

Renbridge Associates Ltd

# Home Instead Senior Care

## Inspection report

Millennium House  
New Street  
Newport  
Shropshire  
TF10 7AX

Tel: 01952581112

Website: [www.homeinstead.co.uk/east-shropshire](http://www.homeinstead.co.uk/east-shropshire)

Date of inspection visit:

22 February 2017

23 February 2017

Date of publication:

21 June 2017

## Ratings

Overall rating for this service

Outstanding 

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?

Outstanding 

# Summary of findings

## Overall summary

Home Instead Senior Care is registered to provide personal care and support to people of all ages living in their own homes. At the time of our inspection the service was supporting 41 people with a range of personal care and support needs. The service also provided companionship and support to a number of other people.

The inspection of this service took place on 22 and 23 February 2017 and was announced.

There was a registered manager in post and they were present at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, registered managers 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.

People received a service that was safe and staff clearly understood how to protect people from abuse and harm. Risks in relation to providing safe support were assessed, documented and well managed.

There were sufficient staff to support people who used the service. The registered manager matched people to the staff who supported them to ensure compatibility and consistency. This meant that people got to know the staff who supported them and trusted them to meet their needs safely and in ways that they preferred. Staff could offer flexible and responsive support that met people's changing needs in order to ensure their on-going safety and wellbeing. Staff were recruited through safe recruitment practices meaning that only people suitable to work in the role were appointed.

People who required support to take their medicines were protected by safe systems in place for administering, storing and recording medicines. Training was in place to enable staff to safely support people when required.

People were supported by staff who were well trained and equipped with the knowledge and skills to meet their assessed needs. Training was innovative and bespoke to meet people's individual needs. The providers and the registered manager were creative in sharing ideas and good practice with others. Staff supported family members by sharing good practice and working alongside them to ensure people's needs were met. People's rights and choices were respected and promoted. Staff offered individualised support and people were actively involved in decision making.

People's communication needs were known by staff and different communication methods were used to ensure people were involved in decisions about their care.

People were supported, as required, to enjoy a varied and nutritious diet that met their individual dietary

needs. Staff worked with health and social care professionals to promote and maintain people's good health. Where there were concerns over people's health, specialist input was sought from a range of health professionals.

People were supported by staff who were very caring, kind and compassionate. Staff provided support 'above and beyond' their remit and people valued this. People were supported to remain as independent as they were able whilst receiving support and care. Staff also worked closely with family members and promoted relationships with people who were important to people who used the service. This improved their quality of life.

People told us that staff treated them with the upmost dignity and respect.

People were listened to and received a responsive service that met their assessed needs. Comprehensive assessments of need and a thorough matching process meant that staff could be selected to work with a person based on shared interests and values. People who used the service, and their families, were consulted in this process. People received the care and support they required at times that had been agreed with them. They told us that any changes were communicated and staff were flexible if people wished to reschedule their visits. People's changing health and wellbeing needs were responded to. People's individual preferences were taken into account and used to tailor people's care to meet their needs. Care records were detailed and accurately reflected people's needs.

People told us they were satisfied with the service that they received. People were confident that, should they need to make a complaint, they would be listened to and their concerns would be acted upon. We saw how complaints were effectively managed. Staff were aware of the complaints procedure and were confident that any complaints would be taken seriously. The registered manager learnt from incidents, accidents and complaints and made changes to improve the service, if possible, as a result.

People who used the service told us that the service was very well run. People considered that the service's high standards were reflected throughout and that as a result the quality of care provided was very high.

There were comprehensive systems in place to monitor the quality of the service provided. Audits and quality assurance systems reflected positively on the quality of the service provided. Feedback from people, who worked with the service and from relatives and visitors, reflected the service was currently very well run.

Staff felt supported by the registered manager and provider, and felt a sense of pride about working for the organisation and in its values. Staff felt involved and consulted. They all felt part of the organisation and considered their views and opinions were listened to and acted upon.

The providers were committed to continual improvement and development. They were passionate about raising the profile of the service and of the aging process in general. They were active on a number of projects and used community resources as well as local media to do this. The providers and the registered manager were innovative and creative in developing and delivering a service that was underpinned by strong values and reflective of current best practice.

