

In Home Care Limited

In Home Care Ltd

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

In Home Care provides services to people who live in their own home

At our previous inspection on 13 October 2014, the provider was in breach of two regulations that related to; Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers. The provider did not operate an effective recruitment procedure to ensure staff were suitable to provide care to people, and Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff. The provider did not have suitable arrangements in place to ensure staff were supported to deliver care to an appropriate standard by providing training and supervision.

After the inspection the provider sent us an action plan which detailed the steps they would take to meet the requirements.

At our announced inspection on 10 and 11 January 2017 we found the provider had made significant improvements and met the requirements.

The service had a registered manager. 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.

Staff and management consistently went the extra mile to provide outstanding care. People, their relatives and healthcare professionals told us the service was outstanding. Interactions between staff and people constantly showed an exceptional level of person centred care.

Management provided outstanding leadership, were constantly working to drive for improvement and always celebrated success. Feedback from all staff, relatives and healthcare professionals confirmed management were respected and led by example.

The registered manager had a good understanding of their responsibilities for sharing information with CQC and our records told us this was done in a timely manner. People and their families had been given information so that they knew what to expect from the service.

New legislation had been shared with staff which had been incorporated into the providers policies. Training had been reviewed and changed to reflect any new regulations. The service used the expertise of other recognised professional organisations to support practice development and continually improve the quality of service people received.

Staff told us that they felt their achievements were recognised and that they felt valued. Staff had a clear understanding of their roles and responsibilities. We observed staff were confident in performing their jobs

and when speaking with people, other staff and the registered manager.

Audits had been completed and were linked to CQC's regulatory standards of ensuring a service is safe, effective, caring, responsive and well-led. The audits effectively captured the level of detail sufficient to provide reliable data and lead to positive change. Audits and their outcomes were shared with staff at team meetings and through individual supervisions.

People who required assistance with their medicines were supported by appropriately skilled and qualified staff. They had received training and competency checks and had a good understanding of the risks associated with the medicine people were taking.

People, their families and other professionals told us they felt the service was safe. Staff had received safeguarding training and had their competencies checked. They were aware of the types of abuse that could happen to people, what signs to look out for and their responsibilities for reporting any concerns.

Risk assessments had been completed for people and their environments. Risk had been managed with the minimum restrictions on the people's freedom and choices. Accidents and incidents had been recorded by staff and reviewed by the registered manager. This included reviewing risk assessments and updating care plans. Feedback was shared with staff to improve learning and practice.

Staffing levels met the needs of the people using the service. Staff had been recruited safely.

Processes were in place to manage any unsafe practice. We saw evidence that these processes had been used effectively.

New care staff completed the Care Certificate. The Care Certificate is a national induction for people working in health and social care who did not already have relevant training. Staff consistently told us the training they received supported them to meet the needs of people safely.

Staff received on-going training which was relevant to the people they supported. Training had included safeguarding, moving and handling, food hygiene, fire safety, infection control and dementia awareness.

Staff said they felt supported in their role. Staff told us they received regular supervision and had a yearly appraisal. Supervisions also took place with staff when they were supporting people. They included checking staffs dress code, their knowledge of the people they were supporting and any risks they lived with, health and safety and a check of record keeping.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

People had good access to healthcare. This included GP's, district nurses, occupational therapists opticians and chiropractors.

People wherever possible had care workers who shared common interests and had gained the knowledge to understand people's individual health challenges. They also had a good knowledge of people's families and others important to them.

Care files included a privacy statement which explained to people the information that the service collected about them and why they kept it and staff understood their role in protecting a persons' privacy.

People, their families and other professionals had been involved in a pre-assessment before the service provided any support. The assessment had been used to create care and support plans that addressed people's individual identified needs. Staff demonstrated a good understanding of the actions they needed to take to support people.

People had their care and support plans reviewed regularly. Each week care workers were involved in a two way discussion with senior staff that included whether the time allocated to support a person was adequate, any equipment requirements, any professional input, and their feelings about the persons' mental and physical well-being. Actions and outcomes from the discussions were recorded.

The service was pro-active in supporting people to feel part of their local community by promoting links with local businesses and events. People were supported to continue with activities they enjoyed.

