Eminent Care Limited

Home Instead Senior Care Central Hampshire

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 31 August and 5 September 2017 and was announced, to ensure staff we needed to speak with were available. Home Instead Senior Care Central Hampshire is a domiciliary care service which provides support to people in their own homes. Currently 46 people with diverse care needs, receive the regulated activity of personal care, although additional people received non-regulated activities, such as, light housekeeping and companionship.

The service had two registered managers. 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 and their relatives told us they felt safe in the care of staff, who had undertaken relevant training to enable them to identify signs of potential abuse. Staff had access to relevant policies and procedures to enable them to protect people.

There was a positive attitude to risk taking and the registered managers worked with people's families and professionals to manage potential risks to people as safely as possible, in order that they could remain at home. People felt risks to them were well managed. Risks to people were documented, safely managed and understood by staff.

Staff said the service was "Well staffed." People and their relatives told us they received their care calls at the time they wished, from regular staff, who had been introduced to them and who stayed for the required duration. People were kept safe as the provider had completed the required pre-employment checks to ensure staff's suitability for their role.

Staff had completed medicines training and had their competency assessed. Staff did not always consistently follow the provider's medicines policy or safe practice when they identified omissions in the recording of medicines administration, nor had they always informed the person's GP following medicines incidents. The provider took swift action to ensure peoples' safety when these matters were brought to their attention and made immediate arrangements for staff to be re-trained. It will take time for the provider to be able to demonstrate that the changes have become embedded in staff practice and that staff have consistently followed safe practice.

People felt staff were well trained and skilled. Staff underwent a thorough and comprehensive induction to prepare them for their role. They were supported and monitored by more experienced staff throughout their induction. Staff then received individualised training to enable them to develop their skills and knowledge in relation to the people they personally provided care for.

People and their relatives reported staff sought consent for people's care. People were supported to have

maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There was clear guidance for staff with regards to whether people required assistance in preparing their meals and their food and drink preferences. People told us staff supported them with their eating and drinking where required, this ensured they received enough for their needs. Staff understood who was at risk of not eating or drinking properly and told us how these risks were managed effectively.

People told us they received any support they required to ensure their health needs were met. Staff informed us and records confirmed they had liaised with a range of healthcare professionals to promote people's well- being.

People we spoke with, relatives and professionals all told us how caring, kind and compassionate staff were and how interested they were in people's welfare. They all felt staff 'went the extra mile' when providing their care and support. Staff were sensitive to people's state of mind and personal events that might affect their state of well-being. Staff had used their skills to enrich people's lives, through the provision of activities such as music sessions.

Staff had used personalised and creative methods to communicate with people, in order to aid their understanding of both visual and written information. Staff provided people's' care in a dignified manner that promoted their independence. People's views were respected.

People received an initial assessment of their needs and this was developed into their care plan, which covered all aspects of people's individual care needs. Processes were in place to monitor people's care, seek their feedback and amend it according to their needs. The service was responsive and flexible to changes in people's care needs. Staff were trained and skilled in responding to the needs of people living with dementia.

The provider recognised the importance of protecting people from the risks of social isolation and loneliness and had been pro-active in developing social opportunities for people.

People and their relatives told us they felt confident in expressing any concerns or issues they had about the service to the provider. Processes were in place to investigate, resolve and respond to any complaints received.

A relative said it 'Is a well led organisation.' The provider had strong links with the local community which they used to promote the rights and understanding of those living with dementia locally. The provision of care was based on a clear set of values that staff understood and applied in their work with people. Staff's emotional needs had been recognised and met to enable them to care for people. Staff felt management were open to their ideas.

There was a well-developed and clearly defined management structure; both managers and staff were supported in their development. Processes were in place to support and promote communications at all levels of the service. Processes were in place to ensure staff were updated on best practice.

The provider monitored the quality of the service provided as did the franchise's national office. People and staff's feedback on the quality of the service was sought and used to improve the care provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People were kept safe from the risk of abuse. Staff had undergone relevant training and understood their role and responsibility to safeguard people.

