Care Quality Commission

Westgarth Enterprises Limited

Home Instead Senior Care: Maidenhead, Henley & Wallingford

Inspection report

Suite 3, 18 Queensgate House
Cookham Road
Maidenhead
Berkshire
SL6 8AJ

Tel: 01628299097
Website: www.homeinstead.co.uk/maidenhead

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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

Home Instead Senior Care provides both personal care, companionship and home help to people in their own homes. The office of the service is located in the central business district of Maidenhead in Berkshire and covers the geographical areas of Maidenhead, Henley, Wallingford and other small villages in the area. The service is part of a large franchise with more than 170 branches located across England. At the time of the inspection, the provider reported there were 22 people who used the service and 33 staff.

At the time of the inspection, there was 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 location was previously inspected twice under the Health and Social Care Act (Regulated Activities) Regulations 2010. These inspections occurred on 19 February 2013 and 8 January 2014. At both prior inspections, the location was compliant with the outcomes that we inspected.

People received safe care from the service. The staff knew what abuse was, how to safeguard people in the event of suspected abuse and what organisations needed to be contacted. People had risk assessments, care plans and regular evaluation of their care to ensure their safety. Staffing deployment was satisfactory and calls were not cut short, missed and support workers fully utilised all available time at people's houses. People were assisted with medicines out of pre-packaged blister packs from the local pharmacy, or independently managed their own medicines.

The service was effective in the care it provided to people. All staff undertook an extensive induction programme and experienced staff attended necessary training to ensure they could provide the best personal care for people. All staff received regular supervisions with the registered manager and were able to set and achieve their own employment goals. Performance reviews were conducted annually with six monthly reviews. Recruitment and selection of any staff member was robust and ensured safety for people who used the service. Consent was always gained from people before care was commenced and people's right to refuse care was respected.

We found staff at Home Instead Senior Care were overwhelmingly caring, compassionate and committed to their roles. People we spoke with and feedback taken from our own survey and the provider's surveys demonstrated people rated the care outstanding and would not hesitate to recommend the service to others. Staff often went beyond their role expectations to fulfil people's preferences, prevent social isolation and ensure people had the chance to pursue their hobbies or favourite interests. Staff did not need to rely on the contents of care documentation to know the people they cared for, and were able to tell us this from their experience of looking after them. However all care documentation we viewed was up-to-date and fully completed. The staff told us they respected people's privacy and dignity, and ensured that life in their homes was as close as possible to being independent. People were able to say how they liked their care,

and the service would accommodate their requests every time.

The service was responsive to people's needs. People and relatives had the ability to share their compliments, concerns and complaints in an open and transparent manner by communicating directly with the staff. People told us they would speak to office staff or the managers if they had a concern or complaint, but never had the requirement to do so. People also told us there was good communication from everyone who worked at the service, especially when something different needed to occur in exceptional circumstances.

People, relatives and staff we surveyed and spoke with felt the leadership of the service was outstanding. They told us they felt a personal connection with the service and the people who oversaw the functioning of the care provision. The service had a very strong connection and presence in the communities where care was delivered. The service organised community events for people to attend in an effort to combat social isolation. The nominated individual spoke at local meetings about age-related matters and received complimentary feedback about involvement. The service maintained further links in the adult social care sector by embracing the use of social media. People and others had a regular opportunity to provide feedback about the service and have a voice in the model of care. Relatives and staff were also routinely surveyed and asked for their opinions about improvements the service could make. Robust auditing of care and processes was undertaken by the registered manager in additional to independent auditing by third party organisations. This ensured the service was transparent, accountable and willing to make changes when needed.

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 protected from abuse and neglect.

People's care was based on assessment of their risks.

Staff deployment was satisfactory and recruitment of staff was robust.

People's medicines were safely administered.

Is the service effective?

Good

The service was effective.

People received care from staff who were appropriately trained and skilled.

People's consent was always obtained and respected by staff.

People were supported to have sufficient food and fluids.

People were supported to have holistic healthcare in the community.

Is the service caring?

Good

The service was caring.

People and others told us staff were always compassionate and genuine.

People had their say in what care they wanted and when they wanted it altered.

