South Manchester Senior Care Ltd

Home Instead South Manchester

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 23 and 25 May 2017 and was announced. The provider was given 24 hours' notice of our intended visit to ensure the registered manager or their representative would be available in the office to meet us. The inspection was conducted by one inspector.

Home Instead South Manchester is a domiciliary care service registered to provide personal care to people living in their own home. They also provide other services such as shopping, cleaning, and social support and companionship to people. Care staff employed by the service are referred to as Caregivers. Their office is located in Chorlton cum Hardy, Manchester and provides support to people living in South Manchester. At the time of our inspection the service was supporting 20 people who received the regulated activity of personal care. This was the first inspection of this service since its registration with the Care Quality Commission (CQC) in May 2015.

The service had a registered manager who had been in post since May 2017. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

People and relatives told us the support they received was safe. There were recruitment processes in place to help ensure suitable staff were employed. This should help to ensure people were kept safe from harm.

Staff we spoke with knew what safeguarding meant, the types of abuse and what action they would take if they suspected abuse was taking place. Records we looked at showed all staff had received safeguarding training. This meant staff had the necessary knowledge to help protect people from harm in the event abuse was suspected.

Where required, people were helped to take their medicines. No one we spoke with identified any concerns with the service's system of administering medicines. However we noted medication errors in the accident and incident records, not all of which had been actioned appropriately. We also saw training had been delivered to help strengthen any deficiencies staff had in this area. This intervention should help to ensure staff were adequately skilled to administer medicines in a safe way.

There was a system for reporting and recording accidents and incidents that took place within the service. We noted no formal analysis of incidents had been done. This meant the provider and registered manager did not have full oversight of these incidents which could help to understand and potentially make improvements in this area.

People using the service and their relatives told us they were satisfied with the consistency of care and that they had regular care staff supporting them. This meant people were supported by staff who understood

their specific care needs.

Risk assessments contained sufficient details to help staff ensure people were kept safe from harm. People told us care staff had good hygiene practices and wore personal protective equipment when carrying out their duties. This should help to ensure that people were protected from the risk of infection.

People and their relatives had confidence in the abilities of care staff. Staff had done an induction and mandatory training to prepare them to undertake their role as care givers. The registered manager told us they were developing a system of streamlining the ongoing training programme. This should help to ensure care staff were adequately trained to do their jobs effectively.

People told us care staff always asked their permission before undertaking any task. The registered manager and care staff were knowledgeable on mental capacity. When we looked at people's care records we saw they had signed consent to care documents. The service told us where people lacked capacity to consent to care they ensured appropriate legal authority such as lasting power of attorney was in place. We noted in two people's records these had been signed by a relative and there was no record of appropriate legal authority for this. This meant we could not be sure the appropriate authorisation was in place to help ensure decisions made on behalf of people were lawful. The nominated individual told us that this was an administrative oversight which they would ensure they looked at going forward. The service assessed people's mental capacity regularly and there were systems in place to help ensure decisions relating to care and support were made in people's best interest should they lack capacity to make decisions for themselves.

People told us they knew care staff would support them if they needed any medical attention. Care staff told us if they observed that people needed healthcare support they would report these concerns to the office and record them in people's daily records. Daily records we looked at confirmed this. We were satisfied that staff were proactive in making sure people received the right health care as required.

People were supported and encouraged to make healthy eating and drinking choices. This should help people to maintain a balanced diet and support their wellbeing.
People and their relatives told us the service provided compassionate care and support. The registered manager said one of the main philosophies of the service was to develop good relationships between people and their care staff. People supported by the service confirmed they thought of their caregivers as part of the family. We saw the service had a system in place to help match people with an appropriate care staff.

People were encouraged to maintain their independence according to their abilities and staff were able to demonstrate through examples how they supported people in a way that respected their privacy and maintained dignity.

From reviewing care plans we saw people, and where necessary, their relatives had been involved in the care planning process. This meant people and relatives had the opportunity to discuss and decide the right support and care to suit their individual needs.

