

Martin Care Services Ltd

Home Instead Senior Care Bagshot

Inspection report

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Tel: 01276539900

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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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 4 January 2017 and was announced.

Home Instead Senior Care Bagshot provides care and support to people in their own homes. The service supported 92 people at the time of our inspection, 47 of whom were receiving personal care. The registered provider of the service is Martin Care Services Ltd.

There was a registered manager in place at the time of our inspection. Like registered providers, registered managers are '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.

People felt safe when staff provided their care because their care workers understood their needs and any risks involved in their care. Relatives were confident their family members were safe when receiving their care. People told us that they could rely on their care workers. They said their care workers had never missed a visit and the agency contacted them to let them know if a care worker was running late. The provider had identified those people most at risk if their care was interrupted and had developed plans to prioritise the delivery of their care in the event of an emergency.

Staff received training in safeguarding and recognising the signs of abuse. The provider described situations in which staff had taken action to protect people and keep them safe. The agency carried out risk assessments to ensure that people receiving care and the staff supporting them were kept safe. Where an incident or accident had occurred, there was a record of how the event had occurred and what action could be taken to prevent a recurrence. People were protected by the provider's recruitment procedures. The provider carried out pre-employment checks to ensure they employed suitable people to work at the agency.

People received their care from regular care workers who knew their needs well. New care workers were always introduced to people by the provider before they began to provide their care. The provider understood the importance people placed on having regular care workers and ensured people received a consistent service from familiar staff. Staff had access to the training and support they needed to fulfil their roles. All staff attended an induction when they joined the agency and shadowed experienced colleagues until the provider was confident in their ability to provide people's care safely and effectively.

The agency worked co-operatively with people's families to ensure they received the treatment they needed. Relatives told us staff were observant of any changes in their family member's needs and said the provider contacted them if they had any concerns about people's health or welfare. People's nutritional needs were assessed during their initial assessment and any dietary needs recorded in their care plans. Where people needed assistance with eating and drinking there was a care plan in place to outline the support they required.

People were supported by kind and caring staff. People told us their care workers were polite and treated them and their property with respect. They said they had developed good relationships with their care workers. Relatives told us staff knew how their family members preferred their care to be provided and cared about their welfare. The provider was actively involved in a range of initiatives designed to improve local services and support for people living with dementia and their family carers.

People's needs were assessed before they began to use the service to ensure the agency could provide the care they needed. An individual care plan was drawn up from the assessment. People were encouraged to be involved in the development of their care plans to ensure they reflected their needs and preferences.

People received a service that was highly responsive to their individual needs. People and their relatives told us the provider always tried to accommodate requests for changes to their care, including at short notice. The provider had agreed with some people's relatives that staff would be available at short notice if needed, for example if the person's partner became unwell or required admission to hospital. We heard examples of how staff had responded to keep people safe and provided additional support when necessary.

Attention was given to which care worker was 'matched' with each person receiving care. The provider aimed to match people with staff who shared similar interests and gave us examples of how this approach had achieved positive outcomes for people. The provider ensured that staff had an awareness of people's individual histories and expected staff to use this knowledge to engage with people. The provider organised events to enable people who may become socially isolated to meet and socialise with others.

The provider responded positively if concerns or complaints were raised and used these to improve the service. Where the provider's investigations of complaints identified shortfalls, action was taken promptly to address them.

The management team were approachable and supportive to staff. Staff told us there was an open culture in which they felt able to express their views and any concerns they had. The provider had clear organisational values and expectations in terms of behaviours, to which staff were introduced in their induction. The provider encouraged people, relatives and professionals to contribute their views and these were acted upon. People received regular visits from the management team at which they were asked for feedback.

The provider had developed effective systems to monitor the quality of care people received. Staff practice was assessed through regular spot checks and any improvements needed were addressed through supervision. The management team worked together to ensure that the agency operated effectively, planning the delivery of care and carrying out quality checks. The records we checked in the agency's office relating to people's care were accurate, up to date and stored appropriately. Care records were regularly monitored by the management team to ensure that the quality of recording was appropriate.

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.

Staff were reliable and had never missed a visit.

Risk assessments had been carried out to ensure that people receiving care and the staff supporting them were kept safe.

