

Aevus Limited

# Home Instead Senior Care Canary Wharf

## 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

The service was exceptionally caring. People using the service and their relatives spoke extremely positively about the caring and compassionate nature of the staff. People felt that staff went above and beyond their expectations of care to meet their needs. Two hour minimum visits allowed people and their care workers the opportunity to develop highly positive and caring relationships that took into account people's individual needs and interests. The additional time that was allocated made a positive difference to people's lives.

The provider ensured care workers understood the effects of the ageing process and staff showed great compassion and empathy when understanding people's needs and providing their care.

The service benefitted from outstanding leadership. People using the service and their relatives told us that the service was extremely well managed and praised the high level of care and support they received from the management team which improved their quality of life.

The management team and staff applied the provider's vision of person centred care. People benefitted from motivated staff that were committed to their work and shared the provider's values. Staff were extremely positive about the open and honest culture of the service and praised the level of support they received from the management team to carry out their responsibilities.

The management team were dedicated to provide a high quality service and worked in partnership with other organisations. The registered manager had been proactive in working to create a dementia friendly community and was involved in delivering information awareness sessions.

People using the service and their relatives told us they felt safe using the service and staff had a good understanding of how to identify and report any concerns. Staff were confident that any concerns would be investigated and dealt with.

Risks to people were identified during an initial assessment with detailed guidance and control measures in place to enable staff to support people safely.

People who required support with their medicines received them safely and all staff had completed assessments and training in the safe administration of medicines.

Robust staff recruitment processes were in place and staff underwent the necessary checks to ensure they were suitable to work with people using the service. People were assigned regular care workers to ensure consistent levels of care.

The management team understood the legal requirements of the Mental Capacity Act 2005 (MCA) and staff took the necessary action if they had concerns about people's capacity.

Care workers received a comprehensive induction and training programme to support them in meeting people's needs. They were introduced to people before starting work with them and shadowed more experienced staff before they started to deliver personal care. Staff felt supported and spoke positively about the content of training and supervision they received.

People's nutritional needs were recorded in their care plans and staff were aware of the level of support required, with further guidance available for people who needed extra support. People were supported to maintain their health and well-being through access to health and social care professionals, such as GPs, occupational therapists and the community mental health team.

Care was personalised to meet people's individual needs and was reviewed if there were any significant changes. We saw evidence that people's views were sought and they were involved in the planning of their care. An initial needs assessment was completed from which care plans and risk assessments were developed.

People were provided with information on how to make a complaint and felt comfortable raising concerns if they needed to.

There were effective quality assurance systems in place to monitor the quality of the service provided, understand the experiences of people who used the service and identify any concerns. The management team were committed to a culture of continual improvement within the service and felt fully supported by the provider.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff had a good understanding of their safeguarding responsibilities and how to recognise and report any signs of abuse. Staff were confident any concerns brought up would be dealt with straight away.

Risk assessments were in place to identify the areas of risk and to reduce the likelihood of people coming to harm. Guidance was available for care workers which had been sought from health and social care professionals.

The provider took appropriate steps to ensure robust staff recruitment procedures were followed and there were sufficient staff to meet people's needs.

There was an appropriate medicines policy in place and staff had completed training in administering medicines which ensured people received their medicines safely.

Good 

### Is the service effective?

The service effective.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and care workers gained people's consent before care was provided.

Care workers completed an induction and training programme and had access to practical and online training. Care workers spoke positively about the supervision they received and felt supported in their role.

People were supported to have a balanced diet if this was required. Care workers were aware of people's specific preferences and guidance was available for people who required further support.

Staff were aware of people's health and well-being and responded appropriately if their needs changed. People were supported to access health and social care professionals and the

Good 

provider worked closely with a range of health and social care professionals.

### Is the service caring?

Aspects of the service were outstandingly caring.

Staff showed great compassion and empathy and understood the effects of the ageing process to help them understand and meet the needs of people using the service.

Minimum visit times of two hours allowed people and their care workers the opportunity to develop extremely positive and caring relationships that had a positive impact on their lives.

People and their relatives spoke positively about the caring and compassionate nature of the staff that supported them and felt they went above and beyond their duties.

Care workers encouraged people to be independent, listened to their needs, respected their privacy and maintained their dignity.

**Outstanding** 

### Is the service responsive?

The service was responsive.

Care records were personalised to meet people's individual needs and care workers knew how people liked to be supported. The information was detailed, easily accessible for staff and updated if there were any significant changes.

People and their relatives knew how to make complaints and said they would feel comfortable doing so. The service gave people and relatives the opportunity to give feedback about the care and treatment they received.

