Glendora Care Limited

# Home Instead Senior Care

## Inspection report

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Date of inspection visit:
13 November 2018

Date of publication:
04 January 2019

## 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

We inspected Home Instead Senior Care on 13 November 2018. The inspection was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The service first became operational in July 2017. This was the first inspection of the service.

Home Instead Senior Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of the inspection it was providing a service to 12 people.

There was not a registered manager at the service at the time of our inspection. 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 and associated Regulations about how the service is run. The service had two managers in the role and they had started the process to apply for the position of the registered managers.

The service was exceptionally caring. Care staff knew the importance of developing good working relationships with the people they looked after and ensured they provided person centred care based on their specific needs. The feedback we received from people, and their relatives, and health and social care professionals was overwhelmingly positive. Care plans contained detailed information about people's interests, family life and life history. The service had helped a person actively to make contact with a cultural group they were previously involved in, so there could be sense of belonging for the person. The service promoted people to live as independently as possible at home and accessing the community. The service worked with other agencies to support people to be safe in the community. People were supported by a team of regular staff that they knew and who they said were kind and caring. Staff respected people's privacy and dignity and promoted their independence.

People's needs were assessed and their preferences identified as much as possible across all aspects of their care. Risks were identified and plans were in place to monitor and reduce risks. People had access to relevant health professionals when they needed them. There were sufficient numbers of suitable staff employed by the service. Staff had been recruited safely with appropriate checks on their backgrounds completed. Medicines were stored and administered safely.

Staff undertook training and received regular supervision to help support them to provide effective care. Staff had a good understanding of the Mental Capacity Act 2005 (MCA). MCA is legislation protecting people who are unable to make decisions for themselves. People were supported with their nutrition and hydration needs.

People were supported to access activities within the community. People's cultural and religious needs were respected when planning and delivering care. Discussions with staff members showed that they

respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

The service had a complaints procedure in place and we found that complaints were investigated and where possible resolved to the satisfaction of the complainant.  The service had end of life policies and procedures in place.

Staff told us the service had an open and inclusive atmosphere and the management team were approachable and open. The service had various quality assurance and monitoring mechanisms in place so the voices of staff, people and their relatives were heard and acted on to shape the service.

## 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 were able to explain to us what constituted abuse and the action they would take to escalate concerns.

Risk assessments were in place which set out how to manage and reduce the risks people faced.

Medicines were managed safely for people.

Staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

People were protected by the prevention and control of infection.

### Is the service effective?

Good

The service was effective. Staff undertook regular training and had one to one supervision meetings. People's needs were assessed before they started using the service.

The provider met the requirements of the Mental Capacity Act (2005).

Staff were aware of people's dietary preferences. Staff had a good understanding about the current medical and health conditions of the people they supported.

### Is the service caring?

Outstanding

The service was exceptionally caring. The provider went above and beyond to ensure people were treated with kindness and caring staff. Care staff knew the importance of developing good working relationships with the people they looked after and ensured they provided person centred care based on their specific needs.

The feedback we received from people, and their relatives, and health and social care professionals was overwhelmingly positive. Care plans contained detailed information about people's interests, family life and life history.

The service promoted people to live as independently as possible at home and accessing the community. The service worked with other agencies to support people to be safe in the community.

People were supported by a team of regular staff that they knew and who they said were kind and caring.

The service respected people's privacy and dignity and promoted their independence.

## Is the service responsive?

Good

The service was responsive. People's needs were assessed and care was planned in line with the needs of individuals. People were involved in planning their own care.

The service had a complaints procedure in place. People and their relatives knew how to make a complaint.

Staff members told us that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service.

The service had an end of life policy in place.

## Is the service well-led?

Good

The service was well-led. Staff told us the management team were approachable and there was an open and inclusive atmosphere at the service.

The service had various quality assurance and monitoring systems in place.

# 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.

This inspection took place on 13 November 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in. The inspection team consisted of one inspector.

Before we visited the service we checked the information we held about the service and the service provider. This included any notifications and safeguarding alerts. A notification is information about important events which the service is required to send us by law. The inspection was informed by feedback from professionals which included the local borough contracts and commissioning team that had placed people with the service, the local borough safeguarding adult's team, community professional and health and social care professionals. We reviewed the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with the nominated individual, co-director of the service, the care manager, the administrator, and two care workers. During the inspection we visited two people in their own home who used the service with their relative. After the inspection we spoke with two people who used the service and one relative. We looked at three care files which included care plans and risk assessments, three staff files which included supervision records, and recruitment records, quality assurance records, medicine records, training information, and policies and procedures.

