

Living Comforts Ltd

# Home Instead Senior Care

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Home Instead Senior Care is a domiciliary care agency providing care and support to people living in their own homes who have a range of needs. CQC only inspects where people receive personal care. Not everyone who used the service received personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection 47 people were receiving personal care.

### People's experience of using this service and what we found

People received a good service with exceptional standards of kindness and compassion. People and their relatives described the attitude of staff as "excellent" and "exceptional". Staff showed empathy and a genuine affection for the people they cared for. There was a clear commitment to building trusting and caring relationships with people to enhance their lives as much as possible.

People's privacy and dignity were respected, and care was delivered in a way that promoted people's independence. The provider advocated for people's rights and supported them to access community support systems.

Appropriate safeguarding procedures protected people from the risk of abuse. There were enough staff to meet people's needs and they had been recruited safely. Individual and environmental risks were managed appropriately. People received their medicines safely and as prescribed.

Staff received appropriate training and support to enable them to carry out their role effectively. The service worked well with health and social care professionals to ensure people received effective care.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff sought people's consent and supported people to make choices about their care.

People received personalised care which met their specific needs, Care plans were clear, detailed and person-centred, which guided staff on the most appropriate way to support them. A complaints procedure was in place, which ensured concerns were investigated and acted upon appropriately. Where required, arrangements were in place to support people in a dignified manner at the end of their life.

People and their relatives felt the service was run well. A clear management structure was in place and feedback about the service was sought from people, their relatives and staff. Quality assurance systems were in place to assess, monitor and improve the service.

### Rating at last inspection

The last rating for this service was Good (published 3 May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Home Instead Senior Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 3 January 2020 and ended on 14 January 2020. We visited the office location on 3 January 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, including notifications. Notifications are information about specific important events the service is legally required to send to us. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one of the provider's representatives, the registered manager and the staff trainer. We reviewed a range of records, including seven people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. We also viewed a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We spoke with seven people and their relatives, who were receiving care and support from the service. We received feedback from two health and social care professionals involved with the service and spoke with five members of care staff.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to keep people safe and protect them from the risk of abuse.
- People told us they felt safe with staff in their own homes. One person said, "Oh yes, I do feel very safe."
- Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. One staff member said, "I would report any concerns through the office, or someone higher up if needed. We have contact numbers in a file for safeguarding teams too."
- Safeguarding incidents had been reported and investigated thoroughly, in liaison with the local safeguarding team. The registered manager was clear about their safeguarding responsibilities.

Assessing risk, safety monitoring and management

- Risks to people had been assessed as part of the care planning process. These were recorded within people's care records and risk assessments clearly identified how staff should support people to reduce the risk of harm.
- People had risk assessments in place in relation to; moving and handling, mobility, dietary needs and skin conditions.
- Environmental risk assessments had been completed to promote the safety of people in their own homes and of the staff that visited them. This included information about people's living environment and the security of the property.
- Staff were knowledgeable about people's individual risks and were attentive to taking steps to keep people safe. One staff member said, "Even though we have the training, sometimes a question pops up when I'm on duty, so I pick up the phone if I'm unsure. I wouldn't guess, I need to make sure I do the right thing, so I keep people safe."
- Staff priority and commitment to keeping people safe was echoed by health and social care professionals. A health professional told us, "I feel reassured if I know the staff are going in, the client is safe and if they deteriorate, they are good at bringing things forward."
- Staff used an electronic logging system, which was reviewed by the registered manager and office staff. This meant when staff arrived at a person's home, they were expected to log in and could view all the tasks expected to be completed. As well as helping to ensure staff safety, this system also allowed the management team to monitor call times were met and staff stayed for the appropriate length of time with people.

Staffing and recruitment

- There were enough numbers of staff available to keep people safe.
- Recruitment procedures were robust to help ensure only suitable staff were employed.

- Scheduling staff used a computerised management system which detailed the staffing requirements for each day.
- Everyone we spoke with told us they received care from a consistent group of staff, which meant they usually knew who was coming on each visit. Where this changed due to staff sickness or holiday, people confirmed they were informed of any changes in advance by office staff.
- People and relatives spoke positively about the staffing levels and confirmed that staff usually arrived at the time expected.