**Good** 

### Is the service well-led?

Aspects of the service were outstandingly well-led.

People using the service and their relatives were extremely positive about the management team and praised the level of care and support they received.

The management team and staff applied the provider's vision when providing people's care and people benefitted from motivated staff that were committed to their work and the provider's values.

**Outstanding** 

Staff spoke positively about the open and honest culture of the service and praised the level of support they received to carry out their responsibilities.

The registered manager had been proactive in working with other organisations to create a dementia friendly community.

The management team were committed to improving the high quality of care they provided. There were comprehensive quality monitoring systems, audits and meetings in place to monitor the quality of the service and identify any concerns.

# Home Instead Senior Care Canary Wharf

## **Detailed findings**

### Background to this inspection

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

The inspection took place on 7 and 8 March 2018 and was announced. The provider was given 48 hours' notice because we needed to ensure somebody would be available to assist us with the inspection. This was a routine inspection as we had rated the service as 'Good' at the last inspection. We had not received any information of concern since the last inspection.

The inspection was carried out by one inspector. Inspection site visit activity started on 7 March and ended on 21 March 2018. We visited the office location on 7 and 8 March 2018 to see the registered manager, office staff and to review care records and policies and procedures. After the site visit was complete we then made calls to people who used the service, their relatives, care workers and health and social care professionals, who were not present at the site visit.

Before the inspection we reviewed the information the CQC held about the service. This included notifications of significant incidents reported to the CQC and the previous inspection report. In addition to this we reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We only managed to speak with three people who used the service as the remaining people were either unable to or found it difficult to speak over the phone. We contacted seven relatives and heard back from five of them. We also spoke with 11 staff members. This included the registered manager, the business development manager, the care supervisor and eight care workers. We looked at five people's care plans, five staff recruitment files, staff training files, staff supervision records and audits and records related to the

management of the service.

Following the inspection we contacted three health and social care professionals who worked with people using the service for their views and feedback but did not hear back from any of them.

## Is the service safe?

### Our findings

All the people we spoke with told us they felt safe when they were receiving their care. One person said, "I'm happy with everything and I don't have any safety concerns at all." Another person said, "I feel very comfortable with them in my home." Comments from relatives included, "It's very reassuring for me when I'm not there" and "I find them totally trustworthy."

The provider continued to have procedures in place to identify and manage risks associated with people's care. A full needs assessment was carried out by a member of the management team which identified any potential risks associated with providing people's care and support. Risk factors that were assessed related to people's mobility, medicines, skin condition, nutrition and personal care. An environmental assessment was also completed which looked at fire safety, security and recorded utility cut off points in the event of an emergency. We saw that the provider had liaised with the London Fire Brigade (LFB) and supported people to make appointments for a free home fire safety visit. For one person who was a smoker, we saw correspondence with their relative who thanked the registered manager for arranging it and that it had been very useful. The advice and guidance given had also been included in the person's care plan.

Risk assessments contained detailed information about people's health conditions and the level of support that was required. They included practical guidance for care workers about how to manage risks to people, along with information about health care professionals involved in people's care. For people who had reduced mobility, there was guidance on transfers for staff to follow, including pictures in place to highlight best practice on how people needed to be supported. If people used mobility aids, including stair lifts, there was guidance in place to ensure the safety of the person when it was being used. Care workers we spoke with knew about individual risks to people's health and well-being and how these were to be managed. We saw a risk assessment for one person that showed it was updated when there was a change in their needs.

There were sufficient care workers employed to meet people's needs. At the time of our inspection the provider had 20 active care workers with four going through the induction process. People who used the service and their relatives told us that they had regular care workers and there were no concerns about timekeeping. One relative said, "If there are any issues and they are ever late, they let me know and can find a replacement if they have to." Due to the size of the service the majority of care workers only had one to two regular calls. One care worker said, "I've got clients in two different areas but am given plenty of time to get there."

The office team were responsible for covering the out of hours' service and were available 24 hours a day, seven days a week. Care workers told us that the office team was always available and would always respond, no matter what time it was. One care worker said, "I can call 24/7, it isn't a problem and they are always very helpful. I'm 100% confident in making contact and that they'll be there for me." Electronic call monitoring (ECM) was in place and the system was set up that if care workers had not logged in within 10 minutes of the scheduled start time the office would be alerted. We saw that the importance of punctuality and logging in and out of calls was discussed at the induction. We reviewed ECM data for three people from 19 February to 25 February 2018, which covered 65 calls. No concerns were highlighted and only two calls

had been logged that were 15 minutes after the start date. One relative told us that staff always logged in and that if they had forgotten the office would call to check they were there.

