and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. We reviewed questionnaires that had been sent to people, their relatives and professionals involved in the agency.

We spoke with the provider, the acting manager and office staff and four care staff. We looked at five people's care plans and risk assessments. We looked at a range of other records including staff recruitment files, staff induction and training records; team meeting minutes, quality audits and surveys.

We visited four people in their homes and spoke with them about the care they received. An expert by experience telephoned seven people to ask their views on the service. We spoke with five relatives and after the inspection, we received information from three health and social care professionals who work with the agency.

Home Instead were last inspected on 22 February 2014 when no concerns were identified.

# Is the service safe?

## Our findings

People and their relatives told us they felt safe when staff were in their homes. One person said, "My caregivers make me feel safe," and a relative said "My relative felt so safe and secure thanks to you and your staff." Staff told us, "I see the same people each week and have plenty of time to spend with them. It means I notice small things and talk to the office if I am worried."

Staff had training in how to recognise abuse and keep people safe. One of the office staff delivered the training and told us, "We tell staff, if something happens that makes you worry when you get home, no matter how small, let us know."

One staff member told us "I know the different types of abuse and the signs to look for; luckily I have never come across it. I do know that if I was worried I could speak to anyone at the office and they would listen and support me."

There had been no safeguarding issues in the past year and the manager and provider were aware of their safeguarding responsibilities and told us they would report any issues if they were concerned.

The acting manager and provider had identified risks to people associated with their care or health needs. These were assessed and plans were in place to minimise the risks without restricting people. One person told us, "They help me to use my walker safely and suggested I get a stool for the bathroom which really helps."

Some people used equipment to help them move. Staff were trained to use the equipment and the manager checked that the equipment was safe. Staff would tell the office staff if there were any issues with the equipment.

Staff said they would speak to the manager if they noticed that a risk increased or changed. The manager would then update people's care plans and risk assessments. People's visits lasted a minimum of one hour, staff told us, 'This really gives you time to get to know people and to notice if anything is wrong or has changed.' The office staff and provider checked that the risk management plans worked and people were cared for safely.

The service had a lone working policy to keep staff safe, this included staff logging in and out of visits, and informing the office of any delays.

There had been no accidents or incidents in the last year, the provider told us that they reminded and encouraged staff to report any issues. Staff said they knew how to report any accidents or incidents and where the forms were kept. The manager and provider told us, 'If there is an incident or accident we try to learn from it to stop it happening again.'

Staff were recruited safely. A minimum of four references were sought and a Disclosure and Barring Service

(DBS) criminal records checks had been completed for each staff member. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff completed a 'This is me' document as part of their recruitment process. This listed their life history, likes, interests and skills which helped the agency match them to the people they supported. People were not involved directly in staff recruitment but met prospective staff.

The provider said that they did not run a 'rolling programme' of recruitment, so they did not recruit staff on an ongoing basis but when they needed to. The provider said "We do not want to risk taking on the wrong care staff by being in a hurry. We set our bar high for new staff."

The provider made sure that there were enough suitably trained staff to meet people's needs and to cover all of the calls to people's homes. New people were not offered a service unless the provider was satisfied that staff could comfortably fit in a new call. If they felt it would be too much for staff they either declined the request or people chose to go on a waiting list.

People were supported by a small team of care staff, usually three or four staff working together, so people had a continuity of care and always knew who would be supporting them. Staff were then able to monitor risks to people between them and notice changes more quickly. The provider also supported people and told us, "All of the office staff do 'hands on' care, it is important. I enjoy it. It is rewarding. I meet interesting people and I love it." This enthusiasm and passion was shared by the staff team. One person commented "My care worker is always on time and changed her routine to fit in with the time I wanted my shower."

When people needed support with their medicines this was done in their preferred way and with the person's involvement. Staff had training in handling medicines. The support people needed with their medicines was detailed in their care plan. Staff had their competency to administer medicines checked by the manager or provider before they began giving people their medicines and on an annual basis.

Staff completed medication record sheets when they administered medicines and any concerns were raised with the office. One person needed to use medicines between visits. The staff worked with them to design a recording system they understood for their own use. The person told us, "It makes me feel more confident, when I look at the form I know if I have done it or not. When the staff come we check together. It means they still only have to come twice a day but I get what I need."



