

Empathy Care Limited

# Home Instead Senior Care Bath and West Wilts

## 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?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

This inspection took place on 8 and 9 December 2016 and was announced. We gave the provider 48 hour's notice of our inspection. This was so that staff and people would be available to talk with us. At the last inspection on 20,21 Feb 2014 the service was meeting the regulations we checked.

Home Instead Senior Care provides domiciliary care and support to around 100 people living in Bath and Wiltshire and the surrounding area. There were around 30 people receiving personal care when we carried out the inspection. Home Instead Senior Care is part of a franchise that delivers care to people in many areas of the United Kingdom. The services provided included support with personal care such as assistance with bathing and dressing. It also included support with eating and drinking, medicines and home help covering all aspects of day to day housework.

There was a registered manager for the service. 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.

People who needed support with their medicines were supported by staff to receive them safely. This was because the staff had completed in depth training in safe handling and administration of medicines. There were safe systems and processes in place to help to protect people from the risk of harm. For example, new staff were only recruited after a robust recruitment procedure was undertaken. When selecting new staff the agency placed a strong emphasis on the candidates caring approach and life history so far as well as previous experience in the care industry. This was to help them recruit staff that were suitable to work with the people who used the service. For example staff who were very extrovert or introvert were matched with people who wanted support from staff who matched their own personality.

People felt safe and staff knew what the different types of abuse were and what constituted poor practice. Staff knew the correct action to take if abuse was suspected. Risks to people were well managed. Care records contained up to date guidance as well as detailed risk assessments. These were updated regularly when people's needs changed. Accidents and incidents were closely monitored. If actions were required after an incident these were discussed with staff and the people involved.

People received a consistently high standard of care and support. The staff were led by an experienced and proactive registered manager and provider. The team were very motivated and committed to ensuring each person had a good quality of life and were able to stay independent.

People told us staff were very kind and caring and knew how to provide the care and support they needed. People and their relatives were all very positive about the caring attitude and approach of the staff. People repeatedly told us that the agency was "The best in the area." Staff demonstrated that they knew each person they visited as a unique individual. Staff told us, people mattered to them and every staff member

told us that they loved their work.

The staff knew the people they supported very well. They knew each person's personal life histories and were matched with people according to their needs, wishes and interests. People were fully involved in planning how they were cared for and supported. Care records were person centred and written to meet people's individual needs. Care plans were reviewed regularly with the involvement of the person concerned.

The staff felt they always had access to the information they needed to meet people's needs, including receiving regular up to date information. Changes in people's needs were identified and their care packages were updated to meet their changing needs. The service was flexible and responded in a positive way to people's requests when it could.

The provider used up to date technology to help them provide a service that was highly responsive to the needs of the people who used it. This meant it was easier to respond swiftly to any changes when they happened, during the day and night. For example, if a staff member was sick at the last minute.

People and their relatives were actively encouraged to make their views known and were involved in making decisions about their care. People knew how to make a complaint and were encouraged to share their views and opinions about the service they received. There were also independent surveys in place to allow people and their relatives the opportunity to feedback about the care and treatment they received.

There were effective quality assurance systems in place to monitor the quality of the service provided. The experiences of people who used the service were at the centre of how the service was checked and monitored.

The providers were very enthusiastic about how they wished the service to be provided through best practice and continuous improvement. These values were strongly shared by the staff team. There was a very positive and open culture within the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe with the staff who supported them. Staff had a good understanding of what abuse was and how to report concerns if they were raised.

People who needed support with medicines were assisted on time and in a safe way.

Staff visits plans and arrangements were flexible in order to meet people's individual needs safely.

### Is the service effective?

Good ●

The service was effective.

People who used the service felt that their needs were very well met and that staff provided effective care and support.

Staff were well trained and properly supervised so that they felt confident in meeting people's needs.

Staff knew how to act in accordance with the Mental Capacity Act 2005 so that people's rights were being maintained.

Staff monitored changes in people's health and sought professional advice appropriately and followed that advice.

People who needed assistance with eating and drinking were supported to maintain a varied and balanced diet

### Is the service caring?

Good ●

The service was caring.

People and relatives felt staff were caring and compassionate and treated them with respect.