There were plans in place to ensure that people's care would not be interrupted in the event of an emergency,

Staff attended training in safeguarding and had been told about their responsibilities should they suspect abuse was taking place.

People were protected by the provider's recruitment procedures.

Where the agency supported people with their medicines, this aspect of their care was managed safely.

Is the service effective?

Good ●

The service was effective.

People received their care from regular staff who understood their needs.

Care workers had access to the induction, training and support they needed.

The agency worked co-operatively with people's families to ensure they received the treatment they needed.

Is the service caring?

Good ●

The service was caring.

Care workers were kind and caring and had developed positive relationships with the people they supported.

Care workers understood people's needs and how they liked things to be done.

Care workers respected people's choices and provided their care in a way that maintained their dignity.

Is the service responsive?

Outstanding 

The service was highly responsive to people's needs.

The provider had agreed to provide staff at short notice if needed.

Staff had responded to keep people safe and provided additional support when needed.

People were individually 'matched' with their care workers, which had resulted in positive outcomes for people.

The provider organised events to support people at risk of social isolation.

The provider promoted initiatives to improve support for people living with dementia and their family carers.

The provider responded positively to feedback and complaints and used them as opportunities to improve the service.

Is the service well-led?

Good 

The service was well-led.

The management team worked together to ensure that the agency operated effectively.

People who used the service, their relatives and staff were able to express their views and these were listened to.

The agency had established systems of quality monitoring which included seeking feedback about the service from people and their relatives.

Records relating to people's care were accurate, up to date and stored appropriately.

Home Instead Senior Care Bagshot

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 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 4 January 2017 and was announced. The provider was given 48 hours' notice of our visit because we wanted to ensure the provider and registered manager were available to support the inspection process. One inspector carried out the inspection.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. Before the inspection the provider completed a Provider Information Return (PIR). 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.

During our inspection we visited the agency's premises and spoke with the registered provider, the registered manager, a care worker and a senior care worker. We also spoke with a care professional who had regular contact with the agency in a professional capacity. We checked care records for five people, including their assessments, care plans and risk assessments. We checked five staff files and other records relating to the management of the service, including the complaints log and the provider's quality monitoring audits.

We spoke with nine people who used the service and two of their relatives by telephone to hear their views about the care and support provided. We spoke with seven staff by telephone about the training and support they received.

The last inspection of the service was on 14 February 2014 when we identified no concerns.

Is the service safe?

Our findings

People told us they felt safe when staff provided their care. They said staff understood the support they needed to stay safe and that they felt reassured by the presence of staff. One person told us, "I do feel very safe. I trust the staff absolutely." Another person said, "I've had quite a bit of help since I came out of hospital. I used to fall at home, that's why I went into hospital, but I haven't fallen since. I think the carers have really helped with that." Relatives were confident their family members were safe when receiving their care. They said they and their family members had trust in the staff who supported them. One relative told us, "I trust them implicitly and I know Mum feels safe with them."

People told us that they could rely on their care workers. They said their care workers had never missed a visit. One person said, "They are very reliable. They are always here on time." Relatives told us that staff were always on time unless they had been delayed due to another person's needs at a previous call. They said the agency always contacted them or their family member to let them know if a care worker was running late. One relative told us, "They are always on time unless they've had to spend longer than expected with someone else." Another relative said, "Their time-keeping is very good and if they are running late, they call to let us know."

The provider took steps to keep people safe. Information about how to access people's property was secure and only available to those who needed to know. The provider had given talks to people about how to avoid falling victim to fraud or deception. Care visits were monitored from the agency's office, which meant the management team were alerted if a care worker did not arrive and could take action to investigate and respond. This also contributed to maintaining safe working conditions for staff, especially lone-workers, as the provider could identify their location at any time.

Staff had received training in identifying and eliminating hazards in the environment in which they provided care. Part two of the three-stage induction attended by care workers addressed accident and incident reporting, moving and handling, food hygiene, fire safety, risk assessment and safety in the home and maintaining the security of premises. There were plans in place to ensure that people's care would not be interrupted in the event of an emergency, such as adverse weather affecting staff travel. The provider had identified those people most at risk, such as those living alone, and put plans in place to prioritise the delivery of their care in the event of an emergency.

