

REHB Limited

# Home Instead Senior Care Horsham

## Inspection report

Unit 15 Graylands Estate  
Langhurstwood Road  
Horsham  
West Sussex  
RH12 4QD

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17 May 2016

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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

The inspection took place on the 17 May 2016 and was announced. The provider was given 48 hour's notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

Home Instead Senior Care Horsham is a domiciliary care service which provides personal care and support services for a range of people living in their own homes. These included older people and people living with dementia. At the time of our inspection 48 people were receiving a service, which of 19 were receiving the regulated activity of personal care.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The experiences of people and relatives were very positive. People told us they felt safe, that staff were kind and the care they received was good. A relative told us "When I leave the house I'm delighted to know my relative is safe, carers are not only mature they're caring and have a lovely disposition".

The provider had arrangements in place for the safe administration of medicines. People were supported to receive their medicine when they needed it. People were supported to maintain good health and supported to access health care services if required.

Assessments of risk had been undertaken and there were instructions for staff on what action to take in order to mitigate them. Staff knew how to recognise the potential signs of abuse and what action to take to keep people safe. The registered manager made sure there was enough staff at all times to meet people's needs. When the provider employed new staff at the service they followed safe recruitment practices.

The service considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

Staff felt fully supported by the registered manager to undertake their roles. They were given training updates, supervision and development opportunities. For example staff were offered to undertake additional training and development courses to increase their understanding of the needs of people using the service. One member of staff told us "The training is so good. I recently completed the induction, which was very informative and interactive so I felt confident when I started. My manager took me out and introduced me to the people I would be supporting and went through so much, it was great".

People confirmed staff respected their privacy and dignity. Staff had a firm understanding of respecting

people within their own home and providing them with choice and control. People were supported at mealtimes to access food and drink of their choice and were supported to undertake activities away from their home.

People and relatives said they were happy with the management of the service. People's comments included "I met the boss, she was so lovely and friendly" and "I have had contact with the head lady and she is very nice". There were clear lines of accountability. The service had good leadership and direction from the registered manager. One member of staff told us "My manager and everyone in the office are so approachable and helpful. Any help I need they are there. One time I called up and needed help with a call I was doing and the manager came out to help me straight away".

The registered manager monitored the quality of the service by the use of regular checks and internal quality audits to drive improvements. Feedback was sought by the registered manager through surveys which were sent to people and their relatives. Survey results were positive and any issues identified acted upon. People and relatives we spoke with were aware of how to make a complaint and felt they would have no problem raising any issues.

## 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 safeguarded from the risk of abuse. Staff understood how to recognise and protect people from abuse and knew how to report any concerns.

There were sufficient numbers of staff and recruitment procedures were robust and ensured staff were suitable for their role.

Risks to people were identified and managed effectively. Medicines were administered safely by staff who had been trained and were assessed as being competent.

### Is the service effective?

Good ●

The service was effective.

People received effective support as staff knew people well. They supported people, listened to what they wanted and treated them as individuals.

People were supported to eat and drink a healthy diet which met their dietary and health needs, including people living with medical conditions such as diabetes.

Staff and the provider were knowledgeable about the requirements of the Mental Capacity Act 2005. Staff received regular training, supervision and appraisal which ensured they had the skills and knowledge to meet people's needs.

### Is the service caring?

Good ●

The service was caring.

People told us the care staff were caring and friendly.

People's privacy and dignity were respected and their independence was promoted.

People were involved in making decisions about their care and

the support they received.

### Is the service responsive?

Good ●

The service was responsive.

Assessments were undertaken and care plans developed to identify people's health and support needs.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

Staff were aware of people's preferences and how best to meet those needs.

### Is the service well-led?

Good ●

The service was well- led

The values of the service were well embedded and staff were committed to providing good quality care.

The service was well managed by the registered manager who actively led and supported the staff team.

There was good oversight of the service and robust processes in place for monitoring the quality of care provision and for seeking feedback in order to continuously improve.