People's privacy and dignity was always respected.

People's end of life care was dignified and peaceful.

Is the service responsive?

Good

The service was responsive.

People's care was personalised and centred on their needs.

People had the chance to provide feedback and make complaints.

People's feedback was acknowledged and reviewed by managers.

Is the service well-led?

Good

The service was well-led.

People consistently provided positive feedback about the service and staff.

People were encouraged and supported to be involved in their local communities.

The service maintained a strong presence in the adult social care field.

People were assured care was high quality by internal and external audits of the service.

Managers were actively involved in all aspects of the service and care provided to people.

CareQuality Commission

Home Instead Senior Care: Maidenhead, Henley & Wallingford

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 was undertaken by one adult social care inspector and took place on 23 March 2016 and was announced. The provider was given 48 hours' notice because the location provided personal care in the community and we needed to be sure that staff and managers would be present in the office.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information we held about the service. This included previous inspection reports and any notifications we had received. A notification is information about important events which the service is required to send us by law.

Prior to the inspection, we sent surveys to 8 people who used the service, 23 staff and 8 relatives or friends of people. We received 14 survey responses back. Prior to the inspection, we looked at the provider's own website, other adult social care websites, and social media to gain further information about the service. During the inspection we spoke with the nominated individual, registered manager, the training manager, and three other staff. After the inspection, we spoke with six people who used the service. We spoke with one community health professional who works in conjunction with the service. We did not speak with relatives as part of this inspection. We also did not visit people's homes as part of this inspection. We contacted local authorities for their feedback regarding the service.

As part of the inspection, we also contacted people to 'share their experience' with us using our website and by contacting the inspector directly. We received 10 responses to our request for feedback. All of the feedback from people was considered as part of our report. This was separate feedback to that which we had received through formal surveys of people who used the service.

We looked at six people's individual care records. These included support plans, risk assessments and daily monitoring records. We also looked at four staff personnel file and records associated with the management of the service, including quality audits. We asked the provider to send us further information following the completion of the office-based part of the inspection.

Good

Is the service safe?

Our findings

All of the people we held telephone interviews with told us they felt safe with the care they received and with the support workers who visited them in their home. People told us that staff announced their arrival to their house when care was due, that the service's office called them if routine plans for visits changed, and that they established rapports with staff easily.

Staff we spoke with knew what safeguarding meant and how to prevent, identify and report abuse. The service had a safeguarding policy which reflected what managers and staff needed to do if abuse or neglect was suspected or detected. When we asked what type of abuse could occur to people, staff told us that there were different types of abuse and potential signs or warnings that abuse may have occurred. Staff knew what neglectful care was and emphasised that they would not want people who used their service to be neglected. People and staff felt the scheduled visit length enabled them to prevent neglect and that calls were not cut short or missed. The service had the contact details for the local authority safeguarding team. The service and the local authority confirmed that no safeguarding allegations or reports had ever been raised.

A number of assessments were completed before and after people received care. This included a full pre-assessment where people's health, social situation and requested care and visits was discussed. People told us they were given the opportunity to tell the service the care they needed, rather than the service stating what they should receive. The assessment process sometimes included people's relatives. The number of visits received by the person was also agreed at the first meeting with the provider. Calls were planned for personal care for most people, and some people received help in the community or for companionship. Assessment tools documented risks for the person's care and how the risks could be reduced. For example, we saw completed environmental risk assessments, medication safety assessments and falls or mobility risk assessments. We found the assessments for people's risks were suitable for the service and appropriately captured people's individual needs.

Recruitment of staff to the service was a robust process. It involved a number of steps or stages to ensure that the best candidates were selected to provide personal care. The nominated individual explained that a regular flow of applications for work naturally occurred. They told us they sorted applications based on applicant experience, skills and knowledge of the personal care process. Telephone interviews were the first step for potential new staff. Applicants were also required to complete application forms and submit their CV. Application forms asked for information which helped the service match the new staff with the people who used the services. For example, if the staff member had an interest in dancing or drama, the service would try to pair the new staff member with people who also enjoyed this. Office based interviews also occurred where scenarios based questions were used to test applicant ability to judge situations or when things might go wrong during the care process. This meant staff were scored according to their ability to react safely and remain calm. When we looked at personnel files, we saw all necessary checks were completed by the service in line with the regulations and to ensure people were safe. This service often obtained multiple checks of prior conduct and character references to ensure high quality staff were selected. In some instances, this meant four or five reference checks for potential new staff.