Staff had built up relationships with people that were caring, close and supportive.

Staff knew how to protect people's privacy and supported them with their personal care needs in a sensitive way that maintained their dignity.

### Is the service responsive?

Outstanding 

The service was very responsive.

The experiences of people who used the service were at the centre of how the service was checked and monitored.

People were very positive about the service and the ability of staff to respond to their changing needs. This was because people felt the service was very flexible and very responsive to their needs and of an exceptionally high standard.

Innovative technology was being used very effectively so that the service was flexible and responsive. Care was planned for people based on exactly how they wanted to be supported to meet their needs and preferences.

People's needs were clearly identified with them before their care commenced. Care plans were that very personalised to reflect people's unique personal preferences.

The providers were extremely proactive in seeking the views of people who used the service. Innovative ways of obtaining the views of people were used, for example via various online forms of social media.

People were actively encouraged to make their views known and to raise concerns and complaints. Feedback was listened to and used to drive up overall standards

### Is the service well-led?

Outstanding 

The service was very well led

The provider was running the service in a very innovative way. The service had won a number of awards in the sector that recognises leadership and quality care.

Staff felt very proud to work for the service and had a very good understanding of the values of the organisation. People, families and staff views and suggestions were fully taken into account to improve the service.

There were robust systems to check and monitor the quality of care and service people received.

The agency worked collaboratively with other agencies, including the police, fire service and local authority to benefit the people who used the service and the local community

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# Home Instead Senior Care Bath and West Wilts

## **Detailed findings**

### Background to this inspection

Before the inspection, we reviewed the information we held about the service from the Provider Information Return (PIR). The PIR is a form in which we ask the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We also reviewed other information we held about the service such as from notifications. A notification is information about important events which the service is required to send us by law.

Before the site visit, we sent questionnaires to people who use the service, their relatives and friends, caregivers and health care professionals. This was to gain their views about the service. We received responses from six people who use the service, and two relatives,

We spoke to eight people using the service and three relatives to ask them their views about the service. We met a social care professional who spoke to us on the day of our site visit. A GP with close involvement with the agency contacted us after the site visit. They gave us written feedback. We spoke and sought feedback from 11 staff, including caregivers and office staff. We also spoke with both partners who make up the provider of the service. The registered manager was on leave at the time of our visit.

We reviewed information about people's care and how the service was managed. These included three people's care records and three people's medicine records, along with other records relating to the management of the service. These included training, support and employment records. We checked quality assurance audits, minutes of team meetings and findings from questionnaires that the provider had sent to people. We also sought feedback from health and social care professionals and commissioners of the service and received a response from two of them.

## Is the service safe?

### Our findings

People told us they were very happy with how visits were planned and that staffing arrangements met their needs. They told us the staff always stayed the allotted time and sometimes for longer if needed. Staff told us that they always had plenty of time to meet people's full range of needs. The staff we spoke to felt there were sufficient staff employed by the service. They said they were not being regularly contacted to pick up extra duties and did not work excessive hours. Both people and staff were positive about the minimum one hour visits. Comments included, "They never seem to rush me and they have time to sit down with me."; "I find they always ask me if there is anything else they can do for me"; "They never have to rush" and "The way they do the visits are so well organised and works really well, they have never let me down."

Visits were well planned and this meant people were helped to stay safe. Every person we spoke with said that they had not experienced any missed visits. One person said, "They have never been late or not turned up, they are so well run and very well organised." Another comment was "They are so reliable I don't know how they do it they have never once been late". The provider's computerised visit planning system enabled them to monitor and check staff activity in relation to each person and to monitor people's safety. The service offered a minimum of one hour visits and people confirmed they received a schedule of their visits.

We saw that the member of staff responsible for this system was monitoring visits at all times during the day. They told us they were able to check that people had arrived on time and stayed for the allocated time. They also said they could see immediately if there were any problems with visits going ahead. For example, if a staff member was running late due to unforeseen reasons such as traffic. They said they were able to look at the live work schedules of every staff member and find alternative cover if needed.