# Home Instead Senior Care Horsham

## **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 the 17 May and was announced. The provider was given 48 hour's notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

The inspection team consisted of one inspector 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 service.

The provider had 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 checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with 4 people who use the service and 11 relatives on the telephone, four care staff, a senior carer, a co-ordinator and the registered manager. We observed staff working in the office dealing with issues and speaking with people who used the service over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the

care records for six people, medicine administration record (MAR) sheets, six staff training, support and employment records, quality assurance audits, incident reports and records relating to the management of the service.

The service was last inspected on 25 February 2014 and there were no concerns found.

# Is the service safe?

## Our findings

People and their relatives told us without exception that they felt safe. One person told us "I feel quite safe with them". A relative told us "When I leave the house I'm delighted to know my relative is safe, carers are not only mature they're caring and have a lovely disposition".

People were protected from the risk of abuse because staff understood how to identify and report it. Staff had access to guidance to help them identify abuse and respond in line with the policy and procedures if it occurred. They told us they had received training in keeping people safe from abuse and this was confirmed in the staff training records. Staff described in detail the sequence of actions they would follow if they suspected abuse was taking place. They said they would have no hesitation in reporting abuse and were confident that management would act on their concerns. One member of staff told us "We look out for physical signs and seeing people regularly we would know if they were acting out of character. Any concerns I would pass to the office who would deal with it". Another member of staff said "There is a lot to look out for including financial abuse and cold callers to people's homes. I had one gentleman that told me a bank kept ringing him, I reported this straight away and it got sorted for him". In one care plan it detailed for staff to be aware of business cards in the person's home and inform the office straight away. Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. Staff could therefore protect people by identifying and acting on safeguarding concerns quickly.

Risk assessments were thorough and identified hazards and how to reduce or eliminate the risk. For example an environmental risk assessment included analysis of the condition of flooring, carpets, or rugs and considered whether they presented a risk of trip, slip or fall for either the person or the staff member. Other potential risks included the equipment people used and how staff could ensure they were used correctly and what to be aware of. For example in one care plan it described how one person used a shower stool when showering and what staff needed to be aware of and the safest way to assist the person into the shower. This meant that risks to individuals were identified and well managed so staff could provide care in a safe environment. Staff told us that they talked through the risks with the person to ensure that they were happy with any suggested changes that would reduce the risk.

People we consulted with told us their care workers were competent and had the skills required to support them safely. Care workers told us they received a good level of training and that they felt confident to support people in a safe manner. This information was supported by training records that showed all staff were trained in important health and safety areas, such as moving and handling, infection control, first aid and food hygiene.

The service had skilled and experienced staff to ensure people were safe and cared for on visits. Rotas were planned a few weeks in advance and care staff were informed of their shifts via email in advance. We looked at the electronic rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. Staffing levels could be adjusted according to the needs of people using the service and we



saw that the number of staff supporting a person could be increased if required. The registered manager told us that they were continually recruiting staff to maintain the staffing levels to ensure all visits were being covered and for any new people using the service. They said "We have a member of staff who is responsible for recruitment and we are continually recruiting new care staff".

Recruitment procedures were in place to ensure that only suitable staff were employed. Records showed staff had completed an application form and interview and the provider had obtained written references from previous employers. Checks had been made with the Disclosure and Barring Service (DBS) before employing any new member of staff.

People were supported to receive their medicines safely. We saw policies and procedures had been drawn up by the provider to ensure medicines were managed and administered safely. Staff were able to describe how they completed the Medication Administration Records (MAR) in people's homes and the process they would undertake. One person told us "Yes, my blister packs daily are being dealt with properly". A relative told us "My relative has a blister pack and carers overlook this to ensure tablets are taken correctly". Staff received a medicines competency assessment on a regular basis. We looked at completed assessments which were found to be comprehensive to ensure staff were safely administering or prompting medication. Audits on medicine administration records (MAR) were completed on a monthly basis to ensure they had been completed correctly. Any errors were investigated, for example, if a missing signature had been highlighted for the administration of a medicine. The registered manager would investigate and the member of staff would be spoken with to discuss the error and invited to attend medication refresher training if required.