Satisfactory numbers of staff were deployed to provide care to people. A support worker tended to live in the area where people lived themselves, which reduced the need for excessive travel or long waits on a daily basis. Staff had reasonable portfolios of people to provide care to, with the average being five people per support worker. Some people we spoke with told us that based on the staff member living in the area, staff had a good knowledge of local services and support that people could be referred to if they wanted this. The nominated individual and registered manager explained how staffing calculations were derived, and that the minimum visit length was set at one hour. When people spoke to us about the length and frequency of their visits, they told us that staff never cut the calls short or missed them. In the provider information return (PIR) the service also confirmed that for a sample of 249 visits over a seven-day period in 2015, no calls were missed for people. There was a low turnover rate for staff members, and when staff left the service, planning for new staff induction and training was commenced before the staff who were leaving had finished work. This ensured continuity for people and that they were always safe with care delivered by skilled and experienced staff.

People were safely assisted with their medicines. The staff we spoke with told us this mainly involved them taking the medicines from pre-prepared blister packs, and helping the person to take the tablets with a drink. Staff explained that where people were able, they would administer medicines to themselves rather than the staff member taking over. The registered manager also explained that where it was possible, the service promoted people to be independent with taking their medicines. People we spoke with confirmed that they mainly took their medicines themselves, although some people needed assistance, for example with the administration of eye drops. In the service's office, we looked at a sample of medicine administration records. We found these were correctly completed by staff and that there were no errors in the sample we viewed.

Good

Is the service effective?

Our findings

Six people we spoke with explained that the care was effective. They told us that the support workers supported them or completed the tasks they needed, and included conversation and socialisation as part of their normal duties. For example, one person stated: "When the carer comes, she does everything I need her to do. Sometimes she does it in a different way that I might, but that doesn't matter. She never just sits down and does nothing. She always asks what else she can do for me".

The service ensured that all staff were knowledgeable and skilled about personal care. At times, even office staff or the registered manager provided personal care to people in their homes, and therefore had to ensure their own knowledge and skills were kept up-to-date. We found staff completed a combination of training pertaining to adult social care and their roles. This included education from online, face-to-face training by attending courses and formal courses including Diplomas in Health and Social Care. Some staff had already undertaken or completed formal qualifications to help them perform their roles effectively before they commenced employment with the service. For staff who did not already have a formal qualification in care, they were encouraged and supported by the provider to obtain one as part of their role. We saw evidence that support workers had also completed an appropriate induction programme. As part of the inspection, we observed part of the office-based induction programme for three new support workers. The training manager was knowledgeable, engaging and had an enthusiastic teaching manner. We spoke with the three participants who told us about what they had learnt and their opinion of the induction. All three staff told us the induction programme was "excellent".

Staff received regular comprehensive supervision sessions with their line managers. We found staff also participated and completed annual goal-setting and performance assessments. Staff told us they felt comfortable approaching any of the managers regarding performance matters and that management took steps to assist them in every circumstance with their learning and development.

The provider had ensured that the learning for the support workers was in line with Skills for Care's 'Care Certificate'. The service provided us with a training log which showed a near 100 per cent training rate across mandatory and optional courses. For example, training included adult safeguarding, moving and handling and topics such as 'building relationships'. The service had rolled out the web based training called 'Grey Matters'. This is a continuous professional development, assessment and training tool as a mandatory activity for all support workers. Through the completion of monthly on line modules it enhanced staff knowledge and hence effectiveness. This enabled the service to better assess compliance and training needs, increase congruity with the 'Care Certificate' and emphasise their commitment to people, their team and a continuous development culture. Staff fed back to us that they enjoyed and connected with the 'Grey Matters' training, and that this technique was "something different" to what they had experienced before.

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. We checked whether the service was working within the principles of the MCA.