Risks to people were identified, assessed, documented and safely managed. Staff understood the risks to people and the measures in place to manage them safely.

There were sufficient staff to ensure people received their care at times that had been agreed with them. The provider completed relevant pre-employment checks to ensure staff's suitability for their role.

Not all aspects of medicines management were consistently safe; the provider took swift action when these issues were highlighted, to ensure people's safety. However, it will take time for the provider to be able to demonstrate that changes have become embedded and that staff have consistently followed safe practice.

Is the service effective?

Good

The service was effective.

Staff underwent a thorough and comprehensive induction to their role. Staff received person centred training to enable them to develop their skills and knowledge in relation to the people they cared for.

People's consent was sought for their care where they had the capacity to consent. Where people lacked the capacity to consent to their care, legal requirements were met.

Staff supported people to ensure they received sufficient foods and fluids of their choice and preference to meet their needs.

People were supported by staff to maintain good health and to access healthcare services as required.

Is the service caring?

Outstanding ☆

The service was outstandingly caring.

Staff were extremely caring, kind and compassionate and interested in people's welfare. Staff were sensitive to people's state of mind and used their personal skills to enrich people's lives.

Staff used personalised and creative methods to communicate information to people. People were supported to express their views about their care and these were respected.

People's privacy and dignity was upheld by staff during the provision of their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their assessed needs. The service was able to respond flexibly to changes in people's care needs. Staff were trained and skilled in responding to the individual needs of people living with dementia.

The provider recognised the importance of protecting people from the risks of social isolation and loneliness and had been pro-active in developing community based social opportunities for people.

Processes were in place to investigate, resolve and respond to any complaints received.

Is the service well-led?

Good

The service was well-led.

The service promoted a positive culture that was person centred, open and empowering. The provider had strong links with the local community which they used to promote the rights and understanding of those living with dementia locally.

The service was well-led through clearly visible, supportive, nurturing and transparent leadership.

Processes were in place to monitor the quality of the service provided and improvements had been made for people as a result.

Home Instead Senior Care Central Hampshire

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 31 August and 5 September 2017 and was announced, to ensure staff we needed to speak with were available. The inspection team included two inspectors, who visited both the service and three people in their own homes and an expert by experience, who spoke with people and their relatives by telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of caring for older people.

Before the inspection the provider completed a 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 reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

Prior to the inspection we spoke with or received written feedback from: a social worker, a GP, a chiropodist, a dementia support worker and a dementia advisor who had all been professionally involved with the service. During the inspection we spoke with seven people and eight people's relatives, four care staff, the assistant care manager and both of the registered managers.

We reviewed records which included six people's care plans, three staff recruitment and supervision records and records relating to the management of the service.

The service has not been previously been inspected at this location.

Requires Improvement

Is the service safe?

Our findings

People and their relatives told us they felt safe in the care of staff. A relative told us "I feel very safe with the care my parents get, if it wasn't for the carers my parents would not be able to stay together in their own home." A GP confirmed 'I have never had any concerns or issues with the organisation or the care it provides.' Whilst a social worker told us that where the service had concerns regarding a person's welfare these had been correctly raised with them.

Staff told us and records confirmed they had undertaken training in relation to safeguarding people from the potential risk of abuse and the types of abuse people could experience. Staff's on going understanding of safeguarding was checked with them at supervisions and their knowledge was updated during training sessions held during staff meetings. This ensured that their knowledge remained up to date and they were prompted to reflect upon people's care and to identify any potential safeguarding issues for people. Staff understood their responsibility to observe and report any concerns and one told us "Keep eyes and ears open. If anything needed to be reported I would report it back to the office." Staff had access to relevant safeguarding policies, procedures and telephone numbers if required, to enable them to report any concerns.

One of the registered managers told us about how they had been involved in safeguarding a person from abuse and how information had been shared with the staff providing that person's care, to ensure the person's on going safety. People were safeguarded from the risk of abuse.

People felt risks were well managed. A person said "They help me to mobilise and I feel safe." A relative commented, "Mum was at risk of falls, I know that they have done risk assessments." A chiropodist told us of staff, 'The carers always put the safety and well-being of their client first.'