Staff were aware of the appropriate action to take following accidents and incidents to ensure people's safety and this was recorded in the accident and incident records. There were processes in place to enable the registered manager to monitor accidents, incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

## Is the service effective?

### Our findings

People and their relatives felt confident in the skills of the care workers. One relative told us "Yes they are skilled. I do know that as I know they attend courses". Another relative when asked if staff were skilled told us "Very much so, the manager and team are aware they are responsible and have a caring attitude, totally proficient".

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 knowledge and understanding of the (MCA) because they had received basic training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. Staff told us how people had choices on how they would like to be cared for and that they always asked permission before starting a task. One member of staff told us "People have choices, and it's about giving choices and gaining consent". They went on to give examples of offering choices of meals and what clothes someone would like to wear. Details of the MCA was also displayed in the office as a reminder for staff.

We were told by people and their relatives that most of their health care appointments dealing with health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments. If needed they liaised with health and social care professionals involved in people's care if their health or support needs changed. One relative told us "The carer rang the doctor, took my relative and checked with me (daughter) that was okay". One member of staff told us "One of the people I support needed assistance in attending a GP appointment. I assisted them in the appointment which they requested and told me they felt relaxed with me there".

Staff undertook a variety of essential training which equipped them with the skills and knowledge to provide safe and effective care. Training schedules confirmed staff received training in various areas including moving and handling, first aid, fire safety and dementia. Staff completed most of their training on induction and also trained alongside the registered manager on care calls. Competency checks were completed to ensure staff were delivering the correct care and support for people. Staff were also supported to undertake qualifications such as a diploma in health and social care. Staff spoke highly of the training provided and one told us "The training is so good. I recently completed the induction, which was very informative and interactive so I felt confident when I started. My manager took me out and introduced me to the people I would be supporting and went through so much, it was great". The online training plan documented when training had been completed and when it would expire for staff to attend a refresher training course. On speaking with staff we found them to be knowledgeable and skilled in their role. Staff we spoke with told us of the short courses the registered manager had sourced through a local college. The course available included dementia and mental health end of life and diabetes. Staff felt these were useful to their role and enhanced some of their understanding. One staff member said "I am currently doing the dementia course it

is really interesting and I don't need to attend the college. I can complete it in my own time".

The registered manager had completed a diploma in dementia and became a dementia champion enabling them to train their staff further in this area. The City & Guilds accredited training for dementia provided additional understanding for the staff when supporting people living with the condition. The registered manager told us that staff completed part one of the seven module course as part of the initial Induction training, with the other units being taken as part of the full course during their employment. The registered manager also told us how the induction was going to be increased by a day as they were currently working with incorporating the skills for care certificate into the training. The certificate sets the standard for new health care support workers. It develops and demonstrates key skills, knowledge, values and behaviours to enable staff to provide high quality care.

Staff had regular supervision meetings with the registered manager and a planned annual appraisal. These meetings gave them an opportunity to discuss how they felt they were getting on and any development needs required. Staff had regular contact with their manager in the office or via a phone call to receive support and guidance about their work and to discuss training and development needs. Staff also received spot checks when working in a person's home. This ensured that the quality of care being delivered was in line with best practice and reflected the person's care plan. This also helped staff if they wanted to discuss any concerns or ideas they had. Staff said they found these to be beneficial. They told us the registered manager was always available to provide guidance and support to help them provide effective care to people. One member of staff told us "I find supervisions helpful and supportive. It's a time to discuss how things are".

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members or themselves and staff were required to reheat and ensure meals and drinks were accessible to people. One member of staff told us "I have one person who likes to have company when they are eating so I will take my lunch with me so we can sit together and have a nice chat". Another member of staff said "Sometimes people like to be involved in preparing their food. It's important to ask if they would like to help". People's nutritional preferences were detailed in their care plans as well as the time they liked to have their meals. For example in one care plan it detailed the preferences of the food and drink they liked and how staff were to prepare it. Another care plan described how a person liked to have the teapot left on the radiator when it had been cleaned and emptied so it was warm when they next wanted a cup of tea. One person told us "Yes they prepare my breakfast, carers know what you like". A relative told us "Yes carers cook food properly and provide more if required". Staff told us if they had concerns about a person's nutrition or weight they would report this to the office who would then seek advice from health professionals.