# Is the service effective?

## Our findings

People told us that staff were confident and well trained. One relative said, "It appeared to me that each carer who went into my relative's home, was well selected and well trained and supported in the difficult task of caring for a vulnerable elderly person."

One staff member told us, "The training is great, I've done a dementia course and it makes me feel so much more confident supporting people. I support people with different types of dementia and I think I have a better understanding of what their dementia is like for them."

Staff completed an induction which included completing the Care Certificate, which is an identified set of standards that social care workers work through based on their competency. New staff met people they would be supporting and they shadowed experienced staff who knew the person well. The manager or provider recorded these visits and asked for feedback from everyone involved before the new staff began working with people independently.

Staff had one to one meetings with a line manager to talk about any training needs and to gain mentoring and coaching. Staff had an annual appraisal to look at their performance and to talk about career development for the next year.

One relative told us, "We have had the same carer since the beginning. We needed cover when they were on holiday, so two other staff came to meet us and then shadowed to see how we like things done. We know it will always be one of those staff, which helps a lot with my relative's dementia."

The provider and acting manager were 'Dementia Champions' and had provided training not just to the staff but also for family members and local community groups. People benefitted from others in their local community and their families being more aware of their needs. Half of the staff team had a nationally recognised qualification in understanding dementia. A Dignity Champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra. They believe that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this.

Staff had essential training such as first aid, safeguarding and MCA. Additional training was provided that was related to the support or health needs of the people staff support. The provider told us, "We recently had someone who wanted support from us, but none of our staff were trained in their needs. We agreed with them to delay support and trained a group of staff as soon as we could. Once everyone was confident we could deliver the right support, we started."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as

possible.

Staff had received training and had a clear understanding about MCA. One member of staff told us how they gave people time to make everyday decisions so that they felt in control of their lives. The providers and staff had a good knowledge of the Mental Capacity Act (MCA) and how this worked in practice when supporting people in their own homes.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. When people live in their own homes applications to deprive someone of their liberty must be applied for via the Court of Protection. There were no people under the Court of Protection safeguards at the time of the inspection.

People were at the centre of the assessment process which included giving regard to people's capacity to consent. If people needed support, relatives and loved ones were involved in supporting people to make choices and decisions.

Information was only shared if people agreed. People were asked for their agreement to staff organising review meetings and spot checks of staff practice. Agreement was held on file and if anyone did not agree this was respected.

People were asked about the support they needed to prepare food and drinks at the assessment stage. There were clear records of the support people might need to go food shopping and to prepare meals and drinks each day. One care plan included where the person liked to sit to eat each meal. Another person had support to write their preferred menu for the week and was supported to do their shopping on-line.

One relative told us, "They were very proactive in talking to us about possible issues. It was becoming apparent that my relative's self-catered diet was becoming less rich and varied, the manager let me know and accordingly the brief expanded to cooking a meal once a day."

If a person was at risk of not eating or drinking enough this was noted in their care plan along with action staff should take to encourage people to eat and drink enough. Staff made referrals for extra support if and when people needed it.

People's health needs were recorded in their individual care plans along with action staff should take to meet those needs. Staff reported any concerns about people's health to the office staff who then followed this up with people's GP's or by making referrals to other health professionals.

One health professional told us, "On all of the occasions I have contacted or had contact with Home Instead the staff have been extremely helpful, answered any questions and dealt with my enquiries in the most efficient way. If I ever needed care for one of my family, Home Instead is the agency of my preference."

Staff responded quickly if they noticed any changes in people's health needs and sought the necessary advice. The provider had made an appointment for one person to visit the optician and arranged extra staff support for the person to attend the appointment. On the day of the appointment the person changed their mind. The provider accepted this and said the support would be made available again if the person changed their mind.

One person was receiving treatment for a condition which did not appear to be improving. Staff chatted with them about how they felt and encouraged them to return to their GP. The person said, "I was unsure

whether to bother my doctor but the staff encouraged me and they were right, I have a different treatment now and it is working. It's nice to have someone to discuss these things with."

One relative told us, "At one point, after an admission to hospital, my relative had deteriorated dramatically, staying in bed all day. Home Instead began supporting them and within a week my relative was spending the day out of bed, as before, and their mental and physical health dramatically improved. I put this down to the professionalism of Home Instead and its staff."

