

Reigate Senior Care Limited

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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?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

Reigate Senior Care Ltd is a domiciliary care agency that is part of the wider Home Instead Senior Care group. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. Not everyone using Reigate Senior Care Ltd receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection the service provided a regulated activity to 10 people.

There was a registered manager in post at the time of the inspection. 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. We were supported on the inspection by the registered manager and the senior management team.

At the last inspection, the service was rated Good. At this inspection we found the service had improved in the Caring and Well Led domains. We have rated Reigate Senior Care Ltd 'Outstanding' overall.

Staff found ways to make sure that every person using the service were at the heart of the care they provided. The service was a family run business and people and staff felt that they were part of the provider's family. People were treated as individuals whose life and experiences mattered to the staff. The manager and staff went out of their way to ensure that people and their relatives were comforted and looked after in a kind and compassionate manner and treated with dignity and respect. One member of staff said, "It's important to listen to people and be part of their world." People and relatives were at the centre of decision making about their care.

People and their relatives placed great value on the friendships that they developed with staff. They felt that staff went beyond all expectations in the care that staff provided. Staff would often visit people on their day off to say hello and to spend social time with them. Relatives fed back that using the services had a huge positive impact on theirs and their family member's lives.

The service had a strong, visible person centred culture and was exceptional at helping people to live their lives to the fullest. People, their relatives and staff told us the registered manager and all of the senior staff were caring, friendly and approachable. The registered manager and senior management took a personal interest in people and knew them well. The registered manager worked in partnership with people's families and outside organisations to improve the care and support people received. The registered manager had systems in place which monitored health and safety and the quality of people's support. The systems were responsive and had led to changes being made. The registered manager was proactive with regard to how people's support could be improved.

People told us that they felt safe with staff. Staff understood risks to people's care and what they needed to

do to reduce the risks of injuries to people. Staff had received training in how to safeguard people and what they needed to do if they suspected abuse. Before staff started work checks were undertaken to ensure that they were suitable.

There were sufficient numbers of staff employed at the service and systems were in place to ensure that there were no missed calls to people. People's medicines were managed in a safe way by staff. Staff followed best practice with regards to infection control.

In the event of an emergency such as bad weather there were plans in place to ensure that people's care was prioritised. Accidents and incidents were recorded and actions were taken to reduce the risk of these re-occurring.

Before staff started work they received a detailed induction. Staff told us that they felt supported and that training at the service was effective. People told us that staff knew how to provide care and understood their needs. Training was continuous and staff competencies were reviewed regularly through spot checks and one to one meetings with their manager.

People's opinions were sought in relation to how they wanted their care to be delivered. Staff treated people with kindness, consideration and respect.

People were supported with the meals that they liked and in line with their dietary needs. Staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. Staff worked within health care social care guidance.

Staff understood the principles of the MCA and what they needed to do if they suspected a person lacked capacity. People received personalised care that reflected their needs, interests and preferences. Regular reviews were undertaken and any changes to people's needs were actioned by staff. The provider had a clear and accessible complaints procedure.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.

Further information is in the detailed findings below

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 remains Good

Care plans were in place to manage risks to people. Where accidents and incidents occurred, staff responded appropriately to reduce further risks.

Staff understood how to respond to suspected abuse. People told us that they felt safe.

People received their medicines safely, from trained staff. Staff followed best practice with regards to infection control.

There were sufficient numbers of staff to meet people's needs. The provider carried out appropriate checks on new staff to ensure they were suitable before they started work.

Is the service effective?

Good 

The service remains Good

People's needs and choices were assessed in line with best practice. Staff understood the principles of the Mental Capacity Act.

People were supported with their meals in line with their dietary needs and preferences. Staff worked with healthcare professionals to meet people's needs.

Staff were trained to carry out their roles and worked well together to ensure they worked within best practice guidelines. Staff received an induction and had regular one to ones with their line managers to discuss their work.

Is the service caring?

Outstanding 

The service was exceptionally caring.

Staff went above and beyond expectations to ensure that people were treated with kindness and compassion. Friendships developed between people and staff and the focus from staff was on ensuring that people's emotional as well as personal

needs were being met.

People felt that staff always treated them with dignity and respect and we saw that this was the case.

People were able to express their opinions about the service and were involved in the decisions about their care.

Care was centred on people's individual needs. Staff maintained kind and caring relationships with people.

Is the service responsive?

Good ●

The service remains Good.