The service was working in line the requirements set by the MCA. Consent was always gained for people's care. People who used the service at the time of the inspection had the capacity to consent and had signed consent forms. The consent forms included the information necessary about how to make an informed decision. This included things like what the care would be like, what benefits there was to the care and their right to refuse if they felt the need to. Six people who used the service told us that staff always sought verbal consent for entering their house and for care-based tasks. Staff we spoke with stated they would respect people's right to refuse care, but at the time people were accepting personal and care without any refusals. The service had never applied to the Court of Protection for people who did not have the capacity to consent to care, but knew the process if they ever needed to. Appropriate policies and procedures were in place pertaining to consent and best-interest decision making, in line with the MCA.

Some people who used the service received assistance with their nutrition and hydration. The staff completed tasks like shopping, cooking, assisting with eating and drinking, cleaning up after meals and storing food away. The registered manager told us the service respected people's choice for their meals and also ensured that people had a balanced diet. The staff understood what an appropriate volume of fluids older adults should have daily, and tried to encourage people to take regular drinks. All food and fluids consumed by people in the presence of staff was recorded and monitored. In the care files we looked at, we saw people's preferences and dislikes regarding food and fluids were recorded and respected by staff.

Some people were supported by the service to attend all necessary medical and healthcare treatment appointments away from their own homes. Examples of good support to people related to healthcare included staff assistance with GP and a podiatrist. Staff were committed to ensuring that where possible, people who used the service were not disadvantaged in gaining this care based on their limited ability or mobility issues. The support workers also liaised with a community matron and district nursing services when they required the guidance or provision of nursing care for people who used the service.

Good

Is the service caring?

Our findings

Six people we surveyed prior to the inspection told us they were completely satisfied with the care they received. Their comments about their support workers included statements like: "excellent", "really friendly", "caring" and "down to earth" They also told us that they were introduced to their support worker before the first visit for personal care commenced. People felt this was important as they progressively were able to build a relationship with their support worker as each visit took place. All six people responded that support workers were caring and kind.

Home Instead Senior Care consistently received glowing reports about the kindness, generosity and friendliness of the staff who provided the care. The provider and the Care Quality Commission had received multiple examples of positive feedback from people who used the services, as well as friends and relatives. One relative stated: "I would just like to let you know how happy and settled my mother…is with the care from Home Instead. She has complete confidence with [the support worker] who visits her three times a week. The [support worker] shows a very professional and caring approach towards mum. This also reflects a good understanding of mum's needs which, at the moment, can be a little difficult. Mum looks forward to her visits and we are so pleased with this as she can be quite fussy at times. It is also reassuring for my sister and I because we live so far away". Another relative commented: "Just a note to thank you for all the care and companionship you gave dad in his last 18 months. We always felt that dad was well cared for and it was especially reassuring that he had continuity of care with [the support worker] as his main carer but also [from the other support workers]. We were always impressed with how his carers went that extra step to improve dad's situation and often to help us out – [one] taking him to lunch…but also [the support worker] bringing CDs and books she thought he would enjoy but also her own paintings, and [another support worker] bringing food treats and doing brain gym and other exercises with him. We also had peace of mind knowing that you had back-up systems in place so that we knew that dad was always visited on time. As you know it was important to dad that he remained in his own home, so thank you for making that possible".

One person we spoke with after the inspection gave an impressive account of how his new support worker built up a caring bond and professional relationship with him. He explained that he was shy at the beginning and was anxious about workers providing personal care to him, especially in revealing his body for the purposes of hygiene. He told us: "I saw the girl walking down the front path. I said to myself 'Surely that can't be her. She is so young'. I am ancient and felt I would be embarrassed in being cared for by someone so young. But by the fourth visit, we had developed a real bond; the kind of one where I had nothing to fear or worry about". We spoke with the support worker for this person. They explained the same situation and how they used their caring attitude to quickly engage and connect with the person. They told us the purpose of the care for the person was to provide a help in any way possible, and they did not view this as simply being about the provision of hygiene to the person.