## 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 safe because staff knew how to protect them from the risk of potential abuse. Risks were safely identified and managed.

There were sufficient staff employed to flexibly meet people's needs.

People were supported by staff who were suitable to work with them because the provider's recruitment process was robust.

People were supported by staff to take their medicines as prescribed.

### Is the service effective?

Good ●

The service was very effective.

People were supported by staff who were trained and supported to deliver effective care and support. Training was innovative and bespoke to meet people's individual needs.

People's rights were protected under the Mental Capacity Act 2005 and staff offered individualised support. People were actively involved in decision making.

People were supported to access on-going health care support. Staff worked effectively with healthcare professionals to promote and maintain people's good health

### Is the service caring?

Outstanding ☆

The service was very caring.

People received care and support that was delivered in a kind and compassionate way. Staff supported people 'over and above' what was required of them because they genuinely cared about the people they supported.

People's privacy and dignity was respected and promoted.

People were listened to and were supported to make their own decisions and choices.

People's independence was promoted.

### Is the service responsive?

Good ●

The service was very responsive.

People, and their relatives, were fully involved in the assessment and review process meaning their support needs were clearly identified and planned for.

People were only supported by staff who they were compatible with. This was made possible by a thorough matching and introductory process.

People had choices about who provided their care and the way it was provided.

People's changing needs were recognised and responded to promptly.

People and their relatives knew who to contact if they were unhappy about their care. People felt their concerns would be listened to and addressed. There was an effective system in place to manage complaints.

### Is the service well-led?

Outstanding ☆

The service was very well-led.

People were involved and consulted in the running of the service. Relatives and health professionals were consistently positive about the registered manager and the running of the service.

The providers ensured that the service promoted a very strong value base that was reflected throughout the agency, in their approach, and in their delivery of care.

The providers worked with other agencies and the general public to raise the profile of domiciliary care and promote good care options for older people.

There were systems in place to monitor the quality of care which were used to improve people's experience of using the service.

# 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 22 and 23 February 2017 and was announced. We gave the service 48 hours' notice of the inspection because it is a domiciliary care service and we needed to be sure that someone would be in the office.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. This helped us to plan the inspection.

As part of the inspection we spoke with four people who used the service and seven relatives. We spoke with the registered manager, both directors (the providers) and nine staff who worked in various roles. We also spoke with a health care professional and a social care professional.

We looked at four people's care records and support plans. We looked at four staff recruitment and training files. We also looked at a range of quality audits and action plans. These showed us how the provider monitored the quality of the service provided.

# Is the service safe?

## Our findings

People who used the service all felt safe and well supported. One person told us, "They [the staff] are all very friendly and make me feel safe." Another person said, "They are careful with me. They make me feel relaxed." People trusted staff to support them safely. One person told us, "Trust is important. They are very good." Relatives also commented to us that their family members were 'in safe hands'. One relative said that having confidence that their family member was safe meant that they could go out and not have to worry. This was reassuring and improved the relative's quality of life as well as meeting the needs of the person who used the service.

People received support from staff that knew how to protect them from harm. Staff told us they understood what constituted abuse and were all confident they could recognise the signs that abuse may be happening. Staff were confident the registered manager of the service would take appropriate action if an allegation of abuse or poor practice was made. The registered manager told us how they understood their role in reporting alleged abuse and poor practice and the service's policies and procedures reflected an open culture where abuse of any kind would not be tolerated.

Staff kept people safe by promoting health and safety and safe working practices. Staff told us that they were confident to recognise hazards in people's homes. Relatives were also confident that staff could recognise hazards and act to reduce or remove them. For example, one relative told us that a parcel had arrived at the person's home. It had been placed in the hall. They said that when the staff member arrived they moved it in case the person tripped over it. Other relatives shared similar examples of how staff were mindful of hazards and discreetly managed to reduce them. A relative said, "They look out for that sort of thing so there is never a problem". A member of staff told us, "We notice new things, new rugs, tables placed in a different position. We assess and then discuss informally." They went on to say "We are here to make sure people are safe."