## Is the service caring?

### Our findings

People, their relatives and professionals all told us that the staff and management at Home Instead were exceptionally caring. One person said, "My caregiver gives me excellent care and attention." One relative said, "The staff showed compassion and a professional approach. Nothing was too much trouble." Another relative told us, "The team made it possible for my relative to stay in his home, gradually introducing more care as it was needed. They have been caring, responsible and conscientious in all their dealings and have made a huge difference to us all."

A health care professional told us, "We have found Home Instead to be extremely professional and person centred in their delivery of care; and they seem to have a way of fully understanding and being empathetic to a person's needs." Another professional told us if they ever needed a domiciliary care service they would use and recommend Home Instead.

The provider told us "It is important to me that people feel empowered so they feel in control. It is their home. That is how I would want to be treated."

The provider would often 'gift' time to people helping them with tasks without charging for the time. For example, one person was confined to one room in their home. There was another room available but it was filled with unused items and furniture and so could not be used. The person asked the provider for help and so the provider and acting manager 'gifted' (or gave up) their own time to move furniture and make both rooms usable. It made a real difference to the person who could then have visitors and did not have to spend all of their time in one room.

A person had become isolated in their home as they were worried about using the stairs. With the person's agreement the provider sought some advice and then gave up some spare time to move their bed and belongings to the ground floor of their home. The person no longer had to use the stairs and felt more confident to do things for themselves. Their confidence and mobility improved so much that they were able to go out to their local hairdressers, to the local shop and to meet friends independently.

People told us it was the 'little things that made a difference', one relative said, "The staff showed such kindness to my relative, they would sit with them and read the paper and talk about their past." Another said, "After my mother passed away the staff encouraged my father to dress himself and get his breakfast the way he always had. Great care was taken of him."

Staff were matched with the people they supported so they had things in common. Staff took time to get to know what people enjoyed and how they liked to be cared for. The management team encouraged staff to be flexible in the support they offered as much as possible for example, if people had additional needs or domestic tasks which needed completing staff would do them. One person told us, "The staff helped me in all sorts of ways, everything from helping me to shower, to cleaning up a jar of chutney I had dropped. They did all of this with courtesy, care and sensitivity."

Staff supported people's independence, for example, one person liked to carry a tray with their breakfast into the lounge area of their home. This had become increasingly difficult for them to do due to their frailty. Rather than staff take over and do this for the person they suggested the person use a tea trolley they had to transport their breakfast. The person agreed and was continuing to transport their breakfast safely from their kitchen to their lounge area without extra support.

Some people needed equipment to protect their skin including pressure relieving cushions and mattresses. At times, there had been delays in this equipment being provided by health services. The provider had a stock of some equipment that was regularly checked and had loaned the equipment free of charge to people so that had what they needed without delay.

Staff were very aware and respectful of the fact that they were entering people's homes to give support. They took into account the feelings and concerns of other family members living in the house. One relative told us, "I was worried about having strangers in my house even though I knew my relative needed the support. I soon found however, that the way the caregiver worked meant I felt like I had a friend visit every day. I could talk to them about my worries and use them as a sounding board. It was so nice to wake up each morning and know you are not facing all of this alone." The person's relative told us, "It has made a difference to us both. My carer makes us both laugh and is lovely."

We visited people while care staff were in their homes and heard laughter and chatting throughout the visits. People and staff were very comfortable with each other. People called their staff 'caregivers' and staff called people by their preferred name. Staff knew people well and chatted about their interests and life histories.

One person was chatting to staff about their upcoming birthday; the staff asked what cake they wanted this year. The person said, "You did lemon drizzle last year maybe a Victoria sponge?" They then told me, "They do spoil me you know, I love cake and they make really good ones." The staff member made the cake in her own time.

When people needed support in an emergency the provider had helped. One relative told us, "We were helping my relative from one room to another and unfortunately they were too weak with our help to get back to their chair. We called the office and explained, within 20 minutes two care-givers arrived and helped my relative back to their chair. We always know we could ask for help at any time even at short notice and they would be there. Where would we be without them?"

One family had written to the provider and said, "Your staff showed compassion and a professional approach, during a crisis. Nothing was too much trouble; they offered to stay as long as needed with my relative, so we as a family could deal with the emergency. She went over and above her duty." The manager gave feedback to the staff member who had stayed with the person in her own time and offered to pay her. The staff member refused the payment and said it was their gift to the family.