People were safe because staff knew how to recognise and report abuse. Staff had attended training in safeguarding and were clear about their responsibilities to report any concerns they had about abuse or people's safety. One member of staff told us, "We do get safeguarding training and it's been really useful. I feel confident I would know what to do if I thought someone was being abused or taken advantage of." Another member of staff said, "That's something we are encouraged to look out for [potential abuse]. I know I could let the manager know and action would be taken." The provider had obtained the local multi-agency safeguarding procedures and staff had been given information about how to raise concerns outside the agency if necessary.

Risk assessments had been carried out to ensure that people receiving care and the staff supporting them were kept safe. Risk assessments considered any equipment used in the delivery of care and the environment in which the care was to be provided. Guidelines had been produced for staff about how to minimise any risks involved in the delivery of people's care. Where an incident or accident had occurred, there was a clear record of how the event had occurred and what action could be taken to prevent a recurrence.

The provider carried out appropriate checks to ensure they employed only suitable people. Prospective staff were required to submit an application form detailing qualifications, training and a full employment history along with the names of two referees and to attend a face-to-face interview. We found the provider had obtained references, proof of identity, proof of address and a Disclosure and Barring Service (DBS) check for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Where people's care involved support with medicines, this was managed safely. People and their relatives told us their care workers provided the support they needed to take their medicines as prescribed. One person said, "My carer helps me with my medicines. I think I'd be in a bit of a muddle otherwise. A couple of my tablets have to be taken at certain times and they always make sure I get them." a relative told us, "That was one of the things I was most concerned about with my mum and one of the reasons I got the agency involved. She can't manage her medicines herself because there so many of them. I don't live locally so the carers come in and do it. It's such a relief."

Staff responsible for administering medicines had been trained in this area and their competency and practice was assessed regularly by the provider. People whose care involved support with medicines had an individual medicines administration record in their home, which was maintained by staff. Medication administration records were audited regularly by the management team to ensure that people were receiving their medicines safely.

Is the service effective?

Our findings

People received their care from regular staff who understood their needs. People told us that they always knew which care worker was visiting them, which they said was important. They said they were always introduced to new staff before they were supported by them. One person said, "I like the fact that it tends to be the same person unless they are on holiday." Another person told us, "There are three that visit me regularly. I know them all very well."

The provider understood the importance people placed on having regular care workers and had a commitment to ensuring people received consistent care. The provider said rotas were planned to ensure that people received their care from a small team of staff, all of whom were familiar to them. In addition to being introduced to people before they provided their care, new care workers also shadowed a colleague at initial visits to understand how people preferred their care to be provided. The provider told us, "Our continuity of care is very good. Consistency is something that is very important to us."

People told us they did not feel rushed when staff provided their care. They said staff had enough time to provide the care they needed in the allocated length of the visit and that staff always stayed for the full period of time. Staff told us they had enough time to provide the care people needed on each visit. They said the rotas were planned to allow at least an hour at each visit and sufficient travel time between visits. One member of staff told us, "I definitely have enough time on my visits. We have at least an hour for each person and travel time." Another member of staff said, "We have plenty of time to do everything in the care plan."

People and their relatives had confidence in the skills and experience of staff. They told us staff were competent and appeared well trained. One relative said, "The staff seem well trained as far as I can tell. They certainly know what they're doing." Staff told us they had access to the training they needed to do their jobs. They said the provider was committed to ensuring they received training in all aspects of their role.

All staff attended an induction when they joined the agency and were supported by an allocated 'buddy' for the first two months. We saw evidence in staff files that new starters had regular contact with their buddies for peer support. The provider told us shadowing experienced colleagues formed an important part of the induction process for new staff. They said that this element of the induction enabled new staff to observe and learn how the provider expected people's care to be delivered. The provider told us a member of the management team always observed and assessed a new care worker before signing them off as competent to provide people's care.

Staff were well supported through supervision and appraisal. Staff told us they had regular one-to-one supervision, which gave them the opportunity to discuss any support or further training they needed. Staff also said the provider had supported them to undertake vocational qualifications in health and social care, such as the Quality Care Framework (QCF) and the Care Certificate. The Care Certificate is a set of agreed standards that health and social care staff should demonstrate in their daily working lives.