A complaints process was in place. People and their families knew how to make a complaint and felt they would be listened to if they raised a concern. Complaints and there outcomes were shared with staff to reflect on practice and learn lessons when appropriate.

Staff were supported and encouraged to share ideas about how the service could be improved and had been pro-active in supporting changes. They spoke enthusiastically about the positive teamwork and support they received.

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 is safe.

Medicines were stored and administered safely. Staff had received safeguarding training and were aware of actions they needed to take to keep people safe.

Assessments had been completed for people and their environments. Staff demonstrated a good knowledge of the risks people lived with and any actions needed to minimise the persons identified risk.

Staffing levels met the needs of the people using the service. Staff had been recruited safely. Processes were in place to manage any unsafe practice.

Is the service effective?

Good 

The service is effective.

Staff received an induction and on-going training that gave them the right skills and knowledge to carry out their roles. They received support, supervision and an appraisal and were given the opportunities for personal development.

The service was working within the principles of the Mental Capacity Act 2005. Staff understood the legal requirements for obtaining peoples consent. They were aware of power of attorney legal arrangements for people and the scope of decisions they could make on a person's behalf.

People had good access to healthcare professionals and staff reported concerns appropriately

Is the service caring?

Outstanding 

The service is very caring.

Healthcare professionals, relatives and people consistently told us staff provided outstanding care, compassion and kindness in all aspects of their work.

People received personal care and support when they needed it and in a way that enabled them to stay in control and maintain their dignity and independence.

People wherever possible had care workers who shared common interests and had gained the knowledge to understand people's individual health challenges. They also had a good knowledge of people's families and others important to them.

Is the service responsive?

Good 

The service is responsive.

A pre-assessment was completed with people, their families and other professionals and used to create care and support plans that met people's individual identified needs. Staff demonstrated a good understanding of the actions they needed to take to support people. People had their care and support plans reviewed regularly.

The service was pro-active in supporting people to feel part of their local community by promoting links with local businesses and events. People were supported to continue with activities they enjoyed.

A complaints process was in place. Complaints and their outcomes were shared with staff to reflect on practice and learn lessons when appropriate.

Is the service well-led?

Outstanding 

The service is extremely well led.

People, their relatives, healthcare professionals and staff all told us the service was well managed, approachable and efficient. They consistently told us the leadership was outstanding and provided us with many examples of management going the extra mile for people.

Staff were supported and encouraged to share ideas about how the service could be improved. They spoke enthusiastically about the positive teamwork and staff morale. They felt their achievements were recognised and felt valued. The management had implemented best practice guidance to ensure staff were supplied with excellent instructions.

The registered manager had a good understanding of their responsibilities for sharing information with CQC and this was done in a timely manner. Audits had been completed and were

linked to CQC's regulatory standards. They effectively captured the level of detail sufficient to provide reliable data and lead to positive change. Best practice guidance has been implemented in people's care records where necessary.

In Home Care Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (HSCA) as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 10 and 11 January 2017 and was unannounced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager in and that staff and people using the service would be available to talk with us.

Before the inspection we looked at notifications we had received about the service and we spoke with social care and health commissioners to get information on their experience of the service.

One inspector carried out the inspection.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with the registered manager, the nominated individual/finance manager, the recruitment manager, the deputy manager and two senior carers. We visited and spoke with four people in their own home and one relative. After the inspection visit we obtained feedback from 10 people on the phone and spoke with six relatives. We also gained feedback from 13 members of staff.

We pathway tracked four for people using the service. This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment. We checked eight staff files, health and safety records, medication records, management audits, staff meeting records and the results of quality assurance surveys. We also looked at various policies and procedures which related to the care people received.

We last inspected the home on 13 October 2014 where we identified two breaches of the HSCA. These related to Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to

workers. The provider did not operate an effective recruitment procedure to ensure staff were suitable to provide care to people, and Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff. The provider did not have suitable arrangements in place to ensure staff were supported to deliver care to an appropriate standard by providing training and supervision.

Is the service safe?

Our findings

Healthcare professionals and relatives told us the service was safe. One healthcare professional said: "I have no doubt the staff protect people; I only ever hear good reports from people and families". A relative said: "Never, there has never been any abuse happen here; those girls are just amazing with (Person). They take their time with (Person) and he's not scared at all."