People were supported to remain in their own homes for as long as possible. When people had decided to move into a residential or nursing home, the provider would spend time with them talking about their options and the types of care available. One relative told us, "When my relative moved into a home, the provider went to the home to tell them how they liked to be cared for. They told them little details even we as a family didn't know, such as the fact my relative likes their blanket warmed on the radiator before they get into bed. It made the move so much easier for everyone especially my relative."

One person told us, "The staff who visit me have got to know me so well, they know when I am on a good day or a bad day and that shows in what they do for me. On a bad day they go that one step further."

Staff supported people to remain at home at the end of their lives if this was their wish. One relative told us, "They were there with my relative the day they died and cared for her with love and dignity." Another relative told us, "They went beyond, I felt, professional care. I truly believe that they took my relative's care personally. A feeling that was enhanced when six of them turned up at their funeral and were able to chat with my family as knowledgeably about them as the family members were."

Staff treated people with dignity and respect. One person said, "They treat me with respect. That's why I appreciate them." Another said, "They are very kind and respectful. They treat me like a human being." A social care professional told us, "I have called meetings about my client's wellbeing and they have always responded very responsibly and professionally. I have met with the manager and staff and they are all aware of their boundaries, but also act with care and the client's dignity and will in mind."

People's confidentiality was maintained. Staff understood the need for this and records were stored securely. Information was given to people in a way they preferred and information was only shared if people agreed.

## Is the service responsive?

### Our findings

One relative told us, "When I was looking for support for my relative, the deputy manager visited us and talked about the help we needed. They told us what they could offer and said I think I know a member of staff that would be a good match. I wondered how she could know just from talking to us but she was right. They were able to start the support the next week which made a big difference to us."

Before anyone was offered a service the provider met with them and talked through what care and support they needed and wanted. The provider only offered people a service if they were sure that there were enough staff who had the skills and shared interests to meet people's needs. If the provider was unable to offer support they gave advice about other agencies who may be able to help.

People often chose to be added to a waiting list until the agency could offer the support rather than go to another agency. The provider said "We make sure we can meet our customer's needs, if we are at full capacity we cannot take them on but we do signpost them. We work to but not over our capacity, we do not want to overload our staff."

The provider completed a detailed assessment of people's needs and captured information about their lives, hobbies and family. People were fully involved in this process. This gave staff information about people's backgrounds and interests, so they were able to talk to people about subjects that interested them. The assessment focused on what people could do for themselves, their 'capabilities' rather than what they could not do. The provider explained, "We ask our customers what they want, and if they want to stay at home we support that. We do not want to take over; our customers are always in the driving seat and in control."

Each person had a care plan that was written with them. They had a copy in their home and there was a copy held safely at the agency office. Care plans gave staff the information they needed to support people in the way they wanted. There was step by step guidance about how to support people's specific needs.

Care plans were regularly reviewed and updated if anything changed. One staff member told us "Care plans develop over time." The provider and senior staff met with people every three months to review their care package and update their care plans.

Each person had a service agreement with the agency stating the times they would like their calls. The staff accommodated people's preferences for the time of their calls which were at least one hour in length. Often, staff stayed with people over the time allocated, and because of sufficient time between calls this did not impact on later calls. The provider told us "We ask about preferred times at the assessment stage, we would not take a package on if we could not meet the preferred time."

The provider, management and staff encouraged people to attend local activities and to meet up with other people. When two of the people they supported turned 100 years old they started the 100 club, which involved arranging a party for them both to celebrate. When the people met up they discovered they were

old school friends and were happy to renew the friendship.

When people did not have transport to activities the provider contacted local charities to help with transportation. Staff often gave up their own time to support activities and fund raising events, for example the local older person's tea party. People using the service were invited and supported to attend.

People were encouraged to make complaints or raise any concerns; there had been no complaints in the last year. All the people we spoke with said they knew who to speak to if they had a complaint and would be happy to do so.

People and relatives had given a high number of compliments about the agency and their support, in surveys, cards and on websites. We reviewed the compliments and found themes around people being at the centre of their care, the staff and management going above and beyond what was expected and families having peace of mind as a result of the support given to their relatives.