Each member of staff had an annual appraisal each year to review their performance and professional

development. Staff were encouraged to contribute their views about what they did well and areas in which they could improve. Line managers also contributed their views before appraisals took place and the comments of managers and staff were used to inform discussion at the appraisal. A care professional confirmed that staff received good support to develop their skills and knowledge. The care professional told us, "There is a commitment to developing staff. They value the supervision process and the caregivers are very well supported."

Staff attended regular refresher training in core areas and had access to training relevant to the needs of the people they cared for, such as dementia care. The provider and another member of staff employed by the agency were qualified to deliver nationally accredited training in dementia and we saw evidence that staff had attended this training. Staff told us the provider responded well if they requested elements of training that were not routinely provided. One member of staff said, "The training is very good. If there's other training we need, we can ask for it and it's 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People's care was provided in accordance with the MCA. Staff had received training on the principles of the Act and how these principles applied in their work. One member of staff told us, "I have done the mental capacity training. I didn't realise how much it would affect what we do. I know now that it affects everyone. We have to treat people as if they can make decisions unless there's proof that they can't."

People were asked to record their consent to their care and we saw signed consent forms in people's care records. People told us staff always asked for their consent before providing their care. One person said, "At the beginning it was made clear that nothing would be done without my permission. It's true; they ask for my consent before they do anything." If people lacked the capacity to make decisions, relevant people had been consulted to ensure any decisions were made in the person's best interests.

People who received support with meal preparation were happy with this aspect of their care. They said staff prepared meals they enjoyed and knew their preferences regarding the food they ate. Relatives told us their family members had always been satisfied with the meals prepared for them by staff.

Staff attended training in nutrition and hydration in part one of their induction. People's nutritional needs were assessed during their initial assessment and any dietary needs recorded in their care plans. Where people needed assistance with eating and drinking there was a care plan in place to outline the support they required. If necessary, food and fluid charts were implemented to monitor people's nutrition and/or hydration levels. The management team audited these records regularly to ensure they were being appropriately maintained.

Staff responded appropriately if people became unwell. People told us staff had helped them obtain medical treatment when they needed it. Relatives confirmed that staff were observant of any changes in their family member's needs and had responded appropriately if they had any concerns about their health or welfare. Staff said they had been told to raise their concerns with the office if they noticed a change in a person's needs or suspected they were unwell when they visited. We saw evidence in records of instances in which staff had responded well when people had become unwell. The actions taken by staff included obtaining medical treatment if necessary, waiting with people until appropriate treatment was provided and

notifying the management team.

Is the service caring?

Our findings

People were supported by kind and caring staff. People told us the care workers who visited them were friendly and helpful. They said they had developed good relationships with their care workers and looked forward to their visits. One person told us, "I can't fault the carer I have. They are so caring and kind. Nothing is too much trouble." Another person said, "The care I get is very good. If I need more time on the day, they will do it. They never seem rushed and are always kind and professional." A third person told us, "They came when I got out of hospital. They explained who they were and what they could offer. I was a bit resistant at first but they were so lovely and helpful that I didn't mind in the end."

Relatives and a care professional also provided positive feedback about the quality of care workers supplied by the agency. They said that care workers were kind and caring in their approach and sensitive to people's individual needs. Relatives told us staff knew how their family members preferred their care to be provided and genuinely cared about their welfare. One relative told us, "I live quite a long way away so it's important that I can trust the carers. They are wonderful I must say." Another relative said, "We were worried about using an agency but Home Instead have been fantastic. They listened to what we felt we needed and they delivered. I would recommend them to anyone."

We heard examples of how staff had demonstrated a commitment to the welfare of the people they supported. One care worker had visited a person on Christmas Day even though they were not scheduled to visit as they were concerned about the person's well-being. Staff had asked people if they wanted a poster put in their windows at Halloween if they did not wish to be disturbed. A care professional told us, "There is so much attention paid to the well-being of the clients."