Good

# Is the service safe?

## Our findings

People who used the service and their relatives told us they felt the service was safe. One person said, "Yes I do [feel safe]. I don't know what I would do without [staff]." Another person told us, "110% safe. [Staff] give you confidence. I find them useful." A relative commented, "Absolutely [safe]." Another relative told us, "100% safe. [Staff] are me when I am not here."

There was a safeguarding policy in place which made it clear the responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission. Staff had undertaken training about safeguarding adults. Staff and management staff we spoke with had a good understanding of their responsibilities. One member of staff said, "I would contact the office in the first instance to discuss it with [co-director] or [nominated individual] or [the care manager]. I can go to Care Quality Commission. It is whistleblowing." Another staff member said, "I would go to [co-director] about it. She is my line manager." The service had a whistleblowing procedure in place and staff were aware of their rights and responsibilities with regard to whistleblowing.

People had a range of risk assessments to inform staff about the risks people faced and how to mitigate against them. Risk assessments covered areas such as physical needs, personal hygiene, skin conditions, nutrition & hydration, allergies, medicines, moving and handling, environment, and personal care. The risk assessments were specific to the individual need and included information for staff on how to manage risks safely. For example, one person was assessed with poor hand strength and needed support with hydration. The risk assessment stated, "[Staff member] to ensure [person] has access to water and that top on new bottles has been released and lightly replaced. Two bottles available at side of lounge chair." Risk assessments also covered risks for relatives in the person's home. For example, one relative of a person was allergic to egg. The risk assessment showed how to minimise the risk to that relative when they visited. The risk assessment stated, "[Staff member] will place all egg contaminated utensils in dishwasher. [Staff member] will wipe all egg contaminated surfaces then place cloth in washing machine." Risk assessment processes were effective at keeping people safe from avoidable harm.

Accident and incident policies were in place. Accidents and incidents were documented and recorded in people's care files and we saw instances of this. The service had a system in place to record all accidents and incidents on a centralised database so they could be analysed. This meant the service had an overview of accidents and incidents and any themes arising.

People, relatives and staff told us there was enough staff available to meet their needs and to keep them safe. One person said, "Always on time and leave late." Another person told us, "Always on time." A third person said, "Occasionally 10 minutes late but always because of traffic. The office calls. I do have different carers but [only] once or twice a week but always someone I have known and has been here before." A relative commented, "If ever a few minutes late [staff member] phoned she was on her way. For me that is so important." Another relative said, "[Staff] are very punctual. They come earlier and leave later if needed." One staff member told us, "They are enough [staff]. I do have [enough time between visits]. If I felt I didn't have enough time [co-director] will help me. I like the length of the visits as it gives the time to build

relationships with [people who used the service]. I have time to have a chat and cup of tea." Another staff member said, "The shortest time between a visit is one hour. I don't mind going [call visit] over 5 and 10 minutes."

The service had robust staff recruitment procedures in place. Records confirmed that various checks were carried out on people before they commenced working at the service including a Disclosure and Barring Service (DBS) check. This is a check carried out to see if prospective staff have any criminal convictions or if they are on any lists that prevent them from working in a care setting. Records showed the service carried out various checks on staff including two employment references and one personal reference. Records also showed proof of identification and records of previous employment history. This meant the service had taken steps to help ensure staff recruited were suitable for the role.

Records showed that all the care staff undertook training in medicines management and administration. One person said, "[Staff] ask me if I want something to eat and if I have taken my tablets. I take my own medication but they do ask me if I have taken my tablets." A relative told us, "Yes I am confident [about medicine administration for relative]. It is recorded in the log." Another relative said, "[Staff] will prompt the pills." Medicine administration record charts (MAR) were in place where the service supported people to take medicines and these contained details of each medicine to be given. Staff signed the charts after each administration so there was a clear record that the person had received their medicine. Records confirmed this. Staff demonstrated knowledge of the principles of safe medicines management and were aware of the procedures to follow in the event of an error or where a person refused a dose of a prescribed medicine. One staff member said, "I check medications against the MAR charts so they tally. I always contact [co-director] if there is a new medication so it can be added to the MAR chart. I write up the MAR chart [when they have had medication]. I will write up if person didn't take medication and send [co-director] a text." This meant that care staff and management had protocols in place to manage medicines.