The provider had made significant improvements since our last inspection in respect of assessing the suitability and safety of employing new staff. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

The registered manager and other senior staff regularly reviewed staffing levels to ensure they had the correct mix of skills and competency on duty during the day and night to be able to meet people's individual needs. The registered manager told us the amount of staff on duty was dictated by the care needs of people. Relatives and healthcare professionals consistently told us the service had employed suitably skilled staff to meet people's needs. A member of staff confirmed staffing levels were adjusted to meet the needs of one person during a time where their mobility had deteriorated. We saw that the help and support people needed to keep them safe had been recorded in their care plan and this level of help and support was being regularly reviewed. A member of staff told us they did not take additional packages of care unless they had the correct amount of trained staff in place.

The service had rigorous processes for reporting any incidents of actual or potential abuse. Staff were fully aware of their responsibilities for recognising and reporting abuse, and for reporting any poor practice by colleagues. We were given examples of issues appropriately raised by staff and were told senior staff were very supportive. We saw from our records that the service notified the Commission of all safeguarding incidents and other agencies, such as the local authority safeguarding team in a timely manner. The provider had an up to date safeguarding policy. This detailed the actions they should take if they suspected abuse.

We asked staff about whistleblowing. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. All staff said they would feel confident raising any concerns with the manager. They also said they would feel comfortable raising concerns with outside agencies such as CQC if they felt their concerns had been ignored. Staff were reminded during one team meeting they must report any concerns to the office to ensure people were appropriately safeguarded. A member of staff said: "Any bullying etc. that is being made by a member of staff would also be reported back, if there is any issue with our managers or directors, the whistle blowing policy will come into play and I

would report to Hampshire County Council, Adult Social services department".

Accidents and incidents had been recorded by staff and reviewed by the registered manager. This included reviewing risk assessments and updating care plans to minimise further risk. Other actions had been referrals to a GP, social workers and meeting with families. Feedback had been provided to staff to continually raise awareness of risks to people's safety and well-being. We read in staff meeting minutes that there had been an incident report discussed. A person had been quite challenging and aggressive towards staff. This had not been the persons' normal behaviour. The member of staff had discussed lessons that could be learnt from the incident which may have prevented the person from having an incident that increased their risk of harm. These had included staff being aware of any physical changes to health such as an infection or illness which could impact on behaviour and increase a persons' risk.

The service had a detailed policy in place to ensure people received their prescribed medicines in a safe manner. People who had support with their medicines were appropriately assessed and monitored. A list of medicines were provided in people's care plans. All staff had received training in how to administer medicines safely and their competency was regularly observed. Additional training or supervision was given to anyone who was not judged fully competent. All medicines given were properly recorded on a detailed medicines administration record (MAR). We reviewed procedures for the administration of medicines and sampled recent MAR's. There were no errors in the records we reviewed. Allergies were noted and when a medicine was not given we saw a clear rationale had been documented on the back of the MAR sheet, in line with the Royal Pharmaceutical Society (RPS) guidelines. A member of staff said: "Medicines are managed by using MAR charts and recording on these accurately. Using medicine cabinets/safes if these are available on client's properties. Most clients (People) have NOMAD packs for their medicines". These were audited rigorously and random spot checks were also carried out. A member of staff said: "There have been things I have struggled with at times and I have had more training and supervision, my manager was really good because she gave me a chance to get it right rather than just disciplining me".

With regard to infection control, people confirmed staff used personal protective equipment (PPE), such as gloves and aprons, when delivering personal care and commented on the attention to detail of staff with regard to cleanliness. One relative said, "The girls always make sure they've got their aprons and gloves on". Random management spot checks confirmed staff consistently wore PPE.

Is the service effective?

Our findings

Staff consistently told us they received appropriate training and said they were well supported by their manager. One member of staff said: "The door is always open; there is always someone to get help from if I ever need it". Another member of staff said: "The Mental Capacity Act is about consent, we have done training on that, we got an advocate in for someone in the past".