There were appropriate medicines policies and procedures in place to ensure people received their medicines safely. Medicines risk assessments were in place and included a list of people's medicines, the dosage, frequency and if they had any allergies. It also recorded the level of support people received, including who was responsible for collecting and returning medicines and where they were stored. It was also recorded when relatives took responsibility for their family member's medicines. All staff had received training in medicines and care workers we spoke with had a good understanding of their responsibilities to make sure people received their medicines safely. One care worker said, "We know the process and it is discussed in training with a full overview. I know that I can report any concerns to the office and also liaise with the pharmacy if I have to." There were yearly medicines observations and records showed that staff had the opportunity to discuss possible scenarios with people's medicines to ensure their understanding.

We reviewed a sample of recent medicine administration record (MAR) charts for three people as they were returned to the office on a monthly basis to be checked for any gaps or issues with recording. All MAR charts had been filled out correctly and there were no gaps on the records we reviewed. We saw for one person that their daily log record had been updated to include a tick box to indicate that medicine levels had been checked as it was highlighted as important for them not to run out of medicine. One relative said, "They do check everything and write it down and highlight any issues." We also saw that people's records were updated when their medicines changed.

Staff we spoke with had a good understanding of safeguarding and their responsibilities in protecting people from harm. They received safeguarding training when they first started and it was refreshed on an annual basis. All of the care workers we spoke with were confident that any concerns they raised would be dealt with by the registered manager. One care worker said, "They are always telling us to report and record everything. Everything is always followed up and I'm confident in all the action they take." Two relatives told us how they were reassured with the arrangements in place with the management of their family member's finances. There was information and guidelines in place on supporting people with their finances and what needed to be recorded. One relative added, "I have to say that when I'm away it does work well."

The provider continued to have safe recruitment procedures in place. The files we looked through were consistent and all Disclosure and Barring Service (DBS) checks for staff had been completed in the last three years. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working in care services. References were verified before applicants could start work and photographic proof of identity had been checked. We also saw that any gaps in employment history were followed up. Interview assessment forms were in place which showed that the provider had assessed the suitability of staff they employed.

There were procedures in place for the reporting of any accidents and incidents. We saw that when they occurred staff recorded them on a form with a description of what had happened and what action had been taken. We saw health and social care professionals involved in people's care had also been notified, with correspondence to show when incidents had been reported they were followed through. Incidents were discussed in supervisions and team meetings for reflective learning. For example, we saw that fire safety training had been implemented as a mandatory topic in the induction and the provider had worked closely with the LFB after an incident involving a person that used the service.

We saw that staff had completed relevant training and were aware of their responsibilities to ensure infection control procedures were followed. This was covered during the induction and all care plans had

information about the guidelines to follow for the disposal of clinical waste and to avoid any cross infection. Hand washing guidance and reminders to wear personal protective equipment (PPE), such as gloves was available to staff. Spot checks were also carried out to make sure the correct PPE was being used and visits observed and recorded infection control practices.

## Is the service effective?

### Our findings

People told us their care assistants understood their needs and health conditions and had the right skills to support them. Comments included, "I have a wonderful carer and she really knows what she is doing" and "All of the carers have their strengths which is good". Relatives spoke positively about the staff and one said, "Staff have a good understanding and can manage their needs very well. I was impressed with how they were with him/her." Another relative told us that the provider worked closely with them and supported them with assessments to make sure they received effective care.

The service assessed people's needs and choices so that care and support was delivered in line with current legislation to achieve effective outcomes. The registered manager had taken additional guidance from The National Institute for Health and Care Excellence (NICE) and The Royal Pharmaceutical Society for the handling of medicines in social care settings. We saw that their medicines policy had also been updated to highlight this and to ensure best practice was being followed. We also saw that they had worked closely with health and social care professionals in setting up a new care package to ensure best practice was followed in relation to moving and positioning and effective communication.

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.

The management team had a good understanding of their responsibilities under the legislation and we saw that staff had access to MCA training and were given the MCA code of practice before starting work. There was a MCA policy in place and guidance for staff to follow in instances where a best interests decision would be required. Where people had capacity to make their own decisions, care plans had been signed by the person to show their agreement with the information recorded. The registered manager was aware it was good practice for documentation to be in place if representatives were signing on behalf of people. We saw they had a copy of the lasting power of attorney (LPA) for two people to ensure consent to care had been sought. Staff understood the importance of asking for consent and observation visits checked to see if staff asked for permission and respected people's wishes. One care worker said, "We can't force a client to do anything. Sometimes they say yes, sometimes they say no. We have to remember it is about them."

