Liverpool and Sefton Homecare Limited

Home Instead Senior Care

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Good** ●
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Good** ●

Summary of findings

Overall summary

The inspection took place over two days on 22 & 24 January 2018 and was announced. We announced the inspection at short notice because we needed to ensure managers were available when we visited and also to arrange consent from people to carry out visits and telephone calls.

The last inspection was carried out in May 2015 and was rated as 'Good' at that time.

Home Instead Senior Care is a registered with the Care Quality Commission to provide 'personal care' to people living in their own houses and flats in the community. It provides a service to older adults. Home Instead Senior Care office base is located in Liverpool, Merseyside. The office building is modern and accessible for people who required disabled access.

At the time of our inspection the service was supporting 33 people who were located in Liverpool and Sefton.

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

All of the people we spoke with who used the service expressed great satisfaction and spoke very highly of managers and staff. They described an exceptional service which was very responsive to individual care needs.

Support was provided to people on a flexible basis and in accordance with their clearly identified needs. People who received care and support provided us with very positive feedback. They said they received a reliable service and an excellent standard of support from caring, kind and compassionate staff. There was a consistent staff team and staff were matched to people with the same interests to help build a positive relationship. This was central to the ethos of the service.

The safety of people who used the service was maintained. Staff were well aware of their responsibility to protect people's health and wellbeing. There were systems in place to ensure that risks to people's safety

and wellbeing were identified and addressed.

Staff had a full understanding of people's care needs and the skills and knowledge to meet them. People received consistent support from care workers [called 'Caregivers' at Home Instead] who knew them well. People felt safe and secure when receiving care. People were supported with their medicines and staff were trained and felt confident to assist people with this.

Sufficient numbers of staff were available to meet people's needs. Thorough staff recruitment checks were in place. These checks were undertaken to make sure staff were suitable to work with vulnerable people.

Staff were very responsive to any changes in people's health or wellbeing and liaised effectively with health professionals in a timely and proactive manner. All of the community professionals we spoke with were very complimentary about the service and reported very positive experiences when dealing with Home Instead Senior Care.

People were provided with care and support according to their assessed need. People gave consent to their plan of care and were involved in making decisions around their support. People's plan of care was subject to review to meet their changing needs and updated promptly if required. People received effective care that met their individual needs.

Staff told us they felt well informed about people's needs and how to meet them. Care plans were in place regarding people's needs and the level of support required. These were highly personalised and reflected people's individual care needs including social and psychological aspects of care. People were consulted with and felt involved and in control of their care. Care plans were regularly reviewed and people where included in the review process.

Risks to people's safety and welfare had been assessed and information about how to support people to manage risks was recorded in their plan of care.

The registered manager had a clear knowledge and understanding of the Mental Capacity Act (MCA) 2005 and their roles and responsibilities linked to this. They were able to explain the process for assessing people's mental capacity and how they would ensure a decision was made in a person's best interests if this was required. The service working alongside other health and social care professionals and family members. This helped to ensure decisions were made in people's best interests.

The services training programme was very well developed and provided staff with the knowledge and skills to support people. We saw systems were in place to provide staff support. This included monthly staff meetings, supervisions and an annual appraisal. Staff told us they had excellent support from managers, enjoyed working for the service and were committed to providing a high level of care and support for people.

The service developed and maintained links with external organisations and within the local community to develop best practice and encourage positive attitudes towards disability. Managers demonstrated strong values and a desire to learn about and implement best practice throughout the service. Practical and well led systems of management had been developed to support on-going learning and development.

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

Systems were in place to protect people the risk of abuse. Staff were aware of safeguarding vulnerable adults' procedures.

People told us they felt safe in the way staff supported them and had confidence in the staff.

Staffing levels were determined by the number of people using the agency and in accordance with people's needs. Staff had been recruited safely to ensure they were suitable to work with vulnerable people.

Risks to people's safety and welfare had been assessed and information about how to support people to manage risks was recorded in their plan of care.

Medicines were administered safely to people.

Is the service effective?

