

South Yorkshire Senior Care Services Limited







Home Instead Senior Care

Inspection report

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Date of inspection visit: 30 November and 1 December 2015
Date of publication: 18/02/2016

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?		Outstanding	

Overall summary

Home Instead Senior Care is a domiciliary care agency registered to provide personal care. The agency has three offices, based in north Sheffield, south Sheffield and Barnsley. The registered manager is based in the north Sheffield office. Support is provided to younger adults and older people living in their own homes in the Sheffield and Barnsley area. The minimum length of visit provided is one hour. The service is available 365 days each year, 24 hours a day.

At the time of this inspection Home Instead Senior Care was supporting 85 people whose support included the provision of the regulated activity 'personal care'.

There was a registered manager at the service who was registered with CQC. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

Our last inspection at Home Instead Senior Care took place on 17 December 2013. The service was found to be meeting the requirements of the regulations we inspected at that time.

This inspection took place on 30 November and 1 December 2015 and short notice was given. We told the registered manager two working days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that the registered manager would be available.

People supported by the service and their relatives or representatives told us they felt (their relative was) safe with their care givers and staff were respectful. People told us the support provided met their needs and the care givers were kind, caring and polite. People spoken with said they had regular care givers that they knew well. They knew which care giver would be visiting to support them and care givers always arrived when they should and stayed the full length of time agreed.

We found systems were in place to make sure people received their medicines safely.

Staff recruitment procedures were thorough and ensured people’s safety was promoted.

Staff were provided with relevant induction and training to make sure they had the right skills and knowledge for

their role. Some staff had not been provided with supervision or appraisal at the frequency set out in the provider’s policy. The registered manager organised for these to take place so that staff were up to date. Staff understood their role and what was expected of them. They were happy in their work, motivated and proud to work at the service. Staff were confident in the way the service was managed.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and the principles of the Deprivation of Liberty Safeguards (DoLS). This helped to protect the rights of people who may not be able to make important decisions themselves.

The support provided was person centred and each person had a support plan that accurately reflected their needs and wishes so that these could be respected. Support plans had been reviewed to ensure they remained up to date.

People supported and their relatives or representatives said they could speak with staff if they had any worries or concerns and they would be listened to.

We found the service was very well led with strong user voice and community focus. Outstanding management had a positive outcome for people supported. There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. People using the service and their relatives had been asked their opinion via surveys, the results of these had been audited to identify any areas for improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Procedures for the safe administration of medicines were in place and records of administration were maintained which were accurate and comprehensive.

There were effective recruitment and selection procedures in place.

People expressed no fears or concerns for their safety and relatives told us they were confident the person being supported was safe.

Good



Is the service effective?

The service was effective.

The service ensured that people received effective care that met their needs and wishes.

Staff were appropriately trained to provide care and support to people who used the service.

Some staff had not been provided with supervision or appraisal at the frequency set out in the company policy. The registered manager rectified this and put systems in place to prevent reoccurrence.

People using the service and their representatives felt staff had the skills to do their job.

Good



Is the service caring?

The service was caring.

Staff respected people's privacy and dignity and knew people's preferences well.

People said staff were caring in their approach.

Good



Is the service responsive?

The service was responsive.

People's support plans contained accurate information and had been reviewed to ensure they were up to date.

People were confident in reporting concerns to the registered manager and felt they would be listened to.

Good



Is the service well-led?

The service was well led.

Staff said the registered manager was approachable and communication was good within the service. Staff meetings were held to share information.

There were quality assurance and audit processes in place to make sure the service was running well.

Outstanding



Summary of findings

The service had a full range of policies and procedures available to staff so that they had access to important information.

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 checked whether the registered provider was 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 30 November and 1 December 2015 and short notice was given. We told the registered manager two working days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that the registered manager would be available. This inspection was undertaken by two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of caring for older people.

Before our inspection, we reviewed the information we held about the service. This included correspondence we had received about the service and notifications submitted by the service. We asked the provider to complete a

Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The PIR was returned as requested.

We contacted Sheffield and Barnsley local authorities and some health professionals who had contact with the service, including a social worker and an advocacy service. Information received was reviewed and used to assist with our inspection.

As part of this inspection we spoke in person or over the telephone with people supported by Home Instead Senior Care, to obtain their views of the support provided. We visited two people in their own homes and spoke with them and their relatives. We also spoke over the telephone with 15 people supported, or their relatives about the care received.