Risks to people were identified, assessed, and measures implemented to mitigate them. Risks to people in relation to moving and handling had been assessed to identify any equipment required and the number of staff needed to mobilise them safely. Staff updated their moving and handling training annually to ensure it remained current. Staff had identified if people's skin was at risk of breakdown and where required measures were in place to manage this risk for them. For example, staff applied a topical cream to a person's skin to protect it. Risks to people in relation to choking had been documented to ensure staff had relevant guidance. Staff sought professional guidance and support where required. Staff understood the risks to people and told us how these were managed. Staff were observed in a person's home, to ensure the person had the equipment they required before they got up, so they could mobilise around their home safely.

The registered managers believed in positive risk taking to enable people to exercise choice and to achieve the outcomes they desired. Positive risk is the idea that measuring risk involves balancing the positive benefits gained from taking risks against the negative effects of attempting to avoid risk altogether. The registered manager gave an example of where they had worked with the family of a person living with dementia and relevant services to manage the identified risks in a manner that enabled the person to

remain living in their own home, as per their wishes.

Potential risks to people from their environment had been assessed and relevant action taken to minimise them. 'Safe & Well' visits by the fire brigade had been arranged with people where needed, to provide them with fire safety guidance and advice. The provider had staff protocols in place with regards to the actions they should take if a person was not in when staff arrived for their care call. Staff updated their cardiopulmonary resuscitation training annually and were appropriately trained in the event a person collapsed. Risks to people were documented, and safely managed.

People and their relatives told us they received their care calls at the time they wished from the same staff who had been introduced to them and who stayed for the required duration. A relative told us "They're (staff) never late. Four regular people (staff) mainly only three. If there's a new carer coming, they always shadow for a couple of visits." The service provides calls of a minimum duration of one hour. A person said "Carers arrive on time and stay for the full hour." A relative commented "The minimum hour gives us Rolls Royce treatment; (care) doesn't feel rushed."

Staff told us the service was "Well staffed." The provider had an electronic system to monitor staff's availability to accommodate new care calls or extensions to people's existing care packages. This enabled them to inform people promptly with regards their capacity. If a person's care could be provided, but not at their preferred time, then the person was told what time was available in order that they could make an informed choice. The provider did not accept care calls without already having sufficient staff in place to provide the person's care.

The provider used information gathered from both people and staff with regards to their background and interests to 'match' staff to people, in order to provide the best opportunity of them forming a positive relationship. The provider's quality assurance survey for 2016 demonstrated 94% of people felt their care staff were well matched.

Staff told us and records confirmed that they had undergone recruitment checks, which included a full employment history, the provision of references, proof of identity, health declaration and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. People were kept safe as the provider had completed the required checks to ensure staff's suitability for their role.

People told us staff supported them to take their medicines. People's medicines assessments identified the level of support they required: none, prompting or administration by staff and arrangements for people's medicines support were documented, to guide staff.

Staff completed medicines training during their induction and their practical competence was then assessed. Staff updated their knowledge during the staff meetings, when medicines were covered; to ensure their knowledge remained current. The registered manager told us they were increasing the frequency of staff's medicines refresher training to make it an annual requirement.

Staff documented the administration of people's medicines both within their daily log and on their Medicine Administration Record (MAR). Processes were in place to enable office staff to check staff had completed people's MAR sheets and that there were no gaps. These included: spot checks on staff and the auditing of MAR sheets on their return to the office.

Staff told us occasionally they noted a gap in a MAR; they then checked the daily log to confirm the medicine

had been administered and if it had, then they initialled the missing MAR entry. One of the registered managers and the assistant care manager confirmed that rarely office staff had provided this guidance to care staff where it was documented in the person's daily log that the medicine had been administered. This was neither safe practice nor in accordance with the provider's medicines policy as staff were signing for medicines that had actually been administered by another member of staff. After we brought this to the registered manager's attention they took steps to ensure this ceased with immediate effect. They informed us that that a new electronic MAR was due to be implemented by the end of this year, which will remove the need for staff to sign the MAR sheets. Although prompt action was taken to ensure people's safety, it will take time for the provider to be able to demonstrate that the revised guidance has become embedded in staff's practice and that they have consistently followed safe practice.

