

Western Consultancy Services Ltd

# Home Instead Senior Care (Weston-Super-Mare)

## Inspection report

202 High Street  
Worle  
Weston Super Mare  
Avon  
BS22 6JE

Tel: 01934526892

Website: [www.homeinstead.co.uk/westonsupermare](http://www.homeinstead.co.uk/westonsupermare)

Date of inspection visit:

06 October 2016

07 October 2016

Date of publication:

29 December 2016

## 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

This inspection took place on 6 and 7 October 2016 and was announced. We told the registered manager two days before our visit that we would be coming. This was the first inspection for this service.

Home Instead Senior Care provides domiciliary care and support to 89 people living in North Somerset and surrounding area. Home Instead Senior Care is part of a franchise that delivers care to people in many areas of the United Kingdom. This includes personal care such as assistance with bathing, dressing, eating and medicines; Help within the home covering all aspects of day-to-day housework, shopping, meal preparation and other household duties. The service also provides companionship services such as escorting people on visits or appointments, simple conversations and company. Of those 89 people 30 received personal care and the remainder received help in their home or companionship. We only inspected those people receiving personal care during this inspection, as this is the service that is registered with The Care Quality Commission. The staff who support people are known as 'CAREgivers' we called them this in the report and office personnel are referred to as office staff.

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

The service provided good support to people and was proactive to ensuring people's safety and was responsive to people's needs. CAREgivers knew how to identify abuse and what they should do if they suspected abuse. People felt safe and knew their care staff well. People were supported by staff who had satisfactory checks prior to starting their employment. Staff's empathy to the caring role was explored as part of the interview process.

The service identified risks to people's safety and was proactive at reducing risks through specialist equipment and technology. The registered manager gave two examples of how they had identified risk and had sought imaginative ways to keep those people safer.

People, their relatives and CAREgivers all felt the service was well-led and provided a high standard and excellent care. All were 100% satisfied with the care and service provided. The service was an active part of the local community. It provided information, training, coffee mornings and worked in partnership with different organisations to benefit the local community and staff.

There was a positive culture that was person-centred and that ensured people were at the heart of the service. One person told us, "When you ring the Office they will always try to help and see if they can do something for you. I would definitely recommend them."

The provider had systems in place to monitor the quality of the service and an annual audit was undertaken by the franchises main office. The last audit undertaken was in September 2015 all actions identified had been taken.

People's care and support was planned proactively and in partnership with them. The service actively promoted local activities, clubs and social activities to enable people and the local community to benefit from an enhance sense of well-being.

People and relatives were complimentary about the care and service they received. People were very positive about how responsive the service was to their changing needs and the support provided when changes had arisen. The service had a complaints procedure in place which dealt with complaints appropriately.

People were happy with how staff administered their medicines and felt they received it on time.

People and their relatives felt positive about the caring attitudes of the CAREgivers. All confirmed they were happy and that staff treated them with kindness and respect.

People had developed caring relationships with people. The service ensured any changes to people's planned CAREgiver was feedback so people knew who to expect.

People received care from CAREgivers who had been introduced to them to ensure that people were involved and happy with their allocated CAREgiver.

People were supported by staff who received training in order that they could carry out their roles effectively and competently. People told us, "I have been with them a long time they are very good and I would definitely say they know what they are doing" Another person told us, "Yes I have confidence that they know what they are doing". Staff told us, "We are introduced to new clients and shadowed when we first start to get to know what is needed" and "If you are unsure the Office support is unfaltering.

The service was proactive in working with health care professionals to enable CAREgivers to be skilled at providing personalised care to people they supported.

Staff received supervisions and appraisals and felt supported by the registered manager and office co-ordinator. People were supported by staff to make decisions about their care in accordance with current legislation. Where people were unable to express their wishes, relatives were part of developing people's care and support needs that reflected the persons' likes.

## 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.

CAREgivers knew how to identify abuse and what they should do if they suspected abuse. People felt safe and knew their care staff well.