Staff told us they were provided with personal protective equipment in order to ensure people were protected by the prevention and control of infection. One person told us, "[Staff member] wears apron and gloves." Another person, "Yes [staff] do [wear gloves]." Staff told us they could collect gloves and aprons from the office. Records showed staff completed training in infection control and prevention. One staff member said, "We have gloves if doing any personal care. We have got antibacterial gel. I have been given a huge box of gloves. We come back to the office for the gel and aprons." Another staff member told us, "We wash our hands. I wear gloves and aprons and make sure I dispose of those properly."

Good

# Is the service effective?

## Our findings

People and their relatives told us they were happy with the service they received and felt staff had the skills and experience they needed to provide them with effective care and support. One person said, "[Staff member] does the job with a great deal of pleasure." Another person commented, "[Staff] are brilliant. [Staff member] is one step ahead with what I need." A relative told us, "[Staff] have a lot of training and do a lot of refreshers."

Before a person started to use the service, a senior staff member would carry out an assessment of their needs, before an agreement for placement was made. This was carried out to ensure that the service could meet the person's needs. Records showed that an assessment of their needs had been carried out. Information was obtained from the initial assessment, and reports from health and social care professionals had been used to develop the person's support plan. One relative said, "When [co-director] first came before we started using them we spent hours doing the care plan. Quite a lot of information [and] very detailed." Another relative told us, "They spoke to me at length. It was very in depth. They were very thorough." This helped staff to ensure that people received individualised care and support which took account of their wishes and preferences.

Staff told us that they received enough training and support to give them the skills needed to carry out their roles. One staff member said, "[Co-director] has been excellent doing the training. It is very thorough." Another staff member told us, "I have just put on dementia training and that's been very interesting. We have got new medicine training coming up." The training records and staff files we looked at confirmed that staff had received training for their role which would ensure they could meet people's individual needs. This included training in topics such as dementia, mental health, learning disabilities, nutrition and hydration, health and safety, infection control, accidents and incidents, safeguarding, infection control, confidentiality, medicines, moving and handling, communication, code of conduct, basic life support, cultural diversity and awareness, complaints, and the Mental Capacity Act 2005 (MCA).

Staff told us they completed an induction to their role when they started to work for the service, which included shadowing more experienced care staff. One staff member said, "I did a three day induction in the office. It was very thorough with lots of practical exercises. It found it very useful. Someone has shadowed me a few months back. It is a regular part of the induction." Another staff member told us, "I have done shadowing which has been very helpful." Records showed new staff completed the Care Certificate. The Care Certificate sets the standard for the key skills, knowledge, values and behaviours expected from staff within a care environment.

Staff told us they received regular supervision to support them in their role. Records confirmed this. One staff member said, "I get supervision quarterly. They asked me to talk through my current [people who used the service] and how things were going. If any issues and if I needed training. We set some objectives for the next period, it was like a mini appraisal. I thought it was very helpful. It is good to reflect on things." Topics discussed in supervision records included people who used the service, workload, professional support and training, care certificate, and new policies. Records showed staff signed a supervision agreement which

stated they would receive four supervisions per year which included face to face supervisions and supported observational visits in people's homes.

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.

We checked whether the service was working within the principles of the MCA and found that it was. Staff demonstrated their awareness about when they should obtain people's consent and confirmed they asked people for permission before carrying out care tasks. Records showed that people had agreed to their care plan by signing a consent to care agreement form. Relatives were involved in making decisions where people lacked capacity. Records confirmed the service had copies of Lasting Power of Attorney (LPA) documents when people were unable to make their own decisions. Where the service did not have a copy of the LPA we saw applications to the Office of the Public Guardian requesting the relevant documents. One person told us, "[Staff] do ask. They always talk to me." Another person said, "[Staff] ask a lot of things. [For example] 'what you would like for lunch?'"