Good

The service was effective.

Staff liaised with healthcare professionals at the appropriate time to monitor and maintain their health and wellbeing.

People told us staff supported them with their diet and meals if they required this.

Staff received on-going training. The training programme provided staff with the knowledge and skills to support people. We saw systems were in place to provide staff support. This included monthly staff meetings, supervisions and an annual appraisal.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

The registered manager, the nominated individual and staff were committed to providing a very caring and compassionate service. This was reflected in their day-to-day practices and throughout the services training and philosophy.

Discussions with staff showed a genuine interest and a very caring attitude towards the people they supported. People reported that staff showed a genuine interest and concern for their wellbeing.

People were very pleased with the consistency of the staff team and they valued the care, support and companionship offered to them.

Senior managers demonstrated a very clear understanding and commitment to providing person centred care. Staff were motivated and were proud to work for the service and spoke positively about the company's ethos of care.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

People gave excellent feedback regarding the level of personalised care. They felt the service was flexible and based on their personal wishes and preferences.

People had a plan of care and where changes to people's support was needed or requested these were made promptly.

The provider had a complaints procedure and information about how to make a complaint was provided to people when they started using the service; any complaints were acted on positively to improve and develop the service.

We found that if people were in need of end of life care this was managed appropriately and with compassion.

The service played an active role in the local community, shared good practice and encouraged people to become less socially isolated.

Is the service well-led?

Good ●

The service was well-led.

Staff were clear as to their roles and responsibilities and the lines

of accountability across the service.

Systems and processes were in place to monitor the service and drive forward improvements. This included internal audits and also national audits which provided positive feedback about the service.

There was an emphasis on continued improvement which included taking account of people's views. The overall feedback we received about the management of the service was very positive.

Home Instead Senior Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

The inspection was carried out over two days 22 & 24 January 2018. We gave the provider notice of the inspection in order to ensure people we needed to speak with were available and to arrange consent for visits and telephone calls we made. The inspection team consisted of an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed the information we held about the service before we carried out the visit. Prior to the inspection the provider had submitted a Provider Information Return (PIR) to us. The PIR is a document the provider is required to submit to us which provides key information about the service, and tells us what the provider considers the service does well and details any improvements they intend to make.

At the time of the inspection the agency was supporting 33 people who required personal care. We contacted eight people who used the service to seek their views about the agency. This included meeting three people in their own home and making phone calls to the others. We also spoke with three family members. The inspection was conducted with the registered manager and the nominated individual for the organisation. We spoke with two training officers and four members of the care team. We received feedback from two health care professionals following our inspection.

We viewed a range of records including, care documents for four people who used the service, three staff personnel files, medicine records, records relating the running of the service and a number of the provider's policies and procedures.

Good

Our findings

People told us "I am extremely happy in the company of the care workers. I always feel safe and comfortable," "Yes of course I am safe. I am very comfortable with the care workers" and "I am certainly safe and comfortable." Relatives of people we spoke with were equally reassured; "Entirely safe at all times. My relative is always comfortable with the care workers" and "Absolutely safe at all times. The care worker is well suited to my relative."

Safeguarding procedures were in place so people could be protected from abuse or mistreatment. Staff were able to explain how they would raise safeguarding concerns, the types of safeguarding concerns they would report and who they would need to contact. All staff had also received the necessary safeguarding training which ensured they were up to date and familiar with safeguarding processes. When we spoke with staff they were able to give examples of how they would recognise abuse or mistreatment and how they would report it. All staff had the local contacts for the safeguarding authorities on their personal identification badges. The agency had a whistleblowing policy, which was available to staff. Staff we spoke with were aware of the policy and told us they would feel confident in using it and that the appropriate action would be taken.

The service monitored and assessed staffing levels to ensure sufficient numbers of staff were available to provide the necessary care and support for individual care packages. People we spoke with told us they were supported by staff who were always on time. Staff also stayed for the allocated time of the call.