People were supported by staff who had satisfactory checks prior to starting their employment. Staff's empathy to the caring role was explored as part of the interview process.

People were happy with how staff administered their medicines and felt they received it on time.

The service identified risks to people's safety and was proactive at reducing risks through specialist equipment and technology.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who received supervision and training to ensure they were competent and skilled to meet people's individual needs.

Specialist training was provided to staff to enable them to provide personalised care to people.

People were supported by staff to make decisions about their care in accordance with current legislation.

People were supported to see health care professionals according to their individual needs.

### Is the service caring?

Good ●

The service was caring.

People received care that was kind and caring. Positive relationships had developed with all staff.

People and relatives were constantly positive about the caring

attitude of all staff.

People felt caregivers respected their dignity and privacy.

### **Is the service responsive?**

The service was responsive.

People were very positive and complementary with their views and experience of the service and the CAREgivers to respond to their changing needs.

People were actively part of planning their care which was personal to them.

The service actively promoted local activities, clubs and social activities to enable people and the local community to stimulate and promote their well-being.

There was a complaints procedure in place which dealt with complaints appropriately.

**Good** ●

### **Is the service well-led?**

The service was well led.

People, their relatives and CAREgivers all felt the service was well-led and provided a high standard and excellent care.

The service was an active part of the local community. It provided information and support to staff and the local community on how people living with dementia could develop strategies to help them with their lives.

People and CAREgivers were asked for their feedback and all felt 100% satisfied with the service and the care provided.

The provider had systems in place to monitor the quality of the service and an annual audit was undertaken by the franchises main office.

**Good** ●

# Home Instead Senior Care (Weston-Super-Mare)

## **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 6 and 7 October 2016 and was announced. The registered manager was given 48 hours' notice because the location provides a domiciliary care service and the registered manager is sometimes out of the office supporting care givers or visiting people who use the service. We needed to be sure that the registered manager would be available to speak with us on the day's or our inspection. The inspection was carried out by one inspector and an expert by experience who made phone calls to people, staff, relatives and professionals. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was older people.

During the inspection we spent two days at the service's office. We spoke with the provider, the registered manager, the office co-ordinator and four office staff. We also spoke with eight people, 11 CAREgivers, five relatives and one professional. We reviewed care records of four people who used the service, and looked at the records of two staff and other records relating to the management of the service.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR 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 the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

## Is the service safe?

### Our findings

The service was safe.

People and relatives felt the service was safe and it provided consistent staff. They also confirmed how reassuring it was that the management undertook spot checks that made them feel secure. People told us, "I feel safe because I know that no matter what happens (CAREgivers) know what to do", "They are friendly and approachable and I feel comfortable with them in my home", "I do feel safe because I look forward to them coming to the house" and "I feel safe very much so. I am very pleased with them and they are always on time". Relatives told us, "What I also like is that the Management do spot checks on the staff so that they are making sure they are doing their job properly", "The same girl visits my dad and she is very good and reliable and always on time" and "They are spot on and I'm glad we chose them".

The service had taken steps to make sure that CAREgivers were aware of how people could be at risk of financial scams. The provider's information return, PIR confirmed how they had created a partnership with National Training Standards Scams Team. The PIR confirmed, 'We work to protect seniors from fraud with our Senior Fraud programme. We work together, building a network ensuring we can do all we can to protect our clients, keeping them safe, happy and free from harm. We have developed a 'Scam Buster' workshop, encouraging our CAREGiver's to test and expand their knowledge'. CAREgivers had received the workshop training to help them identify financial scams. They were able to demonstrate their understanding of what to look out for and what they could do to reassure and enable people to remain safe in their own homes. The provider confirmed how the franchise 'Home Instead Senior Care' was providing 'workshops' in partnership with the Alzheimer's Society. They confirmed this was not just for CAREgivers to attend but for their clients and their relatives so that.