A staff member told us, "We do informal risk assessments every time we walk in but there are also some risks that have been identified at the time of the initial assessment." We saw these assessments and action plan that had been put in place to reduce or remove the risks. For example, some people required equipment to assist them to move from one place to another safely. We saw that risk assessments identified the level of support the person needed and also how staff should act to ensure the person's comfort and safety. Staff told us that these assessments were useful alongside the training they undertook to move people safely. One staff member told us, "It was excellent as I had no previous experience. It has enabled me to move people safely and confidently."

People were supported by staff that had sufficient time to carry out tasks required of them safely. People told us that staff had time to meet their needs and that they were consistently supported by the same staff. They said this meant staff got to know how they should be supported and thus reduced the risks of them doing it inappropriately. Everyone said staff arrived on time and most people we spoke with gave examples of how staff worked longer than their hours to ensure people were happy, safe and comfortable.

People were supported by staff that had been recruited safely. We spoke with staff about the recruitment process. They had all been subject to pre-employment checks which included references from previous employers and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The recruitment process the service used required detailed information about people prior to offering them a position. The registered manager told us they looked for staff attributes that reflected the ethos of the service. They said that this sometimes delayed the recruitment of new staff but they would not compromise on quality and safety. The registered manager understood the recruitment process and the importance of demonstrating people were fit and suitable to work with the people they were to support. Staff confirmed that they had been thoroughly checked for suitability before they were offered a position.

Overall people required only minimal support to manage their medicines. Most people told us that family members supported them to do this. Staff required to support people to take their medicines told us that they had been trained to ensure they did it safely. They told us that after their training they were observed in practice until they were deemed competent and felt confident. We saw records that reflected this.

One staff member told us how they had identified a potential risk with the way a person's medicines were managed. They shared their concerns with the office and senior staff worked with the person's relative to make changes to the way the medicine was delivered. The staff member told us it had been, "An accident waiting to happen." Their Intervention made the process safer and easier for the person. Other staff also said they worked with family members to monitor that people had taken their medicines. Arrangements for support were flexible and dependent of the needs of the individual.

When staff administered medicines they told us they had to complete records to demonstrate they had given a named medicine, in the correct dose at the right time. We saw one set of medication administration records (MAR) that demonstrated this. Senior staff showed us how they monitored these records to ensure they were accurate and up to date. They told us that any gaps would be identified and investigated. Medication audits showed there had been no recent medication errors suggesting the current processes were robust and protected people from harm.



# Is the service effective?

## Our findings

People who used the service were supported effectively. They believed that this was mainly due to the skills and the knowledge of the staff that supported them. One person told us, "Staff are competent and knowledgeable." A relative said staff were, "Well trained and knowledgeable."

People felt involved in the planning of their care and support and relatives also said they had been part of this process. Relatives said they discussed what they were hoping for from the service and the staff said what they could provide. One relative told us, "It was an open and honest discussion." The registered manager told us that they carried out detailed assessments prior to accepting a person's support. A staff member told us, "If we can't do it we won't. We only take people we know we can support."

Staff were confident that they could meet people's needs effectively. They told us that training opportunities were 'excellent'. One staff member said, "We have excellent support and training opportunities that enable us to meet people's assessed needs." All staff, for example, who supported people with dementia type needs had to attend a certified training course that had been developed and delivered by Home Instead and was accredited by City and Guilds. Staff said this training enabled them to understand dementia and support people effectively as a result. A relative told us how staff had shared little tips with them that made a massive difference to the way they supported their relative. This showed that the training and subsequent information sharing was having a positive impact on people and their families. The service's publicity material said, "We focus on quality through consistency, understanding and empathy and develop the whole team to have the right attitude, knowledge and skills needed to deliver the very best we can."

The service had an internet based resource that they used to supply regular training updates to staff. Staff also had access to on line forums to share experiences, ideas and techniques. One staff member told us this was, "An excellent way of staying up to date with developments." One staff member told us they had learnt more about diabetes this way and as a result could better understand a person they supported.

New staff received a thorough induction into their role. One staff member said, "Induction was amazing. We were very well looked after. We asked lots of questions all of which were answered." One staff member told us that induction focussed on teaching skills that they would need to support the person they had been matched to. They told us, "We prepare people as much as we can."