People told us that staff treated them and their property with respect. They said staff were polite and considerate of their wishes. Relatives told us that staff provided their family members' care in private and ensured their dignity was upheld when receiving personal care. Staff attended training in privacy and dignity in their induction and demonstrated a commitment to treating people with respect when we spoke with them. One member of staff told us, "It's their homes we're visiting and they are in charge." Another member of staff said, "We are in someone else's home so we need to respect that."

The provider had a commitment to supporting people to maintain their independence. The provider told us, "We aim to empower people to live their lives independently. If they can do something themselves, we want to encourage that. The more they can do for themselves the better." People told us that staff encouraged them to be independent. They said staff had spoken to them about the importance of doing things for themselves where they could. One person told us, "I remember them telling me they were there to help me, not just to take over doing things. I liked that."

People had access to information about their care and the provider had produced information about the service, including how to make a complaint. People were issued with a statement of terms and conditions when they began to use the service which set out their rights and the service to which they were entitled.

The provider issued each person with a privacy statement when they began to use the service. The privacy statement explained what information the agency held about each person, how this information would be used and who else would have access to it. The provider had a confidentiality statement, which set out how people's confidential and private information would be managed. Staff understood the importance of maintaining confidentiality and attended training in this area in their induction. One member of staff told us, "We have to maintain confidentiality. The person we look after comes first. If they didn't want anyone else to know about their care, that would be up to them."

Is the service responsive?

Our findings

People received a service that was highly responsive to their individual needs. Relatives told us that if their family member needed to make changes to their care, for example to extend, shorten or change the time of visits, the provider always did their best to meet these requests. Relatives told us they valued the responsiveness of the provider when they requested changes to their family member's package of care. They said it enabled them to make sure their family members received the care they needed when their own commitments changed.

People said their views and experiences of the service were listened to and they were confident in the ability of staff to respond to their changing needs. They confirmed they had been involved in developing their care plans, describing how they had met with staff from the service in order for them to understand their needs. Where people had complex support needs, the provider organised meetings at which all staff involved in the provision of the person's care discussed their care needs and support plans. This ensured that all staff understood what was expected of them and that the person received their care and support in a consistent way.

The provider aimed to 'match' people receiving care with the most appropriate care worker for their needs and interests. In the 2016 satisfaction survey, 100% of the people who used the service confirmed that their allocated care worker was well matched to their individual needs and interests. The provider told us the 'matching' process was important as assigning each person a care worker who shared some of their interests gave them opportunities to engage with their care workers about common areas of interest. The provider gave us examples of how this approach had realised benefits for people. One person shared a love of gardening with their care worker and had enjoyed visiting gardens and garden centres with their care worker.

The provider ensured that staff had an awareness of people's individual histories and expected staff to use this knowledge to engage with people. A 'life journal' had been developed for each person to enable staff to talk to them about the people and events that were important to them. Much effort had been made to ensure that people's journals recorded important information about them, including their early life, career and family members. The provider told us care workers were encouraged to be involved in the development of people's journals to help build the relationship between the person and the staff providing their care.

We heard examples of how staff had responded to people's individual needs, which had resulted in positive outcomes for people. One care worker discovered that a person who had become increasingly withdrawn enjoyed playing chess in the past. The care worker obtained a chess set and took it with them when they next visited the person to suggest a game. Feedback received from the person demonstrated that they had very much enjoyed the opportunity to play chess again and now did so regularly with their care worker.

We also heard examples of how staff had responded to keep people safe and provided additional support when necessary. One person received live-in care from another provider and a member of staff from Home Instead Senior Care Bagshot provided care when their live-in care worker took breaks. The live-in care

worker frequently returned late from their breaks. As the person would have been at risk without a member of staff with them at all times, the member of staff from Home Instead Senior Care Bagshot always stayed until the live-in care worker arrived. The provider had agreed to be listed as an emergency contact for one person following a request from the person's relative. The provider had agreed with the relative that the agency would be ready to provide a member of staff at short notice should they be required. The provider had agreed with the partner of one person that they would provide a member of staff for additional visits if the partner became unwell or required admission to hospital.