People were supported by the service to stay safe in their own homes whilst minimising restrictions on their freedom. This information was also clearly recorded in each person's risk assessment record. Each person had individual risk assessments in their care records. These set out the support required by the person and if equipment was needed to help to keep them safe. People told us that home security had been discussed with them. People told us they had been helped to install key safes where appropriate to ensure their safety. The risks associated with the equipment or the support to be provided were clearly identified and there was guidance to minimise those risks. People identified as risk of falls had a detailed assessment in place that set out how to keep them safe whilst enabling them to have choices about how they were supported. Staff told us they were given plenty of time to read and understand these assessments before they saw new people. They said if there were any changes the office staff always made sure they knew of them.

Health and safety risks in people's homes were properly managed. An assessment was carried out of each person's home. This was to minimise risks to staff and people who used the service. We saw potential environmental health and safety risks were identified and suitable actions put in place to reduce likelihood of harm and to keep people safe. For example, there was guidance in place to ensure that staff used plugs and electrical equipment safely. There was also guidance to ensure that people were supported safely in their bathrooms and shower rooms. Staff told us this information was emailed to them and was also given to them verbally by staff from the office. The providers ensured that staff were given time to visit the office



and to read all relevant documents related to care matters and health and safety.

There was an emergency continuity plan in place to protect people and ensure the service was still carried out in the event of a crisis or emergency. For example, what the service would do in the event of severe weather. The provider had ensured staff and people were kept safe when they were at the provider's main office and training building. There was a fire risk assessment of the building and regular checks of the fire equipment and fire alarm system were completed. The office used an electronic keypad system for access. This meant it was secure for staff and people who visited.

People felt safe and supported by staff in their homes. Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as to the local authority, police and to the Care Quality Commission (CQC). Staff received safeguarding training to ensure they had up to date information about the protection of vulnerable people. There were clear policies for staff to follow. Staff confirmed that they knew about the safeguarding adults' policy and procedure and where to locate it if needed. The registered manager demonstrated an understanding of their safeguarding role and responsibilities. Staff understood the importance of working closely with commissioners, the local authority and relevant health and social care professionals.

There were effective recruitment and selection procedures in place. Potential new staff completed application forms and an initial interview had been undertaken. In addition, pre-employment checks were done, which included four references from previous employers and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Any information of concern was explored and there was guidance about putting in place a risk assessment if needed.

## Is the service effective?

### Our findings

Every person we spoke with told us they felt they were very well supported by staff. They said staff were matched to them well and met their needs to a very high standard. Comments included "It's almost like a dating site I don't know how they do it". "I would not hesitate to complain if things weren't right but I have had no reason to they are the best in the area" and "Absolutely they are doing a good job they are so aware of what I need plus you can have a good laugh with them."

The feedback from people and relatives about the service on the provider's websites and on an independent website was also very positive. Comments made included "Everything was done so efficiently but with warmth and understanding I feel a huge weight has been lifted off my shoulders." "I couldn't have asked for a better service. The follow ups (several) were friendly and professional. Having just had more than three months in hospital this was what I wanted. I know they will always be there when I want them." and "This agency and our two carers provide loving, consistent and high quality care for my relative who has dementia. Their attention to detail cannot be faulted."

Staff had received a range of training to develop the skills and knowledge they needed to meet people's individual needs. When staff first came to work for the agency, they undertook a period of induction working alongside the registered manager and other experienced staff. This enabled them to get to know people and the care and support they would be providing for people. All new staff were subject to a probationary period to make sure they were suitable to work for the service permanently. The staff said they felt very well supported during their induction period. Staff were then enrolled on the Skills for Care Certificate which is a nationally recognised qualification setting out care standards to be included as part of the induction programme. Staff were expected to complete the different standards within the Care Certificate and assistance was available if they needed it via the office staff. The office staff all had a wide range of experience working in Social Care. For example the staff member who planned and oversaw staff visits had been a care giver in a previous role. The care staff told us this was helpful as the member of staff had an insight into their role when they planned and checked the visits to people.