Three staff personnel files were reviewed during the inspection. Safe recruitment processes were in place and were thorough. The appropriate employment checks had been completed before staff began working at the service. Application forms had been submitted, confirmation of identification was evidenced in files, suitable references had been obtained and Disclosure and Barring Service (DBS) checks had been suitably carried out. DBS checks are carried out to ensure that employers are confident that staff are suitable to work with vulnerable adults in health and social care environments.

Medication systems and processes were being safely managed. Medication was only administered by staff who had received the relevant training and where also assessed on-going to help ensure continued competency. Medication administration records [MAR's] were audited to ensure that medication processes were being safely managed. Medication records indicated that people had been supported to take medication as prescribed. Following the last inspection in 2015 we had made some comments about the content and accuracy of MAR's; we saw all MAR's were now audited on a more regular basis by the registered

manager to ensure accuracy was being maintained. Post inspection we discussed some recent guidance regarding recording of medicines which the provider could consider when reviewing medicines policy.

Health and safety assessments were made available during the inspection. These included assessments of the person's home environment to assess for any hazards or risks as well as assessments for staff who were lone working. Spot checks were undertaken by senior managers to help ensure staff were carrying out care safely. These included observations of medication practice and staff attention to infection control. Most of our observations and feedback we received from people evidenced good safe practice. We did receive some comments around staff wearing jewellery that could have issues around safety. One person told us, "In the past care workers did come with long nails, this has stopped now, the problem I have is some care workers wear bracelets and jewellery and I do not like this rubbing against me." Another person said, "Some care workers do have long nails." The registered manager explained the service's policy around this and showed us how standards were audited through the spot checks. We pointed out that one staff member we observed did not meet the services standards in their appearance. The registered manager addressed this immediately following the inspection by reminding all staff of the service standards including the requirement to wear identification at all times.

Good

Our findings

People who used the services of the agency told us they were happy with the standard of care and support they received. People's comments included, "Excellent, they certainly know what they are doing," "Oh yes they certainly are trained. They wash me with dignity and with skill and this shines through" and "Oh yes they are trained; no issues in this area at all." Relatives also were pleased with care. One relative commented, "The care worker is really good [staff] knows what they are doing and has a great relationship with my relative."

Care documents provided information about people's medical conditions and the agency liaised with health and social care professionals to support people if their health or support needs changed. Care files seen showed referrals to health and social care professionals had been made promptly by the staff; for example, GP, district nurse team and social services. Care plans were updated where a change in the care provision was required. A health care professional told us the agency provided a good standard of care and support for people in their own home.

We found examples were staff had been quick to respond to peoples changing health care needs and had liaised effectively with external health professionals. One relative told us about the early recognition by care staff of an acute medical condition and the carers call to the GP enabled the person to be reviewed and treated effectively; "[Person] was treated quickly and [person's] condition didn't deteriorate; we were so grateful for this care."

Staff told us they received a very good level of support from the management; this included regular training and supervision meetings. Training was provided in subjects such as, health and safety, moving and handling, safeguarding, health and safety, medication, food hygiene, Mental Capacity Act 2005 and first aid. We spoke with two of the training managers. Both had experience of previous care services and stated that the training provided by Home Instead Senior Care was the most complete they had knowledge of. Training included a five day induction package which covered the standards in the Care Certificate, the governments blue print for induction training standards. The provider had also developed specialist training around understanding and supporting people with dementia which had been accredited. This training had also been offered to people in the local community including relatives and local businesses.

One staff told us, "Staff support is integral to the company" and "The key is personal relationships with people." All staff told us they felt supported in their work and that training was 'daily and on-going'. On both days of our inspection staff were in the service's office receiving training updates. One staff said, "The

induction was very informative and there was lots of practical training as well."

Staff received specific training to support people with more complex needs. A health care professional reported, "I have previously provided in - house training and also training within the patient's home tailored to the patient's individual needs for care staff employed by the care agency." In another example we were told about a staff team who attended extra training, with the relatives of the person concerned, around supporting the person with specific behavioural care needs.