The Care Certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. It has been developed by a recognised workforce development body for adult social care in England. The training manager told us that the Care Certificate has been incorporated into the service's training material.

The service provided a range of training, online and face to face. The training was geared to the role staff were to undertake and the needs of the people they would be supporting. All staff had to do the core subjects such as safeguarding people from abuse. Only staff who would be supporting people to move received the practical moving and handling training. Training was relevant to providing support in a

domiciliary type setting. The registered manager told us that there were plans to further develop moving and handling training to cover using equipment in a 'home' environment.

The training manager told us they used a range of ways to check learning and understanding following training courses. These included quizzes. Training reflected strongly the values of the service. For example, as part of initial training the training manager introduced staff to a 'sensitivity kit'. This provided practical applications to enable staff to experience some of the physical challenges that the person they were supporting might experience. One staff member told us, "It helped us better understand the aging process." The training manager told us that they had delivered some community workshops in relation to understanding the aging process. This role was being developed.

All of the staff we spoke with said they felt well supported. They told us they received regular contact, formal and informal opportunities to discuss their personal and professional development and opportunities to meet as teams. Staff said, "We support each other really well." Senior staff told us they carried out observations of staff practice and provided feedback on their performance. They used outcomes to identify training needs.

Staff told us that communication throughout the service was good. Staff told us how information was shared effectively to ensure continuity of care. One staff member told us, "Team work is important and any changes are shared with the office and recorded." Another staff member said, "We develop good relationships. We share information between teams and the office. All paperwork is regularly reviewed and updated so we know we have the latest and most up to date information."

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. The registered manager had a good understanding of the legislation and staff received training to enhance their understanding. The registered manager told us that currently everyone receiving personal care was able to consent to the care and support that they provided.

Some of the people who used the service had nominated family members to be involved in decision making and signing paperwork etc. The service was tightening up on this procedure by recording these decisions formally. People told us that they were involved and consulted in making decisions in relation to the care and support they received. People gave us examples of how they made choices. Staff promoted decision making and recognised that people needed different levels of support to do this. For example, one person took full control of their support while another person was only able to cope with limited choices at any one time.

Most of the people we spoke with required only minimal support in relation to managing their dietary and nutritional needs. Some people had staff support them to prepare meals. Staff told us how they liked to promote healthy eating and cooked meals with fresh ingredients whenever possible. Some people chose frozen meals and staff made sure they were warm and nicely presented. People's dietary needs were detailed in care plans for staff to reference. One person's plan stated they could manage their own meals if staff provided cutlery that was adapted to promote their independence. Other people were independent if staff cut food into manageable pieces.

Staff were aware of the support needs of the people they visited. Relatives told us that staff followed plans

effectively. One staff member told us, "Home Instead are big on nutrition. Fresh meals if possible and we have time to make them. We Offer choices from what's available."

One person had swallowing problems and these were detailed in their plan. The plan also detailed how food and drinks should be prepared and served. One person had their fluid intake monitored to ensure they remained in good health. The person's relative told us that that staff worked with them to ensure this was done. One relative said, "Staff tell us what [family member] has eaten and drank as we monitor this together." One person was supported by a team of staff who had all received training in relation to supporting the person to receive food, drink and medicines. We saw that their practice had been supported by a health professional who had worked with them to develop a detailed plan. They had also delivered training and assessed staff competence to ensure the support was effective.

People were supported to have their health needs met as required. Most people told us they either managed their own health issues or had family members who supported them. Some people told us however how staff had acted to get them support when their health deteriorated. One person told us, "They knew I wasn't feeling well. They know me well. They got me an appointment."

Relatives also told us that staff shared any changes to the person's health with them as appropriate. They told us that this joint working was effective at keeping the person in good health and they relied on it. Staff also worked with health professionals to share information. For example, one person was struggling to get in and out of the bath. Staff spoke with the person's relative and they agreed that an adaption was required. The family involved district nurses and it happened. Staff told us that they rang to organise doctors' visits and then liaised with family as to who would support the person to attend. One staff member noticed a change in a person's skin condition. This was reported and action was taken to protect it.

Another staff member noticed that a person was sitting low in their chair and it made getting up difficult. They referred them for an Occupational Therapy assessment. They provided them with a cushion that raised the person up and enabled them to stand and sit easier. The joint working had positive outcomes for the people who used the service.