The service undertook an initial consultation and risk assessment prior to providing a service. This helped the service to determine if they could provide the type of care and support required. Care plans we looked at were detailed and person-centred and provided staff with adequate and specific guidance to provide care and support.

There was a complaints process in place. People we spoke with told us they had not made a complaint. We noted from minutes of a senior management meeting that a person had raised concerns and there had been discussion about this issue. However we did not see a record of how the service had dealt with this.

People and their relatives were complimentary about the care and support provided. We saw compliments had been received from people, relatives and community professionals as well.

The service produced community activity guides free of charge which featured things to do within the communities in which they supported people. We found this was a good example of community engagement.

People and their relatives told us the service was well managed and they were happy with the care and support received.

Quality assurance processes in place were not sufficiently robust and did not identify some of the issues we found at inspection. This meant that people's care and support was not adequately monitored to ensure their safety and wellbeing.

There were adequate policies and procedures in place which should help to ensure care staff had appropriate guidance to carry out their roles effectively.
The registered manager had developed a monthly newsletter to help improve their communications with the care staff. We saw the first issue had been produced in May 2017 and looked at issues such as training and staff meetings.

Staff meetings would be held every two months and gave care staff the opportunity to discuss their jobs and any concerns they may have about their duties with the registered manager and their colleagues.

We saw evidence that the nominated individual and the service were involved in several community engagement projects within the local community. These helped to raise awareness about several issues affecting older people such as fraud prevention and dementia and could help to improve people's quality of life.

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 and their relatives told us the service provided was safe and that their care staff were consistent.

There were adequate recruitment processes in place which should help to ensure suitable candidates were employed.

People told us they were helped to take their medicines in a safe way. We noted medicines errors some of which had been managed appropriately and there had been recently training which should help to ensure staff were competent to administer medication safely.

Is the service effective?

Good

The service was effective.

People using the service and relatives told they had confidence in care staff's abilities.

The registered manager and staff understood the Mental Capacity Act 2005 and adhered to its principles. The registered manager was passionate about developing further training in this area.

There were formal systems in place to help ensure staff were supported and developed in line with the needs of their role.

Is the service caring?

Good

The service was caring.

People and their relatives told us care and supported provided was caring and compassionate.

People had developed good relationships with their care givers. This was supported by the service's system of matching people with care staff with similar personalities and interests.

People's dignity and privacy were respected. Staff were able to

give examples of how they achieved this.

Is the service responsive?

Good

The service was responsive.

People and relatives told us the support provided was flexible and met their needs.

There was a complaints procedure in place and people and relatives were aware of this. No one we spoke with had raised a complaint.

The service was proactive and creative in developing free guides which featured activities taking place in the local areas and suitable for the people they supported.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

People and their relatives told us the service was well managed and that senior managers were approachable.

Governance systems in place did not identify gaps we found at this inspection.

The service was involved in several community engagement projects which helped to promote a good quality of life for people using the service and the wider community.

Home Instead South Manchester

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 23 and 25 May 2017 and was announced. The provider was given 24 hours' notice of our intended visit to ensure the registered manager or their representative would be available in the office to meet us. The inspection was conducted by one inspector.

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

We contacted Manchester local authority commissioning and safeguarding teams and Manchester Healthwatch for information held on the service. Healthwatch is an organisation responsible for ensuring the voice of users of health and care services are heard by those commissioning, delivering and regulating services.

During the inspection, with their prior consent, we spoke with one relative on the telephone and visited two people in their homes. We also spoke with the registered manager, the nominated individual and two care assistants. A nominated individual is a person employed as a director, manager or secretary of an organisation with responsibility for supervising the management of the regulated activity.

We reviewed five people's care records including the care records kept in the homes of people we visited. We

also looked at four staff recruitment records and training files, policies and procedures, and other operational documentation.

Good

Is the service safe?