The registered manager was aware of the procedures in relation to making referrals to the local authority that had the statutory responsibility to investigate any safeguarding alerts. The registered manager was able to demonstrate their understanding of abuse and who they would go to if they had any concerns. They told us, "I would take any concerns to the local authority. Concerns such as neglect, physical, financial, sexual. I would also make a notification to CQC." Office staff and CAREgivers had received training in safeguarding adults and were also able to demonstrate their understanding of abuse. CAREgivers told us, "I would contact the office if I had any concerns relating to abuse", "It's to protect them from harm and abuse and reporting it when necessary", "It's protecting people from harm and potential harm whether physical, emotional or financial" and "It's my responsibility to report any issues in confidentiality to the Manager regards any physical, mental or financial abuse and listening and identifying any problems whether spoken or unspoken."

People were supported by staff who had checks completed on their suitability to work with vulnerable people prior to starting their employment. CAREgivers staff files confirmed that checks had been undertaken with regard to criminal records, obtaining references and proof of identification. The service had a designated office staff member who was also responsible for finding potential candidates. They confirmed they would spend part of their week, visiting the community such as schools, churches, coffee mornings and

job fairs. The interview process started with an initial phone call and then if successful the candidate would be invited to a face to face interview. The face to face interview explored the values of the candidate and if they had compassion and empathy. Records confirmed this practice. The office staff member called it, "The mum's test". It also identified if the candidate had experience in care. The office staff member confirmed, it was not necessary to have experience in care as there was a comprehensive induction and shadowing that new staff undertook prior to working by themselves. This meant the service sought to introduce new CAREgivers to care and undertook checks to ensure their suitability to work with vulnerable people.

The registered manager undertook health and safety checks within people's home. The health and safety checks reviewed the environment and any risks there might be to the person. People's care plans identified if they had a smoke alarm, pendant alarm, if there was gas in the property and where the water emergency stop tap was. One person's care plan identified a specific risk to their environment. We spoke with the registered manager who confirmed how they had taken a proactive approach to reducing this risk by getting some specialist equipment in place. The person had been involved in this consultation. This had reduced the risk for this individual. Another person was identified by the registered manager as being at risk of leaving their home. The registered manager had contacted the local council and equipment had been provided to prevent this person placing themselves at risk. This meant the registered manager was proactive at identifying the risk and reducing the risk to people by using specialist equipment.

The provider had arrangements in place to deal with emergency situations to help ensure the continuity of service. Data and call schedules were kept on an independent IT server system. These were backed up and could be accessed from any location away from the office. There was always a staff member from the office on call outside of office hours. They carried the out of hour's phone and back up data and call schedules. There was also a backup for adverse weather. This is when the weather might affect the continuity of service. The office member of staff said that they will be reviewing this again very soon to ensure it is up to date for when the weather changes.

One person's care plan had a support plan in place that identified the person could become upset and unsettled at times due to their dementia. Any incident relating to this unsettled behaviour had been recorded on an incident log and in the persons daily care record. The registered manager confirmed all incidents and accidents were logged and reviewed to identify any trends. This was confirmed by records. If an accident or incident occurred CAREgivers confirmed that they would contact the office as soon as possible. One care giver told us, "I would telephone the office and then fill in the paperwork". This meant there was a system in place where incidents and accidents were raised and analysed to prevent similar situations from reoccurring. The registered manager confirmed they would action individual behaviour charts to allow any trends relating to behaviour to be monitored.

People felt happy with how CAREgivers gave them their medicines and that they received them when they needed them. They told us, "They help me with my oxygen and sort out all my pills and put them in a glass and I get them on time and everything is recorded". Two relatives told us, "They are 100% they give [Name] the right medicine and on time" and "They help [Name] with their pills and medicine which they get on time and everything they do is recorded on the chart". All CAREgivers were responsible for administering medication. CAREgivers had received appropriate training prior to administering medicines. The registered manager confirmed people's medicines were delivered from the pharmacy in pre-filled blistered packs, with a printed Medicines administration records (MARs). This helped to mitigate the risk of medicines error as they came filled by the local pharmacy team. Once CAREgivers had prompted a person to take their medicines or had administered the medicines, CAREgivers signed the MARs records. Records checked were accurate and completed. The MARs records were retained in the office. We found, one person required support with their diabetes. Their care plan contained no guidelines that confirmed normal blood sugar

ranges and what staff should do if these were ab-normal. This is important as guidelines confirm how staff should support the person with their diabetes care. We fed this back to the registered manager who confirmed they would review this person's support plan relating to their diabetic care.