A health professional told us that staff acted promptly and professionally to share concerns. This meant they could respond quickly and produce a positive outcome.

## Is the service caring?

### Our findings

People were supported by staff who were extremely kind and caring. People said staff were gentle, reassuring and thoughtful in the way they had supported them. One person told us, "They are all really good. So kind. I feel safe and cared for." Another person told us, "Staff are very caring." Staff told us, "It's a very caring company." A healthcare professional told us, "For sure they are caring. Staff have good values."

Relatives spoke highly of staff. One relative told us, "Staff are so kind and wonderful. They have made such a difference to our lives. I can say what I like. I am happy. My [family member] is safe and well supported." Another relative said, "They are absolutely marvellous. They are friends not carers. They make time to talk to relatives. They always listen and support me too."

People who used the service shared examples of how staff met their needs and went 'over and above' what was required. People told us how staff stayed additional hours, offered additional support, popped in to see if they were ok and even took them a meal. The registered manager told us how one staff member had sat with a person's partner until the early hours so they would not be alone. They told us that one staff member had responded to a person's call for help even though they weren't the first responder. Staff told us, "Our flexibility is what makes us unique. People value the fact that they can change calls and arrangements to suit their changing needs."

People felt that they were supported by staff who knew them well. They thought this made a difference because they had developed mutual trust. A staff member said, "You have to get to know your clients. This makes all the difference. One lady likes cream cakes. I take her one." One relative told us that, "Little things are important. They [the staff] relate well and there is no rushing. They have useful little tips which they share with relatives. They have made a difference." The relative told us that staff had shared tips from their dementia awareness training with them and as a result they had been able to change their approach and improve the support they provided.

One person who used the service told us, "They are all very good to me. They are lovely. They keep me independent. I would recommend them." Most of the people we spoke with considered that maintaining their independence was their main goal. They told us how staff enabled this to happen. People told us that staff promoted their independence by encouraging them to do whatever they could for themselves. Staff told us, "We look at the person and not the illness." They told us, for example, that while bathing people they, "Do what they can and we assist with other bits." One person's care plan said they wanted, 'to remain active and independent in their own home'. They were achieving this. A health care professional told us, "They promote people's independence and work well as a team."

People were supported to maintain relationships with people who were important to them. People who spoke with us said that staff did this by working with family members and keeping them informed and up to date. One relative told us how staff had enabled the person they supported to visit a person who was

important to them. They had done this in their own time. The relative told us, "They do over and above what's expected. I can't thank them enough." They went on to say that their family member, "Wouldn't be here without them."

Staff told us that they developed a very close working relationship with the people they supported and their families. They spoke of working together to ensure people received the best support possible. One staff member told us how they had supported one particular family through a bereavement. They said "We are there for families. We don't just stop visiting." Another staff member said, "We care about the whole family."

People who used the service told us that staff listened to them, and involved them in making decisions about their care. Staff told us they offered choices about routines, meals, what the person may like to wear and where they wanted to go. Some staff said that some people could not cope with too many choices and so they were careful not to 'overload' them. They helped them to make informed choices. People's support needs were met in ways that they preferred. For example one person told us that staffs were aware of the little details like the fact that they did not have butter on their bread and that they had a particular breakfast routine. A relative told us, "They [the staff] know what's important to the person and make sure they get it."

People we spoke with were able to express their wishes in relation to how they were supported. Staff offered them choices such as would like a bath or a shower. Where people were unable to express their needs and wishes verbally we saw that care plans clearly detailed how people communicated to ensure they could still be consulted and make decisions. For example one plan said that the person used gestures and other identified responses to communicate their wishes and express if they were happy or not. A staff member told us that this level of detail meant they could respond to the person and how they were feeling at all times. A relative told us that staff knew their family member well and recognised the signs that they were uncomfortable or unhappy. They told us that staff were responsive to meeting the person's needs in a way that they were happy with.

People were treated with respect. A person who used the service said, "I am very sensitive but they put you at your ease." Relatives said staff were very respectful. Staff told us they respected people's individuality, their decisions and their wishes. They said this included how they preferred to be addressed and what they liked to wear. A staff member told us, "One person prefers to be addressed formally and we never shorten names." A relative told us, "They spend time helping my family member to look for just the right clothes."