People and relatives were openly and regularly encouraged to leave reviews about the service on an external adult social care website. We viewed the website. From 20 reviews submitted and published by people who used the service or a relative, all of them were complimentary about caring. Examples we viewed included statements like: "I have to say that this company is what I call 'Top of the bill', which means

excellent" and "I think my care giver is wonderful". The provider also engaged external consultants on an annual basis to determine just how caring the service was. In the June 2015 results, the findings showed that from people who were surveyed 100 per cent of respondents felt their support worker took an active interest in them as a person. In addition, 100 per cent of people surveyed rated the quality of the service as good or excellent. Finally, all respondents in the survey for the service said their support worker was well matched to their needs and went the extra mile to make a positive difference to their lives. This showed that the service was interested in providing a genuinely caring and compassionate approach to personal care. We found this was reflected also in the conversations and interviews we held with the nominated individual, registered manager and office-based staff. All of them told us that nothing was too much trouble for them to undertake in their role and they would enable people to have whatever they considered they wanted as part of their support.

A community health professional we spoke with had positive comments about the service and its staff. They told us that support workers and management were genuinely concerned about the welfare of the people who used the service. The health professional stated: "They always go the extra mile. They are thoughtful staff. They always keep very good records, especially for people who are poor historians. When I have to become involved in the person's care it makes it so easy for me as I can always see from the notes when a problem has started". The health professional told us that support workers never hesitated to contacting them in order to ensure someone was well cared for.

People who used the service had choice, independence and control in their life. We found people had the opportunity to choose and have an opinion with regards to the care they received all the way through the care process. This was not a systemic or one off determination of choice for the people who used the service. Rather, choice and the ability to change was embraced throughout the course of care. For instance, prior to care commencement, the 'first visit' pack was completed. This was an introduction to the staff, service as well as a goal-setting and what the person wanted. We found that staff did not tell the person what was necessary; rather they based the decision making on what the person told them they wanted. For example, from the six people we spoke with, not all of them told us they needed companionship as part of their care package. This was because they told us their relatives or others visited often enough to provide this kind of engagement for them. However, for some people, they wanted and needed the service to provide a support worker for them that included time just for chatting, social events and going outside their house. When we spoke to people about companionship from Home Instead Senior Care, they were delighted with the service that was provided. One person told us they really enjoyed going out in their community and without the support worker's help, they could not achieve this. Another person said they felt so supported with the support worker accompanying them at medical appointments. They expressed they felt less lonesome, had a comforting support at their appointments, and that the staff member came back from the medical appointments and immediately helped them make necessary changes based on the feedback from their GP.

People and relatives consistently told us that the service went beyond expectations they held. Examples included staff that fully engaged and embraced the person's own way of life, family history and the way they liked things done. For example, one relative made the compliment: "They send the same person every time and that works very well with my wife. The smile on her face when the carer arrives is worth the cost". Another relative wrote to the service: "Just a note to thank you very, very much for all the care and support you gave [my mum] when I was on holiday last week. Both you and the carers really went the extra mile and kept mum safe and well looked after in some very trying and difficult times. It is greatly appreciated by me". When we spoke with staff, they knew what people's personal nuances were. For example, a support worker told us that one person they provided care to only liked a certain supermarket for grocery purchases. They told us that they went out of their way to buy things only from that supermarket to ensure they delivered on

the person's requests and 'never wanted to let them down'. Another staff member told us one person's favourite thing to do was go to coffee shops, and they had a favourite one. Even when the weather or other circumstances made it difficult to get to the coffee shop, the support worker did everything they could to ensure the person was able to be at their preferred coffee shop. This meant a positive, caring relationship was established between the staff member and the person who used the service.

Staff respected people's equality, diversity and human rights. One person commented: "I'd like to express my gratitude and satisfaction with the way your worker…takes care of me. I'm not an easy person to deal with because I'm a foreigner with a problem of health (diabetes). [The support worker] is a very tender and attentive personality and she makes anything to do to make my problems easier.
Though my English isn't fluent I don't feel any problems in communication with her and she helps me with all my problems and troubles. She is all the time so cheerful and she knows so much, this makes me forget my problems". This showed that language was not a barrier to the support worker and person who used the service building a trusting professional relationship.