The provider had made significant improvements since our last inspection in regard to supporting staff. Staff benefitted from an annual performance management cycle and regular training opportunities. This included annual performance reviews and regular supervision sessions. These are processes which offer support, assurances and learning to help staff development. Support for staff was achieved through individual supervision sessions and an annual appraisal. Minutes of these meetings demonstrated they were carried out robustly and professionally. Any performance deficits were identified and discussed, with learning and development opportunities made available. Positive feedback was given, to confirm good practice. Staff said that supervisions and appraisals were valuable and useful in measuring their own development. Supervision sessions were planned in advance to give staff the time needed to prepare. A member of staff said: "In November, we set my PDP (Personal development plan) which I found really motivational. During the supervisions we discuss how we are working, any areas to improve upon and also it's a chance for us to have our say with anything we may be unhappy with".

All new staff employed by the service had undergone an induction which included the standards set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. We saw staff cared for people in a competent way and their actions and approach to their job demonstrated they had the knowledge and skills to undertake their role. One staff member said: "I have had training on Equality and Diversity. This training was online and also I looked deeper into this area when I completed the sections of my Care Certificate". Training included for example, moving and handling, infection control, food hygiene, medicines management and safeguarding of adults.

People were supported with their eating and drinking when required by staff who understood their likes and dislikes and any potential risks. Staff frequently supported people to prepare and cook meals. One person's care plan identified a risk of malnutrition and one person had swallowing problems. Staff had a list of the foods on file and worked with the person in planning meals that only included foods they were safe to swallow. Appropriate timely referrals had been made to health professionals for assessment, treatment and advice where required. These included for example, GP's, dentists, opticians and referrals to the district nurse and the speech and language team.

People who were unable to express their views or make decisions about their care and treatment were supported by staff who had appropriately applied the principles of The Mental Capacity Act 2005 (MCA) to ensure their legal rights were protected. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental

capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Staff were able to describe the principles of the MCA and tell us the times when a best interest decision may be appropriate. A member of staff said: "Consent is always sought in respect of personal care and other aspects of their care, like making decisions on what they would like to drink or eat, and offering choices".

Is the service caring?

Our findings

People and relatives consistently told us staff were exceptionally caring. One relative said: "They (Staff) smile, laugh, joke and they really care, they can't do enough for you. It's like having a family unit". One person said: "I would recommend this company to anyone who needs help; this one is first class all the way".

The service had a very strong, visible and person centred culture with staff regularly going the extra mile. Comments from relatives included, "The staff are absolutely wonderful, they do everything (Person) needs and they always do more". (Person) wanted fish and chips one night for dinner so (Member of staff) went to the chippie after they finished work and brought it round. They didn't even want money for it". Another relative said: "(Member of staff) went out her way purchase a device which you could blow up so they could do her shampoo; it's brilliant, they come round once a week to do it and it works". Other comments included; "The best things in life are the little things because you care, thank you for being so special", "Thanks for all the care and companionship your carers gave to our mum". The service celebrated birthdays and anniversaries by sending cards and flowers. For these people, such acts of kindness by staff who genuinely cared about them, had significantly improved their emotional wellbeing. A member of staff said: "One of my clients likes to get fresh air but is not confident to go out on her own as she is not very mobile, I walk with her and a walking aid and that does her confidence good to be able to go outside and enjoy what she wants to do in the outdoors even if it's to go to the local shop for a pint of milk". A member of staff said: "I've also had a lady that can't get out but had been given a tablet/slate device by her son so she can (contact) a family member in Australia, I have given her lessons on how to use it in a simple way and she's mastered that which has given her an outside window than just the 4 walls she would be looking at. I set up scrabble for her so now she can play scrabble with people on the internet and it's given her a purpose and I think has helped her to enrich her life rather than just relying on the TV for her sole amusement".