People told us that staff respected their privacy and dignity. One person told us, "They make me feel comfortable." One staff member told us, "We build up a bond. Then we chat throughout the task and this reduces people's embarrassment and anxieties. We try to be discreet and listen to what people want" Another staff member said, "We always knock. One person likes to be covered while bathing. We do this." A relative said, "All personal care is done in private." Another relative said, "They respect privacy. They even ask which drawers they should look in."

We saw that when senior staff were observing staff's practice they looked at how they treated the person. For example, when observing moving and handling it was noted by a supervisor that the staff member made sure the client was comfortable throughout. They also identified that they put the heater on before they got the person out of bed to warm the room. The monitoring record noted that privacy and dignity was promoted and they spoke clearly and face to face to aid understanding. We saw a staff work book that had been produced about the aging process. The book referred to privacy and dignity. It detailed how staff should maintain it and how they might undermine it.

## Is the service responsive?

### Our findings

People received a responsive service that reflected their individual needs and wishes. One person told us, "They are brilliant. They provide everything I need and more." People shared examples of how staff supported them in ways that they preferred. For example one person told us, "I am quite particular. They know what I need and they always make sure it is done how I like it." People told us that their needs were assessed prior to the start of the service. They talked about staff being 'matched' to them. Everyone we spoke with said that they had been consulted during the introduction process. People had the opportunity to see if the staff member was right for them. A relative told us, "They are very good, no question. Staff are matched and properly introduced."

Some people shared examples where they hadn't made the connection with the staff and they had fed this back. The staff had been changed. Staff also told us that it was important that they were right for the client. Staffs completed a 'This is me' form that was designed to help with introductions and matching. Staff were 'matched' to people with shared interests and histories for example. One staff member said that compatibility helped this process and increased the chances of it being successful.

Staff told us they could be responsive because of the way the job was set up. The timing of calls meant they did not have to rush from one person to the next. Staff only supported a couple of people meaning they could deliver quality support to fit in with their own commitments. One staff member told us, "Staff have the extra time to do the little things that make a difference. If we are not finished after the hour we will stay a while without it impacting on the support other people are expecting." Another staff member told us, "There is always enough time, never less than an hour. There is no rushing." Staff shared examples with us where they offered support and monitoring in their own time. For example staff said they collected shopping for people. One staff member said that they took the person they supported a meal as they knew that family members were away.

People told us that they often told staff what they wanted from them but the majority of the support they required was reflected in their care plan. Some people's relatives contributed to developing this plan. They told us that this meant, "Little details were documented." Care plans reflected people's needs and wishes as well as their likes, dislikes and preferences. Essential information was seen clearly recorded for staff to ensure they could meet the person's assessed needs. Records were regularly reviewed to ensure they continued to reflect the person's needs and when they did not they were updated. We looked at three care plans. All were very focussed around the person's individual needs with a strong emphasis on the little details such as one person likes to wear their perfume.

We heard office staff liaising with people over the phone to make changes and amendments to calls. They demonstrated a flexible approach. People told us that the office staff were always responsive when they contacted them and this meant that they could receive a service that fit in with their other routines and schedules.

Staff gave examples of how they had been responsive to meet people's changing needs. For example, one

staff member identified that one person's call was too long. This was reviewed and changed to two shorter visits. Another staff member identified that one person's needs had increased and they liaised with family members to increase the support. Both changes had produced positive outcomes for the people who used the service. We spoke with a health care professional who told us, "A person's needs increased and the service recruited new staff to support the person. They are very responsive to client's needs."

Some people received support to enjoy activities and outings. A staff member who provided such support told us, "When supporting people with activities we get to know people's likes and dislikes, hobbies and interests. We make suggestions and try new things." People's likes and social histories were documented and people told us that these were discussed at their initial assessment and during introductory and matching meetings.