#### Using medicines safely

- Where people required support from staff to take their medicines, this was completed safely.
- Information about people's medication was recorded and updated regularly in their care plans, to ensure that staff knew how to support people safely.
- People and their relatives were confident in how they were supported by staff. One person said, "They give me my medicines, they read the packet before I have it, so I know what it is."
- Medicine administration records (MAR) were completed on a secure mobile app and reviewed by the registered manager. These showed staff had administered medicines as prescribed. The MAR chart provides a record of which medicines were prescribed to a person and when they were given.
- Staff had received training to administer medicines safely and as prescribed. One staff member commented, "The medication is such a priority. I check the same dose is written on the phone app and in the person's file. If I'm unsure about anything to do with medication, I phone the office, it's so important."

#### Preventing and controlling infection

- Procedures were in place to protect people from the risk of infection.
- Stocks of personal protective equipment (PPE), such as disposable gloves and aprons were easily accessible to staff to minimise the spread of infection.
- Staff had received training in infection control and understood the importance of wearing PPE to minimise the risk of infection. One staff member said, "I always keep my PPE stocks on me, I have a bag with helpful bits and bobs in it which I take into people's homes."
- People confirmed staff wore gloves and aprons when completing care tasks and washed their hands appropriately.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and regularly reviewed to ensure that any learning could be discussed and shared with staff to reduce the risk of similar events happening.
- Staff recorded and informed the management team of any incidents when things might have gone wrong. The registered manager used a matrix to analyse accidents and incidents and identify any patterns or trends.
- Where people had experienced a fall whilst in their own home, this was recorded by staff and action was taken to help reduce the risk of another fall occurring. For example, where a person had experienced an increase in falls, the registered manager had referred them to a Falls Prevention Team and supported them to use alternative mobility equipment.
- The registered manager knew how to seek support from external professionals when they required additional guidance.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection, this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before the service started supporting them. The assessment considered all areas of people's needs and this information was used to develop a care plan and appropriate risk assessments.
- We received positive feedback from health and social care professionals in relation to the care planning process. One health professional told us, "They spend time doing initial assessments to make sure the care plan meets people's needs holistically, they don't rush in. They ensure they are clear about what the care should look like and ensure the consistency of care too."
- People's care plans contained details of their background, any medical conditions, and information about choices and preferences. Information had been sought from relatives and other professionals involved in their care, where relevant.
- Staff were given time to read through people's care plans and ensure they understood their needs. One person said, "Before I start working, I read through the client profile, that tells you a lot of information about how to help them before you step foot in the house."
- Regular observation checks of staff practice helped to ensure people received high quality care.

Staff support: induction, training, skills and experience

- Staff received a comprehensive four-day induction into their role, which included the provider's mandatory training and reading policies and procedures. Where staff had not previously done so, they completed the care certificate as part of their induction. The care certificate was introduced in 2015 and is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff working in health and social care.
- New staff worked alongside more experienced staff until they felt confident and were competent to work directly with people. A person confirmed that new staff accompanied existing staff on some care visits, they told us, "I have recently had new carers. They had an introductory day, so I could meet them."
- Staff received a good standard of regular training which helped them to effectively support people and meet their needs. Training included safeguarding, moving and handling, infection control, food hygiene and first aid. One staff member said, "We had amazing training. Just because I had experience in care before, I put this aside to do the new training as things change a lot in care work."
- Staff were provided with the opportunity to complete additional training in specific areas and were encouraged to enrol on higher level qualifications in health and social care if they wished to. Staff had access to online training resources and webinars to enhance their learning in certain areas.
- Staff received regular supervisions, which aided their professional development and supported their

wellbeing. Staff had annual appraisals of their performance and a personal development plan, which focused on their goals whilst working at Home Instead Senior Care. One staff member told us, "A supervisor comes out to make sure we are doing everything ok and correctly to plan. We also go to the office, it gives us a chance to talk about any concerns, or our personal development plan."

Supporting people to eat and drink enough to maintain a balanced diet

- Most of the people we spoke with said they or a relative prepared their meals. Those people whom staff prepared meals for were happy with the way this was done.
- Staff promoted good nutrition and hydration and supported people to eat and drink enough.
- Where required, staff recorded and monitored people's intake of food and fluids. This helped to ensure people maintained a balanced diet.
- People's care plans contained information about any special diets they required, food preferences and support needs.