People received personalised care. Care plans reflected people's needs and interests. Care needs were reviewed regularly and any changes were actioned by staff.

There was a complaints policy in place that was accessible to people

Is the service well-led?

Outstanding ☆

The service was exceptionally well led.

The service worked in partnership with other organisations to make sure they were following current best practice and providing a high quality service. The registered manager strived for excellence to ensure that people and relatives lives were lived to the fullest.

There were appropriate systems in place that monitored the safety and quality of the service. Where people's views were gained this used to improve the quality of the service.

Staff understood the ethos of the service and bought into the values demonstrated by management. People and staff thought the manager was supportive and they could go to them with any concerns.

The culture of the service was supportive and staff felt valued and included.

Reigate Senior Care Ltd

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 was a comprehensive inspection and was announced. We gave the service 48 hours' notice of the inspection visit because we needed the registered manager to arrange visits for us to people's homes with their permission. We also needed to be sure that the registered manager would be in the office.

The inspection site visit activity started on 17 January 2017 and lasted one day. It included visiting four people living in their homes. We also visited the office location on the same date to see the registered manager and office staff; and to review care records and policies and procedures.

The inspection was also informed by feedback from questionnaires completed by a number of people using services and staff working at the service.

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 service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

In addition to visiting four people in their homes we also spoke with their relatives. We also had telephone calls with two other people. At the office we spoke with the registered manager and three members of staff. We read care plans for three people, medicines records and the records of accidents and incidents, complaints and safeguarding. We looked at records of audits and surveys.

We looked at records of staff training and supervision. We looked at a selection of policies and procedures and health and safety audits. We also looked at minutes of staff meetings and evidence of partnership

working with external organisations.

After the inspection we received written feedback from three relatives and seven members of staff.

Is the service safe?

Our findings

We asked people if they felt safe in their homes with the staff from the service. One person said, "I feel safe and I am treated well." The relatives we spoke with had no concerns about the safety of their family members with staff. One relative said, "I feel dad is 100% safe with staff."

Staff understood safeguarding adult procedures and what to do if they suspected any type of abuse. One member of staff said, "I would speak to the office to discuss where we needed to go with it." They said they would ensure that the person was safe. There was a safeguarding adults policy that staff were able to access and staff had received training in safeguarding people. There were systems in place to ensure that the office were alerted if staff did not turn up to a call. People we spoke to advised us that this had never happened. One told us, "Staff have never not turned up." One relative said, "Staff have never not turned up. They are brilliant at communicating with us."

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. One relative told us, "We get plenty of notice when staff are going to be on annual leave." People said that if carers were going to be late then they will always get a call which gave them reassurance. One person said, "If they [staff] are late which is very rare they will let me know." The registered manager told us that staffing levels were always met and if a member of staff called in sick or was on leave they or other trained office staff would be able to cover the care for people. One member of staff said, "We are always recruiting but would never take on clients if we did not have the staff to cover."

Risks of abuse to people were minimised because the provider made sure all new staff were thoroughly checked to ensure they were suitable to work for the service. These checks included seeking references from previous employers and carrying out checks with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people. Staff told us, and records confirmed that they had not been able to begin work at the agency until all checks had been carried out.

Risks to people were assessed and measures to enable people to live safely in their homes were recorded. Risk assessments included the risks associated with people's homes and risks to the person using the service. For example one person was at risk of falls whilst having personal care. Information in the risk assessment required staff to ensure the person was sat on the stool and that the person used handrails when standing. A plan to manage the risk was in place and was understood by staff. We overheard the member of staff reminding the person to be careful when they were sitting. The person told us, "When I was unsteady I couldn't have coped with them [staff]. I feel safe and secure." Another person said, "I feel that staff understand the risks to my care." The staff member that we observed ensured that the person was supported when they moved around their home. Staff understood what they needed to do to reduce the risks of spreading infection. Staff wore gloves where needed and people confirmed that staff washed their hands regularly. Staff had access to protective equipment such as hand gels, gloves and aprons when they needed.

There were people who used the service that required support with their medicines. People and relatives

told us staff supported people to order their monthly prescription and collected their medicines for them. One person told us that their carer explained changes to their medicines with them when the doctor recently added an antibiotic to their prescription. Staff maintained a record of people's medicines which included the amount received and when medicines should be taken. All staff had received training in the safe management and administration of medicines.