In the care files, we further found that people's opinions of the care were reflected in the documents used to record planned and delivered care. We found the staff consulted with people about their needs and recorded and respected their preferences. People were always involved in their care planning, reviews of care and we saw evidence of this in the care files we viewed. Relatives were invited to participate with the consent of the person who used the service. An example we looked at was the particular way one person like to have their household chores attended to. The record showed that the person had the tasks delivered according to their preference, and the notes from the visit supported this. The person told us: "The carer arrived slightly early and I wasn't quite ready. So she stacked the dishwasher and put it on whilst she was waiting instead. She knew the way I liked the house to be clean". When we talked to staff members they could tell us about the people they supported without reference to the care documentation, as they had in-depth knowledge of the people they visited. The staff feedback reflected the information contained in the support plans and showed us they knew the people they supported.

We did not visit people in their homes as part of this inspection. However, we still found that people received personal care which was dignified and respectful. When we asked six people during telephone interviews whether their privacy and dignity was respected by staff during visits, they responded positively. Confidentiality in documentation was maintained and records were stored away securely. We found both paper-based and electronic based communications were secure and not available to others who were not authorised to access them. Paper based folders in people's homes contained only essential information, and historical records were taken back to the office base for filing or archiving. When we asked for records as part of the inspection process, the office was able to immediately locate the items we wanted to examine, and that it was easy to find the information we sought.

People also received a comfortable and dignified end of life process when it was needed. This was because the service checked what people's expectations and preferences for end of life care were from the beginning of provision of care. One person told us during a telephone interview that they thought they were going to pass away. They had become unwell and needed care in an accident and emergency department. The person told us that the support worker stayed with them for emotional support, until the paramedics arrived and transported them to a hospital. They told us they were thankful the support worker stayed, rather than simply finishing their call and going to the next person. People's desires for end of life care were thoroughly recorded and staff ensured that during palliative care, the person and their family were provided with appropriate physical and emotional support, as well as going beyond what was considered the 'norm' for a support worker to do. An example is a written comment from a relative of a deceased person who used the service: "It goes without saying that I would have no hesitation in recommending the services. The care was

obviously helping her at the end of her life and my only wish is that I'd found Home Instead sooner. For someone like [the person] who was used to independent living, having limited help early on would have made it easier to build this up when she needed more. That's not how it happened for her but hopefully care for the elderly will change with organisations such as yours helping to make a change. My grateful thanks go to you and the team for all that you did for [the person], her pets and our family. We wouldn't have been able to help her stay safe and well in her own home without you".

Good

Is the service responsive?

Our findings

People who use the service told us they received comprehensive care from Home Instead Senior Care, even when this was not necessarily part of their care package. When we spoke with people on the telephone, they said that even when aspects of their care were normally taken care of by themselves or their relative, support workers were accommodating in helping if the person requested their assistance. Relatives' views on responsive care also reflected what people told us. One relative wrote: "We couldn't ask more of anyone than we do of [the support worker] - she goes to GP appointments with dad because we children all live some distance away - and we never have a moment's worry about dad because we know he is in such capable hands. I trust her implicitly to make judgments and decisions for and about dad because I know if she is worried she will phone one of us and let us know".

When we surveyed staff who worked for the service, they told us that Home Instead Senior Care was responsive to people's needs. An example of the staff feedback received included: "The service is unique in that the caregivers are very well suited to their clients so are carefully selected on match criteria". Another staff member's survey response also supported our finding of responsive care. The staff member stated: "Having worked for several care companies over the past 6 years I feel Home Instead has the best values and support system, and I fully agree with their ways of working, which allow myself and other staff to give the best care possible". This showed that staff wanted to build relationships with the people they supported and that they had respect for people's views.

People who used the service had their personal needs and preferences taken into account before care commenced and throughout the provision of the package. People were free to choose what aspects of care they needed assistance with, and the service would allow people to remain as independent as possible. Consistency of staff was also an important factor for people who used the service. When we spoke with people, the majority of them told us they always had the same support worker or workers who visited. Where support workers were away on any kind of leave or circumstances prevented the usual staff member attending, the service called the person ahead of time to inform them of any changes. This prevented people expecting their routine support worker and not being surprised when another staff member came to provide their support or care.