The competency of staff was monitored through unannounced spot checks of their work. Staff told us that the registered manager or another member of the management team turned up unannounced when they were visiting a person. They said their overall performance was checked and observed. The outcome of the visit was discussed with them afterwards as part of their learning and development. People told us they were also consulted as part of this process. The staff told us that they were also supported with regular supervision meetings. Discussions about working with people, any learning or actions identified following training and other issues were recorded at each meeting. The staff said they felt very well supported by the providers and all of the office staff. Office staff all had experience in the sector of social care before they began working for the service. This was also confirmed when we reviewed the staff training and supervision records. Staff had been on regular training and were being properly supported and supervised in their work. Staff were encouraged to attend regular training. Supervision meetings were also used to give staff positive feedback that had been received about them. This was also confirmed when we looked at staff training and staff supervision meetings records.

People told us the staff knew how to respond to their specific health and social care needs. Care records confirmed that staff responded promptly when recognising changes in a person's physical health and well-being. The staff were able to explain in very clear detail about the care they provided and how they did this. The staff understood how they contributed to people's health and wellbeing. For example, one person had difficulty with change due to their complex health needs. They required a specific routine which was important to them to help them feel calmer and less agitated.

People were supported to see appropriate health and social care professionals when they needed additional support with healthcare needs. There was evidence of health and social care professional involvement in people's individual care records on a regular basis. For example, GPs, district nurses, physiotherapists and occupational therapists supported people with specific health matters and guided staff. Staff ensured other health and social care professionals were involved to encourage health promotion when needed. For example, one person told us how staff had helped them get in touch with the relevant physiotherapist when they had needed to see them.

Some people were supported to maintain a balanced diet. Staff supported people by preparing meals, drinks and snacks. We saw information in care plans that set out what actions were needed. These included ensuring a person had a jug of fluids and snacks left for them at the end of each visit. The staff told us they looked out for changes in people's eating habits and in consultation with them would contact health professionals if they were concerned.

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 who lacked mental capacity to make particular decisions were protected. It is important a service is able to implement the legislation in order to help ensure people's human rights are protected. The registered manager and staff demonstrated they understood the principles of the MCA and put them into practice.

Before people received any care and treatment they were asked for their consent and care staff acted in accordance with their wishes. People's individual preferences were acted upon, such as how they wanted their personal care delivered. One person told us "They ask me every day what do I want them to do." One person said, "They let me make the decisions and they always ask me how I want them to help me." Other people told us they made decisions with staff about the time they liked to have a visit to get up and to be helped to bed and these were accommodated. One person said "They can't do enough for you to make sure you are happy with the arrangements."

## Is the service caring?

### Our findings

People and their relatives told us the care and support they received was excellent and staff were very caring towards them. People repeatedly told us staff were very kind, respectful and caring. Some of the comments from people included, "They are a class above the people I was with before they may be a few percent more expensive but they are a 100% better ". " They are the best agency in the area I have a hot line to the managing director they have first class staff and they know how to interview and pick a cheerful team I have three staff and yes they are all lovely . " "They are all just lovely people they are so caring and willing, "It comes from the top and every one of them has been handpicked, they are without fault" and "They have been marvellous I don't know where they find them from. "

This year the feedback about the effectiveness of the service (on the independent website) was that there was a 100% satisfaction in these areas .People felt their key staff member who supported them took an interest in them as a person and were matched to their needs. People felt staff went the extra mile to make a positive difference to their life and they rated the quality of the service as good or excellent.

Staff we spoke with understood the needs of people they were looking after very well. The staff were able to explain about people's individual preferences and daily routines. These included when people liked to get up and how they liked to spend their day. Staff told us how they were matched with the person they supported. They said this meant they usually supported someone who they could get on with very well.

Each person had a keyworker; this was a named member of staff who was responsible for providing their care for the majority of their visits. They were known as their 'main caregiver'. People told us the staff would also spend time with them and have a social chat with them as well as provide their personal care. People told us that they really valued the fact that staff made time to sit and talk with them as well as assist them with their needs. The staff told us this was a key part of their role. The staff told us that this was a good way of providing person centred care. They said it meant they always saw people as unique individuals. It meant staff did not just focus on tasks that needed to be done but got to know the person.

People said they nearly always received care and support from a regular team of staff. People told us they valued being able to build trusting relationships with them. The visit schedules confirmed that there were consistent staff for people at each visit .There was consistent evidence of caring communication from the provider to people who used the service. The providers sent birthday cards to all people and staff. They also sent cards to people at difficult or sad times. The registered manager made calls to people who had been having a special event or who had been experiencing difficulties.