The trusting, meaningful relationships that had developed between staff and people were consistently cited as evidence of extremely caring interactions. The provider had a policy of never undertaking a care visit of less than 30 minutes. People confirmed this was the case and were clear this allowed them time to get to know their carer's and feel comprehensively supported. Relatives and staff also commented on the benefits of this policy in terms of its impact on people's quality of care and life. Relatives described visits by carers as, "Unrushed", "Kind" and "Special". People felt at ease in their own homes and able to build a rapport with care staff. One person said: "They are an absolute life line; we just couldn't do without them they are like our best friends, they are angels". A member of staff told us how they took one person's skirt to the seamstress after they found the person concerned was having difficulty walking to the length of their skirt. The member of staff said: "she actually gave me one of her dresses that had torn to get repaired too". Two people who lived together were not mobile and were unable to visit the supermarket to shop for their food. A member of staff told us how they worked with the couple to set up internet shopping. The member of staff said: "I gave them lessons on how to do their ordering with their chosen supermarket and not only were they pleased with being able to do all their ordering on line they set themselves up with an email address and could now email one of their cousins that don't live locally".

People were at the heart of supporting management to recognise and nominate staff for their outstanding contributions. People were aware of the award scheme and told us they felt it was a good idea because they felt able to say thank you to care staff by nominating them. During a visit to one person's house we met two people who both told the registered manager who they felt should be awarded for their hard work. One of the people said: "That thing you've got on your jumper, the badge, you need to give (Member of staff) one of them because she has been so helpful to us". Badges were part of the award scheme the registered manager had put in place for recognising outstanding contributions by staff.

During our visit to the office every member of staff was polite, respectful and professional. When answering queries on the phone staff showed patience, demonstrated excellent knowledge and were kind. One relative told us they had called three different agencies to enquire about care packages and chose In Home Care because: "The girls on the phone sounded lovely and I trusted them and they have certainly not failed, they have done more than I ever hoped for". A relative called to ask about a care package with In Home Care. The member of staff who dealt with the query asked lots of questions about the care needed and told the relative about the process they would need to go through for assessment. The staff member said: "We would need to come out and do an assessment to make sure we can meet (Person's) needs and we would have to check we had the right staff in place to support him". The member of staff sounded caring, was sympathetic and non-judgemental about the person's circumstances. There was genuine warmth from their voice.

Staff were fully aware of the need to promote dignity and consistently told us they cared for people like they cared for someone they loved. We saw this attention to people's dignity through care planning documentation which was comprehensive and all relatives we spoke with were unanimous in their praise, one stating, "The carers are all respectful at all times, no question about that". A member of staff said: "Privacy and Dignity is promoted by always knocking doors before entering a person's room. Closing blinds, curtains and doors, using dignity towels to cover up during personal care. Making sure clothing is positioned correctly so ensure comfort. Making sure all parts of the body are covered to so nothing is left 'on show'. A relative told us staff always asked for permission before they provided any personal care. One person said: "They always make me feel comfortable" and "It's not nice for me but they girls talk to me and we have a laugh and a joke to keep me happy" and "I always have someone who I have met before". This focus on a familiarity and continuity of care was in line with recent best practice guidance.

All staff we spoke with had an excellent knowledge of people's histories, likes and preferences and we saw this attention to detail was built into the practicalities of care provision. We saw a care plan made it clear to staff that, after assisting one person to shave, they were to give the razor to that person to put away as they enjoyed the sense of completing/achieving a task. The person concerned said: "I don't like shaving myself so the staff help me with it, I have a try first and then they do some of the bits I have missed". Their relative said: "The staff are excellent with (Person)."

We saw sensitive personal information was stored securely in locked cabinets. Relatives and people who used the service confirmed their permission was sought before their confidential information was shared with other healthcare professionals and we saw this documented in care files. This meant people could be assured their sensitive information was treated confidentially, carefully and in line with the Data Protection Act.

Is the service responsive?

Our findings

Health and social care professionals consistently told us they were confident people's care needs were met. One professional said: "I am always confident in In Home Care because they only take on clients (People) if they are able to meet their needs and they always do to a good standard". A relative said: "They do everything we have asked them to do and they are brilliant, what else can I say? I have nothing but respect for the girls (Care staff)." One person said: "Well they help me in the shower, they help with my tablets and they make me a sandwich for my lunch" Another person said: "They come in three or four times a day and they always do what I need".

People, their families and healthcare professionals had been involved in a pre-assessment before the service provided any support. Some assessments had included input from families and health and social care professionals. The assessment had been used to create care and support plans that addressed people's individual identified needs. Assessments included information gathered about people's personal history, their working life, social interests and activities. A relative said: "At the start of all this I was really anxious because there are a lot of bad agencies out there. From the first call to the initial assessment I was happy because they asked lots of questions about (Person's) life and care needs".