There had been five medicine incidents when a person had not received all of their medicines. Although each incident had been reported, documented and relevant action taken with staff; only the second incident had been reported to the person's GP. The provider's medicines policy stated that if a medicines error occurred the registered manager 'will contact the prescriber.' We found a second occurrence where medicines were omitted but the person's GP was not informed, as staff told us they had already checked the effect of missing this medicine with their GP following a previous incident. There was a third occurrence where care staff had inadvertently disposed of a day's medicine for a person but failed to inform their GP and request it was replaced; so the person missed the medicine. Although there was no evidence people had suffered harm as a result, staff had failed to consistently follow guidance and check with the prescriber if there was a potential impact for people. We spoke with one of the registered managers who immediately arranged six staff meetings to address the identified medicine issues with all staff in order to prevent the risk of repetition. It will take time for the provider to be able to demonstrate that all staff have consistently followed safe practice.

Good

Is the service effective?

Our findings

A person told us "Carers go out of their way, they are skilled, it makes a difference it makes me feel confident." A relative told us about staff they "All seem very competent" and another said "Training of carers is excellent." A dementia advisor informed us the 'Leadership team provides effective guidance, training and support to their staff.'

Staff told us and records confirmed they underwent a 12 week induction to their role. Staff attended an initial four day face to face training programme, developed around the standards of the Care Certificate. This is the industry standard which staff working in adult social care need to meet before they can safely work unsupervised. Staff were then supported through the rest of their induction by an experienced staff mentor. The mentor and office staff completed a minimum of two observations of new staff's practice, to check their competency. New staff also attended four face to face supervision meetings during their induction. Staff underwent a thorough and comprehensive induction to their role, to ensure they had the skills and knowledge they required to provide people's care effectively.

Staff informed us and records confirmed they then updated their training through the four annual combined staff meeting/training sessions and supervisions. Staff received regular supervisions through: one to one meetings, observations of practice, staff meetings and an annual appraisal of their work. During supervisions staff received additional training directly tailored to the clinical conditions and needs of the people to whom they were providing care. For example, records showed a staff member had been supported to develop their understanding of a person they cared for who was living with a degenerative eye condition. Another staff member had received training on Parkinson's disease. Staff received person centred training to enable them to develop their skills and knowledge in relation to meeting the needs of the people they cared for.

Staff told us they had been supported in their professional development and records confirmed 20 of the 70 care staff had either completed or were undertaking a professional qualification in social care. People were cared for by staff who were encouraged to undertake professional development.

People and their relatives reported staff sought consent for their care. A relative told us "They gain consent from my parents before they do anything." People's care records documented if they were able to make their own decisions and records showed they were asked to sign their consent to their care where they had the capacity to provide this. Staff told us and records confirmed they sought people's verbal consent when providing their care.

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.

Staff had received MCA training and had received a 'pocket guide' to the Act, so they had immediate access

to guidance. They had updated their MCA knowledge at a recent staff meeting and were able to demonstrate their understanding of the Act and how it applied to their day to day work with people. Staff had access to relevant documentation to enable them to assess people's mental capacity and document best interests decisions where they identified that a person was not able to make a specific decision for themselves. Records showed staff had also accessed a professional's advice where they were unsure whether a person had the capacity to make a decision. People currently receiving the regulated activity either had the capacity to consent to their care or they had appointed a power of attorney who acted on their behalf for their finances or health and welfare or both. The provider had taken appropriate measures to assure themselves that people's representatives were legally authorised to act upon their behalf.

People told us staff supported them with their eating and drinking where required, to ensure they received sufficient for their needs. A person said "They leave sandwiches for me and prepare food for later." Another commented "I can't cut up my food; they help with meal preparation of the food that I want." A relative commented "They will offer her (person) a variety (of foods) and be gently encouraging so she takes something." A social worker confirmed staff ensured people received plenty of food.