Staff completed a four day induction programme before they started work with the service. This gave an overview of the organisation, their values, key modules and a range of policies and procedures. The modules covered the understanding of the ageing process, safeguarding the person and the care worker and how to build positive relationships. Mandatory training covered the 15 standards of the Care Certificate, medicines, moving and handling and basic life support. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff within a care environment. Workbooks needed to be completed and were signed off by a member of the management team once completed. Care workers confirmed this and spoke positively about the induction process. One care worker said, "It was very

welcoming and everybody was very friendly. I was made to feel comfortable and the training was great."

Staff also had access to online training programmes and also received training which was specific to people's individual needs. For example, staff had access to a personalised in house Alzheimer's training programme designed by the provider's National Office. One care worker said, "We have regular training and have to do monthly assessments at home." The business development manager showed us that they received an alert once online training had been completed and they could track staff progress. They added, "It is more about continual learning rather than a test and important to keep it refreshed." Another care worker said, "I've never needed to ask twice about any training and have always had the opportunity to have another session if I felt I needed it." Only one of the eight care workers we spoke with felt they needed more practical training.

Once the induction training programme had been completed, shadowing opportunities were arranged and care workers were introduced to people before working with them. One care worker said, "I was introduced to people on shadowing shifts. It was the best it could be and gave me a lot of confidence." Supervision records showed that care workers were given the opportunity to discuss a number of areas about their job, which included actions from previous supervision meetings, training and current work issues or concerns. There were also 'Touchpoint' questions asked during supervisions, where care workers were asked about a number of topics, including their responsibilities, the values and safeguarding. One care worker said, "We can always discuss elements of the job and anything we need. I think they are always ahead of the game and I'm confident in them." Staff who had been in post long enough received an annual appraisal and records showed their personal development and training needs were discussed and outcomes for the following year.

We saw correspondence during the inspection that showed people were supported to maintain their health and receive effective care and support if their needs changed. We saw correspondence where the registered manager had worked closely with an occupational therapist and physiotherapist for one person relating to important exercise routines to be completed. It was recorded that staff were to encourage and support them with this. We spoke to the person who said, "They do encourage me and help me with that." For another person we saw that concerns about their health had been discussed with their relatives and the person's GP, along with requesting additional support from an occupational therapist. One relative said, "They are able to contact the GP if they have any concerns and have always been aware of any change in needs." Care records had a visitor record log and we saw people were supported by district nurses. People told us and records confirmed that people were also supported to attend a range of hospital and medical appointments. One care worker said, "If I'm concerned we call the office but I can also raise the concerns with the GP. When I do call the office, they always provide great advice."

Some people required support with their nutrition and hydration, including meal preparation and support during mealtimes. There was information in people's care records about the levels of support required and their food preferences. Information was also included for any specific dietary, medical or cultural needs, including if people were on a special diet. One person said, "They cook freshly prepared food for me. They always ask me what I want and they know how to cook to my preferences." A relative said, "They know [family member] is a vegetarian and he/she can tell them what they like and they can do it." For one person there was detailed guidance in place from a dietitian, including foods to avoid, seat positioning during mealtimes and any issues to look out for. We saw that a team meeting had been held to discuss their specific dietary requirements. For another person, there was detailed information about their food preferences, including foods that were preferred with their skin on or off.

## Is the service caring?

### Our findings

All the people we spoke with were extremely positive about the support they received and said the staff were exceptionally kind, compassionate and caring towards them. Comments included, "I have a wonderful carer. She is 100% absolutely fabulous" and "[Care worker] is my favourite, she is very good and just a lovely lady. But all of them are very nice." Relatives were also positive about the caring nature of the staff. One relative said, "My [family member] feels at ease with them and is very relaxed and comfortable in their presence." Another relative told us that they were extremely happy with their care worker. They added, "They are always so attentive to him/her, always talking to them and keeping them involved. They are really good."

The registered manager told us that after sharing best practice advice with other registered managers from the same provider, they had increased the minimum visit to two hours. People spoke positively about this and that it helped develop extremely supportive and caring relationships. One person said, "I always have the same carer and I enjoy her company very much. They are very sympathetic and understanding and I have a great relationship with her." Care workers also felt the longer visits helped them to develop a better rapport and provide a high quality service. Comments included, "It allows us not to feel rushed and I feel that we have a better chance to develop a relationship" and "It is so much better and we can provide much more quality in that time. We can talk to them more which is really important as it should always be about the people." One care worker told us that they felt the relationship they had built with a person using the service had been their biggest achievement whilst working for the organisation.