We visited the office and spoke with the registered manager, a staff coordinator and a community development officer. In addition, four care givers visited the office base so we could speak with them.

We spent time looking at records, which included six people's care records, six staff records and other records relating to the management of the service, such as training records and quality assurance audits and reports.

Is the service safe?

Our findings

Every person supported by the service, or their relatives, told us they felt safe with care givers from Home Instead Senior Care. Comments included, “I feel very safe with them, they have my best interests at heart,” “They are very good really. I have good staff and they help me look after my wife. It’s very safe with them, and yes, we are very happy with them,” “They help me take my shower and they keep me safe,” “I’ve had no accidents. They are very experienced because the staff [care givers] are now so long established. Risk assessments have all been done” and “I am safe, they [care givers] make sure I’m safe.”

We asked people about the support they got with their medicines. Most people spoken with managed their own or their family members medicines, but one person told us, “They [care givers] help me with a cream for my legs, which have really improved and I feel much better now we’re on top of it. They [care givers] always write in my book when they have put my cream on.”

Staff spoken with confirmed they had been provided with safeguarding vulnerable adults training so they had an understanding of their responsibilities to protect people from harm. Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made so that correct procedures were followed to uphold people’s safety. Staff knew about whistle blowing procedures. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice. Staff said that they would always report any concerns to the registered manager and they felt confident they would listen to them, take them seriously, and take appropriate action to help keep people safe. Information from the local authority and notifications received showed procedures to keep people safe were followed.

We saw a policy on safeguarding vulnerable adults was available so staff had access to important information to help keep people safe and take appropriate action if concerns about a person’s safety had been identified. Staff knew these policies were available to them and how to use them if needed.

We found appropriate policies were in place for the safe administration of medicines so staff had access to

important information. We found the support plans checked contained clear detail regarding medicines and who was responsible for administration. Where relevant, a medicines risk assessment and agreement had been completed to address and minimise any risk. The support plans seen also contained details of the person’s medicines so that staff were fully informed. Staff spoken with confirmed they had undertaken training on medicines administration. We looked at the staff training matrix which showed that all care givers had been provided with medicines training to make sure they had appropriate skills and knowledge to keep people safe and maintain their health. We checked one medicines administration record (MAR) in a person’s home and one completed MAR that had been returned to the office. Both had been fully completed and no gaps in administration were evident. The MAR that had been returned to the office had been signed by a senior member of staff to evidence that they had checked and audited the document to make sure staff were following correct procedures and people’s safety was upheld.

We found the provider had recruitment policies and procedures in place that the registered manager followed when employing new members of staff.

We checked the recruitment records of three care givers. They all contained an application form detailing employment history, interview notes, at least two references, proof of identity and a Disclosure and Barring Service (DBS) check. All of the staff spoken with confirmed they had provided reference checks, attended an interview and had a DBS check completed prior to employment. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the service. This information helps employers make safer recruitment decisions.

We looked at six people’s support plans and saw each plan contained risk assessments that identified the risk and the support required to minimise the risk. We found risk assessments had been evaluated and reviewed to make sure they were current and remained relevant to the individual.

The service had a policy and procedure on safeguarding people’s finances. A shopping service was offered to people which meant care givers sometimes managed small

Is the service safe?

amounts of money for some people. The registered manager told us very few people were supported with the shopping service at the time of this inspection. Where this support was provided, this was identified in the persons support plan. We saw financial transaction records were available to staff so that full and accurate records could be maintained if care givers ever handled a person's money. We checked a completed financial transaction record and saw it detailed the amount provided, the item purchased and the amount returned. We found receipts were retained and the transaction sheets had been signed by the person supported. The registered manager confirmed that when used, completed transaction sheets were returned to the office for checking. The sheet seen held a signature from staff to evidence it had been checked and audited on return to the office. Staff spoken with were very clear of the procedures to follow to make sure people were protected. These procedures helped keep people safe.

At the time of this inspection 158 care givers were employed. The registered manager told us that care givers were normally employed for 16 hours each week so they were available to cover any additional visits created by staff holiday or sickness. All of the staff spoken with said that they were given enough time to travel to people and spend the agreed amount of time supporting people. People and their relatives or representatives told us that staff never rushed a support visit. This showed that sufficient staff were provided to meet people's needs in a safe manner and staff were deployed safely and appropriately.

We found a policy on infection control was in place to inform staff. All of the staff spoken with said they had been provided with a 'boot bag' [a bag to keep in the boot of their car], which contained essential supplies such as aprons and gloves to uphold infection control procedures. We saw a supply of boot bags at the office base which showed these were readily available to staff.