In the event of an emergency the service had measures in place to ensure people were kept safe. If there was inclement weather staff would prioritise those people that were isolated or did not have any other support. There were electronic systems in place that secured people's records if staff were unable to access records from the office. Incidents and accidents were recorded and actions taken to ensure the risks were minimised. For example excess medication had been found at a person's home. There was evidence of discussions with the person's family and health care professionals to address this.

Is the service effective?

Our findings

People were supported by staff that had undergone a thorough induction programme which gave them the skills to care for people effectively. The registered manager told us, "New staff are expected to do the care certificate [a set of standards that health and social care workers adhere to]. We don't offer employment until staff have completed the days of training." The registered manager told us that staff were not asked to work alone until they had received all required training and they felt confident in their role and staff confirmed this with us.

Staff received training appropriate to the needs of the people who used the agency. There were people who used the service that were living with dementia and the registered manager was committed to raising awareness of the condition by keeping staff up to date with current guidance. One member of staff said, "The training is really good. I didn't understand about dementia before. I now understand how diverse dementia is and it helps me cope greatly." Staff were kept up to date with mandatory training which included areas specific to the needs of the people who they provided care to. The training included health and safety, infection control, medicines, nutrition and assessment of people's needs. Staff were also encouraged to use the 'sensitivity kit' which contained objects to help staff during their induction understand the health difficulties faced by service users. This included goggles to represent sight problems and glove simulators to demonstrate arthritis. One member of staff said of this kit, "It was an eye opener. I didn't think about it before and to discover how difficult it was it was a very good practical way to understand the difficulties."

The PIR stated, "We are a member of UKHCA, SCIE and frequently use the Skills for Care Website to ensure that we are up to date with good practice. We also refer to NICE and actively seek to amend our practice if it does not fall in line with their recommendations and guidelines." We found that this was taking place and that staff competencies were assessed against the recommended practices.

We saw that staff's competencies were assessed regularly and recorded. Spot checks by the senior staff were undertaken on staff at people's homes. This was to ensure that care was being delivered appropriately. People confirmed that this took place. Staff also confirmed that they had one to one meetings with their managers. The areas discussed included any additional training needs and feedback on how staff were performing. One member of staff said, "If I need to talk over anything then I can." The registered manager told us that staff would not be signed off to work independently until they were satisfied that they were competent. Staff were also encouraged and supported to enhance their knowledge to then provide training to other staff. One member of staff said, "When I joined as a Caregiver I never considered being involved in the training. With encouragement I became a trainer for basic life support and have enjoyed delivering this for two years now."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least

restrictive option available. We checked whether the service was working within the principles of the MCA. We spoke with the registered manager about the MCA. We found that they were aware that they needed to safeguard the rights of people who were assessed as being unable to make their own decisions and choices. Staff had received training and had a good understanding of the principles of MCA. They were clear about respecting people's rights and of the procedures to follow where a person lacked the capacity to make decisions about the care and treatment they received. None of the people that received care that we regulated lacked capacity to make a decision.

Staff monitored people's health and liaised with relevant health care professionals to ensure people received the care and treatment they required. Staff recorded clear information about any health issues, action taken and the outcome of people's contact with health care professionals. People told us that staff would support them to make appointments to see their GP and if necessary take them to the appointment. One person told us that staff would check on his well-being, and would contact a doctor and their family if they became unwell. Another person said that a member of staff had helped them get a hearing test appointment, as their hearing had deteriorated.

Where needed, staff supported people with their food and drink. People told us that staff always made sure they had food and drink available to them before they left the home. We saw this in practice when a member of staff brought the person a cup of tea and breakfast and ensured that they had sufficient food for the day. One member of staff told us that they enjoyed preparing meals with people such as chopping up vegetables.

Is the service caring?

Our findings

Staff and the management team were able to build considerate and caring relationships with the people that they were supporting. Without exception, people were complimentary about the caring nature of the staff. One person told us, "They [staff] are all nice. I am very fond of all of them. They feel like family. In fact the nurses at the hospital thought they were my family." Another person said, "[Seeing the member of staff] is the highlight of my week." Relatives also shared this view of staff. One relative said, "The carers are phenomenal." Another relative said, "They [staff] are all so very very caring."