Staff files contained training certificates and these showed staff training was up to date. Supervision meetings were held every three months and staff had an appraisal. Staff support included staff meetings.

NVQ (National Vocational Qualifications)/Diploma in Care was on-going for staff as part of their formal learning and development. The training officers informed us 49% of staff held a formal care qualification. Other staff were undertaking qualifications and the service aimed to increase this percentage.

The registered manager was able to demonstrate an understanding of the Mental Capacity Act (2005). The Mental Capacity Act (2005) (MCA) provides a legislative framework to protect people who are assessed as not able to make their own decisions, particularly about their health care, welfare or finances. The registered manager and staff had undertaken training in the Mental Capacity Act and the registered manager told us they carried out mental capacity assessments for people who used the services of Home Instead. This helped to ensure decisions were made in people's best interests.

People who used the service were asked to consent to care and support and had signed to say they were in agreement with their plan of care. People told us they were consulted and consented to all aspects of their care package. It was not always clear on all records whether formal consent had been made. For example, care plans we saw did not contain people's signatures although the registered manager produced other records where people had signed to evidence their consent.

Staff told us they offered dietary support when needed and they would report to the registered manager and/or family if they had concerns about a person's loss of appetite. A relative of a person who used the service told us, "The care workers do get [persons] breakfast ready and prepare sandwiches for lunch."

Outstanding

Our findings

At the last inspection in 2015 the service was rated as 'outstanding' in this key question. On this inspection we found the 'caring' element had been maintained to a consistently high standard.

All of the people we spoke with told us staff were very caring and had developed very positive relationships with them. Comments included; "They are brilliant, I could not ask for better care workers; caring, very good, kind and very compassionate to me," " The care workers are excellent. They always give me respect and dignity. I am definitely happy; they are always kind and caring," "The care workers are very good; they are extremely caring and they listen to me. They give me respect and dignity at all times," "The care workers are kind and caring and they always give me dignity; very polite and respectful to me," and "They are marvellous; they look after me really well."

Relatives of people were also positive: "They are delightful, always caring and kind. They do give total dignity and respect to my relative," "Absolutely brilliant; caring and kind. They are very respectful and give dignity to my relative at all times" and "Brilliant relationship with my relative, always carrying out the tasks with kindness and care." Another relative wrote to tell us, 'We have found al the carers to be very warm and most compassionate in their approach; we feel they really do care about our parents well-being and safety and because of this we feel much more relaxed about not being able to always be with our parents'.

We found a strong ethos of 'care' throughout the inspection. This was evidenced by the staff we spoke with. Staff were knowledgeable regarding people's needs, preferences and personal histories. They told us they had access to care documents and were given time to read them and to ask questions about people's care plans. They felt this was an important part of getting to know what mattered to people. The service has initiated a system of 'introducing' staff to people they are to care for. Part of this is time to read all of the care documentation. The staff member is then introduced by an existing staff member so the person is full aware of who will be supporting them.

This also involved matching up staff to people's social care needs as much as possible. This was seen as an important element of building solid relationships based on trust and friendship and included choice of male / female staff member if requested. An example of this was a person who had a particular interest to do with their past working life. A carer with a similar past experience and interest was 'matched' up which assisted the development of a strong social bond and trust.

The registered manager was able to demonstrate the improvement in people's wellbeing by providing a

consistent team of staff. People we spoke with and their relatives told us this was one of the main reasons they had chosen the service provided by Home Instead Senior Care; people felt reassured that care staff were not constantly changed. One person said, "It's very reassuring knowing whose coming."

All of the people we spoke with told us staff were consistently on time and they could choose the times of the calls. One person said, "I need to change the time of one of my calls; I know it'll be alright when I ask."

A staff member commented, "It's a strong ethos of the company to match up carers as much as possible. I have ten clients and I know them really well; it's a very individualised approach and you get to know them [people] socially." We were told about one person who could not speak English. Care was taken to match a staff member who could translate and the care plan was partly written in the person's own language so that they could understand and agree [consent] to various aspects of care.