Staff working to provide consistent, effective, timely care

- Staff worked together to ensure people received consistent, timely and person-centred care. People and their relatives told us staff arrived on time and stayed for the full length of their visit. One person said, "They are excellent, they are always on time."
- There was good communication between staff to ensure that messages were passed on appropriately to the next staff member visiting a person to provide care. Staff in the office and in the community used a computerised system to record and update any changes to people's needs. For example, where a person no longer required a medication after having an operation, staff were notified of this immediately. They commented, "The next time I went in, [the medication record] had been removed straight away from their care plan so I knew I didn't have to carry on giving them. Anything that needs to be changed or taken off gets done straight away so I know exactly what I'm doing."
- Staff delivered care in a way that met people's individual needs and was considerate of their personal routines. For example, people's care plans contained clear information about what time they liked to get up in the morning, where they preferred to eat their meals, and their routine before they went to bed.

Supporting people to live healthier lives, access healthcare services and support

- People's care plans contained essential information about their health conditions, current concerns, social information, abilities and level of assistance required. This information helped to guide staff and ensure effective support was provided.
- People's individual care and support needs were understood by staff and were monitored to ensure people remained in good health.
- Staff worked effectively with healthcare professionals in following recommendations to support people to lead healthy lives. For example, where a person was being supported by a district nurse for a wound, the person's care plan had been updated with guidance for staff to follow to aid the healing process.
- Health and social care professionals were complimentary of staff approach to supporting people. A health professional commented, "The staff are very good at taking on new ways of doing things, I can offer education and we look at alternative ways of doing things."
- Where people's health needs deteriorated, staff supported them to access medical support as required. For example, one person told us about a health concern which a staff member had picked up on, they told us, "[The staff member] was quite concerned, so they helped me to contact the community nurse about it."
- Information about people's needs and health was shared appropriately if a person was admitted to hospital or another service, which allowed consistent and effective care.

Ensuring consent to care and treatment in line with law and guidance

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We checked whether the service was working within the principles of the MCA. From discussions with the registered manager and staff, they demonstrated an awareness of the MCA and understood how this affected the care they provided.
- Where people lacked capacity to consent to care, the principles of MCA were followed, and best interest decisions made and recorded in their care plans.
- Staff had received training in the Mental Capacity Act and were clear about the need to seek verbal consent from people before providing care or support. One staff member said, "My main priority is to give people choices, and to make sure they feel safe and secure, so they trust me so when go in the next time."
- People's care plans contained a signed statement of consent, which outlined the care and support they received and who they were happy for their information to be shared with.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported

- Staff we spoke with had a genuine affection for the people they cared for and displayed a true passion for enhancing people's lives.
- We looked at comments from a recent staff survey, which demonstrated the exceptionally caring attitude of staff. Comments included, "I love making a difference to someone's life, improving their day and putting a smile on their face", "It's not like going to work, you are given time to care and help when needed. I stopped working when I started at Home Instead" and another said, "I love making a difference to the clients I visit and know that I am assisting them in being able to stay in their homes where they are most comfortable and safe."
- The kindness and commitment of staff was reflected in the views of people and their relatives. Everyone we spoke with was consistently positive about the caring attitude of staff and described the trusting relationships they had built. One person said, "All my carers have made a difference. They always help me by lifting my spirits when I feel down" and a relative said, "[The staff] have built such lovely relationship with [my relative], it is real companionship for her."
- We were told about many instances where staff had 'gone the extra mile' to support people, including staying beyond their allotted times and supporting people in their own time. For example, we heard examples of how staff and the service's management had supported a person to clean up their flat whilst they were in hospital. Another staff member had noticed a decline in a person's ability to eat and talk, which led them to stay beyond their allotted visit time to ensure that a person's dentures were repaired properly. A relative commented, "I'm really pleased with [the staff], they have been exceptionally good."
- We looked at written feedback from people and their relatives from satisfaction surveys and thank you cards, which all pointed to a service that was exceptionally caring and that worked hard to support people in the best way possible. Comments included, "Our very own Home Instead angels", "The care, consideration, cheerfulness and love you have shown [person's name] has been beyond expectation," "If Home Instead ran a care home [my relative] would be first on the list to move in," and, "The friendships we have all developed are heartfelt and we cannot praise you enough."
- The service was committed to promoting people's wellbeing and helping them to achieve their aspirations. For example, we learnt about how staff had supported a person, with their consent, to 'become famous' through the company's social media page. We saw pictures of the person enjoying themselves with their carer, which had reached people across the world.
- People were supported to develop and maintain relationships to avoid social isolation. For example, people experiencing dementia were encouraged and supported to attend a bi-monthly 'Memory Café' run by the service at a local community centre. We saw pictures of people getting involved with art & crafts,

themed days, gardening, music, trips out and celebratory lunches. A relative told us, "It's been brilliant, it's really nice to have somewhere to go for [my relative] and for me as a carer. We have a lot of fun."