Is the service effective?

Our findings

People supported by the service and their relatives spoken with told us the service delivered care in a way that met their, or their relatives, individual needs and ensured their health and safety. They told us that the service was reliable and they knew the care givers that would be visiting. People said they had never had a missed visit.

Comments included, “They always turn up when they should. They are very reliable. They’ve never missed a visit and only one time they rang to let me know my carer was going to be a bit late. They don’t cause me any worry,” “They [care givers] are very good. We have a small group that come, they always come when they should and have never let us down. They always stay for as long as they should,” “They [care givers] stay the full time and look smart and professional. Mum likes them very much,” “They [care givers] stay an hour. They cannot do it for less to give [name of person supported] a shower and get them ready as well, but they will also do extras for me. That all really helps me. They are friendly and brilliant with [the person supported] and they enjoy their company. They want to be at home. Their help really does it,” “They are generally on time and they have to log in by phone. If they are late the office will call me after a few minutes. They don’t go early” and “I would recommend this company, they never miss.”

People and their relatives told us care givers knew what support was needed and had the skills to do their jobs effectively. Comments included, “They [care givers] know what help I need, they have helped (an aspect of health) improve. I can’t fault them,” “They know how to help me and they help when I don’t feel well. They [care givers] know what to do to reassure me” and “They know what little jobs need doing, I don’t have to tell them. They all know me and know what I like.”

People told us they had access to health professionals and visits from care givers did not hinder or restrict these.

We asked people supported and their representatives if they found it easy communicating with the office staff. They told us that they had been provided with telephone numbers and could always speak to someone at the office if they needed to. People said they had always found staff at the office very helpful. People also mentioned the registered manager by name and said she was always friendly and supportive.

Staff spoken with said they undertook regular training to maintain and update their skills and knowledge. All of the staff spoken with said the training provided by the registered provider was good. Training records showed induction training was provided over four days that covered mandatory subjects which included health and safety, medication and safeguarding, but also included subjects such as palliative care. Records showed training covered subjects such as Alzheimer’s and specific health topics related to people supported so that staff had relevant skills. The registered manager informed us that the staff induction and training was in line with the new Care Certificate award that staff were in the process of achieving. Staff told us new staff always shadowed a more experienced member of staff before working on their own. Staff spoken with said they were up to date with all aspects of training. We found a system was in place to identify when refresher training was due so that staff skills were maintained.

We found the service had policies on supervision and appraisal. Supervision is an accountable, two-way process, which supports, motivates and enables the development of good practice for individual staff members. Appraisal is a process involving the review of a staff member’s performance and improvement over a period of time, usually annually. The services policy stated that care givers ‘will receive regular (at least three monthly) supervision, including one appraisal annually.’ The registered manager told us that spot checks took place at each introduction visit to people they would be supporting and then a minimum of twice each year as part of the supervision and support process. Spot checks are observations of the care giver at a person’s supported home to check support is provided as agreed, and the person supported is satisfied.

We looked at six care givers records relating to supervision, appraisal and spot checks. Whilst the records showed that all staff were provided with supervision and appraisal, this had not always taken place at the frequency identified in the service’s policy. One staff file showed that one supervision and one appraisal had been provided in the last 12 months; a further supervision had been booked and not attended. Another file showed staff had been provided with two supervisions in the last 12 months and no appraisal for 15 months. Two further files showed that staff required one further supervision or appraisal within 2015 to meet the number set out in the policy. One file checked held no record of any spot checks. We discussed this with

Is the service effective?

the registered manager who arranged for supervision or appraisal meetings to take place. During our inspection the registered manager confirmed that these had been booked and gave assurances that minutes from these would be forwarded to evidence they had taken place. In addition, the registered manager arranged for a full audit of all supervision records to identify any further gaps and prevent reoccurrence. We saw that this audit had commenced during our inspection visit. During the week of this inspection we were sent copies of the minutes from the identified supervisions to evidence they had been provided.

All of the care givers spoken with said supervisions were provided regularly, they had an annual appraisal and spot checks had taken place. They said they could talk to their managers' at any time. Staff were knowledgeable about their responsibilities and role.

We saw each staff member was provided with a care givers handbook so they had access to relevant information to update their skills and knowledge.