## Is the service effective?

### Our findings

The service was effective.

People were supported by CAREgivers who had received training in order that they could carry out their roles effectively and competently. New CAREgivers completed an induction process which was over three days. Their induction covered mandatory training, which was set by the provider, to prepare them for their role. This was in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. It applies across all social care sectors. It ensures that workers have the same learning, skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. CAREgivers staff files contained finished work books relating to their completed training. The training Co-ordinator confirmed, "We provide lots of training as well looking to provide specific training that staff might need to support the person who we care for". One person told us, "They are definitely well trained they go into every detail they are very good". One relative told us, "The CAREgiver is trained very well they are always efficient".

The service was proactive at recognising other training that CAREgivers needed so they could provide specific personalised care and support to people. For example, additional training CAREgives had undertaken was, catheter care, assistive technology (equipment that could be provided in people's homes), stroke awareness, dementia, Parkinson's and epilepsy training. One person's care plan demonstrated CAREgivers had received additional training to enable them to provide the person with daily care and support with their mobility. This training had been provided by Physiotherapists who had then confirmed CAREgivers were competent to continue with the person's daily support. Their care plan had a detailed support plan in place for CAREgivers to follow.

People were cared for by CAREgivers who felt supported and happy in their role. CAREgivers told us, "I feel supported. Everyone in the office is very approachable. I get supervision every six months. I am happy working here I really enjoy it" and "The support from office staff is very good. I am happy working here". An officer member of staff told us, "I feel supported and happy working here". CAREgivers received an annual appraisal and supervision.

Supervision was a mixture of on the job spot checks whilst they were at people's home. This checked CAREgivers were undertaking their role to the service's required standard. Spot checks covered; how the CAREgiver supported the person, talked to them, gave them choice and if they provided care in a dignified and respectful manner. It also covered any training needs or poor practice. Spot checks recorded the detail of what was observed and any action found that needed to be taken. This meant the service was able to demonstrate they were reviewing CAREgivers practice and the support provided to people.

People were identified and allocated their staff team. This meant that staff were not traveling large distances between their visits and were able to provide care to the person in a personalised manner. People told us, "I have the same regular faces which I like" and "I get the same people and if they are a bit late for any reason they always ring to let me know and they always stay the right amount of time". One relative told

us, "They have been excellent with [Name] has regular staff who have a good attitude and have a laugh". The registered manager confirmed this as, "We match our staff to our clients". This meant people received care from a core team of staff who knew them well.

Appraisals were conducted annually. Appraisals are an opportunity to discuss and identify any areas for improvement or training. Appraisals covered topics such as conduct, appearance, reliability, current performance, improvements, staff training, development and personal targets. Staff were encouraged to identify any training or career development needs that they might have.

People and relatives confirmed they were involved in making decisions about their care and support needs. The registered manager confirmed that it was people's choice to decide on their care and support and that this was always discussed at the initial assessment stage.

CAREgivers displayed a good understanding of how and why consent must be sought and how they gave people choice every day. One CAREgiver told us, "It is about enabling the person to choose what they want. I help them with whatever they want and need".

The service had an up to date policies and procedures in relation to the Mental Capacity Act 2005 (MCA) and consent. The 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The provider was following the principles of the Mental Capacity Act 2005 (MCA) and care plans reflected people's capacity and best interest decisions had been considered. For example, one person's care plan identified that they were unable to make decisions relating to their care. There had been a detailed support plan provided from the person's relative on the person's likes and dislikes. The registered manager confirmed how they were regularly talking to the relative about the person's care. This meant people's consent to care and treatment was sought in line with legislation.