Our findings

People and relatives told us the service provided by Home Instead South Manchester was safe. Comments included: "I always feel safe with the carers" and "Oh without a doubt [person] feels safe with the carers". One person told us the care staff let themselves into their home each day using the key safe system and they were satisfied with the way in which the care staff managed this system.

We looked at four staff recruitment files. With the exception of one file, we saw appropriate checks had been made prior to members of staff commencing their employment. We noted that application forms had been completed; formal interviews had taken place and other pre-employment checks such as references and Disclosure and Barring Service (DBS) checks done. The DBS check includes a criminal record check and a check on the list of individuals barred from working with vulnerable adults. These measures help to ensure that only people suitable for the role were employed.

In one candidate's file we saw unexplained gaps in employment and no record of an interview. We saw a note written by the nominated individual that acknowledged there was no record of an interview and provided an assessment of the candidate suitability to continue in the role. This demonstrated the service had recognised they did not have all the required information in one personnel file and had taken steps to record their assessment of the candidate's suitability for the role?

The provider's policy was to ask for six references, three from professional sources, for example previous employers, and three personal references. We noted examples of professional references received that were not on company headed paper or bore a company stamp. We suggested the service should ensure professional references were suitably verified to help strengthen the recruitment process. Following our site visit, the nominated individual confirmed they verified all potential references by telephoning them before sending out the reference request. They said in future they would document that they had done so in their records. We will check at our next inspection to see if these improvements have been embedded.

We looked at records for accidents and incidents that took place over period November 2015 to May 2017. In total over the period, there had been 23 incidents: two in 2015, 12 in 2016 and nine in 2017 to date. No formal analysis of incidents had been done so we could not easily identify trends or patterns regarding these incidents. We discussed with the nominated individual and registered manager the benefits of collating the data and looking at trends which could identify areas for improvement within the service and providing oversight to help reduce the likelihood of incidents re-occurring.

We spoke with two care staff and we found they had a good understanding and awareness of how to keep people safe. They were able to discuss with us the types of abuse and what they would do if they suspected abuse was taking place. One care staff said, "I am vigilant in identifying any signs of abuse and I would report anything to the office." We found care staff had adequate awareness and knowledge needed to support people safely and reduce the risk of harm.

People and relatives had no concerns with the timing of their calls. One person said, "You can tell the time

by them. They always come on time; they are very prompt." This person's relative added, "If they (care staff) were late, the office would know and they would call us." Another relative said, "No (care staff) have never been late or missed a call. They're so good like that."

The registered manager told us the service used an electronic call monitoring system (ECM) which helped to monitor that care staff were attending their calls/visits as scheduled. People and relatives we spoke with confirmed that ECM was in place and that staff used their telephones at the start and end their visits. The registered manager said an alert would be sent through to the office if care staff had not logged into or out of the system. This helped them to monitor if visits were being missed or if care staff were late.

People and relatives told us they had regular care staff with some variation for when regular staff were on holiday for example. When we looked at people's care plans we saw this was the case. One relative said, "It's the same (care) team that comes out so [relative] knows them, which is great."

The nominated individual and the registered manager told us consistency of care was part of the ethos of the Home Instead franchise. They said staff consistency helped to build rapport and respect, and promoted dignity. People told us they were always informed when their regular care workers would not be coming to them. This meant people were assured of consistent staff supporting them which helped them to feel safe.

We looked at five people's care plans to see what considerations had been made for assessing risks. Risk assessments should provide clear guidance to staff and ensure that control measures are in place to manage the risks a person may experience. We saw risk assessments were person centred, identifying people's specific needs and the risks associated with these. Examples included physical health such as eating and drinking, skin integrity, and moving and handling and environmental factors. We saw risks were rated low, medium or high and ratings were based on likelihood and severity. There were support measures in place to instruct staff on how to keep people safe from harm by minimising their exposure to identified risks.