Many of the people using the service were living with dementia and the majority of people were living with their families. In addition to overseeing the service people received from the agency, the provider was actively involved in a range of initiatives designed to improve local services and support for people living with dementia and their family carers. The provider was a Dementia Champion and had run several Alzheimer's Society Dementia Friends courses in the local area. The registered provider also ran a Carer Support Group, a free monthly meeting that provided families caring for relatives with dementia the opportunity to share ideas, information and mutual support. The provider told us guest speakers had been invited to future groups to give advice on areas including financial support and benefits and fluids and nutrition.

The provider had created a Dementia Action Alliance, which involved working with the Alzheimer's Society to enlist the support of organisations such as shops, pubs and restaurants, GPs and dentists to improve accessibility for people living with dementia. The alliance aimed to increase dementia awareness in the community and encouraged specific measures such as offering appointments at quieter times of day and improving signage, price lists and menus for people living with dementia. The registered provider had given talks on Scam Awareness at day centres and independent living schemes in the local area. These talks provided information for people about how to avoid falling victim to fraud and deception.

The provider organised events and provided people with information about other activities they may be interested in, such as classes and group outings. Events organised by the agency in the past year included a tea party, a Christmas party and the agency's five year anniversary party. These events were publicised in a newsletter distributed to people by the provider, which also gave tips and advice on areas such as falls prevention. The agency arranged regular outings and provided information about activities arranged by charities such as Age UK. The provider told us they arranged these events to provide opportunities for people to socialise with others and to reduce the risk of people experiencing social isolation. We saw evidence that staff had supported people to celebrate special occasions when their family did not live nearby. One relative expressed their appreciation that care workers supported their family member to send Christmas cards to their family. The relative also said that care workers had agreed to put up their family member's Christmas tree as the person's family did not live locally and were unable to do so.

The provider assessed people's needs before they began to use the service to ensure the agency could provide the care they needed. Assessments identified any needs people had in relation to health, mobility, communication, nutrition and hydration, medicines and personal care. Assessments also recorded what people wanted to achieve from the service and their preferences about their care. People and their relatives told us they had been involved in their assessments. They said the member of staff carrying out the assessment had been thorough and ensured the assessment reflected their needs and preferences about their care. One person told us, "They did a thorough assessment when they first came." A relative said, "I was there when the initial assessment was done with [family member]. I was very impressed. Everything was covered in detail. I really got the impression they wanted to provide the best care and I know the paperwork is constantly reviewed." Another relative told us, "They [staff] were really professional. They found out about her and we discussed what she needed. I really got the impression they were listening. It wasn't a case of this

is what's on offer, take it or leave it. It was more like, what can we do for you?"

Each person had an individual care plan drawn up from their initial assessment. Once the provider had drafted the care plan, it was shown to people to check the contents reflected their wishes and preferences. People told us they had been encouraged to contribute to their care plans. They said their care plans reflected their preferences about the support they received. One person told us, "The care plan is there and I can read it whenever I want." Another person said, "I did feel involved in the process. I still am; the carers are always checking to see what progress I'm making." Relatives told us their family member's care plans had been developed in a way which gave people as much choice and control over their care as possible.

People's care plans were reviewed regularly to ensure they continued to reflect their needs. People and their relatives said they were encouraged to participate in these reviews and their views were listened to. The provider ensured that any changes to people's care plans were communicated to their care workers. If a person's care plan was amended, the provider sent details of these changes to care workers by email and the care plan in the person's home was updated.

Staff confirmed care plans were reviewed regularly and said they were able to identify changes in people's needs because they knew them well. One member of staff told us, "We review risk assessments and the care plans all the time. Things can change quite quickly so it's important we keep up. I tend to visit the same people so it's much easier to spot a change." Staff reported they had been told to advise care co-ordinators if people's needs changed and they required additional care. They told us the provider always responded if they highlighted changes in people's needs. One member of staff said, "If someone needs more time because they are ill or need more care, then it's arranged." Another member of staff told us, "Someone I was visiting was needing more and more time. I contacted the office and they arranged the time to be extended."

The provider used feedback from people to strive for improvement in areas that were already good. In the previous satisfaction survey, 96% of people responded that their care workers went 'the extra mile' to make a positive difference to their life. The provider's action plan had identified the measures necessary to improve people's experience of care still further. These measures included giving care workers more information about people's individual wishes and increasing the effectiveness of life journals to build the relationship between the person and their care workers.