There was a policy on consent to care and treatment in place to ensure clear procedures were followed to obtain people's agreement. We spoke with the registered manager about the systems in place to ensure people consented and agreed to the support provided. The registered manager explained that assessments were always undertaken with the person supported and their relatives if appropriate, to ensure their views were obtained. People were also involved in writing their support plan and they (or their relative) signed them to evidence their agreement.

We looked at six people's support plans. They each contained a consent to care and treatment form signed by the person supported or their representative. The files also contained signed consent forms relating to medicines where relevant. In addition, they contained individual

consent to sharing of information (data protection) and a signed service agreement to evidence that people agreed to their plan of care. This showed that people had been consulted and agreed to the support provided.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). This does not apply when people are supported in their own homes and any applications must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found the service had written information on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) so staff were provided with important information to uphold people's rights.

We spoke with four care givers during our inspection. Staff spoken with had a good understanding of their responsibilities in making sure people were supported in accordance with their preferences and wishes.

Staff spoken with confirmed that they had been provided with combined MCA and DoLS training so that they had the knowledge to uphold and promote people's rights. We looked at the training matrix to confirm this. Staff told us they had access to written information and guidance on the MCA and DoLS to support their understanding.

Is the service caring?

Our findings

People supported by the service and their relatives spoken with told us the care givers were very caring and understood their preferences and needs. Everyone asked said the care givers were kind. Comments included, “They [care givers] come and we have a chat and a laugh. I would be very lonely without them,” “We are very happy with the care givers, they are kind, caring people” and “They are lovely, they are like friends and nothing is too much trouble for them.”

People supported by the service and their relatives told us the care givers were always respectful. Comments included, “They [care givers] are always polite and very respectful,” “They are always polite, good mannered and treat me like family,” “The care is all done with safety and dignity and if not Mum would say,” “It needs to be about right; very caring but not too intrusive. So far they have been good and one [care giver] in particular is really supportive. Not that I’m not at ease with them all and it’s just that bit easier with some I really like. They do that with dignity and safely from what I can see,” “It’s all done safely and with dignity and they [care givers] are always polite and respectful. I can’t fault them. They are good at the job” and “[Name of person supported] is not embarrassed with them now and they do things with dignity. They have helped them overcome their embarrassment. If they are at ease it’s also better for me.”

People supported by the service and their relatives spoken with told us that care givers involved them and always asked their opinion. They said that staff always asked what support the person wanted and if there was anything else they needed. One person said, “Before they go they always ask if there is anything else they can do, they’re always asking if I’m getting what I need. They really look after me.”

We spoke with four care givers about people’s preferences and needs. Staff were able to tell us about the people they were caring for, and could describe their involvement with people in relation to the support that was needed. Staff also described good relationships with the people they supported. They were aware of people’s history, interests

and what was important to them. Staff we spoke with could describe how they promoted dignity and respect. People told us care givers respected their privacy and they had never heard care givers talk about other people they supported. This showed that staff had an awareness of the need for confidentiality to uphold people’s rights. Every staff member spoken with said they would be happy for a family member to receive support from Home Instead Senior Care.

The support plans seen contained information about the person's preferred name, their history, hobbies, preferences and how people would like their care and support to be delivered. All of the people supported or their relatives spoken with said that they had been involved in writing the support plan. They explained that the registered manager had visited them to discuss this. Some people told us staff from the office had visited them for a review meeting to check the support plan was still up to date. People said that if any changes were required they only had to tell the care giver or the registered manager and they would update the plan. This showed people had been involved in discussions about their support and important information was available so staff could act on this.

We saw that the service shared information with people in a monthly ‘client newsletter’. The newsletter seen provided information on new staff, staff awards, activities, service awards and recipes. This showed that a range of information was provided so that people felt involved with the service.

People told us that they had regular care givers that knew them well, and a core group of staff so that they always knew the care giver who would be visiting. People also said that the office staff informed them if there were changes to their regular care givers so that they knew who to expect. Every person supported or their relative said that they had never had a care giver arrive at their home that they did not know.

Staff spoken with said that they had a very regular schedule, which meant they could get to know the people they supported their preferences and needs so that these could be met.

Is the service responsive?

Our findings

People spoken with said the support provided by Home Instead Senior Care was reliable and they had been involved in planning their care so that the support provided matched their needs. People said the registered manager or a person from the office from the service had visited them to assess their needs and write a support plan. Relatives told us they had been involved in writing the support plan with them so that their opinions were considered.