The service supported people to meet their health needs. CAREgivers confirmed what they would do if they noticed the person's health had deteriorated. They told us, "I would always check with the person, but I would seek medical advice via the GP or out of hours. I would also ring the office" and "I would check if they wanted me to call if they became unwell. It is their choice". CAREgivers also felt because they knew people well they would be able to quickly notice if the person required their help due to a change in their health needs.

People were happy with the support they received with their meals and felt able to make their own choices. People told us, "I buy fresh food and they prepare it for me. I like to have a balanced diet with vegetables and proteins and they are brilliant in inventing meals for me", "They give me breakfast but I decide what I want", "My [Relative] buys the food and they prepare it for me. I get plenty of choice and plenty to eat and drink", "They always ask me what I want to eat and I get plenty of choice. People's care plans detailed people's dietary requirements, including if the person needed support with their food preparations or if the food was to be cooked from fresh. CAREgivers had received training in food safety and nutrition and hydration. This meant people were support by staff who had received training and who offered people choice with their dietary requirements.

## Is the service caring?

### Our findings

The service was caring.

People and their relatives were all positive about the caring attitude of the CAREgivers. People told us, "They are very nice and talk to me and make me feel good. I am very happy and satisfied with them," "I like the kindness and caring of the staff who come to see me" and "The Carers are excellent 1st class." Relatives told us, "The Carers are fantastic," and "The Carers are fantastic. I am very impressed."

Positive caring relationships had been developed with people. The registered manager and office staff were motivated and passionate about making a difference to people's lives. This enthusiasm was also shared with CAREgivers we spoke with who felt that the office staff cared about them. One CAREgiver said, "I rang the office the other day and they directed me to the person's house. They told me exactly where to go". Another CAREgiver demonstrated their caring approach towards those they support. This quote had been used in the service's monthly newsletter. They quoted, 'We're normally the first person clients see in the morning. I really enjoy helping to brighten their day and provide meaningful support'. One person told us, "I would not know what I would do without the CAREgivers lovely smile. They talk to me when I am down they are brilliant." Relatives also felt the CAREgivers made a difference. They confirmed, "They are friendly," "They appear to genuinely care and make sure [Name] is well looked after, clean and [has the meals needed] they are very good," "They understand [Name] they are charming and friendly and [Name] has accepted them" and "They have a good attitude. They make my relative laugh. They are spot on and I am glad we chose them."

People were involved and consulted about the type of care they wanted to receive and how they wished to receive it. The registered manager confirmed that each visit was a minimum of one hour. They told us this was part of ensuring that people not only received the care and support they needed during that time but that CAREgivers were also given the time to socially engage and interact with people, enabling a positive caring relationship to develop. CAREgivers confirmed how time spent with people gave them an opportunity to get to know the person and deliver care in a more person-centred way. One CAREgiver told us, "I am happy to be here helping people, it is great feeling useful. I prepare meals and assist with cooking them. I let people do as much for themselves as they can".

The provider recognised the importance of providing the same CAREgivers consistently over time so they knew the people they cared for well. The scheduler and the on call team had detailed information about the CAREgivers and who they had supported in the past. This was so if a change needed to be made the person receiving the care could be assured it would be provided by someone they had met before.

People's privacy and dignity was respected. CAREgivers asked people's permission before carrying out any tasks and consulted them with regard to their support requirements. CAREgivers were aware of the requirements to maintain confidentiality and the need to ensure that person's information was not shared inappropriately. People told us, "They are brilliant with me and treat me with respect," and "They go out of the room while I wash myself. They stand nearby so I can call if I need them".

The provider had an automated logging in system for CAREgivers. This logged when they arrived and left the person's home. They called a Freephone number from the person's landline and this logged the time of the call in the office. This information was reviewed by the scheduler and other office staff. The scheduler confirmed they monitored the system throughout the day to check that there were no problems or alerts being raised. The scheduler confirmed how they were also responsible for letting people know if CAREgivers were running late or had changed. During the inspection we observed the scheduler making calls to people where there had been changes to people's planned CAREgiver. This meant people were made aware of any changes to their allocated CAREgiver and that calls were monitored to prevent any missed calls from occurring.