The service had developed a range of policy statements around equality and diversity including religious belief, which we saw. Historically, staff were able to tell us about one person who religious beliefs were important to aspects of their health care. The care plan included a 'health plan' which highlighted this element of choice and was used to communicate at times when the person may have needed access to health care.

Staff told us privacy, dignity and confidentiality were discussed on induction and that this formed an integral part of the organisation's training programme. Staff told us their care practices were observed by senior staff when they started and through the on-going training programme to ensure they were caring for people in a respectful and dignified manner.

At the point of recruitment the registered manager informed us staff were employed for their compassion and commitment to provide excellent standards of care. The feedback we received strongly affirmed this view as people and relatives told us this was reflected in the staff's day to day practice. The registered manager told us the interview process for new staff included the 'mums' test. This was an element of recruitment were a judgment was made about the suitability of staff based on whether they had the social skills and aptitude to look after people in a caring manner and whether the interviewee would be happy for the new staff member to care for their own relative.

A key element of the services ethos was the insistence on a minimum of one hour for each visit. Staff told us this gave time to get to know people socially and provided care at a pace where nobody felt rushed. A relative commented, "From the moment their [staff] smiling faces enter my parents' home they will assist [person] with their personal care and treat [person] with respect." Staff had travelling time between calls. They told us this made a difference as they were able to spend quality time with people, they were not rushed and the standard of care not compromised. This was confirmed by the people and relatives we spoke with. The registered manager stated that these work structures were important to that staff felt they had time to spend 'going the extra mile' in developing positive relationships with people and carrying out care and support at a relaxed pace.

People we spoke with told us that on arrival staff announced themselves and called out to let the person know they were there or knocked before entering. We made an observation of staff using people's preferred name and supporting them in a polite and courteous manner. The staff member chatted freely and clearly had a positive rapport with the person they were supporting.

The registered manager demonstrated a very clear understanding and commitment to providing a more 'person centred' approach to care which ensured people receive care and support tailored to their

individual need. This was exemplified in much of the services literature. The PIR for the service stated, 'Each individual is at the centre of the care planning process'.

We were shown an example of good practice around staff training which heightened staff's awareness of people's needs and the challenges they face. The provider has developed specialist accredited training designed to help staff support people living with dementia. Staff we spoke with were particularly proud of this level of training as it helped them understand specific care needs, particularly around communication. The registered manager told us of examples where relatives had attended workshops on dementia to help them understand dementia and care provision.

The registered manager was aware of how to contact local advocacy services should a person who used the service require this support.

Outstanding

Our findings

People told us the service was highly responsive to their care needs. Everybody we spoke with told us they had been involved in developing their plan of care so it suited their individual needs. A plan of care records people's care needs and instructions to staff on how to provide care and support in accordance with individual need. One person commented, "I have been through my care plan with management. I am happy with them as they do keep in touch with me." A relative told us, "We had a meeting with management regarding the care plan with my relative. If we need the management they are there for us; they listen to me, they come to see us and they come with the care workers to check on my relative. Communication is brilliant."

We found the content of people's care plans to be highly personalised and reflect their key needs. For example, one person's personal care needs were clearly listed in great detail including what the person could do for themselves to help encourage independence. One care plan stated, 'I require the caregivers to wash my lower body and my back as I am not able to do this myself. I would like the caregivers to pass me a towel in order for me to dry myself on the top half and I would like the caregivers to dry my lower body and my back'. This level of detail was included throughout the care plans we saw and was important as it identified clearly how people could help themselves with aspects of their personal care and helped maintain their independence. Along with people's plan of care, risk assessments and daily records were in place. The daily records provided an over view of the care and support given by the staff.

People's care was subject to regular review with them and with relatives where appropriate. We saw where changes to people's support was needed or requested these were made promptly. For one person who used the service the care plan had been updated following a medication review by their GP. We found staff were responsive to changes in people's medical conditions. One person explained that recently they had developed a chest infection. Staff very quickly responded by alerting the GP who was able to call out. The changes to the person's care plan had been made such as the need for staff observations when visiting and attention to the person's fluid intake; daily records showed staff were alert to these care needs. A staff told us, "Care plans are updated very quickly so they are always current." The registered manager audited daily care records for every person, to ensure that any issues had been identified and acted upon.