No one we spoke with raised concerns about how staff administered their medicines. When reviewing the accident and incident records, we noted four medication errors made by staff in August and December 2016 and in March 2017 which included incorrect prompting of anticoagulant medication. Anticoagulants are drugs that treat blood clots, and help prevent blood clot formation in the veins and arteries. In two instances, we saw the service had taken appropriate action of contacting the GP and reassessing the competency of care staff. In the third case, we saw the service had taken some action and had asked the care staff to provide a statement about the incident. But there was no record of how the service had dealt with and resolved the incident. For the fourth incident, we did not see what action, if any, the service had taken to help ensure such incidents were minimised.

From minutes of a senior management meeting held in January 2017, we noted medication administration had been discussed and retraining suggested. We saw this had been actioned with the nominated individual facilitating this training in April 2017. This should help to reinforce care staff's understanding and practice around administering medicines to ensure people received their medication when they should.

People using the service and their relatives told us care staff demonstrated good hygiene practices by using personal protective equipment (PPE) such as gloves and aprons, and washing their hands as required. One care staff told, "Gloves are kept at the house; this is standard practice. Aprons are provided (by the service)." We were assured that the service employed effective infection control practices to help ensure people were kept safe from harm of infection.

Good

Is the service effective?

Our findings

People who used the service and their relatives were positive about the care and support they received from staff employed with Home Instead South Manchester. They said, "They (care staff) know what they're doing", "(The care staff) are brilliant" and "I have confidence in the carers' abilities."

We checked to see if the service was operating within the principles of the Mental Capacity Act 2005 (MCA). 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 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.

People and their relatives told us care staff always sought their permission prior to undertaking any tasks. Care staff we spoke with had received mental capacity awareness training and understood their role in helping to ensure people's rights were maintained. We found the registered manager was knowledgeable and passionate about the subject of mental capacity. They told us they would be introducing further training in this area.

We saw the service assessed and recorded people's mental capacity. This was done at the initial assessment. Where people lacked capacity to make decisions for themselves, the nominated individual told us and we saw a best interest meeting would be held with relevant parties and decisions recorded in people's care plans. Through monthly activity log audits, any change in a person's mental condition would be noted and a reassessment of the person's needs undertaken where necessary. They said every three months a formal interaction took place with the person and their representative if relevant.

We saw that care records contained consent to care forms which had been signed by people receiving the service. The service told us where people lacked capacity they ensured the required legal authorisation such as lasting power of attorney was in place. An 'attorney' is a person with delegated responsibility for their relative to act on their behalf. In two care records, we noted a relative had signed consent and though the care records contained a section to record if the person had an attorney representing them, we did not see any record of such in their files. This meant we could not be sure the appropriate authorisation was in place to help ensure decisions made on behalf of people were lawful. Following our site visit, the nominated individual provided assurances that people receiving care had been involved at all stages of the process and that relatives had incorrectly signed their records. We will check at our next inspection to ensure these new processes have been sustained.

Four staff recruitment files we looked at contained training records which showed care staff had undertaken an induction and mandatory training. The topic coverage included the ageing process, mental capacity, safeguarding adults and children, building relationships, medication administration, manual handling, basic life support and hand hygiene. We were told and we saw the provider had systems in place to deliver the Care Certificate to new recruits. The Care Certificate, though not mandatory, is a nationally recognised set of

standards to be worked towards during the induction training of new care workers. We noted the delivery of this training had been affected as result of a change in registered manager and raised this during our inspection. The new manager, who started in May 2017, told us they were developing a more streamlined way of ensuring staff completed training and received refresher training as required. They told us they were developing a training tracker to monitor staff training. Following our site visit, the nominated individual clarified that all care staff had received the company's mandatory training and were competent to carry out their role.

The registered manager told us and we saw from a senior management meeting minutes the service had recently introduced E-learning on some topics including infection control and medication to help ensure continuity of training for care staff. Staff we spoke with confirmed they had undertaken some e-learning training already.