Care workers we spoke with knew the people they were working with and told us that they supported people on a regular basis and understood how they wanted to be supported. Care workers were introduced to people before starting work with them. We saw one person was introduced to three care workers at the start of their contract so they would know who their replacement care worker would be if their regular one was unavailable. People and care workers were extremely enthusiastic about the matching process and how the management team made their decisions. One person said, "We are very compatible and get on very well." A relative told us that one of the care workers was able to support their family member as they were able to help them use their computer and they liked communicating by email. They added, "They even helped set up the printer." A comment from a person during a recent service review said, 'I have regular carers and get on well with all of them.' We saw one person had been matched with a care worker who had a similar interest and saw correspondence that this had had a positive impact on their life. Care workers felt that how they were matched with people was a key part to their job satisfaction. Comments included, "I don't know how they do it but their matching process works. I think it helps to positively enhance the life of people" and "They are good at reading people. They are very careful in trying to place clients where they believe a good relationship is going to develop. When I was introduced, I felt it straight away."

Care workers told us how extremely useful one of the induction modules was which went into detail about the ageing process and let them experience how it could feel. It highlighted common issues about the ageing process, possible signs and symptoms, how it might influence people's care needs and what adjustments might have to be made. It also highlighted the importance of promoting positive attitudes and

the benefits of early detection with changes in people's health and wellbeing. Creative techniques included activities where it gave care workers the opportunity to experience certain symptoms of old age, such as wearing glasses that simulated reduced vision. A care worker told us how they had to handle medicines whilst wearing special gloves that made it difficult, which simulated stiffness in the joints or poor dexterity. They added, "It highlights how hard it can be for some people and you can put yourself in their shoes and see how they feel. This really helped and supported me." This had helped care workers to experience the difficulties of the people they supported and ensured they showed great compassion and empathy when providing their care and support.

The registered manager told us that they celebrated people's birthdays and religious festivals as they felt this had a positive impact on people. For example, it was highlighted for one person that they liked playing chess. We saw correspondence that the provider had bought them a chess set for Christmas and the person had commented, 'Thank you for your lovely gift. Your gift is a treasure and I can play when the carer is here.' We saw that staff had also attended the funeral of a person they had supported. The family had written to tell them that they had been extremely touched by this and thanked them for the wonderful care they had given, which had helped their family member remain at home. They added that one of the care workers had written them a letter and that of all the cards of condolence they received, this was the one that had meant the most to them as a family.

We saw that one care worker had been nominated for 'Caregiver of the year' and had made it through to the final five nominees in the national competition for all Home Instead services across the UK. The registered manager showed us the application form and explained why they had nominated them. They explained that the care worker had embodied the spirit of caring far beyond their expectations and was a true ambassador of Home Instead. People we spoke with who had been supported by her spoke positively about her caring attitude. One relative said, "[Care worker], she's brilliant. My [family member] loves her."

We saw records that showed people using the service and their relatives were actively involved in making decisions about their care and support. Relatives told us that they received regular and timely updates about their family members and felt fully involved in their care. The registered manager told us that they always made sure, where appropriate, a relative or health and social care professional was present with the person to ensure they had the support they required during an initial assessment or review. Care plans recorded if relatives were involved and how they supported their family members. We saw correspondence that showed the registered manager had liaised with a relative and a health care professional in the setting up of a new care package. The care supervisor had also been involved and had arranged a group of care workers to meet everybody involved to discuss the best way of carrying out the person's care and support needs. One relative said, "I'm always invited when any reviews are carried out and to find out how they are doing."

At the time of the inspection none of the people using the service were being supported by an advocate. However, the registered manager was aware of their responsibilities if they felt people needed the support of an advocate and had worked closely with an advocacy agency in the past. Advocates are trained professionals who support, enable and empower people to speak up. This meant that where people did not have the capacity to express their choices and wishes or found it difficult to do so, they had access to independent support to assist them. We saw correspondence that showed the provider had offered to make contact with a number of organisations on people's behalf as they had either found it difficult to do so or were unable to. For example, one person had been supported to make contact with the Department of Work and Pensions (DWP) to get an update on their welfare benefits. We saw their relative had requested this and thanked them for the support they had provided. A relative said, "They are very accommodating and flexible and sort everything out for us. They do things that I wouldn't really expect them to do." Further examples

showed the provider had contacted organisations following up maintenance issues, disability equipment and mobile phones to ensure people received the support they needed.

