

Hazelhurst Limited

# Home Instead Senior Care - Salford and Worsley

## 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

This announced inspection was undertaken on Tuesday 05 September 2017.

Home Instead Senior Care is a domiciliary care agency based in Salford and provides personal care and support to people in their own homes. At the time of our inspection, there were 32 people using the service. Additional services available include home and dementia care support.

Employees within the service are referred to as 'Caregivers', as opposed to staff and we have referred to them in this way throughout the report.

There was a registered manager in post. 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.

We found there was an exceptional culture within the service. Staff were passionate about ensuring people received a high level of care and support, creating a caring and personalised service. The company had been co-founded by two directors, one of whom wanted to set up the service due to having previous difficulty finding a high quality service for a family member. Both the directors and registered manager had been involved in fund raising events to raise funds for people who had previously used the service and had now passed away. This was being done in memory of the person which demonstrated the caring nature of the service. This included events such as a sponsored walk and a sky dive. In honour of the person and to keep their memory alive, the service had devised 'The Marshall award' which would be awarded to caregivers for their continuous hard work and to help them remember the person specifically.

People who used the service and their relatives told us the level of care provided was excellent. We saw numerous examples of where both caregivers and the management team had gone 'above and beyond' to meet people's care needs, requests and personal preferences. A 'Matching process' was used and this enabled people who used the service to receive care and support from caregivers who had similar personalities, hobbies and things in common. The service provided a minimum call time of one hour, with some lasting up to four hours and this allowed for genuine, friendly and caring relationships to develop.

The service excelled in areas such as community engagement and partnership working to ensure people were not placed at risk of social isolation and could enjoy their favorite pastimes with support from their caregivers. One of the directors had personally visited numerous facilities within the local area in order to create the WOW (What's on where guide) so that people had access details and information about any activities and social events they may want to participate in. Other strong links within the community included Trading Standards and Marks and Spencer's.

The registered manager had also been extremely proactive in raising awareness and sourcing training

relating to specific conditions affecting people who used the service such as bowel cancer and Parkinson's disease. The registered manager had also made arrangements for people to be interviewed via television and radio to share their views and experiences of care in Salford on the back of recent media interest. People had felt valued in having their say and wanted to share a 'Good news story' about their positive experience of using Home Instead.

The people we spoke with told us they felt safe. The caregivers we spoke with had a good understanding about safeguarding and whistleblowing procedures and told us they wouldn't hesitate to report concerns if it may impact on people's safety.

We looked at how medication was handled at two of the houses we visited and also reviewed MAR charts in the office. We found Medication Administration Records (MARs) were signed by caregivers when medication had been administered. People who used the service also told us they received their medication as part of their care package and told us they always received it on time.

We found staffing levels were sufficient to care for people safely. The caregivers spoken with didn't raise any concerns about staffing numbers within the service and said their rotas were well managed, with sufficient time between calls for travel and breaks.

Caregivers were recruited safely, with appropriate checks undertaken before they began working with vulnerable adults.

The caregivers we spoke with told us they had access to sufficient training and received supervision as part of their ongoing development.

Caregivers provided support to people to eat and drink as necessary. This included assistance with food preparation and ensuring people were left with something to drink when their call had finished. People's dietary requirements were also captured within their care plan information.

Each person who used the service had a care plan in place and we saw a copy was kept in the person's home and at the office. The care plans provided an overview of each person's care needs and were updated when things changed. The people we spoke with also said an initial assessment was undertaken, when they first started using the service. This enabled caregivers and management to understand the level of care people needed.

Management sent satisfaction questionnaires to people, asking for their comments about the service. This enabled the service to continually improve based on feedback from people and anything that could be changed.

There was a complaint procedure in place, enabling people to state if they were unhappy with the service. The people we spoke with were aware of how to make a complaint where necessary. The service also collated compliments that had been made based on people's experiences.

People who used the service and caregivers told us they felt the service was well managed. Care givers told us they felt well supported and would feel comfortable raising and discussing concerns.

We saw there were systems in place to monitor the quality of service provided. This was done in the form of audits, spot checks and observations of care givers undertaking their work. Caregivers also had access to policies and procedures if they needed to seek guidance and advice in a particular area.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

The people we spoke with told us they felt safe as a result of the care they received.

Caregivers were recruited safely, with appropriate checks undertaken before they started working for the service.

The provider or management had carried out risk assessments in people's houses to help keep people safe.

### Is the service effective?

Good ●

The service was effective.

We found care givers had received training in core topics and told us they felt supported to undertake their work.

Caregivers told us they received supervision and appraisal as part of their ongoing development. Records of these sessions were available and reviewed during the inspection.

People's nutrition and hydration needs were met, with care givers providing assistance where required.

### Is the service caring?

Outstanding ☆

The service was extremely caring.

The feedback we received from people who used the service was that the level of care provided was excellent.

We saw several examples of where both caregivers and the management team had gone 'above and beyond' to meet people's care needs and at times, outside of their normal working hours. This demonstrated the willingness and caring nature of staff to ensure people received outstanding care.