Care records included people's nutritional and hydration requirements and preferences. Staff confirmed that they helped people with meal preparation and demonstrated awareness of different nutritional requirements. One person said, "Sometimes [staff] heat food. For example, if I want egg on toast they will fry the egg for me." Another person commented, "If I can't cook [staff] will make a soup which is lovely." A relative told us, "[Staff] are very good. [Staff member] offers everything out of the cupboard to eat. They do cook breakfast for [relative]. Cook whatever they want for them. Some days eggs and bacon."

People's care records showed that they had access to the advice and treatment of a range of health care professionals. These records provided enough information needed for staff to contact health professionals and to support people with their health needs, if needed. A relative told us, "District nurses come in. If I am not here [staff] can tell me what has been said. That is helpful as I got the proper picture. They phoned to say my [relative's] arm was quite red." The same relative commented, "[Staff member] has flagged up a urine infection for my [relative]." Another relative said, "[Staff] let me know immediately and they have called the ambulance."

The co-director told us how they worked with health and social care professionals when people were in hospital. This ensured that hospital staff were aware of the care needs and equipment the person already had in place before their admission to hospital. A relative told us, "We have had [occupational therapists] and [physiotherapist] out here. [Co-director] has met them out here to find out what they had to say." One health and social care professional told us, "I was informed that when I [discharged person who used the service from hospital] a [staff member] from this agency would continue with the home exercises program. I met with the [co-director] explained the program and provided written instructions. My assistant then coached the [staff member] and when the [person], my assistant and the [staff member] were happy I discharged the [person] and the [staff member] continued with the exercises." Care records also showed people's health needs were documented. For example, one care plan stated, "An [occupational therapy] assessment has been requested as a bath seat is needed. This need has been escalated with [person's] social worker."

Outstanding ☆

# Is the service caring?

## Our findings

People and their relatives we telephoned and visited in their own homes told us that Home Instead Senior Care was an exceptionally caring service. One person said, "Don't know what I would do without [staff]. Very caring." A second person told us, "[Staff] are invaluable." A third person commented, "[Staff] ask how you are today. Ask what sort of night I had. I believe they are caring." A relative said, "I cannot speak highly enough. [Staff member] goes above and beyond her job. It is peace of mind she is here. She is very caring. [Staff member] came and got [relative] a card and chocolates for her birthday. [Co-director] and [nominated individual] sent a card and everyone in the office signed it. [Co-director] and [nominated individual] came in the evening to wish [relative] a happy birthday. Shows they go the extra mile." The same relative told us, "[Relative] used to be a drummer. Carer brought in some drums from [their] home. Very thoughtful." A second relative commented, "[The service] give us the best quality carers who are very caring towards my [relative]. Never seen anything like it."

Feedback we received from health and social care professionals and community professionals before the inspection was outstanding about the caring ethos of the service. One health and social care professional told us, "So far in my experience [the service has] been exceptional in providing personalised services, being able to take initiative setting goals with the person and working towards attaining them." Another health and social care professional said, "One [staff member] in particular went above and beyond, and clearly demonstrated deep care for [person who used the service]. The management team showed a desire and skill to gain great depth of insight into each situation and how best to improve quality of life." A community professional said, "The level of care that I observe is beyond that I would normally witness from local care groups. I see clearly that [nominated individual] and [co-director's] model is all about providing the very best care and that outweighs all other concerns." This meant from the feedback we received from people who used the service and their relatives and health and social care professionals showed the service cared for people in a way that exceeded expectations.

The service logged all compliments received. We looked at a selection of the cards and the comments made about the service. They included, "Your help at short notice in an emergency situation has been invaluable. You have never failed to respond and help us at the last minute. I don't know what we would do without you", and "Overall it seems that the agency are doing an excellent job in providing [person] with the support she needs in a truly personalised and flexible way." Feedback was always shared with the office team and the care staff.

Staff told us that the people they supported had been with them for a substantial period of time so they knew them well. Staff spoke in a caring way about people they supported and told us that they enjoyed working at the service. One staff member said, "I love doing this work. I have an elderly couple who are lovely. I am member of a local [community group] and the gentleman is the president. Wife sings in the local choir and I am going to see her sing. The other [person who used the service] refers to me as her chum." Another staff member told us, "With [person], I admire her for soldiering on. Feels like she is becoming a friend."