People told us that staff respected their privacy and dignity and always tried to encourage their independence. The importance of respecting people's privacy and dignity was discussed in detail during the induction and followed up during quality assurance telephone calls and spot checks. Positive responses were seen in the sample of records we reviewed. Daily logs showed that care workers were aware of this and we saw records for one person where they were left in private for a few moments and called when they needed further support. Another person's care plan highlighted the importance of encouraging their independence and giving them the opportunity to do as much as they could on their own, but also highlighted what areas they needed support with. For example, we saw the care worker was responsible for setting up utensils and ingredients for breakfast during the previous evening visit so the person was able to prepare their own breakfast before care workers arrived in the morning. There was a picture in the care plan and instructions for how it should be left out to increase the person's independence. One care worker said, "It is important for us to think how we would feel in these situations and it makes you realise it can't be taken as a given and it must be how the client wants it done."

## Is the service responsive?

### Our findings

All of the people using the service and their relatives told us they felt their care was personalised, flexible, they were listened to and felt fully involved in all care and support needs. One person said, "I can call them at the office if I need to change anything. They look after me very well." Comments from relatives included, "I am very happy with them as they have been very accommodating. When I ask, they never say no", "They do get in touch with updates and if I have to cancel it is no problem. I've been fully involved in the whole process" and "They are very responsive, it's excellent and I get an answer straight away. They report back to me and give me an update." A relative told us that they had managed a very complex situation and had been very hands on when the service had first started.

All of the people that received care from the provider had made the choice to use their services as it was either privately funded or through the use of their direct payments. A member of the management team would meet people at home or in hospital to discuss their needs and carry out an initial assessment. They would discuss with the person and their family what care and support they would be able to provide. One relative told us how the start of the service had been managed very well. They added, "[Registered manager], she is very well organised. The care workers have been given time and they know [my family member] very well. They know that they need to stimulate him/her and they have the time to do this."

Detailed care plans were in place that included a client profile, a background to people's health conditions and what they wanted to achieve. They gave an overview of the person for the care worker, including personal histories, preferences and interests and if any relatives were involved in their care and support. They identified the areas of support needed which included people's mobility, personal care, nutrition and hydration, activities and exercise and any cognitive impairment. People's daily routines were highlighted and information for care workers about the care and support to be provided. Care plans were person centred and highlighted people's preferences about how they wanted to be cared for. We saw that they were reviewed every six months or sooner if people's needs changed.

One person was living with dementia. It was highlighted that it was important for them to be engaged in conversation. There was detailed information about their life history, family and interests for staff to be able to start a conversation about. Another person was receiving support to increase their mobility. Care workers were encouraged to let them answer the door, go into the garden or to go for a walk. Daily logs confirmed care workers were aware of this and encouraged exercise at every opportunity. The business development manager said, "We bought them a hat and scarf for Christmas so they could still access the garden if it was cold." We saw a third person was supported to attend a day centre twice a week. We saw correspondence that had thanked the registered manager who had worked closely with the day centre to change the transport route as it had been having a negative impact on the person.

We saw detailed records within people's daily logs that confirmed they were getting the care and support that they wanted. Care workers were knowledgeable about people's needs and confirmed they always received regular updates from the office. Some people had specific prompts within their daily logs of tasks that needed to be completed. One relative said, "Having the logs is very useful and I can check them to see

what has happened. They are very detailed and I can get a good understanding." Another relative said, "It is great that they even discuss the things that they have talked about."

The provider listened to people's preferences with regard to how they wanted staff to support them with their cultural or religious needs. This was discussed during the assessment and if there was anything that staff needed to be aware of when supporting them. Observation visits from the management team also recorded if care workers were respectful of people's beliefs and cultural needs. One person was supported to attend church and information in daily logs showed they attended on a regular basis. A care worker had checked online for the times of service and visits had been scheduled to factor this in. People were also supported with food that met their cultural needs. We saw information in the daily logs for one person that highlighted specific food had been freshly prepared by the care worker on request from the family. We spoke with their relative who confirmed they were happy that their cultural needs were being met. We also saw that a request to have care workers from specific backgrounds had been accommodated. The provider discussed equality and diversity and covered equality and inclusion during the induction. One care worker said, "People are from different cultures and it is important we understand about people's different needs, communication and what they like to be called. We have training on diversity but if there is anything I'm not sure of I know that I can always ask."

The provider was aware of their responsibilities in meeting the Accessible Information Standard (AIS). The AIS applies to people who have information or communication needs relating to a disability, impairment or sensory loss. It covers the needs of people who are blind, deaf, deafblind and/or who have a learning disability. It also includes people who have aphasia, autism or a mental health condition which affects their ability to communicate. This information was recorded in people's care records. The registered manager had worked closely with one health and social care professional to use communication aids to help with the understanding for one person who had just started to use the service. Information could also be emailed to people if this was their preferred format.