Care staff we spoke with said and recruitment records we looked at confirmed they had to shadow experienced care staff before being allowed to work unsupervised. Care staff told us they were able to shadow until they felt confident enough to do the job on their own. This process helped to ensure that care staff were fully competent and confident to deliver care and support in a safe manner and according to the person's wishes.

We saw there were formal systems in place to help ensure staff received adequate support and their training needs were identified. These included regular supervision meetings, spot checks and appraisals. Staff we spoke with confirmed these took place and told us they were able to discuss any issues they faced in their role including raising safeguarding issues, health and safety concerns and training.

People and their relatives told us care staff were proactive in identifying any health concerns or medical attention that may arise. No one we spoke with had needed staff to contact emergency services or their GP on their behalf. But people and relatives told us they were confident that care staff would know what to do in the event of an emergency. Care staff told us if they noted people needed healthcare support they would report these concerns to the office and record them in people's daily records. Daily records we looked at confirmed that other people using the service had been appropriately supported by care staff in emergencies. We were satisfied that care staff knew what to do to ensure people were kept safe from harm by receiving the right medical attention as needed.

The service assisted people with meals if required. One person told us they liked when a particular care staff visited because they prepared delicious food. People and relatives also told us care staff always gave them a choice of what they wanted to eat and drink according to their needs. Staff we spoke with said they encouraged people to have a healthy diet but that they were free to choose what they wanted. One relative told us their relation was at risk of urine infections and so needed to keep hydrated. They said, "(Care staff) encourage [person] to drink and don't just leave (drinks) there for (them) to drink but will make sure (they) have some. And carers keep a record of what [person] eaten and drunk."

Good

Is the service caring?

Our findings

We asked people and their relatives if they found the service was caring. People responded very positively about how the care staff and the service engaged with them. They said, "They are very caring", "They go the extra mile when supporting [person]" and "They (care staff) got to know [person]; they are friendly yet professional" and "They take their time; they never rush [person]."

People and their relatives told us they had developed strong relationships with their care staff. They said having a regular team of care staff supported this. Care staff we spoke with mirrored what people had told us. The registered manager and the nominated individual told us one of the key philosophies of the organisation was about building relationships between people and their care staff. They said good relationships were a crucial part of delivering person centred care. We saw that this one of main topics covered during staff induction.

From our discussions with care staff, we noted they had a good knowledge of the people they supported and were familiar with their likes and dislikes. Staff told us they had developed good relationships with the people and also their families. One care staff told us, "I've got so attached to my clients. There're like my family." Another said, "I supported [name] for about one year now so I understand (their) needs."

We noted that part of the recruitment process involved candidates completing a 'This is Me' profile which was two- page form that prospective care staff completed to help the service describe them to new clients. The form collected information such as where care staff grew up, family information, hobbies and talents, favourite books and holiday destinations and special skills such as languages and gardening and what would they cook for a person. The registered manager and the nominated individual told us this additional information helped them to match people to care staff who were similar in personality or shared similar interests and helped to build good relationships.

People and, where appropriate, their relatives were fully involved in planning and writing their choices and preferences in their care plans. They were clear about the support required and the timescales for this support. These were reviewed regularly and updated when necessary. One person told us how the care staff really do what they had planned and respected the way they liked things done.

People using the service told us staff treated them respectfully and with dignity. Relatives we spoke with confirmed this. Care staff gave us examples of how they respected people's privacy and provided care in a dignified way. One care staff said they did the obvious things such as making sure doors were closed when providing personal care and doing these tasks in the person's bedroom. They added, "I think of people like my own family and how I'd want my own parents to be treated."

Staff told us they helped people to maintain their independence by encouraging them to do the tasks they could. One care staff told us, "[Person] does a lot for (themselves). They use a trolley to get around and (they) can prepare some meals and I help as needed." Relatives we spoke with confirmed this. One relative told us, "(Care staff) gently encourage [person] and (their) confidence has grown. They get it just right,

promoting [person's] independence and choice."