There was clear guidance for staff with regards to whether people required assistance in preparing their meals and their preferences. For example, whether the person wanted meals or snacks, hot or cold food, their favourite meals and how they liked their drinks. If people needed specific cutlery or crockery to assist them to eat then this was noted to ensure staff provided it.

Staff understood who was at risk of not eating or drinking properly and told us how they encouraged people to eat sufficient for their needs. People's records documented if they were at risk of not eating or drinking enough and the measures in place to manage this. For example, office staff had provided care staff with a list of ideas to encourage a person to eat more; staff prepared the person's hot meals and their weight was monitored regularly; which had increased.

Staff's provision of food and fluids to people was assessed during their observed practice sessions, to ensure they placed food and drinks within people's reach and that they provided people with a choice of food and drinks in accordance with their care plan. Records showed staff had been reminded to prompt fluid intake with people especially during hot weather, to ensure they were offered enough to maintain good health. We observed a staff member ask a person if they would like a drink during a care call, this ensured the person was provided with sufficient fluids.

People told us they received any support they required to ensure their health needs were met. A relative informed us "If my one of relatives needs to attend an appointment Home Instead will arrange it and supply an escort, they will arrange extra care so that my other relative is not left alone." Another person described to us how staff had liaised on their behalf with the occupational therapy service in relation to equipment they required.

Staff told us how they enabled people to attend medical appointments as needed. Records confirmed staff had liaised with a range of professionals to promote people's wellbeing. These included: occupational therapists, speech and language therapists, social workers, occupational therapists, podiatrists, physiotherapists, continence nurses and district nurses in response to people's identified health care needs.

Outstanding ☆

Is the service caring?

Our findings

People we spoke with, relatives and professionals all told us how caring, kind and compassionate staff were and how interested they were in people's welfare. People's comments included: "They make quite a difference they support me very well," "It's like having a member of the family around" and "They make life possible." A chiropodist told us "The carers are genuine, friendly, naturally caring people. A dementia advisor reported 'The person centred approach adopted by the staff is essential to the way they work with both their clients and within the community.'

The provider's 2016 quality assurance survey demonstrated that 94% of people felt their care staff took an interest in them as a person and went the 'extra mile' to make a positive difference to their life. Written feedback on the service received by the provider from people, demonstrated they had formed strong bonds with the staff who provided their care. A staff member told us of the people they cared for "I know most of mine very well."

There were many examples of where staff had demonstrated compassion and empathy for people. Staff were sensitive to people's state of mind and personal events that might affect their state of well-being. Records demonstrated that staff had taken one person out on an impromptu trip to cheer them up following their well-loved pet passing away; the person had been able to enjoy the scenery which evoked positive memories for them. Another staff member had taken time to listen to a person's personal life history and an event that had occurred in their childhood which had special meaning for them. The staff member had then acted upon the information shared and given the person a small item which symbolised their story and wrote them an accompanying poem. This act of kindness had immense personal meaning for the person.

A staff member had used their personal skills to enrich people's lives. They played a musical instrument which they regularly took to people who enjoyed music for a sing song. Records showed people enjoyed these sessions, which had lifted their mood, stimulated them, reminded them of them attending 'musicals' and got them active, through dancing. The staff member involved had written 'I love to play and sing to my clients, as I know it really cheers them up and makes a nice change for them. If they are happy at the end of my visit, I know I've done my job properly.' Staff went out of their way for people.

People's communication needs had been identified and assessed. Where people experienced barriers to communication these had been addressed. Staff were informed of what support people required with communication to ensure they knew how to communicate with the person. For example, a person's care plan noted 'Offer guidance and encouragement throughout the transfer.' If people had impaired sight, then their staff rosters were produced in large print to ensure they could read them.

A person living with dementia had been struggling to recognise their own home which distressed them. In response staff had created personalised posters for them which had been displayed around their home. These acted as a visual prompt and enabled the person to make the link with their home, which then reduced their anxiety. Another person living with dementia was provided with the photographs of staff

providing their care to enable them to recognise them. Staff had used creative methods to communicate information to people.