People using the service and their relatives said they knew they could contact the office if they had any concerns and would feel comfortable doing so. The provider carried out a next day courtesy call after the first visit had been completed to get initial feedback about the service provided. We saw a comment form a relative that said, 'The care worker was very natural, got on with all tasks and was prompt and accurate. It was a good start.' One person said, "They get back to me straight away if need be. But there are no issues or concerns I'm worried about." One relative said, "I'm in touch on a weekly basis and they email me straight away if there are any issues."

An accessible complaints procedure was in place and a copy was given to people when they started using the service. Their complaints policy stated they would aim for minor issues to be resolved within 24 hours and complaints managed through their formal process within 14 days. Information about other organisations people could contact if they were unhappy with how their complaint had been managed was also available. There had been no complaints since the last inspection in January 2016.

We also reviewed a number of compliments that had been received, with a mix of people who used the service, their relatives, health and social care professionals and current and former members of staff. One compliment stated, '[Family member] could not have been in better hands. As we lived far from London you made a huge difference and we could totally depend on you.' Another compliment said, 'What a difference you made. They could not have been better cared for and made life much easier.'

At the time of the inspection the provider was not supporting people who were receiving end of life care. The registered manager showed us that end of life training for the management team had been scheduled for

April 2018. Once they had completed this, they would be able to carry out the training for their care workers and it would be added to the induction training.

## Is the service well-led?

### Our findings

At the time of our inspection there was a registered manager in place. Our records showed she had been formally registered with the Care Quality Commission (CQC) since June 2015. She was present on both days and assisted with the inspection, along with the management team.

People using the service and their relatives spoke extremely positively about the support they received from the management team and how the service was managed. Comments included, "It is fantastic really, truly wonderful and I can't fault them", "From the first day, after the visit they have been very professional and caring. I've not been disappointed", "If I was giving stars, I'd give them five out of five as they are fabulous in every sense" and "They are very flexible and very well organised. She runs it very well." A recent compliment stated, 'Your service has exceeded our expectations and we have recommended you to others.' We saw correspondence where a health and social care professional thanked the registered manager and appreciated all the support and hard work that they had done for people in the community.

All of the staff we spoke with told us they felt very well supported in their roles and we received many positive comments about the exceptional management of the service and how appreciated they felt. Comments included, "I don't want to ever leave the company. They are so open and honest, easy to talk to. I can't fault them at all", "[Registered manager] and [Business development manager] will do anything that is humanly possible to help and are very understanding", "They are absolutely fantastic. They constantly check on us and we are supported 100% with everything. I can only sing their praises" and "If I'm ever in doubt, I know that I can call her and she has always helped me. I just love the job and the recognition I get makes me happy." We saw a compliment from a former member of staff that said, 'Thank you for the opportunity to work for you. I got to work with amazing people who I'll never forget.'

Staff we spoke with praised the highly positive culture of the organisation and felt fully involved in the service. They highlighted how the provider's person centred values shaped their attitudes towards how they cared for people and were at the heart of their work. One care worker told us that it was highlighted how important it was the person was their focus. They also said the management team provided high levels of support for them to carry out their roles. They added, "Their ethos and values clinched it for me at the induction. I knew from the first day and am 100% confident this is the right agency for me." Other positive comments included, "We get lots of encouragement and they are never critical and want us to improve. It is brilliant", "I love working for them because they care about what I care about. I've recommended them to family and friends", "The reason it is good is because we work with them, not for them. It is always for the benefit of the client to have a wonderful quality of life" and "They share the same values as myself and are dedicated to enriching the lives of others." The care supervisor explained how this was achieved by discussing this at the interview and induction. They added, "We want care workers to have a caring nature and look after people like they were a family member. It's all about the values and we look for examples of care and compassion." The registered manager had produced a short video about the care worker who had been nominated for their national award. It was shown to new starters during the induction to highlight the ethos of the organisation and the values they wanted staff to follow.

The management team were fully committed to providing high quality care. There were a comprehensive range of internal auditing and monitoring processes in place to assess and monitor the quality of service provided. There were monthly team meetings where a number of aspects about the service were discussed. We looked at a sample of six meetings' minutes and items included quality assurance, spot checks, care plan reviews, recruitment and feedback from care workers. Care workers also told us that meetings were held to discuss specific issues about people they supported so they could get updated with changes in their care and support and share best practice. The care supervisor said, "It is a good opportunity to discuss our progress, see if improvements have been made learn from experiences."