People told us that they would be confident to share a worry or a concern with any staff should the need arise. A relative told us, "It's working very well. I've never had a problem." Everyone we spoke with told us that they would prefer to adopt an informal approach rather than use formal processes. One relative said, "The office are excellent. I would be confident to share a worry or concern with any of them." The registered manager told us that they always made sure that people's worries were responded to promptly. People confirmed this. Staff who worked on call and outside office hours told us how they were often the first point of contact if someone had a worry or concern. They gave us examples of how they had helped resolve issues informally to the person's satisfaction. They said, "Communication is important. I always ring and acknowledge the issue." They told us how they then documented the issue and handed it over to the registered manager. They said that they then reviewed actions taken and contacted the person to check they were satisfied with the response.

Staff knew that there was a complaints procedure in place. They told us that they would always try to address issues quickly and informally. Staff had confidence that the registered manager would listen to people and take prompt action if they shared concerns on behalf of people. Staff told us that the complaints procedure was kept in the client journal for reference. People who spoke with us said they were aware of the document but had not had to use it.

The registered manager kept a log of complaints and the provider reviewed this record as part of their on-going monitoring. There had been no recent complaints.



## Is the service well-led?

### Our findings

All of the people who spoke with us said they were more than satisfied with the service they received. One person told us, "They are excellent." Another person said, "I couldn't be happier. They have very high standards and that is important." A relative told us, "They are wonderful. The whole scheme is well thought through. We are very lucky." Staff were equally as positive about the service. In discussions with us they reflected the values of the service and were proud of the service they provided. One staff member said, "I like the Home Instead ethos. People get consistency. We build up friendships. It's like our own family." People's needs and wishes were at the heart of everything that the service did and stood for. Staff told us the providers and the registered manager were equally as passionate about the ethos of the service provided. One staff member told us, "[Provider's name] lives and breathes what Home Instead stands for." The high standards of care meant that people received a service that was tailored to their individual needs and delivered how people preferred.

We saw that the providers were actively promoting their care model in the community. The provider had published material in the local media about, 'How do I start the conversation that a family member may require a little more help'. They also wrote a publication, 'coping with dementia'. The provider's aim for 2017 was to attend community groups to talk about the 'changing face of ageing'. Their aim is to raise awareness and offer options in relation to supporting people at home. This meant that the needs of people who required care and support were promoted. Support options were shared to increase people's choices.

The provider told us they were active in a number of project groups to drive improvement within the sector. For example, they were involved in a project to improve the recruitment experience. This had involved job coaching and looking creatively at finding the right people for the job. They were hopeful that they would bring potential staff to the sector with the right values and attributes. This would mean that people would be supported by staff who provided a higher standard of care.

The providers also sat on the franchise Exchange Council. This enabled them to network, offer support and share good practice and challenges with other branches. The Home Instead franchise received the Queens Award in 2016. This is an award 'given to companies who are outstanding in their field'. It was awarded to Home Instead for 'consistency of care giver, minimum of hour long calls and being companionship and relationship based'. These were all attributes reflected in conversations with people who used the service and their relatives throughout this inspection.

Health and social care professionals spoke very positively of their experiences of working with the service. They all reflected the ethos of the service and understood that they would only support a person if they met their criteria. For example, the service would not support any one for less than an hour. One professional told us, "They won't do less than an hour call. They stick to their values. Staff are clear about boundaries. They try and offer consistency as familiarity is important. They have a good matching process." When we spoke with people who used the service they also reflected positively on the criteria. They told us that, as a result, they never felt rushed and the quality of the service was improved because time was not too limited.



Professionals described the provider and the registered manager as being professional and approachable. One professional told us, "They are able to meet very specific needs and do it professionally and with no major problems." Another professional said they were, "Very supportive." They said they had, "Worked with very complex clients. They have gone above and beyond to keep the package." Professionals said that their feedback from families had also been very positive.

People who used the service told us that the majority of their contact was with the staff who supported them. They did however say that the registered manager was always available should they need to speak with them. They also reflected positively about staff who worked from the office. All were described as being approachable, friendly and knowledgeable. Staff felt that the registered manager and the office staff were approachable at any time. One staff member said, "Office staff exceed my expectations. Any problems they respond immediately."