The service had a strong inclusion in the local community through a number of channels. We found the service wanted to integrate with the towns and villages they provided care to people in, and regularly became involved in, or completely organised, community events. Building links with the community was inherent to the model of service the provider desired to operate. There were a number of examples of the service engaging with people who used the service, their relatives and other members of the general public who did not directly use the service. An example was the annual Queen of England's birthday tea party. The service collaborated with a small number of other community organisations to fund and host a social celebration for people who used the service. This included providing the person's hygiene at home and helping them to dress appropriately for the occasion. The service also helped transporting people to the venue, supporting their attendance and assisting with food and drink provision, ensuring social interaction and entertainment. We viewed evidence from the 2015 event as well as planning in preparation for the 2016

date. People indicated they enjoyed the ability to participate immensely. Through records for the day, and photos, we saw that people and their relatives were offered the opportunity for celebration, communication and a shared social experience. People's feedback about the experience was overwhelmingly positive.

We found further evidence of community interaction occurred between the service, people who used the service, relatives and others. This included an annual Christmas luncheon. Entertainment and meals were provided and people who used the service were invited to attend and assisted by staff to the social event. Although not held on Christmas day itself, the event encouraged interaction between parties who attended, and people who used the service were able to celebrate Christmas without being alone. Again people's feedback about the function was positive, thankful and people were grateful the service had included them in a celebration.

The service also embraced certain types of social media to engage and communicate with people who used the service, relatives and the wider community. The nominated individual explained what the purpose of the account was and what kind of information was placed on the website. When we reviewed the website, we saw regular posts from the service with information about their care, general consensus and opinion for the adult social care sector. There was also interesting news articles and conversations with people who had visited the website or read the information. When we checked, people had 'liked' the page, 'shared' the page with others and taken part in discussions and debate about personal care in people's homes.

The six people we spoke with told us they never had a complaint about the service. All of the people we spoke with told us they knew how to make a complaint, and would have no hesitation speaking with either the support worker or the registered manager. Two people we spoke with told us they had been telephoned by the office to ensure they were satisfied by the service and were asked if the service needed to be amended in any way. We also found the provider had a complaints system in place. No one had made any formal complaints to or about the service. The Care Quality Commission and local authority also had no records of concerns or complaints about the service.

When we spoke with support workers and the registered manager, they knew how to informally and formally respond to complaints. They told us they would gain as much detail about the allegation as they could and try to quickly implement a solution to ensure people, relatives and others were satisfied with the service. Where a complaint might be about the registered manager, people were free to raise their complaint with the local authority and other public bodies, where appropriate. Complainants could also go to the services nominated individual or the provider head office. The registered manager told us that if a complaint occurred, after an investigation they would create and implement actions to prevent the complaint from recurring. The service also had the necessary policies, procedures and documents to record, assess and deal with any complaints.

Good

Is the service well-led?

Our findings

People and relatives told us they felt the service was well-led. When we spoke with them, some people told us that they had interacted directly with managers and they felt they were listened to. They told us the manager had offered their support, guidance and offered to change things when they were requested. People also told us that managers had visited them in their homes when a package of care was in consideration or when an audit of the care provided was undertaken. People we spoke with felt that the service had managers who were transparent and accountable.

Staff we spoke with also had the same opinions of the management of the service. Support workers told us they felt the registered manager and nominated individual were approachable and empathetic. Staff told us the management were interested in the care of people, and that the delivery of care and support was their highest priority. Staff realised that the management team sometimes had time constraints because of busy roles, but told us their thoughts or concerns were always heard and acted on. We further encouraged staff to talk to us and send us their comments after we conducted the office-based part of the inspection. Ten staff contacted us to tell us about the service, their experience of working there and the management. All of the staff who communicated with us told us the management were well-respected, knowledgeable and committed. One staff member told us: "The organisation is well run and provides good support to the clients and also to the caregivers". Another staff member stated: "After joining Home Instead 3 months ago I can honestly say it was and has been the best move I have made. I came from an organisation where there was no morale, no team work and no leadership to somewhere that has all of it". This showed staff were inspired and motivated to undertake their roles by the management of the service.