Quality monitoring forms in care files showed that people were contacted a minimum four times a year where they could comment about the office staff, their care workers and the service they received. Records we saw showed a high level of positive responses. Care workers received regular spot checks, both announced and unannounced to check on the level of service being provided. Care workers we spoke with confirmed this and one said, "They come to check on the service and discuss any queries. I think it is good they check on us to make sure everything is in order."

Specific audits of people's daily log records, medicine administration records (MAR) and financial records were completed on a monthly basis to check for quality of recording and if any issues had arisen. Client audit reports were completed and also reviewed by the registered manager. Issues highlighted from the audits had been followed up with the relevant members of staff. For example, where an error had been found on a person's MAR chart, the correct way to complete the record had been discussed with the care worker. The registered manager also carried out regular audits on staff files, care plans, staff training and supervisions. A training, supervision and quality assurance matrix was in place which provided the management team with an overall view of their service and when actions needed to be completed.

The Home Instead Senior Care National Office had recently carried out their annual internal quality audit in February 2018. The registered manager sent us a copy of the report after the inspection but already had an action plan in place where the majority of action points had already been completed. Feedback from the overall report highlighted it was a positive audit with no concerns. The management team spoke positively about the support they received from The Home Instead Senior Care National Office to help them deliver a high quality service. They received weekly news updates from the provider which kept the management team updated on a number of key areas. Newsletters covered items such as software and technology updates, recruitment, training and leadership workshops and advice and guidance on best practice. For example, a recent newsletter included how staff teams could reduce the risk of hospital admissions. We also saw the registered manager had worked closely with the National Office in relation to guidance for the General Data Protection Regulation (GDPR) to make sure they were meeting regulations in line with the changes to be implemented by 25 May 2018.

The provider used an external organisation to get people's views through their annual client surveys. Anonymous surveys were also in place for staff to feedback about their working experience. 19 had been sent out and six had been returned. There was a 100% positive response for the majority of questions, including employee engagement, clear expectations and the management team represented the values. Where responses had less than a 100% positive response rate, we saw action had been taken in response to the feedback. For example, opportunities to develop within the organisation had been introduced and the registered manager had implemented a care worker loyalty scheme which included a range of benefits and rewards. One care worker said, "With pay reviews, rewards, acknowledgement and the new employee assistance programme shows [registered manager's] appreciation of us is second to none. They support us in being the best to provide true quality of life to the people we care for."

We saw that the registered manager was dedicated to supporting people in the community who were living with dementia. She had worked closely with the Alzheimers Society and was a dementia champion. We saw correspondence that showed she had been selected as a champion as she went above the qualities they were looking for and wanted her to take on an additional role and deliver information sessions and raise awareness within the local area on how to create dementia friendly communities. The registered manager sent us confirmation after the inspection that they were scheduled to deliver a range of sessions in the coming weeks and months, the first being delivered on 11 April 2018. Minutes from a local Dementia Action Alliance meeting highlighted that the registered manager had delivered the information sessions to all of the staff team. We saw the registered manager was also in the development stages of setting up a 'Memory Café'. They had sought advice and guidance from their National Office and shared best practice with one of the provider's other services that had been successful in setting one up.

We saw that the service worked in partnership with other agencies to raise awareness and improve understanding for staff that would help them when supporting people using the service. The registered manager had worked closely with the London Fire Brigade and had arranged training for care workers to give advice and raise awareness about fire safety. We also saw correspondence that showed the registered manager had been proactive and initiated the process of setting up the first Dementia Action Alliance for Tower Hamlets after liaising with local fire station managers and the Alzheimers Society. The registered manager also attended a range of external meetings to discuss issues within the community and share best practice and innovative ideas. This included the Tower Hamlets provider meetings, the registered manager network for all care managers in Tower Hamlets, Newham, City and Hackney and a London local owners meeting group for Home Instead Senior Care offices. The registered manager said, "We try to work together more closely and support each other with the challenges of the role."

The provider was aware of their responsibilities in terms of submitting statutory notifications to the CQC informing us of any incidents that had taken place. They also understood the importance of notifying other bodies about issues where appropriate, such as the local authority and other health and social care professionals.

We saw the service had been the runner up for the Thames Gateway Employer of the Year award in October 2017, due to excellence in effective recruitment and retention of staff, well-being of staff and training and development. The business development manager told us that they felt the key factor for their service was making sure they could source specialist training to increase the skill level of all the staff. For example, they had just invested in training for inhalers and epi-pens and once signed off as being competent could deliver it to the staff team. They added, "We feel that this is just another way of making our service better."