People's records were reviewed regularly and care plans were person-centred, including personal histories of people's, likes and dislikes. There was a range of personalised and comprehensive care plans and risk assessments. There was a good amount of detail in each care file we reviewed and any new prospective care worker would have a considerable amount of background information pertinent to a person before providing care to that person. Relatives described a thorough analysis of people's requirements prior to care visits.

People's support plans and risk assessments included information for staff about their health conditions, such as diabetes, mobility requirements and communication needs. These were explained in sufficient detail for staff to understand people's conditions and how to support them. People's support plans and risk assessments were reviewed and updated regularly or when their needs changed. A member of staff said: "By regularly keeping familiar carers i.e. a regular 2 or 3 to the client (depending on the number of visits that person has) This means we can keep an eye on the individual and see if any changes are occurring and inform those you need to, by learning what their likes and dislikes are and keeping roughly to the times of the day they prefer. Keeping sure everything is documented for all users to be kept informed, us, the office, the families or Drs and Nurses".

The provider kept a complaints record. People and relatives told us they knew how and who to raise a concern or complaint with. The providers procedures gave people timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the registered manager or a member of staff. They told us they were listened to and said they felt comfortable in raising any concerns with the staff. Complaints had been appropriately investigated by management. A relative said: "I complained in the past about something and the manager dealt with it quickly, I was satisfied with the response".

Is the service well-led?

Our findings

Healthcare professionals, staff, relatives and people were constantly positive about the leadership within In Home Care. One member of staff said: "(Registered manager) is the best I have ever had; (Registered manager) is an incredibly driven person". A professional said: "The management at In Home care are sensible in their approach and always respond in good time".

The registered manager consistently displayed outstanding leadership, inspiration and dedication to their role. A member of staff said: "I feel I look up to (Registered manager) as she has constant enthusiasm and is very positive and confident in everything she does, which makes me feel more positive in how I approach my work and everything I do". Another member of staff said: "(Registered manager) has spent her own time with me in the evenings helping me complete my NVQ 5 before deadlines for areas that I am not familiar with. She has also been very supportive to me regarding personal matters in the past". Other comments from staff included, "(Registered manager) also sometimes brings in dinner for us when she knows we are going to be working late", "(Registered manager) is fearless, no challenge is too great for her and us as a team to overcome. (Registered manager) is conscientious, confident, very knowledgeable and hardworking".

During our visits to people in their homes to obtain feedback the registered manager consistently displayed respect and approachability when they spoke with people. They were knowledgeable about people's interests and hobbies. They knew the names of people's family member's, where they had been on holiday, their job roles and where they lived. They offered support on several occasions to help people, such as assistance with a food shopping delivery and help to move around the house. The registered manager was welcoming, smiled during conversations with people and when appropriate stroked people's hands to show compassion and gave compliments about how people were looking. A relative said: "It's really obvious the manager cares".

A member of staff told us about the care and support they received from the registered manager after they suffered a family bereavement. They told us the registered manager was understanding and kind. They said: "(Registered manager) has also helped me to raise funds to purchase defibrillators locally in Hampshire. At times when I have lacked confidence (Registered manager) has been very supportive". The registered manager had contacted a number of local businesses to obtain gifts which led to raffle vouchers for discounted hair appointments, manicures, a one week's free gym membership and a 30 minute massage. They spoke highly about the inspirational work the member of staff had carried out and said: "As a result of (Member of staff) efforts in partnership with others, Portsmouth City Council are now promising to fund another 20 defibrillators" and "In August 2016 (Member of staff) was invited to a campaign event to promote awareness for the use of defibrillators and how to do CPR with presence from a local MP and paramedics. The registered manager said: "I myself have attended all her fundraising events and encouraged us as a team to attend and bring along family members to up numbers and raise more money as well as awareness" and "(Member of staff) is abseiling down the Spinnaker tower on the (Date), loads of us from work are going down there to show our support. I think it's so important to support our staff with their personal goals in or out of work and I will keep supporting (Member of staff) to achieve their ambitions. These fundraising events are having an impact nationally".