This feedback included one person saying "Thank you for my carer, they are brilliant." A relative said, "Their communication with us was also excellent; we felt fully informed of, and involved with, every key decision, and effectively we were therefore able to act as a single team with the one purpose of looking after my relative."



## Is the service well-led?

### Our findings

People told us that the service was well led. One person said, "If I've got a problem I ring them and someone will come straight round. They are a nice bunch of people." A relative told us, "I could not speak highly enough of Home Instead, and I put the high standard of care down to the management."

Staff told us, "The managers understand what we are doing, as they still do it. I can ask for any support or help and know I will get it." Another said, "I have worked in this type of job for over 35 years and this company is the best in terms of support and caring."

There was an open and inclusive culture. The provider and acting manager were passionate about people getting the best care possible. They told us, "Details are important to us. What do you want from us, how would you like it and have we delivered it? They are the questions we focus on." The PIR stated "We have created a culture that is open, fair and transparent, which encourages our caregivers to follow by example. We all work toward 'making a difference' and all believe in the same ethos and values."

The provider, acting manager and deputy all supported people in their homes. The acting manager said, "It means you can still relate to everyone; those we support and the staff. I enjoy it, it reminds me what we are trying to do and who is the most important part of it." Staff shared the provider's passion and commitment to provide the best care possible.

The agency did not have a registered manager in post. A registered manager is a person who is registered with the Care Quality Commission to manage the agency. Like registered providers, they are 'registered person'. The previous registered manager left very recently and the provider had been unable to find a suitable replacement so the provider and acting manager were managing the service. The provider informed us following the inspection that the acting manager is considering applying to be the registered manager.

The acting manager (who had previously been the registered manager of the service) was managing the service and was supported by a new deputy who was undertaking training to develop their management skills. The provider had previously been a registered manager and was offering support. One staff member told us "The support is the same as it always has been. I don't have to worry. I can go to any of them (deputy, acting manager or provider) and get the support I need."

The acting manager and provider were active in the local community, starting a 'Friday' club for people at a local hall with an aim to 'bring humour, laughter and social good times back into people's lives'. They had organised fund raising events and they had supported people to local social events, organising minibuses to transport people when needed. Staff working for the agency had followed this example and become involved as a result.

Staff had team meetings and were sent information and updates regularly with their pay slips. The acting manager admitted that meetings for the whole team were difficult to plan, so they had tried to find other ways to keep in contact with staff and keep them up to date. For example, smaller meetings for teams

supporting the same person and newsletters. The acting manager said, "We see or speak to every member of staff at least once a week, just so they know we are here."

Feedback had been sought from people supported by the agency, families, staff and other professionals. Questionnaires were sent out yearly to people and staff. The results were published by the Home Instead head office.

The most recent surveys showed that 100% of people would recommend the agency, felt that their caregiver took an interest in them as a person and was well matched. 100% of staff would recommend the service to others as a place to work and felt they were given enough time to give good care. People's comments included, 'I have nothing but praise for the quality of care I receive.' and 'I always know who is coming, they are very good carers.'

People and relatives said that the management team were accessible and approachable. One said, "The management was always accessible to me - I was in another country whilst my relative lived in Kent - so that I depended on Home Instead for every aspect of keeping my relative as well as they could be in her home. They treated me with respect also, and understanding of the decisions I was having to make."

The acting manager and provider carried out spot checks of staff's work on a regular basis. Feedback was then given to staff about their performance. The provider visited people to talk to them about the quality of their care. These would be themed and focussed on certain areas, such as ensuring people knew how to complain, the time keeping of staff and dignity.

Each person's care plan and daily notes were audited monthly and people and their families were invited to give their input. Some care plans had not been altered as the manager was waiting to meet with the person to update them together.

When compliments were received the staff member involved would be sent a letter thanking them for their work and passing on the compliment made. One staff member said, "It makes such a difference to be told what you are doing right and appreciated by the people you support and the company."

Audits were carried out by the Home Instead quality team on a six monthly basis. These covered all aspects of the service and the most recent showed improvement since the previous audit, with actions being completed.

The providers and management team had attended meetings with Home Instead and other franchisees to keep their knowledge and practice up to date. This information was then passed on to the staff team.

The manager or provider had notified the Care Quality Commission (CQC) of important events as required. Documents and records were up to date, readily available and were stored securely.