## Is the service caring?

### Our findings

Every person and relative we spoke with told us staff were very caring. One person told us "Lovely friendly atmosphere, they sent me a birthday card". Another person said "Feel almost like friends". Relative comments included "The carers are fantastic", "Caring, yes definitely" and "Caring, very much they are caring, compassionate and patient"

People and relatives told us they saw regular care staff and were advised in advance of who was coming and at what times. New care staff were introduced to people in advance to ensure they were suited to each other. One person told us "Yes, we have one consistent regular carer who we see a lot most of the time and we have other carers who are also very supportive". A relative told us "One main one [staff member], occasionally two different all very good". Another relative had requested a variation of carers as her relative liked talking to different people and they thought this worked well. They told us "We have a number a different carers as my relative gets bored, consistency of care with a variety of carers works extremely well".

Staff told us about the people they supported with knowledge and interest. They knew the details of people's like and dislikes and how they liked their care and support to be provided. For example staff told us about a person they supported and the fact that they needed additional support in the morning as they took longer to wake up. However in the evening they were much more alert and awake so a different approach to supporting that person was needed in the mornings and evenings. For someone who needed support with accessing the community and participating in stimulating activities they were supported to do this. A staff member said "We've all got the clients best interests at heart".

Staff spoke about their roles with commitment and enthusiasm. Some staff members had been in post for a long period of time and attributed this to the enjoyment of their jobs. One member of staff told us "This is a great place to work and everyone really cares. My first person I was introduced to by my manager was lovely. We clicked straight away and we have great rapport". Another member of staff said "What can I say it is just great working here, everyone is so kind and caring".

Care staff were aware of the need to preserve people's dignity when providing care to people in their own home. Care staff we spoke with told us they took care to cover people when providing personal care. They also said they closed doors, and drew curtains to ensure people's privacy was respected. One member of staff told us "I have one person I support into the shower and pass them their flannels, then I will give them privacy and wait outside the shower room door and they call me if they need help". People we spoke with confirmed their dignity and privacy was always upheld and respected. One person told us "Very much so, I see it in their whole attitude and not condescending". A relative told us "Absolutely she [staff member] is very respectful and very kind"

Staff recognised the importance of promoting people's independence. People and relatives confirmed they felt staff enabled them to have choice and control whilst promoting their independence. Care plans provided clear details on how staff could promote independence for people. One care plan recorded how a person needed encouragement on wearing clean clothes and to let the person choose and do what they

could for themselves and staff to assist if required. Staff told us how they promoted peoples independence and let the person do as much as they can for themselves. One relative told us "Absolutely, our main objective is for my relative to be in her own home and remain independent as possible". Another relative said "The carer try to encourage her to do things".

People's confidentiality was respected. Care staff understood not to talk about people outside of their own home or to discuss other people whilst providing care to one person. Care staff received their rotas through email. Information on confidentiality was covered during staff induction, and the service had a confidentiality policy which was made available to staff. Minutes of a recent meeting detailed how this was discussed as a reminder for all staff to adhere to.

## Is the service responsive?

### Our findings

Staff were knowledgeable about people and responsive to their needs. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One person told us "Yes, they meet my individual needs".

One relative told us "Absolutely, it's down to the individual carers and overall company attitude". Another told us "The carers take my relative to a group regularly".