## Is the service responsive?

### Our findings

The service was responsive.

People felt happy with their care plan reviews. They told us, "They have reviews of the care plan to see if we need extra help," "They review the care plan every three months," "The manager comes out to review the care plan regularly" and "The manager is very good she comes out every three months to review the care plan and I am very happy with it.". We saw evidence that people's care plans were reviewed at least every three months. The registered manager confirmed how they undertook reviews with people and if required with people's relatives and professionals; such as physiotherapists and social workers. They felt this worked well and was an important part of making sure people's needs were fully identified to ensure they got the care they needed.

The office co-ordinator was responsible for introducing people to CAREgiver's who were unfamiliar to them. New caregivers would also shadow the office co-ordinator to see how the person liked their support given. This was so CAREgivers could be shown what was expected of them. Their files recorded introductions and where they had shadowed the office co-ordinator. One person told us, "I have been with them a long time they are very good and I would definitely say they know what they are doing" Another person told us, "Yes I have confidence that they know what they are doing". Staff told us, "We are introduced to new clients and shadowed when we first start to get to know what is needed" and "If you are unsure the Office support is unfaltering.

People were supported by CAREgivers to engage in activities to stimulate and promote their overall wellbeing. The service had identified how people might benefit from attending local clubs and the wider community. The provider showed us a 'what's on where guide' that they had put together. The guide provided information on; local morning, lunch and afternoon tea clubs, support groups and therapy classes, exercise classes and hobbies, clubs and societies. The provider confirmed how important it was that people, their family and friends knew what was available within the local community. They confirmed how they shared this information with local GP surgeries, Libraries, churches and cafes so that others could also benefit from this local knowledge.

The service had an events co-ordinator. This person was responsible for maintaining the service's social media, website page, month newsletters and actively building local community links. Newsletters were sent monthly to people. It included future fundraising events, coffee mornings and fund raising outcomes. Good news stories, CAREgiver awards, training available to CAREgivers and the community. The PIR confirmed 'Home Instead set up The Bring Joy Foundation in 2014 with the aim to help groups and organisations across the UK by funding events and activities or rekindling favourite pastimes. The charity exists to bring the joy and fun back into ageing. It is a very worthwhile cause and has helped provide so many people with a bit of joy that they would've otherwise missed out on'. The service events co-ordinator confirmed the foundation enabled people to take a trips, host a dance, take golf lessons, or have a night at the cinema. The service website provided information on the 'Bring Joy Foundation' and local coffee mornings held in the services office. A recent coffee morning had been held to raise money and awareness for Macmillan

Cancer Support. The events co-ordinator confirmed how important these events are and that it is open to all to attend. The service was starting to plan a 'Christmas gifts' collection for those people who are alone at Christmas.

The provider had an up to date complaints policy. It confirmed the complaints processes and expected time scales. Complaints were logged with actions taken to prevent similar incidents from occurring.

People and their relatives had sent feedback to the service about the excellent care provided. Comments included, 'Home Instead helped me in my hour of need and [Name] was very happy with talking to the Caregiver and sharing photographs', "The Caregiver was kind, helpful and very gentle with my relative," "The girls in the office were kind and understanding, not only to my relative but to me and my family too and I am very grateful." And "Home Instead enabled us to go away and have a great holiday" and "The organisation prior to the holiday was helpful, efficient and pleasant. The contact arrangements done on arrival went smoothly".

## Is the service well-led?

### Our findings

The service was well-led.

People, relatives and CAREgivers all felt the service was excellent and well managed. People told us, "The registered manager and owner are marvellous. They listen and speak to us When I was in hospital for 2 weeks, they organised an early call for me they always go the extra mile," "The Management and the service is excellent," "The Management go out of the way to help you," "The boss came to see me in hospital he is very good and when you ring the office all the staff are helpful. They are all excellent," "The Management are approachable when you deal with them" and "The Management are better than others we have had they are very helpful and you can always get in touch with them."