People commented, “[The registered manager] came here to talk about it all, what I wanted. Then we were introduced to the carers, it worked well,” “My file is kept here [in the person’s home], it has everything written down, everything we agreed on” and “I get all the care I need from people that I get on with so that shows they listened to what I want.”

People told us their support was provided in the way they wanted and staff knew what support was needed. Their comments included, “They are champion, fantastic. They call for two hours three times a day and they have done so for a good few months. They are lovely staff; really help me, do everything I need.”

During our inspection one relative said that recent changes to the core group of care givers had led to some anxiety. They said that the registered manager was, “On board to sort it out.” With the relatives permission we shared this with the registered manager who informed us that changes to the core team had been unavoidable due to long term sicknesses within the team, but all new care givers had been introduced.

The same relative told us that new care givers needed to be aware of the persons supported complex needs. The registered manager was aware of this and had already had discussions with the relative and made plans for a meeting to resolve their worry. The registered manager contacted the relative to confirm a meeting had been arranged at the person’s home for the week following this inspection with all relevant staff and involving a healthcare professional to make sure care givers had up to date knowledge to support the person. The registered manager confirmed the relative was happy with the actions taken. In addition, the

registered manager had arranged for the relative to have one member of office staff as a point of contact for consistency. This example showed a responsive approach to meeting people’s needs.

People told us that they had no worries or concerns, but knew who to contact if they had. People said that staff at the office would listen to them. Comments included, “The office number is there [in the Home Instead file], I’ve got it in case I need them,” “I would recommend them, they are so kind. If I am in trouble and ring the office they take time to talk to me and I know they would do what was needed to help me. I don’t have family or friends nearby so it’s really good” and “[Name of manager] has been here. I can ring them any time and they are back up for me.”

We looked at six people’s support plans. They all contained a range of information that covered all aspects of the support people needed. They included information on the person’s interests, hobbies, likes and dislikes so that these could be respected. The plans gave clear details of the actions required of staff to make sure people’s needs were met. The support plans had been signed by the person receiving support or their relative and representative to evidence that they had been involved and agreed to the plan.

We spoke with four care givers and the staff coordinator whose role was to match care givers to people supported. They explained that staff completed a ‘preference sheet’ when they first started work which detailed interests and preferred patterns of working. This was then matched to the persons support needs and interests identified at the initial visit at the persons home. All of the people spoken with said that they got on well with their care givers.

Staff spoken with said people’s support plans contained enough information for them to support people in the way they needed. Staff spoken with had a good knowledge of people’s individual needs and could clearly describe the history and preferences of the people they supported. Staff told us that plans were reviewed and were confident that people’s plans contained accurate and up to date information that reflected the person.

Staff told us that they were always introduced to people and visited them in their homes with the registered manager or when shadowing more experienced staff. They also said that they never supported a person without an agreed plan in place. Staff said that they had access to

Is the service responsive?

people's support plans and copies were kept in each person's home and the office so that important information was always available. Staff kept records of each visit to show what support had been given. We looked at these records and found they contained clear and sufficient detail to give a full picture of the visit and the supported person's wellbeing so that this could be monitored. We saw that the length of visits recorded matched the visit times set out in the persons support plan.

We saw evidence that the support provided was person centred. For example, staff arranged for one person to celebrate a birthday at a local hall where they used to work, and arranged for them to meet the owners. Another person was supported to line dancing events as they had an interest in dance.

We found the support plans we checked held evidence that reviews had taken place to make sure they remained up to date and reflect changes.

There was a clear complaints procedure in place and we saw a copy of the written complaints procedure was provided to people in the service user guide. The complaints procedure gave details of who people could speak with if they had any concerns and what to do if they were unhappy with the response. The procedure gave details of who to complain to outside of the organisation, such as CQC and the local authority should people choose to do this. This showed that people were provided with important information to promote their rights and choices. We saw that a system was in place to respond to complaints. The registered manager informed us that there were no ongoing complaints at the time of this inspection.



Is the service well-led?

Our findings

The manager was registered with CQC and had been in post for nine years. The services inspection history showed ongoing and sustained compliance with the regulations checked.

There was a clear staffing structure including a registered manager who had been in post since the service commenced.

People supported and their relatives had met the registered manager. People told us they had found the registered manager approachable and supportive. One person told us, “We’ve never been let down. It’s easy to get in touch with them. I can speak to the bosses. The owner came round once.”