We discussed recent examples of people being supported at the end of their lives. In one example we were shown some feedback from a health care professional who stated the care provided maintained the persons dignity at such a very sad time for the family and stated one care worker involved was 'an absolute credit to your team'. We were advised the service had links with a local hospice for guidance and support. 40% of care

staff had completed an end of life course to develop their skills and knowledge in this area and were used in terms of the 'matching up' process when needed. There was an additional element to the training which had been developed by the nominated individual for the service and looked specifically at how people's dignity could be further supported at the end of their lives.

In another, more recent example, we were able to review a care plan for a person who was still active in the community and the care staff were working alongside health care professionals to continue to support the person concerned. The care plan was very detailed, clear and personalised to the person's care needs, including their psychological and social wellbeing. The role of the person's family was described and the social activities the person could still engage in so that care staff could understand the importance of this to the person being supported. The need for aids to assist with personal care where also clearly identified. There was also additional information for care staff regarding the medical diagnosis and how this might affect the person's wellbeing going forward. This helped staff to understand the progressive nature of the person's condition and appreciate the need for continued review on-going.

People we spoke with cited the way staff rotas were designed helped them to receive care when they needed it. One person told us, "If I need change the times of my call I only have to get in touch with the office; they are very responsive." Information about how to contact the agency out of normal working hours was made available to people who used the service.

The service had policies regarding equality and diversity and could evidence how this had affected practice. The service was able to identify and meet the information and communication needs of people with a disability or sensory loss. For example, information was made available in different formats if needed to aid accessibility. We saw one policy document which was made available in as an 'easy read' version and had been used for a person with a learning disability. In another example the registered manager told us about a person who had dyslexia and the information given had been specifically formatted to help the person access and understand.

The managers and staff told us about examples where peoples background in terms of their disability had been taken into account when matching up staff. The PIR gave an example where, a young adult with a learning disability and sight impairment had particularly requested a younger caregiver who would blend in with the other students in the college they attended. The person was suitably matched up with an appropriate carer and this element of personalisation, choice and control helped the person to feel less self-conscious when around campus.

The provider had a complaints procedure and information about how to make a complaint was provided to people when they started using the service. All of the people we spoke with and their relatives knew how to complain. One person said, "I have the details – but never have any reason to complain." Similarly a relative stated, "We have all the details for the complaint procedure; we have never had any reason to make a complaint."

The registered manager told us if a complaint was received it would be investigated and lessons learnt shared with the staff. We reviewed one complaint received in October 2017. This involved the times of carers arriving to support a person being outside the agreed call hours. This was making the person anxious. We saw the registered manager conducted a prompt review, in liaison with the person's family. The outcome was satisfactory for the family concerned and the person feeling supported was less anxious and reassured. The registered manager made sure that arrangements continued to be in place by following up some time after the initial resolution to further ensure the plan in place was being adhered to. The review also included providing feedback and seeking the views of care staff to help ensure care could be delivered effectively.

Quality monitoring systems used across the service were designed to explore the experiences of people who used the service. People and relatives could share their views and make suggestions. This included the provision of satisfaction questionnaires, the results of which were analysed and shared with the staff. The feedback we saw evidenced a high rate of satisfaction with the service.

We found the service worked in innovative ways to promote the wellbeing of vulnerable people by being involved and active in the local community. This included helping to educate and break down barriers for people with disability. A good example of this was the provision of dementia awareness training to the public, including local businesses, so that they could understand how to help people they came into contact with who had dementia. Managers and staff had attended a local village summer fayre were they chatted with members of the public about dementia friendly communities as part of an aim to create a 'dementia friendly town'. The PIR stated, 'This will include working with the Alzheimer's Society and setting up the memory café and leading the local businesses in enabling dementia friendly checkouts at their stores'. Staff told us about the continued support for the Alzheimer's Society and staffs attendance at a 'memory walk' where the service raised money for the charity. This work remained on-going.