A staff member described how they used simple terms to communicate with a person who could not communicate verbally and observed their facial expressions and body language in order to understand what the person was communicating.

People and their relatives told us staff promoted people's independence. A person informed us they liked to be independent and that staff respected this, only assisting them with the tasks they could not manage for themselves. A relative told us "They let my parents be as independent as possible, they assist not dictate."

People's care plans recognised the areas within which people were independent and provided staff with guidance about how to support this. For example, a person's care plan instructed staff about what support they required when dressing themselves. A staff member told us "We make sure we're not taking away something from them they can do themselves." Another person's records noted they preferred to prepare their own supper, but that they may request assistance. This ensured the person took the lead, but that staff were aware they may need to provide assistance.

People's care records documented how people had been involved in making decisions about their care, for example, what choices they had made. A relative told us about how staff had listened to and respected their loved ones wishes regarding access to their home. They commented "This is what she likes to do and they respect that." Another person told us "Carers always ask me what I want." People's views about their care were sought, listened to and respected.

Staff provided people's care in a respectful and dignified manner. A person commented "When they help with washing and dressing me they are very dignified and respect my privacy." Another person said "Carers are polite and respectful." A chiropodist told us 'I have never once heard a carer speak in patronising or bossy tones. I also like the fact that they don't wear uniform which I feel helps the clients feel a sense of dignity and independence.'

Staff were able to describe to us how they maintained people's privacy and dignity. For example, by ensuring people's care was provided in private and that they were covered. We observed that during home visits staff spoke to people politely and maintained eye contact to ensure good communication. Office staff conducted observations of staff's practice, which assessed how well staff upheld people's privacy and dignity during the provision of their care. Staff provided people's care in a dignified manner and processes were in place to check this.

Good

Is the service responsive?

Our findings

People received an initial assessment of their needs and this was developed into their care plan, which covered all aspects of their individual care needs. A staff member told us "The care plan has all the information." This ensured staff had access to relevant information about people's needs. A person confirmed to us "The manager came to the house to do an initial consultation to assess my needs." A relative said "I was impressed pre the care starting for mum, they came to visit her just to get to know her first, they would come and take her for a walk around her garden, chat about her photos in her home and general things, they gradually introduced care, mum didn't even notice, she thought her friends were coming for a visit, this was good for her and us as she wasn't keen on the idea of having care. Their introduction to care like this is excellent." People's care was sensitively commenced in a manner that was responsive to the person's needs.

Records showed people received a number of quality assurance calls and visits starting with a courtesy call the day after the service commenced and a quality assurance check at four weeks, the person's care was then reviewed with them and/or their relatives at three months and then six monthly thereafter. Processes were in place to monitor people's care, seek their feedback and to amend it according to their changing needs.

Records demonstrated staff had regular contact with people's families and worked jointly with them to address any issues for the person. A relative told us how staff had been working with them and the GP to address concerns about their loved one. They said "They don't just come with problems, they come with solutions."

People's records contained a client profile, which provided information about the person's upbringing, occupation and family. There was also a record of the person's daily routine which documented when people wished to receive their care and how. A staff member told us "Their wishes come first." Records showed how staff had ensured an aspect of a person's personal care was provided in a manner that respected and met their religious beliefs. Another person had provided details at their initial assessment of a previous incident which had impacted upon how they wished to receive their care and this information had been reflected within their care plan. This ensured staff knew how the person wanted their care provided and why and that their wishes were respected.

Staff were flexible to people's requests to arrange additional care to support them to attend social and family events or in response to a crisis. For example, records showed two different people had expressed an interest in going on visits that met their interests, which staff had arranged for them. Staff had been rostered to care for a person during their house move to ensure they received the support they required. Another person had required additional support at short notice due to an emergency and this had been arranged for them. A relative told us "They have been very flexible especially when we have needed increased care at times". The service was responsive to changes in people's care needs.