Good

Is the service responsive?

Our findings

People and their relatives told us the service was responsive and flexible to their needs. One relative said, "They're really quick to pick up on things. They keep an eye and leave notes for the other carers. We (relative and care staff) seem to work together well." Another relative commented in the 2016 client survey, "I have been relieved that what the service promises is the service we receive."

We spoke with the registered manager about the assessment process when people were referred to the service. They told us they completed an assessment of the person's care and support needs. This included liaising with the person and their family. We looked at five care records and with the exception of one record, we saw evidence that an initial consultation and risk assessment had been done. This information enabled the service to make a decision about the suitability of the service to meet the specific needs of the person.

We reviewed five care plans and found they were detailed and person-centred. We saw that reviews were completed to ensure information was accurate and up to date. Care records contained accurate information to guide staff on what support people needed and how they wished to be supported. Information also included a detailed profile of the person's past, present and future aspirations. We saw details about family, employment, hobbies and interests and what people wanted to achieve from the support they received such as maintaining an independent lifestyle in their own homes. This should help care staff to understand what was important to each person and be able to support them accordingly.

The registered manager told us people's support team comprised of no more than two to three care staff to ensure care was responsive and consistent. We were told by the service and care records confirmed that care packages were no less than one hour which meant care and support could be provided in an unrushed manner. People and their relatives told us they felt this helped care staff to deliver support in a person centred and responsive manner.

People and their relatives told us they knew how to make a complaint but had not had the need to do so. There was an up to date policy which identified external agencies to contact should the complainant wish to escalate the complaint. We saw that a complaints file was maintained and contained guidance on how to develop good practice based on having an effective complaints process in place. However, we saw no record of any complaint or concern raised. When reviewing minutes of a senior management meeting held in January 2017, under the section Compliments and Complaints, we saw discussions about concerns raised by a relative in November 2016. The minutes however contained no details of the issue, the discussion and how the matter had been addressed. The minutes also reported the registered manager would follow up to ensure the relative was satisfied with the resolution. We could not evidence what action the service had taken to rectify the person's concerns and whether this had been done to the person's satisfaction. This meant that concerns raised were discussed and managed within the service but detailed records had not been kept.

We saw the service had received 17 compliments since they started providing care and support from July 2015 to May 2017. Compliments had been received from relatives and community professionals such as

occupational therapists.

We saw the service produced free guides which featured things to do in the local areas in which the service operated that were suitable for older people. The nominated individual said, "We believe passionately that keeping our brains and bodies active and continuing to build and maintain friendships as we age are critically important to help us age well." This was a good example of how the provider had identified and proactively responded to a need within the local community.

Requires Improvement

Is the service well-led?

Our findings

People using the service and their relatives were complimentary about how the service was managed. They said, "They've been brilliant. We've been so impressed" and "Staff and managers are friendly and very approachable."

Comments from the 2016 client survey included: "Carry on doing what you do…offering a really person-centred caring excellent service. Please keep that small local agency feel if you can. It's important" and "We are always at ease and satisfied with the overall service."

Care staff commented positively on how the service was run. They said, "I would recommend this service 100%. I've never worked for a care company before but two girls in training with me had horror stories of other care companies they worked for" and "Managers are dead approachable; the company's good – always seems to run smoothly. They never let a client down."

The service had recently appointed a new but experienced registered manager and they had been in post since May 2017. Care staff we spoke with told us "(the registered manager) seems nice; (they've) not been here long but (they) are on the ball." The registered manager told us the ethos of the Home Instead franchise resonated with them. They said they led by example and we saw that they delivered support to people using the service. They told us, "I like to keep 'my hand in' the job. It's good for the clients and family to see who I am."