The staff conveyed genuine care for the people they supported. For example, they told us that because they saw people almost every day they cared for them as if they were their family. Staff also understood that their role was to help people to keep their independence. They said they encouraged people to do as much as they could for themselves. Staff were aware that this often meant they were helping people to stay living in their own homes.

People's privacy and dignity was respected. Staff understood the need to ask people's permission before carrying out any tasks and consult with them about their care needs. The staff also understood the need to ensure that personal information was not shared inappropriately. Staff were given a copy of the service's confidentiality policy to help them understand how to respect confidentiality.

There was a strong ethos within the organisation that taking care of staff would reflect in the care provided to people who used the service. This was demonstrated by the provider's open relationships with the staff that we observed during our visit. This was in addition to what staff told us about the day to day support offered to them. The provider said it was important to offer them support and help and ensure there was nothing they needed. For example staff were offered visit times and dates in ways that wherever possible fitted in with their own family life. Staff told us this made them feel valued and motivated in their work. It also meant they did not want to work for any other organisations. The people we spoke with told us they appreciated the continuity of staff and the fact that there was not a high turnover of staff.

## Is the service responsive?

### Our findings

People, relatives and professionals all gave us very positive feedback about how the service was highly personalised to meet each person's needs. Comments included; "The staff are fantastic they are extremely responsive to the patient. They treat my relative perfectly I just can't fault my carer." and "The office communication is first class I'm fussy and I contacted CQC about my last agency who were not good at all, My carer is always cheerful always happy and she sings with my relative. The office communication is first class." Another person said, "I see the manager a lot and yes we get surveys a lot. The office staff are very approachable it could not be in better hands." Further comments included, "The service is absolutely first class if there are any problems they always let me know. I wrote the owners a personal letter to tell them how pleased and happy I am with the service", "They want to listen to any concerns to rectify them straight away. They helped me with my ceiling hoist which went wrong they sorted it out for me". "The staff are fantastic they are extremely responsive to the patient. They treat my relative perfectly normally. The staff are absolutely brilliant they are people I can get on with" and "The carer who comes to my relative is fantastic. They are a class above for me."

Everyone we spoke with said they thought that the service was very flexible and responsive to their needs. They confirmed they were involved with planning and then deciding what package of care and support they wanted to receive. People explained that they had met with the registered manager or one of the providers from the service at the start. This was in order for them to get to know them, to tell them about the services and to find out more about their needs. Comments about how responsive and well-planned people thought the service was included "They will re arrange for me at the drop of a hat it's never a problem." Other people confirmed visits could always be re arranged if requested. Other comments included, "They will do anything to sort things out for me, if I ring up to change my time they want to do everything right for me" and "To be honest I don't know how they do it its first class the way they run things it comes from the top."

Written survey feedback about the services and care provided included; "The carers do as much as they can within the time allocated. They are polite and kind and extremely efficient. We cannot find fault. Communication sheets work well and there is information exchange between family and carers an excellent service and the carers were outstanding, deeply caring, and looked upon as friends' and "I heard about how good Home Instead were and decided I wanted to use them and no one else."

A visiting professional described how impressed they were by the standards of the service and care provided. They told us they thought the agency was the "best in the area" and was very responsive to the needs of the people who used its service. They also said staff provided a service that met people's individual needs in a very flexible way. Another health professional told us, "They have a very thorough assessment system to ensure that they really can meet the needs of the client, The carers they use are professional in that they seem experienced and aware of what is required of them and the agency is reliable. The carers turn up as expected and do not let people down."

The service worked in innovative ways with community organisations to promote the safety of the people they supported. The provider was actively involved in the local community and had worked with other

services to meet people's needs. The provider had worked in close partnership with the fire service, police and local authority. This included a partnership agreement with the police and fire service to support people to be safe. The staff had been on fire safety training run by the fire service. This training was meant to help staff to advise people to be able to take the actions needed to be better protected from the risk of fire. The provider also worked with the local police and local authority regarding the Home Instead Senior Care's senior fraud protection programme. This included giving people distribution guidance about 'scams' such as mass marketing frauds. People told us they appreciated support in this area of their life.