One of the registered managers told us that the service specialised in dementia care for people living at

home. They were qualified to teach a City and Guilds accredited course in dementia care. The course enabled staff to look at how to manage people's behaviours which could challenge them and how to promote the choices and independence of people experiencing dementia. Staff were actively encouraged to attend in order to develop their knowledge and understanding. Thirty-six of the 70 care staff had completed the course to date, with further courses booked. Staff were able to apply their dementia training when working with people. Records showed a staff member had identified strategies to assist a person when they became agitated and resources to support them; these interventions had enabled the person to feel calmer. Staff were trained and skilled in responding to the individual needs of people living with dementia.

Staff told us and there was written evidence, which demonstrated care staff shared information with office staff about what interventions had worked well with people, so their care plans could be updated with this information. Staff also reflected upon people's individual care needs during their one to one supervisions, this enabled them to identify what was working well and any areas which needed addressing for people.

Staff were provided with information about people's individual interests. This provided them with topics which they could use in conversations with people and information to inform how the person's care was provided. A person was supported by staff with their gardening which was an activity they personally enjoyed. A relative told us "The carers discuss my parent's lives and interests with them; they look at them as a whole."

A person told us, "I like to go into my garden and the shops, the carers help me to go as much as possible." People's care plans documented if an aim of the care was to reduce the person's social isolation and the provider facilitated community based activities for people to attend. These included dementia friendly cinema sessions run every six weeks in partnership with the local cinema and monthly 'Singing for Fun' groups for those both those living with dementia or those who felt isolated, in addition to a Christmas party for people. The provider recognised the importance of protecting people from the risks of social isolation and loneliness and had been pro-active in developing social opportunities for people.

People and their relatives told us they felt confident in expressing any concerns or issues they had about the service to the provider. A person told us "I raised a complaint and the manager came to see me at home to discuss it, they sorted it out and there hasn't been a problem since." A relative said "I had to raise a concern once and it was dealt with promptly."

People were provided with details of how to make a complaint in the provider's statement of purpose. There were details of how to complain, the process for investigating, how complaints would be responded to and the timeframe within which they would be actioned. In addition people were provided with details of how to take a complaint further in the event they were dissatisfied with the provider's response. Records showed the three complaints received during 2017 had been investigated in accordance with the provider's policy and that the complainants had received feedback with regards to the outcome. Staff's awareness of the complaints procedure was checked with them at each supervision, to ensure they understood their role.

Good

Is the service well-led?

Our findings

A relative said the service 'Is a well led organisation.' A person told us they were a "Very thoughtful, caring company." A chiropodist reported the provider was 'Well respected and have a genuine interest in the welfare of their clients. I am impressed with their community involvement and dementia café that had been set up in Alresford, which no doubt is an invaluable service.'

The provider delivered free workshops on dementia to people's family members, local businesses and charities. Three staff were Dementia Champions, who encouraged others to make a positive difference to people living with dementia in the community. The service had run 10 'Dementia Friends Sessions' to enable members of the community to learn more about what it's like to live with dementia, through which they had created 158 'Dementia Friends.' A person's relative confirmed they had attended one of the workshops and had one to one tuition on an aspect of care upon which they had requested further guidance. They told us the service "Go above and beyond." The provider was a member of the Dementia Friendly Winchester committee and one of their roles was to promote awareness of dementia amongst businesses for people. The provider had also held a 'Seniors' Information and Well-being Day' to put people in touch with services that could be of benefit to them such as the local authority, health care professionals and benefits advice. In addition they ran 'Scam' sessions to raise awareness of financial abuse of older people both to people and professionals likely to be coming into contact with older people in order to protect them. The provider had strong links with the local community which they used to promote understanding of people's experience of living with dementia and their rights.

The provider's principle objectives were 'To provide supportive care and companionship which both enables and encourages our clients to remain independent.' Feedback from this year's staff quality assurance survey demonstrated staff understood and shared the provider's values. For example, a staff member had commented 'I love working for Home Instead because their core values and beliefs on how senior clients should be treated within their own home fits in with mine.'

Staff had the opportunity to raise any issues with the registered managers during the staff meetings, by calling them or during their supervision or observed practice sessions. Staff understood how to whistle blow, which is when a staff member reports wrong-doing in the workplace in the public interest, in order to protect people.