We also saw a newsletter circulated to people being supported by Home Instead Senior Care which gave advice regarding health issues as well as advertising local social events for people to attend. The registered manager advised us, "We continue to make sure we prevent social exclusion by continuing to encourage community involvement; we do this by liaising with local community groups and businesses to create, publish and circulate our 'What's On Wellbeing' (WOW) guide to let our seniors [staff] know what they can access locally."

At a more personalised level the service had also developed their own 'memory book' which was used to work alongside the families of people living with dementia to detail personal experience and reflect on people's lives. The registered manager advised us this had been used to help families work with staff in supporting people living with dementia. A staff member commented "To us its personal; that's our motto. People have a life journey and we go along with them."

Good

Our findings

People we spoke with told us, "Management are good, they listen; well led indeed," "I can certainly recommend the company, they are well led," and "The service is ran well. When I complain they listen, this means a lot to me." A relative said, "We are extremely happy with the management. They are well run and we can recommend the company."

It was clear from the feedback we received from people who used the service, their relatives, external professionals and staff, that managers of this service had developed a positive culture based on strong values. The PIR for the service stated, 'Our service is about engaging with people, building trust and taking the lead and this culture is very important to us. In order to be well led we promote a positive culture that is open, fair and transparent'.

The evidence from the inspection was that these values were put into practice on a day-to-day basis. Managers, including training managers, spoke of the importance of motivating and supporting staff to promote these values, through training, supervision and leadership. All of the staff we spoke with were enthusiastic about the way the service was run and were clear on the service values. One staff said, "Continuity of care is important to providing quality care. The key is the personal relationships." Another staff commented, "We are really well supported and trained and there is good communication so we are involved."

There was a clear management structure including a registered manager. People, who used the service and staff, were fully aware of the roles and responsibilities of managers and the lines of accountability. These were explained in the Statement of Purpose for the service which we saw in all of the care records in people's homes.

The service had systems and processes in place to monitor the service and drive forward improvements. This included regular staff and management meetings as well as communication systems to update staff regarding daily changes and events and any new issues arising. Care plans were audited (checked) regularly by the registered manager and spot checks were undertaken in people's homes to make sure they were happy with the care provision and also to monitor staff performance. Any issues from spot checks were discussed at staff supervision meetings. If issues were identified extra staff training and support was provided.

There were a series of formal audits conducted both internally and externally from the national office. The

monthly internal audit mimicked the external national audit to provide consistency of approach. Other audits looked at aspects of staffing and staff understanding of their role. This was complimented by an external audit by a company who surveyed staffs' opinions. We saw that the most recent survey highlighted some issues around internal communication and this had been picked up by the nominated individual and extra work had been carried out with staff which had been positive.

The service showed they listened to external feedback. For example the last inspection in 2015 highlighted some issues around medicine management; these had been discussed at senior management level and more formal auditing had been devised to ensure standards were being maintained.

We saw a number of policies and procedures which were provided by the national office. These were updated in accordance with 'best practice' and current legislation. Staff told us a number of policies were discussed at staff induction and through their on-going learning.

People's views had also been sought through the use of questionnaires which provided feedback in areas such as staff interaction and communication. Overall the percentages and comments made indicated a high level of satisfaction for the service. Where actions had been needed these had been taken.

Both managers and staff we spoke with where proud of the service provided. The PIR advised us 'Home Instead have been awarded the Queens Award for Innovation. Home Instead Senior Care's award is in the Innovation category [was] made in recognition of our distinguishing home care service where the social wellbeing of our clients is central to our model of companionship-led care'.

The service had sent us notification of incidents and events which were notifiable under current legislation. This helped us to be updated and monitor key elements of the service.

From April 2015 it is a legal requirement for providers to display their CQC rating. The rating from the previous inspection for the service was displayed for people to see at the service offices and on the registered provider website.