Based on the feedback from people and staff and our review of care records we saw that the providers, registered manager and other staff had an excellent knowledge about each of the people who used the service. Staff understood people's needs and how their visits contributed to improving their overall quality of life. For example support with personal care, meals, medicines management, and mobility needs. Care records showed each person's needs were recorded in very good detail. All the staff demonstrated their knowledge of the peoples they supported. One person said, "They seem to know exactly what I need before I do."

The agency used a computerised system known to help them to deliver care effectively to people. They were one of four Home Instead agencies who had piloted the system. The system was used for care management. It tracked visit plans and visits carried out. It also monitored communication from people who used the service. We saw the member of staff whose role was to operate this system during our visit. We saw them rearrange visits and plan times and dates with the help of the system. The member of staff who undertook this role also had a lot of previous experience working in social care. They told us this helped them to understand the needs of people who used their service. They said this experience helped them to plan visits and rearrange them in a way that best suited the people concerned. The system provided real time tracking of staff. The providers told us this had reduced the late and missed calls to a very low level. Records confirmed this. Every person we spoke with told us that staff had never been late; they also said they had not had a missed visit at all. This showed that this product impacted in a positive way on the people who used the service.

The agency staff were also part of a pilot project led by the franchise office to improve the flexible way that people were supported with their care. The staff told us that this was working well. The project involved staff using an electronic form to record care delivery. This was done by signing an electronic tablet. The aim was to make records live so that they could be checked on at any time. It was also anticipated that staff should have more time to spend with people. This was because the use of paper formats for recording was felt to take longer for staff. The agency was also part of a pilot project where by each member of staff had been given a smart phone application (app) allowing visits to be logged remotely. The app linked to each staff and person's visit schedules. It also had satellite navigation use. This was a highly effective way to monitor and make sure visits were happening when they should and were flexible to each person's needs. It was also a way to support staff working on their own. This was confirmed by what people told us. They repeatedly said that visits always happened when they were meant to. They also told us that visits were flexible and could be rearranged if needed.

The provider had systems in place to ensure that people received care that was very person centred. Everyone we spoke with told us and records confirmed that the staff ensured these wishes were respected and met. A number of people told us that they felt that the staff were "Like family" to them. Other people told us that they would be "Lost" without the staff support that they received. Care records showed that each person's care and support needs were assessed with their full involvement to develop an individualised and unique care plan for them. As part of the assessment process, senior staff met with and asked them about their life histories, likes and dislikes and their particular preferences. These included who

they wanted to provide them with care and what times and dates suited them. People's cultural, spiritual and social needs were also discussed with them. People were asked to say how they wanted these to be upheld and respected by staff. For example people could specify the gender of staff that provided them with personal care and support. People told us this helped them to feel that staff respected them and it kept their dignity.

New staff along with a senior member of staff would visit a person in their home before giving any care. For new staff they would shadow another staff member to see how the person liked their support given. When the person and the staff were happy and felt that they had started to build up a trusting relationship they would start to work together. The providers and office staff told us it was very important that staff and people got on well with each other. People told us that if they were unhappy with the staff they only needed to speak to the office staff and they would be changed. Several people confirmed they had requested another member of staff and this was accommodated without any difficulty.

Care reviews were carried out regularly and people told us they were involved in this process. For example, people told us they were regularly asked if they were happy with the care, and the staff member as well as the time and duration of the visits. We saw that records of these discussions were kept in each person's care records. These records showed that people were very regularly consulted about their care.

People were also supported with social needs and to feel less isolated. Recent social events hosted at the office for people and staff included friends and family afternoon as well as a party to celebrate the service being five years old. Both events were well attended by people and staff. One person told us they felt that they "Really Mattered" and valued being able to attend events at the office. Other people commented that these events reminded them that they were not alone, and made them feel less isolated. We also saw that people had commented very positively on the provider social media sights about how much they had enjoyed these events.