The provider recognised that care workers are lone workers which can be stressful and to support them as such, they were placed in one of six geographical groups, led by a mentor. The purpose of the groups was to provide staff with mutual support and a point of contact for any issues they did not want to raise with office staff. Members had each other's contact numbers and each group was to be provided with a small fund to facilitate social gatherings. Staff's state of well-being was also checked with them at each supervision. The provider organised an annual barbecue for staff. Staff's emotional needs had been recognised and addressed to enable them to care for people.

Staff told us management were "Always open to suggestions." Staff told us how an initiative they had

suggested to recognise staff who went "Above and beyond" had been implemented. The registered managers confirmed staff had been consulted about what form of recognition scheme they wished to see and that their feedback was acted upon.

There was a well-developed and clearly defined management structure with clearly defined job descriptions. It is a condition of registration with the Care Quality Commission (CQC) us that the service has a registered manager in place. There were two managers registered with CQC to manage the service, each with their own areas of responsibility. One ran the day to day operation of the service and the other led on staff learning and development. Five of the office staff including one of the registered managers continued to provide some care, which enabled them to meet people, lead by example and to maintain their understanding of staff's practical experience of providing care to people and the potential challenges. Staff were supported to develop their careers within the service and six of the office staff had been promoted from within the service.

The service was a franchise and the general manager had attended a management coaching course run by the franchise national office for their own development. One of the registered managers was also booked to attend a development day and training, to further develop their skills and knowledge. Managers were supported with their development within the service.

The provider had an open plan office so that they and the registered managers were seated alongside the other office staff; this made them both visible and accessible. It also ensured they heard and saw interactions within the office and telephone conversations, enabling them to directly observe and support staff. A staff member told us the two registered managers were "Straight forward people, you can go to them with any issues." There was evidence of regular communications between office staff and care staff in order to share information relevant to peoples' care. There were daily office meetings to identify and address any issues arising, in addition to a monthly management meeting. Processes were in place to support and promote communications at all levels of the service to ensure people received good care.

The provider received weekly updates from the national office alerting them to changes and best practice. They were also a member of United Kingdom Homecare Association (UKHCA) which is the professional association of home care providers. Through which they received a monthly publication which highlighted developments in care. They had also joined a group of other Home Instead offices in order to share new or best practice. The provider's strong links with local dementia groups enabled them to learn about and share best practice in relation to dementia care locally. Processes were in place to ensure staff were updated on best practice.

An external company was used to conduct an annual survey with people and staff, the results of which were shared. The 2017 results had just been received and therefore not yet analysed and disseminated. However, the 2016 results demonstrated people were highly satisfied with the service provided, with 98% rating the quality of care as good or excellent. When people's care was reviewed by office staff they were asked for their feedback on: their satisfaction with both care and office staff and if there were any areas for improvement. Quality of care was also monitored through direct observations of staff's practice and staff supervisions. Processes were in place to monitor and evaluate the quality of care people received.

Staff were required to use a phone 'log-in' system when they completed calls; this ensured there was a record of the time staff had arrived and the actual call duration. This enabled the provider to monitor that people had received the length of call rostered. There was written evidence that where call monitoring had indicated the length of a person's call was not long enough. Staff had brought this to the attention of the person's family and worked with relevant professionals to make changes in order to ensure their care could

be delivered within the allocated time.

The provider had their annual national office audit in April 2017. Some issues had been identified, in relation to the frequency of some staff supervisions and some people's care records; in response an action plan had been devised and implemented. One of the registered managers informed us this was now complete, which records confirmed. They told us that since the audit a sample of people's
care records and staff records were now audited monthly as per the provider's business plan to reduce the risk of repetition. They said these audits and resulting actions were not documented, which would have demonstrated which files had been audited and what actions had been taken. They informed us that in future they will be documenting these audits, to show any actions taken for people as a result. People's medicine records and care notes were audited when staff submitted them to the office. Processes were in place to audit people's records.

Processes and systems were in place to ensure people's records and personal information were stored securely and not able to be accessed by unauthorised people. This ensured both people's safety and that of their personal information.