The registered manager had organised fundraising events in aid of Macmillan cancer support. These events were well attended by the general public, people using the service, staff and their family members. The registered manager said: "At the Macmillan coffee mornings we have raised £324 and just over £200, loads of people came to them, we even have an old member of staff who travelled down twice from Scotland to come". A member of staff said: "I've been to the last two and they are just fantastic, so much fun and it's great we get to give back".

The finance manager who is also the provider's nominated individual (NI) led by example and supported staff and people when necessary. They supported one person to move house in their own time and helped to put curtains up and move furniture around in their new home. Office staff were complimentary about the NI and spoke openly about the positive relationship they had with him. We regularly observed the NI joining in conversations with office staff, laughing together and asking questions about various people's care. The NI was passionate about their role and told us responsibilities relating to invoicing had recently been streamlined to them. Upon one relative's feedback the NI immediately organised to meet with them to discuss the concerns they had about their invoices. The NI and the registered manager told us they were supported well by the provider. They told us that although growth was important for the development of the business the provider was sensible in their approach, trusted the NI and registered manager, and said they were approachable. The registered manager told us they met frequently with the provider to discuss any issues such as training needs, future care packages and quality assurance.

The nominated individual and registered manager were proactive at ensuring the service delivered care in line with established best practice. The registered manager was able to talk in detail about recent guidance and explain how they had ensured processes were reviewed to incorporate the recommendations. We saw the guidance's focussed on tailoring care to the individual, care visits of a longer duration, continuity of care and promoting independence were already embedded in the policies and day-to-day interactions of the service. This meant the service, whilst benefitting from a corporate structure that proactively contributed to the future of social care on a policy level, benefitted from the on-site nominated individual and registered manager having an awareness of sector best practice.

The registered manager and senior care staff also worked proactively and implemented best practice for people who were living with dementia. Documentation within one person's care plans provided guidance for staff to follow should the person's behaviours become challenging, or if their communication became unclear. Their records contained information about the risks associated with the person's care and detailed any interventions that may be required to reduce the person's anxiety during personal care. One relative spoke highly about the quality of detail given in their husband's care plan whilst another relative said: "The care plan is written fantastically well, it's one of the best I've ever read so much detail and so personalised". When we visited one person in their home they told us they were disappointed some of the less regular staff did not know where the knives and forks were. Upon our return to the office the registered manager immediately asked a member of staff to review the person's care plan and to implement pictorial guidance for staff to follow when they were in the person's kitchen.

The registered manager and the nominated individual were knowledgeable about the legal requirements of The Health and Social Care Act 2008 and had recently updated their policies and procedures to reflect changes in the commission's inspection methodology, legislation and best practice guidance. For example, the provider's policy for "Staff Support" documented staff will "Have one to one supervision with a senior member of staff at least six weekly" and receive an annual appraisal". Every member of staff we spoke with told us they received supervision in the time frame stated in the updated policy. The NI told us linking the regulations of the HSCA provided the management team with confidence that the detail given in the policies were useful and effective.

The organisation had specific staff members who were responsible for conducting quality assurance audits. These checks were based on the current methodology used by the Care Quality Commission to ensure continuous compliance. The reports of audits were detailed and if there were areas for improvement, an action plan was implemented to address any issues and improve the quality of the care. Where shortfalls were identified, an analysis was carried out with actions in place to minimise future risks. Areas of improvements from November and December 2016 and January 2017 identified one person required a care review, some records needed to be signed by people and found a medication administration record was "scruffy". Actions from these audits were delegated to particular staff who took immediate action to make the required improvements. These levels of scrutiny were embraced by all staff we spoke with as a necessary function to ensure care remained at a high level; the registered manager and owner had successfully embedded a robust quality assurance regime, which staff and people who used the service valued. A member of staff said: "It needs to be robust to make sure everything is perfect and when it's not we act straight away". The registered manager told us a training centre was soon due to open which would eventually allow them to provide additional training. "They said: "Once that is open our training will be much stronger which will up skill our staff even more".

Team meetings were held frequently to provide staff the opportunity to discuss learning and for the registered manager and senior staff to share any concerns. The team meeting minutes from December 2016 documented the importance of confidentiality and the use of social media was discussed.