Relatives told us, "The Management are efficient and pleasant. When my [Name] asks for something it happens we are very pleased with them," "The Management have done everything I asked for my relative. They are very happy with them and the care is 10 out of 10," and "The Management are approachable and helpful. The manager is caring. [Office staff member] is lovely. We are so happy we chose them. [Name] gets the full hour and the staff are never rushing". Two CAREgivers told us, "I am impressed with the Management they cross the I's and dot the T's. They are very client focussed and we have plenty of time with the clients and we can stay longer if needs be. It is the best Company I have worked for it feels right and I am proud to work for them," and "The Management are friendly, approachable and supportive. I feel happy working for them and believe we provide a good service which is all about continuity and good care for the clients."

The service obtained the views of people and staff in the form of questionnaires. The latest questionnaires' confirmed that people were 100% satisfied with; how new CAREgivers were introduced, how well CAREgivers were matched and that the CAREgiver took an interest in them. This was reinforced by people we spoke with. We heard nothing but positive comments about people's experience of the high quality care they received. Comments like, "Professional, caring, excellent, 1st class," "They are the best I can get Brilliant and excellent" and "The Carers are fantastic". CAREgiver views had also been gained in the form of a questionnaire. CAREgivers felt that the service was effectively managed and well run, with staff confirming they were 100% satisfied. This was also reinforced by the CAREgivers that we spoke with.

Home Instead is part of a franchise that delivers care to people in many areas of the United Kingdom. The provider kept up to date with changes in legislation, policies and trends through the national office of Home Instead. The national office sent out weekly updates and consulted with the other franchise owners and managers about changes to policies. The provider attended meetings with other owners so that business support and trends could be discussed. This meant there were opportunities for learning between the different franchises of the company.

The provider and the registered manager were responsive to the local community. This was led by the local office and not by the national organisation. The local service had made strong links with people living in the community to help awareness about dementia. This was so people living with dementia were better supported and treated. A recent staff meeting had involved someone with dementia talking about what it is

like to have dementia and the daily strategies they have found helped them living with dementia. Staff confirmed how they are able to access specialist equipment such as hand twizzlers. Hand twizzlers can be beneficial for people who have dementia as they have buttons and ribbons which can be held and felt. These were available in the local office and had been provided by the Alzheimer's society. Care plans confirmed where these had been provided to people using the service. This meant people and the local community could benefit from accessing advice and support in relation to dementia and supportive strategies and equipment.

Home Instead had clear visions and values that were person-centred and that ensured people were at the heart of the service. During the inspection we asked the provider to send us an updated version of their, 'Statement of purpose'. A statement of purpose confirms what service the provider plans to offer and what people can expect. The provider's statement of purpose confirmed the service, '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.' People confirmed how supportive and helpful staff were and nothing was too much trouble for them. One person told us, "When you ring the office they will always try to help and see if they can do something for you. I would definitely recommend them. The service encouraged a positive open culture by being supportive to those it supported and employed.

The provider had quality assurance systems in place to monitor processes. The service had a system for monitoring staff training, supervision and appraisals. The provider held regular meetings with office staff to check the quality of work undertaken. These meetings included checking, missed calls, reviews undertaken and planned, supervisions held, staffing levels and new starters. The provider confirmed these meetings enabled them to monitor the service and identify where improvements might need to be made. The national office conducted an annual standards audit. This audit undertaken by head office was to ensure the franchise was keeping to the standards they had set for the business. This included scrutinising all aspects of the service such as care plans, staff files, recruitment, scheduling of calls, staffing levels and policies and procedures. The last audit was undertaken in September 2015. Actions identified during this audit had been taken by the provider and registered manager.

Prior to this inspection the provider had submitted various notifications to inform us of certain events that occur at the service. During the inspection we found notifications had been made when required. This meant that we were able to build a full and accurate picture of incidents that had occurred in the service.