People and relatives felt they were well matched one relative told us "They make a point of doing that, the initial interview goes into great depth to ensure the right match is made". The registered manager carried out the initial assessments on people. The registered manager showed passion in involving people and their relatives in creating a person centred care and support plan. They described how they put the person at the centre of their planning process and plan the support with people in consultation with any appropriate representative or advocate to ensure they choose how services are provided. They described how taking extra time at the initial consultation to discuss with a person their life experiences would provide key information which would be beneficial for creating the care plan. The registered manager told us "We are keen to encourage the person to be involved with the creation of their own care plan and we will listen to their views which will also include taking into account their life experiences, relationships, preferences and routines. We then use this information to tailor the person's care plan and to assign the best match of staff so that they can build a relationship of trust and friendship which is supported by our matching process and ongoing training provided to all staff".

Staff told us that they had enough time to support people and never felt rushed when providing care and support. They also told us they had enough time to spend with people to meet their needs. Staff were committed to arriving on time and told us that they always notified people or the office if they were going to be late. One member of staff told us "Travel time is never an issue and I see the same people all the time. I have built up great rapport with them and their families, I love my job so much".

All staff we spoke with told us they were able to build relationships with people and increase understanding of their needs, due to the fact that they consistently attended the same people. Staff were pleased that the minimum care visit was for one hour. One member of staff said "We have the right amount of time to spend with people and the minimum call time is an hour. The most important thing is not going in and rushing and taking time to make sure they are happy with everything. They love to have a chat and one person I visit, we discuss what is in the news that day".

Staff were knowledgeable about the health care needs of the people they cared for. Staff were able to describe what signs could indicate a change in a person's well-being. For example one member of staff told us how they could recognise that someone may not be drinking enough fluids and how a change of colour to the urine could be a sign to look out for. Staff were confident how to respond in a medical emergency. Another member of staff told us that if one of their clients had a fall, they would make them comfortable, wouldn't attempt to lift them and call the paramedics and contact the office. Staff knew how to obtain help or advice if they needed it and one member of staff told us "In the day we call the office and if out of hours

we have an on call system where the manager or member of office staff are available for support and guidance".

People told us they were aware they had a care plan. They said that this was part of the introduction and initial meeting. There were two copies of the care plans, one in the office and one in people's homes, we found details recorded were consistent. Care plans contained detailed person centred information for staff to understand how to deliver personalised care and support to people. In one care plan it described in detail the support a person with impaired vision required. This included staff to remain close to the person while walking around their home while holding their hand and offering reassurance and orientation. Care plans provided information for care staff to involve and encourage people to remain as independent as possible to remain in their own homes. In another care plan it detailed how a person could feel low in the morning and how staff were to encourage the person out of bed and prepare their morning coffee with their preference on how they would like this made. This ensured people were receiving the correct care and support required from staff. Care plans were reviewed on a regular basis and staff were made aware of these updates.

People's preferences around activities and interests were detailed in each care plan. This included people who enjoyed going out to visit a local garden centre, people who enjoyed jigsaws and crosswords. Staff told us how they enjoyed the time they spent with people and being involved in their activities. We were also told of one person who was living with dementia who was provided with companionship and assistance with personal care whose family had asked if they could be taken out for a whole day to provide activity and stimulation in the things that have always been of interest to them. Taking into account the person was living with dementia, research took place on what could be achieved on these days out. The member of staff chosen to support the person was a keen golfer, who offered to take the person to the golf range for gentle golf practise, but it soon became apparent that he could manage a nine hole round which they enjoyed. The member of staff ensured that they did this in a safe environment under their knowledge of the local course. The member of staff also researched cinemas and theatre groups that provided matinees and old movies or subjects that were of interest to them. The registered manager told us how the experiences of days out for the person enhanced the person's quality of life.

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people in their care plans and complaints made were recorded and addressed in line with the policy. Complaints had been recorded with details of action taken and the outcome. A follow up to the complaint were in place where needed. One person told us "Yes when I raised a concern, it was no problem and anything raised doesn't go beyond".

## Is the service well-led?

### Our findings

People and relatives spoke highly of the registered manager. Comments included "I met the boss, she was so lovely and friendly", "I have had contact with the head lady and she is very nice", "The owner [registered manager] made initial visit and we talked about how the organisation worked. I could ring her at any time" and "Absolutely excellent and personal".