The provider responded positively if concerns or complaints were raised and used these to improve the service. Where the provider's investigations of complaints identified shortfalls, action was taken promptly to address them. One person had made a complaint about their care worker. Having investigated the complaint, the registered manager visited the person to apologise and advised them they would not have to pay for any visits they had been dissatisfied with. The member of staff about whom the complaint was made was given feedback in supervision and a performance monitoring programme was put in place to assess their improvement. Another complaint focused on the practice of two staff at a care visit. Following the provider's investigation, the complainant received an apology and the staff about whom the complaint had been made were spoken to about their care practice. The registered manager then observed the staff providing care at the next visit to ensure they had made the necessary improvements to their practice.

Is the service well-led?

Our findings

The management team provided good support to staff. Staff told us the provider and the registered manager were approachable and supportive. They said there was an open culture in which they felt able to express their views and these were listened to. One member of staff told us, "They are very supportive of staff. It's not 'them' and 'us', they are very approachable." Another member of staff said, "I feel valued. I can speak to [registered manager] any time and they will always listen. They have an open door policy." A care professional told us, "They are very staff-focused. They value their staff and their communication is very good." The provider had clear organisational values and expectations in terms of behaviours, to which staff were introduced in their induction.

The provider ensured that staff were kept up to date with any information they needed. Staff meetings were held regularly and the provider distributed regular bulletins to staff. The provider arranged two staff meetings, with identical agendas, on consecutive days to ensure all staff had the opportunity to attend. Staff told us the meetings were useful and that they were encouraged to contribute their views about how the service could improve. One member of staff told us, "At the last meeting they talked to us about the survey results, any new service users, buddies and the Care Certificate." Staff always had access to management support as the management team provided out-of-hours cover on a rota basis.

People had opportunities to contribute their views about the care they received and these were acted upon. One person told us, "I think my opinion is important to them. I've filled in a questionnaire and someone from the office rings me to make sure things are okay." Another person said, "The manager has been out to see me. They seemed interested in what I had to say. I had nothing but praise anyway!" We saw evidence that people received regular visits from the management team at which they were asked for feedback. People were asked whether their care workers were caring and professional, knew their individual needs and maintained their privacy and dignity. People were also encouraged to give their views about the service they received from the office, whether the service met their needs and if they wanted any changes to their care.

People were also able to contribute their views anonymously if they wished. An annual satisfaction survey was distributed to people, their friends, families and care professionals by an independent company. The results of the 2016 surveys provided positive feedback about the care and support people received. People reported they were happy with their care workers and considered them well matched to their needs and interests. They said the communication from the agency's office was good and they were always introduced to staff before they provided their care. The provider shared the results of the survey with people and set out the actions they would take where the survey had identified improvements could be made. Staff were also able to provide feedback through an independent survey. The most recent staff survey, carried out in 2016, indicated that staff were positive about the training and support they received and the leadership of the branch. Staff also reported the expectations of them in their role were clear and that they worked in an environment in which it was safe to speak up.

The provider had developed effective systems to monitor the quality of care people received. There was evidence that staff practice was assessed through regular spot checks. The provider had developed a format

for spot check assessments based on the standards outlined in the Care Certificate. The registered manager told us the agency's trainer selected a different topic each month and asked staff to complete an online competency test. The registered manager said any shortfalls in knowledge highlighted by the competency assessments would be addressed with staff in supervision. We saw evidence that staff competency had been assessed in areas including safeguarding, dementia and nutrition and hydration.

Home Instead carried out an annual renewal audit of each branch. The renewal audit had been carried out on the Bagshot branch in January 2016. Where the audit had identified areas for improvement, for example staff needing supervision or refresher training, we saw evidence that the registered manager had developed an action plan to address them. The management team met each week to ensure care was well planned and delivered. The provider and registered manager discussed any issues emerging regarding staffing, such as sickness, or people who used the service, such as changes requested to care packages.

The records we checked in the agency's office relating to people's care were accurate, up to date and stored appropriately. Care staff maintained daily records for each person, which provided information about the care they received, their food and fluid intake and the medicines they were given. There was evidence that care logs and medication administration records were audited regularly by a member of the management team.