We saw people using the service were able to give feedback on the care and support they received. This was done through an independent company and demonstrated that the service was open and transparent about ensuring people could comment freely about the services they received. We looked at the results of 2016 survey which had a 46% response rate. The survey results were very positive. We noted three comments which suggested areas for improvement in communication, getting care cover when needed and care staff training. We did not see recorded evidence of how these issues had been investigated and action taken if required. Following our inspection, the nominated individual provided evidence that demonstrated they had reviewed the comments made and had communicated to respondents how they would improve their performance in these areas.

The provider also signposted us to reviews people and relatives had made using a national home care website. There were 14 reviews made about the service's management, staffing and the care and support provided in the last 12 months to April 2017 and the service had achieved an overall score of 9.8 out of 10. We concluded that people and their relatives were able to provide feedback about the service which should help to monitor the quality of care and support delivered.

We saw there were various quality checks in place to help ensure adequate monitoring of quality and performance of the service, some of which had been recently reintroduced. These included staff spot checks and audits of client records including medication administration records and client daily logs.

When reviewing incident records we identified various discrepancies such as one incident form contained no information about the incident, some records did not document what follow up action, if any, had been taken to help prevent further incidents, for example referral to the falls clinic or further staff training. Where appropriate, we saw incident reports included body map information. However we noted instances where a body map should have been completed and had not been. Based on our comments during this inspection, we saw the registered manager implemented the improvements to the incident form which would better reflect further actions taken by the service and other agencies involved.

We noted the national Home Instead franchise office conducted an annual audit of the all aspects of the service. This had identified some issues. We saw some had been addressed within agreed timescales. We noted however current audit systems did not effectively identify the issues we found at this inspection such as gaps in accident and incident reporting, incomplete incident forms and recording and monitoring issues (such as medication errors, consent to care and complaints). This meant governance systems could be more robust to help ensure the registered manager and the provider monitored the quality of service provision more effectively.

We saw there was an extensive suite of policies and procedures issued by the franchisor and customised for Home Instead South Manchester. These policies and procedures included human resources policies and operational policies such as complaints, food hygiene, mental capacity, and safeguarding. These were kept in the service's training room and easily accessible to care staff visiting the office. We concluded these documents would help to ensure care staff were effectively supported to understand and perform well in their caring role.

We had been notified by the service of an incident involving confidential information about a person using the service being found by a member of the public. We saw evidence the service had learnt from this incident and put appropriate measures in place, including the development of policies and procedures, to help prevent reoccurrence. This demonstrated a proactive approach to ensure people's information was kept safe and secure at all time.

The registered manager told us since their appointment they had developed a newsletter to help improve communication between themselves and care staff. This document would be produced monthly. We saw the May 2017 edition and noted it contained information about staff meetings and a Dementia awareness event scheduled for June 2017 and notices to staff about personal development and training, Caregiver of the month and reminders about administrative duties such as returning completed daily records and medication administration records. The registered manager said, "It's (the newsletter) a work in progress and yes staff will be able to contribute to the content."

The registered manager told us staff meetings would be held every two months. We noted the last meeting was held in April 2017 and that another was scheduled in June 2017. Care staff we spoke with confirmed these took place. Staff told us they were able to discuss service specific issues with management and their colleagues.

From the April 2017 staff meeting minutes we saw the nominated individual had presented "Making a Difference" awards to care staff who had gone above and beyond their regular duties to support people using services and the service itself. This award demonstrated the provider's appreciation of staff's dedication to their role and that they were valued within the organisation.

The nominated individual spoke passionately about the community engagement work they undertook voluntarily. We saw evidence of their involvement within the local community which included giving regular

talks free of charge about fraud prevention amongst elderly people, running regular Dementia Friends information and training sessions and initiating the project "Be a Santa to a Senior" which engaged with lonely and isolated elderly people in the community over the Christmas holidays in 2015 and 2016. The nominated individual was also a founding member of the local Dementia Action group and was passionate about raising the community's awareness about dementia and helping to ensure those living with dementia had a good quality of life.

We saw that future plans including updating the activity guides in the summer of 2017 and producing a dementia guide for the local area to incorporate the dementia journey with suitable activities and support group details and descriptions.