- There was a strong culture of building and maintaining open and honest relationships with people and their families. All people we spoke with told us they received care from a small group of consistent staff which allowed them to build trusting relationships.
- The importance of developing positive relationships between people and staff was embedded into the care planning process. For example, one person's care plan described the significance of companionship when supporting them with their progression of dementia. It stated, "[Staff] are to build a relationship of trust through companionship so that [the person] feels comfortable, safe and reassured with them at all times."
- The provider and registered manager demonstrated a caring approach to ensure staff wellbeing was maintained. For example, a confidential employee support service was available for all staff and de-brief records were kept to support staff after any challenging or emotional situations. There were plans in place to implement a staff wellbeing champion with an interest in good mental health at work.

### Respecting equality and diversity

- Staff spoke with empathy and enthusiasm about how they cared for people. They were able to tell us about people's individual needs, and treated people equally and with respect. People's care plans included details of any cultural or religious needs and provided information for staff to support them appropriately.
- Staff had been trained in equality and diversity and further plans were in place to extend staff understanding and knowledge in this area. The registered manager expressed a passion for ensuring people's equality and diversity rights were upheld and had worked with an external organisation to obtain further information and advice on LGBT+ issues for older people living in the community.

### Supporting people to express their views and be involved in making decisions about their care

- People and where relevant, their relatives, were fully supported to express their views about the care they received.
- Staff were provided with the chance to express their views about the way in which care was delivered to people and the impact this had on their overall experience. For example, following comments raised by staff about levels of communication between office staff and those in the community, a new senior role was formed which focussed on the experience and wellbeing of the staff providing care. This helped to ensure that people were supported to receive an exceptional level of care from staff who felt consistently supported and confident in their roles.
- Staff demonstrated a commitment to offering people choice when providing care. One staff member said, "I always ask before I do anything, and I always ask if I'm ok to do it."
- People and their relatives told us they were frequently asked by staff if they were happy with the care provided. They also confirmed that care arrangements were reviewed regularly to help ensure care was provided as required. One person said, "A lady came down here not too long ago, she made some notes and asked questions to make sure I was happy with the service."
- The registered manager and office staff had regular contact with people on the telephone, visiting them in their own homes, or when carrying out spot checks of staff. This enabled them to seek people's views, review if any changes were needed and check if they were happy with the service they were receiving.
- People were introduced to staff members through an introduction process, which enabled people to get to know staff and ensure staff had a clear understanding of the person's routine.
- Staff had worked hard to capture a client profile, which included detailed information about people's histories and cultural backgrounds. This information included potential topics of conversation for staff to engage in based on their profile.
- New staff to the service completed their own personal profile, which included information about their

hobbies and lifestyle. This information was used alongside people's profiles to 'match' them based on people's shared interests. For example, one person had been matched to a staff member with a shared interest of sailing and upon meeting, they formed an instant relationship through conversation and sharing old photos around this hobby. The staff member suggested taking the person to watch the boats in the local area and we learnt the person was very much looking forward to their next planned trip.

- Staff spoke of the success of the 'matching' process. One staff member said, "The clients I work with, I care a lot for them and we get on well. It's one of the best things about it working for Home Instead, we are matched to the clients, they consider our personality and if we fit well with the clients."

Respecting and promoting people's privacy, dignity and independence

- People felt staff treated them with respect and provided care and support in a dignified way. This included giving people their personal space and being polite and sensitive in the care and support given. For example, one person, who had a sight impairment, told us how staff always greeted them by saying who they were on the doorstep before they came in the house. This ensured the person felt safe and treated with dignity in their own home.

- Staff were aware of people's abilities and encouraged them to be as independent as possible in their personal care routines. One person said, "Oh definitely, they help me to be independent as much as they can. If I want to do something myself, they encourage me, but they also ensure I don't overdo it."