People and relatives valued their relationships with the staff team and felt that they outshone all expectations for them, when providing care and support. People gave us examples of how staff did things for them that they felt went beyond what was expected. One person told us, "[The member of staffs name] took my dog for me whilst I went on holiday. This meant everything to us. It made our holiday for us. She [staff] loves him [the dog]." A relative told us, "When dad was in hospital they [staff] all went to visit him in their own time. That's huge for me knowing that the days can be long when you are in hospital." One relative said, "[Member of staff] frequently goes above and beyond. He noticed that dad had not taken his tablets and visited the pharmacists to get advice. When dad went into hospital [member of staff] cancelled dad's [health care] appointments for him." Another relative fed back what it meant to them when a member of staff arranged for their family member to be taken to an air show. They said, "[The family member] had been a Spitfire pilot in the war and his joy at being there was evident in the photographs of the day and his fond reminiscing of his wonderful day out with others of his generation. They [staff] are all very special people." Another relative fed back, "They [staff] went above and beyond the call of duty to get to know our father and arrange trips and outings that would engage him in the things that he loved. We never ever felt that this was seen as a chore, but a pleasure for them as well."

Other examples of this were one member of staff told us that one person they cared for had to move from their room upstairs to downstairs. The member of staff said that they and other staff had planned to go to the person's house at the weekend in their own time to decorate the downstairs room so that it was more homely for them. One person told us that a member of staff had helped them with last minute Christmas shopping recently and a trip to buy a new suit which they said they appreciated.

People's care records confirmed that staff had taken time to gather the outcomes and goals that people wanted to achieve, for example to remain living in their own home. These were then taken into consideration when planning all aspects of their care. The management and staff team were determined and committed to enabling people and their relatives to live their lives as they wished and found ways to overcome obstacles. One relative wanted to return to work however their family member needed support during the day. The registered manager ensured that there was a member of staff available so that the relative could return to work. The relative told us, "Having the carers in has been a life changer and lifesaver for me. We are so happy with the care." Another relative fed back, "[Staff] have not only supported my Dad in living independently but also given me the peace of mind that his care is in good hands so that I can also concentrate on my own health and well-being."

People and relatives said they felt involved in the planning of their care. Where care plans were reviewed this was done in consultation with the person and the family where appropriate. People said that staff always asked them about how they wanted their care to be provided. One relative fed back, "The professional manner and thorough way the care plan for Dad was put together was excellent and resulted in Dad receiving a first rate service from a lovely carer to whom he grew very attached. I liked the fact that he also got much-desired company and that was a great comfort to us. A visit to the garden centre, feeding the ducks or a bus trip into town made all the difference to his lonely and confused life."

The registered manager (who was also the provider) and the senior management team showed kindness and compassion for the people they provided care for. The registered manager told us, "The focus is on the wellbeing of the individual that we are providing support to." They told us that it was important to ensure that they allocated staff that they felt were the most compatible with people. One person said, "They asked me about my interests without being intrusive." People that we spoke with said that they felt very connected with the care staff. They said that as they and staff had things in common it helped develop the relationship between them. One person said, "They [staff] are on my wave length. She [the carer] loves our dog and will offer to walk (the dog)." One relative fed back, "Her [their family members] carer was a great match and my grandmother got on very well with her." A member of staff told us, "From an operational perspective the fact that [the registered manager] only match clients with carers who have similar interests, hobbies and personalities is essential and really helps the carer and client bond together."

The same care staff attended to people's needs to provide continuity of care and to assist with building relationships. One person said, "We always know who is coming." Another person said, "They are wonderful ladies. Lovely and warm and on my wavelength." A relative said, "We always know who is coming. There is plenty of notice when staff are on annual leave. It's transformed Dad's life." Another relative fed back, "What I liked was the continuity that meant that he [their family member] received the same carer every day which is very important in a Dementia sufferer. She [the member of staff] quickly learned his funny little ways and that, in turn, made him relaxed and happy in her company."

Staff showed kindness and consideration towards the people that they cared for. We saw this in practice when we observed care being delivered by staff. The member of staff showed concern about the person's health which the person appreciated. The member of staff made the person breakfast and warned the person that it may be hot. The person responded, "This is lovely Porridge [staff member's name]." We heard a member of staff cautioning a person to be mindful that they sat down slowly to ensure they did not hurt themselves. One member of staff told us, "I feel part of a special bond in caring for each other, as well as our beautiful, interesting clients."

People said that staff were always respectful and treated them with dignity. We observed care staff knock on people's lounge doors before they introduced us to them. We saw that staff spoke with people in a respectful, caring manner. When personal care was being delivered we observed the member of staff take the person into the bathroom and pull the door closed to protect their dignity. One relative fed back, "My wife was allocated two outstanding care providers. Every morning they showered her, dressed her and made her breakfast. In addition, they took a real interest in her as a person, treating her with dignity, and encouraging her to make conversation, despite her dementia. Nothing was too much trouble. They were always willing to go the extra mile."