The service ensured that care staff were highly motivated and offered care and support that was exceptionally compassionate and kind. The management and office team knew how important it was to appreciate the care staff. Staff were given pins in recognition of how many years they had worked for the service. The pins and other achievements such as compliments and completing training was recognised in staff meetings. The service had a newsletter for the care staff which recognised and congratulated staff. Records confirmed this. One staff member said, "They give out certificates every quarter for going the extra mile which is really nice." Another staff member told us, "[Nominated individual] and [co-director] live the values. They are very supportive. I definitely feel valued and listened too. Also give caregiver award and celebrate achievements [in staff meetings]." A relative commented, "They look after the [staff members] nicely. I saw [co-director] buying some cakes for the [staff] for the training. I would like to work for them."

The service also supported people to live safely and independently in the community. The service had organised a drop-in session with the local police safer neighbourhood team on 8 November 2018. The provider was involved in the drop-in session as well. The session focused on protection against fraud and all matters concerning the safety and protection of older people in the community. The drop-in session was advertised in the provider's newsletter that was sent to people who used the service. Records confirmed this. The community officer involved with the drop-in session told us, "Tomorrow we have a joint event planned where we have advertised locally a surgery that we are jointly conducting at a local venue where we will work together meeting and greeting local residents to discuss local crime and care issues. Unlike some businesses and partner agencies that I work with [nominated individual] and [co-director] see the bigger picture and use their position in the community to do good for others too."

The service also looked at creative ways of supporting people with their personal history, cultural backgrounds and life stories. The co-director told us one person had been an active member of a [culturally specific] support group however the service did not know this until a staff member had found an invite for the person to attend the group in the person's home. The person had been diagnosed with dementia and lost contact with the group. The service contacted the support group who had not heard from the person for a long period of time. The person now has joined the support group and connected back into that community. Also, for this person the service had explored other ways connecting them with their life history. For example, the care plan stated, "There is a lot of information on the internet about [person] and she has enjoyed looking at some of this with [staff members]. It has stimulated conversation about her life and [career] as well as giving her a sense of worth and belonging when reading what she has achieved."

Care plans contained detailed information about people's interests, family life and life history. Care records also contained people's religious and cultural needs. This helped give staff the information they needed to build rapport with people in order to establish positive relationships with them. For example, one care plan stated, "[Person] likes to go out each day, usually up to [local area] where she can visit the cafes and the library. [Person] has come to appreciate the transport and companionship that we give on these trips and now routinely waits for us to arrive. [Person] will have lunch out each day and on return the [staff member] should ensure that a snack is left prepared for later or that there is food which is easily accessible in the fridge for [person] to help herself." Another example, one care plan stated, "[Person] likes her tea weak and it must be in a tea cup with a saucer, no mugs. She also likes her coffee weak. Milk and no sugar for both. She likes to have two biscuits with her tea/coffee which are kept in the orange box to the left of the cooker. She enjoys cups of tea throughout the day."

People and their relatives told us their privacy and dignity were respected. One person said, "Always asking me things and talking to me and that way [staff] respect me. They would not just do as they wanted, they do it as I want it. That is where the respect comes from." Another person told us, "Nobody hauls me out of bed in the morning. If I want to stay in bed I do." A relative said, "[Staff] are respectful." Another relative told us, "If

[person] was very tired [staff] will not force her." Care records reflected people's privacy and dignity was to be respected. For example, one care plan stated for a person's personal care needs, "[Person] must have a dressing gown around her when heading back to the bedroom to dress in order to maintain her dignity." Another care plan stated, "[Person] likes privacy when managing her personal care and prefers to close the door. However, she may need support to get out of the bath and will call out. [Staff member] should provide a towel to preserve her dignity whilst helping her out of the bath."

The service promoted people to live as independently as possible. Staff gave examples about how they involved people doing certain aspects of their own personal care to help them become more independent. This was reflected in the care plans for people. For example, one care plan stated, "[Person] would like a hair wash and a shower once a week, usually Monday and will strip wash on the other days in the bedroom. [Staff member] to provide bowl of water with [brand name] wash, flannel and towel. She is able to strip wash independently but may like some support." We spoke to this person who confirmed the care plan reflected how she wanted to stay independent. This person said, "[Staff member] washes my back and I do the rest myself." We also spoke to the staff member who cared for this person. They said, "The [person] I support has a shower, does everything herself but I do her back." Another staff member told us, "I offer to put together a meal and [person] says they want to do it themselves. I observe and see how much they can do."