Staff told us they felt involved and consulted in the running of the service. They believed their views and opinions were sought, listened to and acted upon. One staff member told us, "The manager is straight talking and very supportive. They take time to listen." Another staff member said, "I love working here because I feel so well supported by the company. You are really looked after. [The registered manager] is lovely and you can ring anyone. They really care. It's like a family." A member of staff who was being introduced to a new support role within the service told us, "We have excellent support. They [the registered manager and the providers] are here for you. They have a very different approach. They listen and take our views on board."

Staff told us how they could visit the office informally at any time for advice and support and also attended meetings and sessions to discuss their own personal and professional development. One staff member told us, "They [the manager and the providers] make you feel important. We are valued and listened to. They always say Thank you. We pop in for a cuppa and a chat and always feel welcome."

Staff knew about the whistle blowing policy and procedure and said they would be confident to use it if necessary. The whistle blowing policy enables staff to feel that they can share concerns formally about poor or abusive practice without fear of reprisal.

The providers showed us how the business developed in 2016 and their plans for 2017. Their objectives had been shared with staff at team meeting. One of their 'wildly important goals' for 2017 was to increase community engagement. Minutes showed all aspects of the running of the business were discussed at team meetings.

People who used the service felt listened to and felt that their views and opinions were considered. The providers had listened to feedback from people who used the service and made plans to make improvements in response. For example we saw that a 'priority' was to improve communication between people who used the service and the office. The registered manager had implemented a new scheduling book to record information and also staffs' activities were now being reviewed in supervisions to ensure accountability. The providers produced a newsletter to share information, including outcomes of audits and quality assurance surveys. We saw that these publications also identified a 'value of the month'. This was to ensure the values remained at the forefront of staff's practice. People who spoke with us said that communication was good suggesting the initiatives had been successful.

People who used the service told us that consistency was something they valued and they all said it was a strength of the service that they could deliver this. People valued the fact that they were supported by the same staff, some of whom had supported them for years. Health and social care professionals also

commented on consistency by saying it was, "So important to the families." Good staff retention ensured consistency. There were numerous incentives to encourage staff to stay with the service. For example the service gave out staff of the year and long service awards. The relative of a person who used the service was proud to tell us that their family member's support team had received the 'team of the year award'. An accolade they considered had been well deserved.

People told us that they had received questionnaires about the running of the service and we saw how these had been reviewed and analysed to look for strengths and areas where improvements were required. Staff and relatives had also received questionnaires. People told us that they were also asked for their feedback at reviews. We saw how one person had commented that communication could be improved with the office. We saw how meetings had been arranged to discuss this and how the registered manager had gone back to the person to see if things had improved. The provider also used the services of an independent quality assurance body to check on quality. We saw how this body had identified positives and areas for improvement. They had identified that the service scored highly in relation to treating people with dignity for example. They had also identified that staff recognition was an area where improvement could be made (even though the score had been high). We saw how the provider had implemented initiatives to formally recognise staff in response to this feedback. Staff feedback to us reflected that they now felt very valued by the provider suggesting the initiatives had been successful.

We saw that personal development plans were being developed for staff. Criteria had been identified for meeting and exceeding objectives Training identified and long term goals and the appraisals form asked, "What will I do today, this week and this month to make a difference."

The registered manager told us that they received the full support of the provider to carry out their role effectively. They said, "The providers are very supportive. I have autonomy but they are approachable and available. Weekly meetings take place where we discuss the running of the business." We saw that the providers were available on a daily basis and were aware of the strengths of the service and of areas where they planned to develop and expand it.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. The registered manager was aware of their responsibilities in relation to this. They had not had to notify us of anything. They had however completed a very detailed provider information return. This was completed openly and identified areas of strength and areas where they planned improvement to further develop the service.

The registered manager completed a range of audits and checks to monitor the quality of the service. We saw that the service consistently scored highly in all areas. The providers reviewed all audits and where improvements could be made they looked at how this could be achieved.

The provider's aim was to be, "The most admired home care provider by changing the face of ageing and being the first choice provider in home dementia care." They had produced some literature to promote the service. Brochures identified them as 'a very different home care service'. Publicity material also stated that families were involved and supported when people received a service. Feedback from relatives suggested that this happened.

We saw positive testimonials on the provider's website. The website was used to promote their service but also provide information and links to training such as diabetes and stroke awareness.