Is the service responsive?

Our findings

People told us that before they started using the service an assessment of their needs was undertaken. One person said, "They [the manager] came to my home and had a thorough talk with me. I felt listened to. At the time I had no idea what I wanted but they talked through my options." A relative told us, "The care planning is very thorough around what (their family members) needs were. We were quite specific about what we wanted. [The registered manager] came out to do this."

The registered manager told us that when they received the initial call about providing care they would go and visit the person and invite the relatives if appropriate. They said that they provided a minimum of a two hour call. They said from that conversation with the person they would know whether they could provide what the person wanted and that they, "Focused on the wellbeing of the individual." They said that the initial care plan would be flexible in terms of when staff arrived at the home to enable the person to settle in with the routine that best suited them. They said, "We look for flexibility as we may want to change what we can do and based on the best outcomes for people." From there they would develop the full care plan and would ensure (as much as they could) that the same staff visited the person. In order that the right staff were linked with the correct person staff wrote a, "This is me" document that detailed the interests of the member of staff.

Care plans were personalised and detailed daily routines specific to each person. There was information around the person's backgrounds and how staff could support them with their emotional needs. This was confirmed with one person who told us how they came to need the assistance of homecare. Their care plan detailed this information and captured how the person's personal circumstances had impacted on them emotionally. The person told us that staff offered them the emotional support they needed. They told us, "Above all they (staff) are so understanding. If I'm down she manages to cheer me up." Staff were able to explain the support people needed and what was important to the person. There were detailed care records which outlined individual's care and support. For example, personal care, medicine, health, dietary needs, and mobility. Any changes to people's care were updated in their care records to ensure that staff had up to date information. Staff always ensured that relatives were kept informed of any changes to their family member. One relative said, "If anything is untoward staff will also let me know." There were no people at the service receiving end of life care however the registered manager advised us that they were organising end of life care training for staff.

Staff told us that they would ensure that any care provided was written in the person's notes. They said that if there had been a significant change to the person's needs they would call the office. The office would then ensure that all staff were contacted and informed of the changes. We reviewed the 'client activity logs' for people and saw that they contained detail on medicines that had been given, what food and drink people had been offered, what personal care they had been provided and information on how the person was feeling.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. Each person was provided with an information pack that included the complaints procedure. We saw this in one

person's home when we visited them. People and relatives said that they would not hesitate in making a complaint if needed. One person told us, "They ask me for feedback. [The registered manager] is very good. She always responds immediately." Another person told us that that they had never felt any need to complain as they received a, "good level of care." There had no complaints at the service since the last inspection.

Is the service well-led?

Our findings

The service had a culture which was positive, open and inclusive. The people who used the service were at the heart of everything they did. It was clear throughout the inspection that the registered manager and all senior staff that worked at the service were passionate about delivering good quality care. One of the senior staff members said to us, "It's such a privilege to spend time with people. We do genuinely care." This was evident to us when we spoke to people and relatives. Comments included, "I am so impressed with [the service]. They are all very thorough"; "The manager is extremely good. Fantastic. Very astute and very on the ball."

Steps were taken by the provider to drive improvements and to provide the best possible quality of care to enhance people's lives. They worked with external organisations to help with this. The registered manager provided dementia awareness training to the local cinema. This was so staff at the cinema had a better understanding of people living with dementia when the cinema held special screenings to suit the needs of those with dementia. One relative told us, "They arranged special cinema visits to see some wonderful old films, which my husband thoroughly enjoyed and kept talking about for ages." Another told us, "The film was filmed in areas that [the person] knew well and she was excited to see the bus featured in the film, was one that went past her old house. Her mood lifted hugely between leaving the house to go to the cinema and her returning home telling me lots of stories on route. A very positive experience for her."

The PIR stated, "We are working closely with various members of the NHS CCG (Clinical Commissioning Group) as part of a dementia action group to ensure that services across Surrey are more cohesive and to make as many people as possible aware of what help is available, what their entitlements are and, how we can all assist in providing that vital dementia support." We saw that this was taking place and saw that regular dementia workshops took place with staff.

The registered manager told us that they were currently testing a device where people could ask what the day was, the weather and the date as well as other things; with a view to identifying its potential benefits to people who were either lonely or effected by dementia. Their aim was to loan the device to people who they thought might potentially benefit from the technology so that they might have an opportunity to see if they were suited to the equipment prior to purchasing one.