Good

# Is the service responsive?

## Our findings

People and their relatives told us the service was responsive to people's needs. One person said, "[Staff] always trying to help you out with any problems." A relative told us, "What is invaluable, [staff] come every morning. If they think anything isn't right they will call me and give me a heads up."

Care plans contained detailed information and clear guidance about all aspects of a person's health, social and personal care needs, which helped staff to meet people's needs. The care plans covered the person's daily routine, activities, socialising, meal preferences and dietary requirements, mobility, health conditions and medicines details. The care plans were person-centred. For example, one care plan stated, "[Person] mostly has breakfast in the kitchen when she is well but is currently having her meals in bed or on a lap tray on the sofa and requires her meals to be prepared for her. After breakfast she likes to sit in her chair near the window where she can look into the garden or watch the children playing in the lounge. She also likes to have a nap during the morning."

People's care and support was planned proactively with them, the people who mattered to them and health and social care professionals involved in their care. Relatives were fully involved, where appropriate, in identifying people's individual needs, wishes and choices and how these should be met. They were also involved in regular reviews of each person's care plan to make sure they were up to date. A person said, "[Staff] know what the [care] plan is. [I was] involved." A relative told us, "We recently did a care plan update." The same relative said, "[Care plan] is updated if I ring [co-director]. Things change all the time." Detailed care plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care.

People's cultural and religious needs were respected when planning and delivering care. One staff member told us, "My newest [person] is [culturally specific]. I can now count to ten in [culturally specific language]. She is really engaged in trying to teach me [culturally specific language]. It is useful as her medication has changed a lot and her inhaler increased to four puffs and it was useful to say the number in [culturally specific language]. It reassured her."

Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The co-director told us, "We would talk to them about their specific needs and get that written in the care plan." A staff member told us, "I would treat [LGBT people] the same as my other [people who used the service]. I would be my usual self and treat them in a respectful way. We touched on LGBT in dementia training we had. That was quite interesting." Another staff member said, "We had some training on dementia care and this issue was brought up about [transgender people]. They are a person and an individual. We accept the person as they are." However, the service did not explore people's sexuality in the assessment and care planning stages. During the inspection, the nominated individual showed us the service had updated the needs assessment documentation that reflected people's sexuality and how to meet their needs.

The provider had a system in place to log and respond to complaints. There was a complaints procedure in

place. This included timescales for responding to complaints and details of who people could escalate their complaints to if they were not satisfied with the response from the service.

People and their relatives were aware of how to make a complaint. One person told us, "I would speak to [nominated individual] if any complaints. Not complained as had no reason so far." Another person commented, "I have no complaints. [Would] talk to the [office]." A relative told us, "I would go straight to [co-director] first. She said to me if anything I am not happy about or change to ring her." Another relative said, "I would complain to [co-director]. We speak quite often. Never takes offence what I say. [Co-director] says please let us know." Records showed the service had received one formal complaint since providing a service. We found the complaint was investigated appropriately and the service had provided a resolution for the complaint in a timely manner.

At the time of our inspection the service did not have any people receiving end of life care. The service did have an end of life policy for people who used the service. The policy was appropriate for people who used the service. One staff member told us, "We have covered end of life as part of the induction. I would expect there would be quite a few agencies involved."

Good

# Is the service well-led?

## Our findings

The service did not have a registered manager at the time of our inspection. The nominated individual told us the service was applying to have two registered managers to manage the service. The co-director and the care manager had submitted their applications for the registered manager roles. Records confirmed this.

People who used the service and their relatives told us they thought the service was well managed and had a good relationship with the management and office staff. One person said, "I think [co-director] is terrific cause she is so nice, kind and caring. She does the job with a great deal of pleasure." Another person told us, "I think [management and office staff] are fantastic. To me they are very efficient." A relative told us, "I think [co-director] is good. She is very fair. Very first phone call we spoke for half an hour. She talked about the company ethos. It is definitely filtered down." Another relative said, "[Management and office staff] are very professional."