## Is the service well-led?

### Our findings

People benefited from a well organised and cohesive service. Every person we spoke to as well as each member of staff spoke highly of the management team. One person said, "They can't do enough for you whenever you ring up." Another comment was "I don't know how they do it it's so well organised." Staff spoke of feeling very supported by all of the management team. We observed that staff were very relaxed and comfortable in the registered manager and both partners company. Both of the providers were very warm and friendly to staff whenever they came in. They spent time with them to support them and make sure they were feeling happy in their work and daily life. For example we met staff who came to discuss visits and childcare arrangements. We observed that the provider's spent time talking with the staff to find a way for them to achieve a happy work life balance. Staff said that they felt they were treated as part of a big family every time they came to the office. The staff we spoke with said this was one of the reasons that the agency was the best that they had ever worked for. We observed lots of humour and laughter between staff and the providers whenever they came to the office during our visit.

People's views were sought day to day, through regular meetings and through care reviews. Everyone told us that one of the providers and or the registered manager regularly got in touch with them by phone or in person. One person said, "Yes I am always being asked what I think". Care records also confirmed that people were regularly asked to give feedback about their care. They were also regularly asked if they wanted to make any changes and if there were improvements needed. This feedback was usually sought by visits to people in their own homes.

There was an organised and structured office team who had well-defined roles and worked together effectively. The office team each had their own designated roles. These included overseeing staff employment, managing and monitoring quality, all matters related to the care people receive and visit plans as well as day to day staff concerns. The staff and the people we spoke with told this organised and structured office team made it easier to know exactly who to speak to so that issues and matters were resolved promptly. For example, if staff needed to talk about visit plans they said it was very helpful to go directly to the senior staff member concerned. When we spoke with each of the senior staff they demonstrated a very clear understanding of their particular roles and responsibilities. Throughout our visit, we observed clear and effective communication. For example if a call came through it was always answered very promptly. Time was spent talking to the person to find out how they were and exactly what they needed. Staff knew people who used the service whenever they rung up and were friendly in their manner towards them. Action was then taken to ensure that calls were handed over to the senior staff responsible. When staff were not available people were given a timescale as to when they would get a response from them. People said the staff management team always dealt with matters swiftly and properly.

The Home Instead UK organisation had been awarded The Queens Award. All . All UK offices have the award. The Queen's Award for Enterprise is an award programme for British businesses and other organisations that excel at international trade, innovation or sustainable development. They are the highest official UK awards for British businesses. The award was in recognition that Home Instead Senior Care Services provide a distinguishing home care service where the social wellbeing of the clients was central to

their model of companionship-led care.

The provider found different ways to encourage openness and transparency among all staff. This included the introduction of an Eastern philosophy around openness and learning. Both of the providers told us they used this approach with the staff team. They said that by taking this very open and dynamic approach with their staff they helped staff to feel very valued and motivated. This was confirmed in all of the comments from the staff we spoke with. The provider has also told us this approach aimed to ensure there was equality in the organisation. This was because it recognised that the views of everyone in the organisation were equal about the way that it was run.

Staff expressed a very high degree of satisfaction with the organisation. There was a very low staff turnover. This in turn led to the high degree of satisfaction from people because staff did not leave that often. People repeatedly told us they really valued the continuity of having the same carers. There were posters on display with positive messages that aimed to encourage staff to feel able to question and make suggestions about anything. This was reflected in what the staff told us. The staff told us the provider's and management team were very positive role models for them in relation to standards of care and attitudes they expected towards people.

Every member of staff told us they felt that their views were encouraged and welcomed about anything to do with how the agency was run. For example making sure that visits to people were planned in a way that gave them plenty of time to get to people and not be late. They said this made them feel very well supported. The people we spoke with also said that they were encouraged to contact the office if they wanted to speak to them about anything at all. One person said, "I always get a very good response from any of them when I ring up.

The provider's own website included a range of innovative ways to find out about the service and to leave feedback about it. One of the providers wrote a regular 'blog' in which they wrote about relevant topics related to health and social care. Social media was used by the organisation as an alternative way for people to feedback their views. The provider also made us aware they rewarded staff with bonuses and incentives. For example a reward was paid to staff that assisted the provider to recruit new and suitable employees.