The atmosphere was professional and friendly in the office. All staff spoke highly of the registered manager and how they were always welcomed into the office. One member of staff told us "My manager and everyone in the office are so approachable and helpful. Any help I need they are there. One time I called up and needed help with a call I was doing and the manager came out to help me straight away". Another member of staff said "I like to pop in to the office and see everyone and have a coffee. We are a strong supportive team and everyone helps each other". The registered manager was approachable and supportive and took an active role in the day to day running of the service. People appeared very comfortable and relaxed talking with them. While we were on the inspection we observed positive interactions and conversations were being held with staff and people over the telephone. The registered manager took time to listen and provided support where needed.

The registered manager and staff told us they had regular office meetings and communication which gave them a chance to share information and discuss any difficulties they may have. This also gave them an opportunity to come up with ideas as to how best manage issues or to share best practice. They also told us how they had introduced champions in various areas including moving and handling, medication and diabetes. The members of staff who were champions who had received additional training or attended a course were a point of contact for staff to go to if they needing expert advice in these areas. The registered manager also told us "We have recently introduced a diabetes champion, and held a daytime and evening staff meeting where our champion gave a presentation on diabetes, it was very helpful for staff".

The registered manager showed passion about the service and talked about always looking on ways of improving and growing the service. They told us of training and courses they had attended. The registered manager said "We are always looking on ways of improving the service we provide to people. Last year we arranged an afternoon cream tea and invited everyone to attend a local café. We had one person who was nervous of leaving their home and thought they may not like to attend. We were amazed when they said they wanted to come and told us, I trust you all to get me their safely. We had a lovely time with everyone". We were also told how staff had worked closely with health care professionals such as GP's and district nurses when required. On the day of the inspection a member of staff took a phone call from the local falls prevention team who had been supporting one of the people who had recently had a fall. They had called to say "They had just visited the person for the final time and no longer needed to visit them as they were delighted with their progress. And this was due to the wonderful care the care staff had provided".

The registered manager told us how they regularly reviewed their business plans and had developed their future strategies to take into consideration local and national agendas. The service had received many



compliments from people and relatives which were stored in folders at the office in recognition of the service they provided. On the office walls the registered manager had reproduced some of these compliments as reminders to the staff on how well they were doing.

The quality of the service was monitored using formal tools such as quality audits. These included audits around care plans, MAR sheets and staff records. Evidence was available to demonstrate that audits were used effectively and enabled the registered manager to identify any shortfalls in a prompt manner. Where any issues had been identified, we saw actions had been implemented to ensure that improvements were being made. For example, audits of daily records of people completed by staff required further detail. This had been discussed and examples created for staff to be guided by when completing the records. Quality assurance process's included quarterly quality assurance visits or telephone calls to people and a service review every six months or as and when required, dependent on any changes to the person's health.

Pursuing Excellence by Advancing Quality (PEAQ) is an annual questionnaire produced and managed by an external company that the registered provider commissioned. Surveys were sent out to staff and people. We saw the results from the most recent survey. The registered manager said they used the feedback to inform development and make any changes people may have suggested. Overall the percentages and comments made indicated a high level of satisfaction for the service. Comments from people included "Extremely well managed", "I can't fault them" and "Perfectly satisfied and they do a very good job".

The provider stated in the PIR 'We ensure the service we provide is well led by following the Home Instead Senior Care policies, procedures and processes. Our service is about engaging with people, building trust and taking the lead and so our culture is incredibly important to us. There is a defined governance and management structure in place. This provides clear lines of responsibility and authority for decision making about the management, operation and direction of the service. We provide and give extensive training to all of our staff starting with the registered manager who attends a 4 day care manager training course at the Home Instead Senior Care national office. This was confirmed at the inspection and from speaking with staff and people around the service being well led comments included 'Whoever I speak to, they know who I am. They are always helpful' and 'Any communication is dealt with quickly and efficiently which is incredibly reassuring. The staff are always kind, caring and supportive'.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They were aware of the requirements following the implementation of the Care Act 2014, for example they were aware of the requirements under the Duty of Candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.