The registered manager helped to develop a Musical Memories Group with outside organisations including leaders of community centres. This was for people from the wider community and people using the service and their representatives could attend a singing group. One person fed back how much they enjoyed the singing group. They told us that they used to sing in church but their illness had prevented this for some time. They said they were excited to find the singing group and looked forward to each meeting. One member of staff told us that the person would burst out singing when something reminded the person of one of the songs. A relative fed back, "[Family members name] and I had a lovely time yesterday. [Family member's name] loved the singing. Brings him to life which is wonderful." In addition the registered manager worked alongside other care providers to set up a 'Memory Café' to offer help and support to people and their representatives living with dementia. One relative told us, "[Persons name] loved making

her collage at the memory café. Despite being nervous, she enjoyed being with the other people and we talked about it non-stop on our walk home."

The PIR stated, "We have held a Christmas tea party for our clients, their families and our Caregivers for the past two Christmases. This has proven to be a highlight for many of our clients and we are looking forward to hosting our third event on the 6th December 2017." We received feedback from a relative about this event. They fed back, "When we came to the Christmas Party, in 2016, Dad was nervous and raw from my mum's death. However he really enjoyed getting ready for a special occasion and meeting the other Service Users and his team of Carers in a relaxed social setting. At this year's party he was a different man; he knew so many people both carers and other clients, and felt like an old timer. He felt at home and as if he belonged." Another relative said, ""My husband and I along with their other clients and caregivers were asked to join them for their Christmas party. It was great, they went so much trouble with the decorations and food - it was such fun, we were utterly spoilt and met some lovely people."

Staff understood their role, what was expected of them, were happy in their work, were motivated and had confidence in the way the service is managed. There were systems in place to make sure high standards of care were delivered. The PIR stated, "Our service is about engaging with people, building trust and taking the lead and so our culture is incredibly important to us. Promoting an open, positive culture is at the heart of Home In stead's leadership ethos, with effective communication and the development of productive professional relationships essential to achieving this. The staff were able to describe the values and we saw that they used them in practice through the way they cared for and spoke to and about people. One member of staff told us, "It's about building relationships." Another member of staff said, "You try and be their [people's] friend." A third told us, "I was impressed when [the registered manager] said that her final criteria for deciding who could join your team was 'would I be happy for this person to look after my own parents?' This sold me on the company and I couldn't wait to start."

There were systems in place to ensure that people received their calls from staff. Staff used an electronic timecard that they logged into when they arrived at a call and when they left. This alerts the office if care staff were running late or if they had missed a call. In addition to using this system staff also used a confidential 'WhatsApp' groups to enable effective communication between staff that had clients in common. Staff used this system to convey of important information about any changes to the rota.

Staff fed back how positive they felt about working for the organisation and that this impacted on how they delivered care to people. One member of staff said, "Since joining I find being a caregiver hugely rewarding. The office staff are extremely supportive and the training has been of a very high standard particularly with regards Dementia, which I had no experience of. The office staff are always welcoming and listen to any concerns I've had. My views on senior care have radically changed for the better." Another told us, "[The senior management team] have gone above and beyond regarding support for me." A third said, "I feel lucky to be part of such a fantastic team of lovely people, it really does feel like a family which is an absolute privilege to be a part of." A fourth said, "I don't work for Home Instead, when you enjoy doing what you do with people you like to be with. How can this be considered work?"

The registered manager told us, "We have undertaken coaching courses so that we can best understand and actively be involved in directed, thought-led, leadership. We understand the difference between leadership and management and appreciate the need for a successful business to develop both techniques." We saw that the senior management team had attended an event looking at management techniques supporting finance, marketing and staffing. Staff were complementary about the leadership at the service. Comments included, "The constructive appraisals I have received make me appreciate the care I have given, as well as enabling me to realise my capabilities", "and "[The registered manager] is always there for us. If I had a

problem at night there is always someone on call."

Quality assurance arrangements were robust and the need to provide a quality service was fundamental and understood by all staff. There were a number of systems in place to make sure the service assessed and monitored its delivery of care. People, relative and staff surveys were completed. 100% was scored for in all of the questionnaires that we reviewed. Various audits were carried out such as care note audits, care plan audits and, medicine audits. The registered manager would discuss any shortfalls with staff and record this in the event that this needed to be raised again. The records that were kept at the service were comprehensive, well ordered and easy to navigate.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.