The provider used a range of quality monitoring systems to continually review and improve the service. People were involved in these checks wherever possible. A checklist was used to monitor health and safety, medicines management, care plans and the staff and their attitude and approach. The registered manager and other senior staff undertook regular checks and audits to monitor and identify areas for improvement. For example, if a person did not want a particular care worker to visit them this was addressed with the person and the staff member. Staff told us this was always done in a very tactful way. The staff told us they respected that people had the right to choose who they wanted to assist them. They also said that they were supported through this process so as not to take people's preferences for another carer personally. Anyway that a staff member could improve their performance were discussed with them if appropriate. To help to promote a sense of team identity staff could wear smart distinctive polo top shirts with name badges. This also helped people know who was visiting them. Uniforms were optional if people preferred staff not to wear them this was also respected.

The agency had developed a positive person centred culture that was open, inclusive and empowering. People told us that they felt able to call the office and speak to the registered manager or the providers about anything. For example one person told us "They really listen and they want to get things right." Staff told us they were constantly reminded to say how they felt about any aspect of their role. All of the staff told

us that the provider's and registered manager were very open and accessible at all times. People were given their direct contact numbers if they wanted to speak to them.

Staff were able to show us they had a very good understanding of equality, diversity and human rights. Staff were able to tell us how they put these into practice. For example supporting the rights of people who used the service to choose if they were the right carer for them or not.

Staff were very well supported and valued by the providers. Home Instead Senior Care Bath and West Wilts had received a gold award from an independent organisation for the past two years. The organisation worked with providers who want to be a supportive and flexible organisation with its workforce. The award is given for innovative ways of supporting and valuing staff. For example, enabling staff to work in a very flexible way where possible and plan their work around their own home life. Staff told us that their proposed visits were planned with them. They said they were supported and encouraged to ask for their visits to be planned around family and personal life where possible.

Staff also told us that the providers were always very keen to help them if they had personal problems that may impact on their visit plans to people. The staff all spoke very positively about their work for the agency. Comments included, "This is the best company that I have ever worked for", "They are a great agency to work for" and "We are very well supported by everyone at the office."

The providers had subscribed to an independent website that rated services. We saw that the service was rated as the top home care agency in South West England. The awards are based on recommendations received from people, family and friends. The service had scored the highest score in the region for the last two years. The providers were supported through weekly updates from the national Home Instead office with guidance and learning from other organisations. For example, new policies were rolled out to the service. We saw that policies and procedures such as safeguarding, whistleblowing and data protection were up to date and based on current guidance. Lead Care Ambassadors were used to encourage evidence based practice and develop skills among the team. For example staff told us a staff member had taken a lead role in sharing information and guidance around best practice in end of life care.

The provider told us that the different agencies under the Home Instead franchises met up regularly. We saw from the minutes of these meetings that demonstrated good practices were shared among each other to help improvements to be made. For example, innovative schemes such as working with local police forces to support people to stay safe in their own homes.

People who used the service were involved in the quality checks that were completed on a regular basis by different members of the management team. We saw records that showed people were regularly asked to feedback their views of the service and the staff who supported them. The feedback we read was very positive. We saw that staff were told when there was positive feedback about them. The staff told us this was good for their morale and made them feel valued. One staff member said "It's so nice being appreciated." Other staff told us they felt they were part of a "family" working for the organisation.

Checks were carried out on incidents and accidents, care records and, risk assessments. This information was logged electronically onto the provider's care management system. It was then used to look for trends and themes, this was to ensure people were receiving a service that was safe and of standard that met their needs. Where actions were needed, these had been followed up. For example health and safety risk assessments were recently reviewed. Spot checks were also conducted on the care staff provided on a random basis. These checks enabled the management team to make sure that staff arrived on time and supported in the way they preferred.

There were a number of systems in place to enable the staff team to easily make their views known to management. The staff told us they attended regular team meetings and they said their views were always taken into account. The providers told us how much they valued the importance of teamwork and staff support. Care visits were planned in a way that aimed to make sure as many staff as possible attended the staff meetings. They held two meetings on the same day to make it easier for staff to attend. Staff meeting minutes confirmed that meetings took place regularly and were used as a time for staff to make their views known and raise any concerns. They were also used as an opportunity for staff to keep up to date with current working practices and issues affecting the needs of the people they supported. Staff were also sent emails, memos and regular newsletters to keep them up to date on any changes, training, as well as new policies and procedures.