The nominated individual was passionate about providing high quality care to people in their own home. This drive for a well-led service came from their personal experience of care and from that of their loved ones. When we spoke with the nominated individual, they explained they went even further to get the message about people's care, especially dementia care, out to the general public. We found the service spoke and delivered presentations of their own volition, at other community events. After a session specifically devoted to Alzheimer's disease awareness on 13 June 2015, comments from participants were complimentary. One person commented: "I can't thank you enough for an excellent presentation and thoroughly enjoyable afternoon! I've had nothing but positive feedback from those who attended". Another participant wrote: "I just want to say thank you very much for organizing the Alzheimer's/dementia workshop on 13th June. As you know, I have a very dear friend who is 92 this year and sadly is in stage 2. After listening to you and all the input from the group for two hours, I came away having learned more from your session than I have learned elsewhere in the last few years". This showed the service was prepared to go the extra mile to help educate relatives and others in the community about personal care for people in their own homes.

The service had an operational model which placed people at the centre of care. This was reflected in the provider's Statement of Service (SoP). The provider last updated their SoP in December 2015 and submitted this to us. The mission of the service was stated as: "Home Instead's principle objective is to provide supportive care and companionship which both enables and encourages our clients to remain

independent, in their own homes, for as long as possible. The scope and duration of our service provision aims to support this, in line with an agreed plan of care". When we inspected the service, we found evidence that the service's model was in practice, as people had received stated reviews, and there were comprehensive, holistic logs of communication specific to each person. Where people's care deviated away from the core principles of care set by the service, the registered manager and nominated individual would evaluate what could be undertaken to ensure the person's care had returned to the level of quality required. This demonstrated a strong leadership team who detected issues as they arose and acted swiftly to ensure compliance and satisfied people who used the service.

We saw a keen focus on checking and improving care displayed by the registered manager and the nominated individual. Both staff were involved in routine and extraordinary checks of the level of service for people who received care. We found examples included 'spot checks' of staff providing the care to people in their home, routine auditing of staff record keeping, telephone interviews with people who received the care and complete reviews of people's entire care package every six months. Additionally, the service contracted an external auditor to annually review all of the functions of the service. One audit report we looked at demonstrated complete compliance with the checks the audit company reviewed. Components of the review included adequate staffing, recruitment of staff, scheduling of visits, care records and checks of office function. The auditor's final comment in the report was: "The hard work you have put in is great and will improve the service provided to your clients. Well done". From the audit, there were no other actions for the service to undertake to improve the quality of care. The service confirmed they would continue to utilise the services of external auditing suppliers to ensure an independent view of care provided.

In addition to audits and checks on the care people received, the service regularly sought, reviewed and acted on feedback from a number of sources. Feedback was willingly given by people who used the service, their relatives or friends and staff. When we spoke with the registered manager and nominated individual, they had an in-depth knowledge of the feedback, even going as far as keeping chronological evidence of comments that could readily be shared with third parties like the CQC. We have detailed elsewhere in this report the outstanding feedback from people who used the service and relatives. For the purpose of this key question, we looked at whether staff felt the service was well-led. We found that all of the staff feedback sought by the provider was positive, complimentary and demonstrated a very well-led service. An example of staff feedback we viewed stated: "My role has allowed me to expand my experience and skills working with clients that have dementia and I have recently completed a City and Guilds training course in dementia, which was very useful". Another staff member mentioned in the survey: "The staff at the Maidenhead office are very good and if I wanted to develop new skills I know they will be there for me every step of the way for me to accomplish my goals". This showed that the service and management team were dedicated to driving staff member passion for care, so that people who used the service received care from a knowledgeable, skilled and committed team.

Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying on a regulated activity. The registered manager and nominated individual were familiar with the requirements of the duty of candour to people and had a policy at the time of the inspection. Both staff we spoke with were able to clearly explain their legal obligations in the duty of candour process. The provider did not yet have an occasion where the duty of candour requirements needed to be utilised. We have asked the provider to ensure that duty of candour is a part of regular training for all staff across the service.