- Support plans were written in a way that promoted people's independence. They were outcome focussed, with guidance on how best staff could support people to live meaningful lives maintaining their independence. For example, where concerns were highlighted about a person's mobility in their daily personal care routine, their care plan outlined a clear plan of how they had been supported by staff to regain their independence. This included regular reviews of supporting the person to complete exercises and follow up referrals with health professionals.

- Staff understood their responsibilities when respecting people's dignity and showed consideration for people's privacy when completing personal care. One staff member said, "I put towels across [the person's] front and wrap another towel around them so they are covered. If they use the commode, I pull the blinds across to make sure no one can see in."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received individualised care and support, which gave them choice and control. One person told us, "I would say on the whole they understand my needs, if there is anything I want different, I just say so and they are quite happy to help me."
- People's care plans were clear and person centred. They contained information in relation to people's likes, dislikes, personal preferences, health, social needs, communication requirements and tasks they required support with during each visit from staff.
- Daily records showed people received care and support according to their assessed needs. Staff used a secure app on their mobile phone to access people's care records and document their visits. One staff member said, "I think it's a good way of doing things, it's all done through the app. If anything changes, we get an email to advise us as well."
- People and relatives confirmed they had been involved in their care plans. A person said, "They do make little calls to me to make sure everything is ok."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in their care plans. This ensured that staff were aware of the best way to talk with people and present information.
- Care records identified if a person had a sensory loss and what staff should do to support the person to improve communication. For example, one person's care plan stated, "[Staff member] may need to write an instruction or question on a notepad so [person] is fully involved in the support he receives."
- The registered manager described how care staff worked with external agencies for people with sensory impairments to further support them.

Improving care quality in response to complaints or concerns

- A robust process was in place to act on any complaints that had been received. We reviewed complaints records and found they had been investigated thoroughly and dealt with in line with the provider's complaints policy.
- Relatives told us that they had confidence in the service and if they raised minor concerns, these were acted on promptly. One relative said, "I haven't made any [complaints] but I should think they would sort it out for me if I did."

- The registered manager, office staff and care staff regularly engaged with people and their families so that any low-level concerns could be addressed quickly.

#### End of life care and support

- No one using the service was receiving end of life care at the time of our inspection, however the registered manager provided us with assurances that people would receive good end of life care and be supported to help ensure a comfortable, dignified and pain-free death.
- Some staff had completed training in end of life care. This meant they were aware of how to deliver care in line with national best practice guidance and professional guidelines. For example, the registered manager had completed an end of life care training programme in partnership with a local hospice and there were plans in place for additional staff to enrol in end of life training.
- We looked at records of an end of life care plan where a person had recently passed away. This included details of the person and their families wishes, as well as guidance for staff on how to care for the person to ensure the person remained comfortable.
- An end of life policy was in place and the registered manager told us they worked closely with relevant healthcare professionals to provide appropriate support to people, their families and staff.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- In the previous month before the inspection, the service had been taken over by new directors of the franchise. We spoke with one of the new directors, who demonstrated their passion and commitment to ensuring a high-quality service. They told us, "Some of the success stories I've heard from the staff have been amazing. They are like angels, they do some great things."
- Since the previous inspection, a new registered manager had also been appointed. Staff spoke positively about the new directors and registered manager and told us they felt valued in their roles.
- There was a clear management structure in place, consisting of the registered manager, staff trainer and client managers. Other senior staff roles were responsible for recruitment, compliance, finance and scheduling.
- Each role had defined responsibilities which were overseen by the registered manager to ensure effective performance management. For example, the registered manager monitored a monthly key performance indicator (KPI) matrix, which ensured the tasks of client managers were completed on time.
- The management team held weekly meetings to discuss the progress of ongoing action plans, share updates within different areas of the service and discuss any concerns or challenges.
- Quality assurance systems and audits had been developed to assess, monitor and improve the service, which were monitored by the registered manager, office team and the national office.
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, whistleblowing, complaints and equality and diversity.
- The registered manager and office staff used an electronic care system daily, which provided effective monitoring of the service. If any care calls were late or missed, an alert would flag this to the registered manager and they took action to address it.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives were happy with the service they received from Home Instead Senior Care and gave positive feedback about all staff members. One person said, "It is a very, very good service that I receive," another person commented, "I've got no complaints. I'm very grateful for the care I receive." A relative told us, "I am really pleased with how it's going. The management are great, I think [the service] is very well run."
- The registered manager was keen to promote an inclusive and empowering culture as a leader of the service. They told us, "My door is always open, staff here know they can talk to me at any time. I feel we have

a good relationship and a strong team."