There was a strong organisational commitment embedding the service's values for staff. The five values were self-esteem needs, professional needs, social needs, values validation, and monetary needs. The staff had completed a session on what values meant the most to them and staff had decided to be valued was most important to them. A staff member told us, "[Nominated individual] and [co-director] try to live out the values. They have integrity. You can tell they care."

Staff spoke positively about the management staff and working for the service. One staff member said, "Its brilliant, because [co-director] and [nominated individual] are excellent. They are so supportive. You can go to them for any question. They are so responsive. [Co-director] is excellent. She is a really superb manager. Excellent role model. She is a care giver herself. They both do the work which really helps us as they do really understand what we are talking about."

Feedback from health and social care professionals who worked with the service were positive about the management of the service. One health and social care professional said, "I highly recommend Home Instead Senior Care whenever possible, mostly based on my dealings with the management team. In my experience no service can sustain high quality care unless lead effectively from the top." A community professional told us, "One thing that stands out for me when I think about Home Instead Senior Care is the strong leadership from them both. They work well together and have a good team of well [trained] and capable staff."

Team meetings were held regularly for care and office staff. Records confirmed this. Topics of care staff meetings included training, annual survey results, new policies and procedures, nutrition, recruitment, personal development plan and supervision, and celebrating success. One staff member said, "We have quarterly meetings. We talk about any new policies, medications, [and] anything we want to change. We talk about fun things like for our next social gathering. They give out certificates every quarter for going the extra mile which is really nice. The next meeting is in December. I am doing a presentation on [online training]." Another staff member told us, "The last [meeting] was to fill us in online training, medication training, [and] they have signed up personal counselling service for staff. Also give caregiver award and celebrate

achievements. They try and do them to get as many [staff members] together."

The service involved people and their relatives in various ways and sought feedback on the service provided. This included regular reviews with people and relatives, spot checks, and an annual survey. One person said, "There has been an occasion with the managers call to see how things are going." Spot checks included visiting people in their home. Records confirmed this. The spot check topics included staff being respectful, nutrition and hydration, moving and handling, staff member's knowledge of person's care plan, infection control, choices, independence and privacy and dignity. Overall the feedback was positive. Comments included, "I like [staff member] and I don't feel embarrassed when she is doing intimate care. Punctual and I feel I am well matched with [staff member]" and "always on time, amazing. I'm very satisfied." A relative said, "In the past [co-director] has popped in." A staff member told us, "They have done quality assurance checks and not announced. I had one yesterday with [co-director]. She made sure the [person] was happy and ran through a list of set questions. It was to make sure if their needs are being met." Another staff member said, "I have been observed. They are a fly on the wall. It was about how I was encouraging [person] to talk about different things. I had a one to one afterwards. They talked about my record keeping."

The quality of the service was also monitored through the use of an annual survey to get the views of people who used the service and their relatives. Records confirmed this. The last annual survey was conducted for this year. Records showed seven surveys were returned. A relative told us, "We did a [survey]. We definitely did it." The questionnaire for people who used the service and their relatives included questions about punctuality, introduced to new carers, communication, responsiveness of office team, and management team visiting people in their homes. Overall the results were positive.

The service also monitored the satisfaction of staff with the use of an annual survey. Records confirmed this. The last staff survey was conducted for this year. Records showed ten staff surveys were returned with a 77% return rate. The staff survey covered topics such as recruitment, leadership, support from the office team, training and development, and reward and recognition. Overall the results were positive.

The service was also quality checked by their national office on a regular basis. The last audit conducted was 6 June 2018. Records confirmed this. The audit looked at people's care files, recruitment, training, punctuality of call visits, CQC registration requirements, and quality assurance systems in place. The last audit had a list of recommendations for the service to complete. Records showed the service had created an action plan from the audit. The action plan highlighted the issue, how the action will be completed, the responsible person and target and actual date of the completion of the action. For example, the last audit had highlighted employment gaps for newly recruited staff. The action plan stated, "All existing files now have gaps explained. Going forward admin trained to highlight gaps when application forms received [and] advise [management]. [Management] team to ask for explanations at interview stage."

The service worked in partnership with key organisations to support care provision, service development and joined-up care. For example, the co-director told us the service had worked with the physiotherapists, care homes in the community, local police, health services, district nurses and pharmacists. Records confirmed this.