Staff spoken with were fully aware of the roles and responsibilities of staff and the lines of accountability. All staff spoken with said they felt valued by their managers. All staff said they were a good team and could contribute and feel listened to. They told us they enjoyed their jobs and the registered manager was approachable and supportive. Comments included, “It’s thoroughly enjoyable. We’re well matched with clients [people supported] and we can say if we don’t think it’s working. I feel supported by the company and appreciated by the company and clients” and “I feel 100 percent supported and I would definitely recommend this company.”

There was evidence of an open and inclusive culture. Weekly teleconferences were held with staff from each office, the registered manager visited each office for compliance meetings each week and a regular care giver forum was held for care givers to have the opportunity to meet and share information. The registered manager told us that care givers were individually invited to the forum to encourage attendance. Monthly managers’ meetings were held and weekly WIG (Wildly Important Goals) were held to identify and discuss objectives so that managers had a clear understanding and worked together. An ‘away day’ was held for staff as part of making sure they felt involved. The manager told us that an away day was held each year. In addition, each month on ‘payslip day’ staff attended the office to catch up with each other.

Staff told us communication was good. Staff spoken with said staff meetings took place and they felt able to contribute to these. This showed that important information was shared and staff could approach managers.

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process to question practice so that gaps could be identified and improvements made. We saw records of quality audit visits undertaken in people’s homes to check the service provision. We saw records of weekly audits of systems, including care files, complaints, reviews and quality audits undertaken at weekly meetings at each office. We saw ‘client audit reports’ were undertaken when MAR, financial transaction sheets and visit logs were returned to the office from people’s homes.

We saw that records of accidents and incidents were maintained and these were analysed to identify any ongoing risks or patterns.

We found a computerised ‘I Q’ system was in place to log the times and duration of all visits. The system showed the times logged in and out for each visit. We saw a record of three care givers call logs which showed that staff were consistently staying for the full length of time. The registered manager told us regular checks took place on the call logs. They explained that a new function to the call log system was being introduced. From April 2016 family members would be able to log onto their relatives call to check visit times and reassure themselves that visits had taken place at the agreed times. The registered manager told us that relatives who lived away from the person supported would find this valuable.

As part of the services quality assurance procedures, questionnaires had been sent to people supported and staff by an independent company in September 2015. We saw the results of these had been analysed and sent to the office. The registered manager told us they were in the process of writing an action plan to respond to and inform people of the findings. We saw that some positive comments were made in the questionnaires. For example, when asked to score the statement ‘I am proud to work for Home Instead Senior Care’ 82 percent of staff scored their response as ‘very favourable’ and 18 percent as ‘favourable’. When asked how they would rate the overall quality of the service, 43 percent of people supported in the Barnsley area scored their response as ‘very favourable’, 43 percent



Is the service well-led?

scored 'favourable' and 14 percent scored neutral. The registered manager told us that any issues identified in the questionnaires would be where any issues specific to an individual had been brought to their attention, these were responded to on an individual and private basis.

We found that strong community links had been forged. The service held free dementia workshops aimed at carers and family members supporting people living with dementia. The registered manager had provided workshops to South Yorkshire fire service and police on dementia and being a 'dementia friend.' The Mayor and a local MP attended a workshop held at Barnsley fire service. Presentations had been provided on a range of topics such as living with dementia and 'senior fraud' to district nurses, community support workers, schools and community groups. A 'What's On Where' (WOW) leaflet had been produced by staff at this service for the Sheffield and Barnsley areas that gave advice on community links and leisure opportunities so that people had access to these. This had been widely reported on in local press and was well used by other health professionals to support vulnerable people. The service had worked in collaboration with a rotary club and organised free 'superjam' afternoon tea parties which were very well attended. The service was

a member of Sheffield Dementia Action Alliance and supported the events they hosted. Community support workers (CSW) based at GP surgeries had contact with the service and regularly referred people to them.

We found that the service had achieved recognition and reward. The registered manager had won the Home Care Registered Manager Award at the regional Great British Care Awards, an independent organisation and was due to attend the national awards. The service had been rated number one in Barnsley and number one and number two for the north and south Sheffield offices on an independent website where people could leave reviews on all homecare services. In addition an independent auditor had rated the Home Instead franchise as the number one national provider of homecare services for the second year running. Home Instead Senior Care had been part of this audit and had therefore contributed to the outcome.

The service had policies and procedures in place which covered all aspects of the service. We checked a sample of the policies held in the policy and procedure file stored in the office and found these had been updated and reviewed to keep them up to date.

Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training programme. Staff spoken with confirmed that they understood and followed them.