- The provider held regular teambuilding events for staff to promote a positive working environment and boost staff morale. Staff were clearly motivated in their roles and we saw they shared the same values of the provider and the registered manager, to deliver a good standard of care. One staff member told us, "I absolutely love it here. It is the ethos and the desire of the company to get things right first time."
- Staff were recognised for doing a good job and this was celebrated by the service. We saw pictures of staff being presented with certificates and awards where they had excelled in their role.
- Staff told us they enjoyed their roles and felt supported by the registered manager and office team. One staff member said, "I really do I enjoy it. I don't have much contact with other staff, but I do contact the office quite a lot if I'm unsure of anything, they are easily accessible. It's one of best job I've done since I left school."
- The provider had developed ways of involving staff to deliver a high-quality service and the registered manager demonstrated their passion for creating role model's amongst staff. For example, they had appointed five senior staff members, with a focus on providing support to other staff working in the community.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated a transparent approach to their responsibilities. Where any safeguarding concerns were raised, or accidents occurred, relevant people were informed immediately, in line with the duty of candour requirements.
- A duty of candour policy was in place, which supported staff and management to act openly and honestly in their roles.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider promoted staff engagement and welcomed any feedback in order to improve the service. For example, regular staff meetings provided the opportunity for discussions and learning.
- Staff told us they felt listened too and 'part of the service'. One staff member said, "They are always trying to get us involved in different ways." We saw feedback from another staff member which stated, "They make you feel like part of a family and actually listen to your views."
- Staff were encouraged to attend regular coffee meetings which were held across different locations, as a chance to get together informally and have a chat.
- A monthly staff newsletter was sent to staff providing them with information and updates about the company. The newsletter also provided staff with signposting guidance and information to help them with their wellbeing and work performance. For example, tips on how to avoid 'Festive Fatigue' over the seasonal period.
- The service promoted engagement with the local community and had worked hard to develop positive links with key stakeholders. For example, the service held an office 'Open Day', in which people and their relatives, local councillors, and patrons of the provider's Memory Café were invited.
- The service empowered people to voice their opinions. For example, to recognise 'Dementia Action Week', a person who was receiving a care service from Home Instead Senior Care, and who had a diagnosis of dementia, was invited into the office with their family member to share their own story and journey living with dementia.
- Feedback about the service was gathered from people and their relatives in a range of ways including annual surveys, one-to-one discussions and telephone contact. A person told us, "They send us a regular questionnaire which asks if anything has changed, we find it very useful."
- We looked at the results of the most recent survey sent to people, which demonstrated high levels of

satisfaction. For example, one of the achievements stated that 100% of people said their care staff member arrived on time. Another stated 100% of people felt staff who provided their care were 'well matched' to them.

#### Continuous learning and improving care

- There was an emphasis on continuous improvement. The registered manager or senior staff monitored the service people received by observing staff practice and approach, to ensure they worked safely and displayed a respectful attitude.
- The registered manager felt supported by the providers and had regular contact with them. An annual conference was held with other registered managers of services run by the provider, which gave the opportunity to learn and improve. The registered manager told us, "[The conference] was absolutely brilliant, the owners from America came over too. There was lots of really good information and it was an opportunity to pick up on important areas and learn from others."
- The registered manager had subscriptions with key organisations in the care sector and received important information from the provider's national office. This helped to ensure they stayed up to date with best practice and guidance.
- The registered manager monitored complaints, accidents, incidents and near misses frequently. If a pattern emerged, action was taken to prevent a reoccurrence.
- The views of people and their relatives were at the core of monitoring the quality of care and were used to improve the service. For example, when people were no longer receiving care from the service, staff wrote to them or their relatives where appropriate, in order to gain feedback. This helped to ensure all praise and learning was shared with staff and positive changes could be made where necessary.

#### Working in partnership with others

- The staff and management team worked in partnership with other agencies and professionals to ensure people received the support they required. A health professional commented, "If there are any concerns, they are very effective at communicating them with me, they are keen to do collaborative and joint working."
- People's support plans showed the involvement of health and social care professionals including district/community nurses and GPs, which ensured effective joined-up care.
- The registered manager worked with people's relatives where appropriate, to help support people's day to day routines effectively.