The service used a matching process to ensure both people who used the service and care givers had common interests based on things they liked and their personal preferences. This

demonstrated the exceptional person centred care provided by the service.

### Is the service responsive?

Good ●

The service was responsive.

We saw initial assessments were completed when people first started using the service, with appropriate care plans implemented thereafter.

There was a complaints procedure in place, allowing people to state if they were unhappy with the service.

Management had sent satisfaction surveys, seeking people's views about the service.

### Is the service well-led?

Outstanding ☆

The service was extremely well-led.

The service excelled in areas such as community engagement and partnership working. The registered manager had also been proactive in raising awareness and sourcing training about specific conditions relating to people who used the service, as well as contacting local media services to let people have their say about the care they received. This demonstrated the commitment of the management team to provide a high quality service to people.

All the people who used the service and caregivers we spoke with told us they felt the service was well-led.

We saw both team meetings and management meetings were undertaken to discuss how the service could improve.

Appropriate systems were also in place to ensure the quality of service was being monitored effectively.

# Home Instead Senior Care - Salford and Worsley

## **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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This announced inspection was carried out on Tuesday 05 September 2017. The inspection was announced (on Friday 1st September) to ensure our inspection could be facilitated on that day by the registered manager. The inspection team consisted of an adult social care inspector from the Care Quality Commission (CQC) and an expert by experience who spoke with people who used the service and relatives by telephone. An expert by experience is someone who has personal experience of caring for older people who may be living with dementia, similar to the needs of people in this type of service.

Before the inspection we reviewed any information we held about the service in the form of notifications received from the service. We also reviewed any safeguarding or whistleblowing information we had received, previous inspection reports and any complaints about the service. We also liaised with stakeholders who had involvement with the service. This included commissioners based within Salford City Council. This helped us determine if there might be any specific areas to focus on during the inspection.

At the time of the inspection the service provided care and support to approximately 32 people in the Salford area. As part of the inspection we spoke with the registered manager, both directors of the service, 12 people who used the service, three relatives and five caregivers. This was to seek feedback about the service provided from a range of different people and help inform our inspection judgements.

We also viewed three plans, three caregiver personnel files, policies and procedures and other documentation relating to the running of the service, such as satisfaction surveys, complaints, spot checks/observations and audits. We also visited two people at their home to look at how their medication

was handled and reviewed their care plan and communication log. We reviewed an additional three MARs whilst at the office, which meant we had looked at five in total.

# Is the service safe?

## Our findings

The people we spoke with and their relatives told us they the service was safe. The relatives of people we spoke with also felt the service was safe. One person said to us, "I feel very safe with (named caregiver). She is really lovely. She takes me out when it's not raining because I can't stand being in the house all the time. She is really careful to help me walk with my frame and I feel very secure when she's with me." Another person said, "My family said I needed somebody to help me with showering because I have had a few tumbles so the girl comes to help me. They are really good and I'm not frightened of slipping or anything." A relative also added, "My relative is very safe with the caregiver. I have absolutely no worries at all about safety."

We found there were systems in place to safeguard people from abuse. This included having a policy and procedure in place, informing caregivers how to report concerns. The registered manager maintained a log of any safeguarding concerns in a folder which was accompanied by Salford Safeguarding protocols, advice when carrying out DBS (Disclosure Barring Service) checks, referral forms and strategy/case conference meeting minutes.

The caregivers we spoke with told us they had received safeguarding training and knew about the signs and symptoms of potential abuse and described the action they would take if they had any concerns about people's safety. One care giver said, "Warning signs of abuse could include depression, going off their food, weight loss and being unusually quiet. I would report concerns to the office and document it straight away." Another caregiver added, "Types of abuse can include verbal, physical, sexual and financial. We have a policy and procedure and I would escalate things higher if I felt the manager may be involved."

People were protected against the risks of abuse because the service had a robust recruitment system in place. Appropriate checks were carried out before caregivers began working at the service to ensure they were suitable to work with vulnerable adults. During the inspection we looked at three caregiver personnel files. Each file we looked at contained application forms, CRB/DBS (Criminal Records Bureau/Disclosure Barring Service) checks, interview questions/responses, contracts of employment and photo identification such as passports or driving licenses. These had been obtained before caregivers started working for the service and evidenced to us caregivers had been recruited safely.

We found there were sufficient numbers of caregivers to care for and support people safely, with rotas in use which we reviewed during the inspection. The service used the 'People planner' call monitoring system which enabled at the office to check that caregivers were completing calls as required and in the event of a missed visit occurring, could then respond accordingly. We checked a sample of people's call records and saw they were logged on the system as required when completed. Care givers said they felt their rotas were well managed and were given sufficient travel time in between calls. The registered manager told us they felt the service employed enough staff and that staff who worked in the office were also trained to deliver care if there were any shortages or periods when staff were absent.

Caregivers said they received their rotas well in advance and always stayed for the allocated amount of time.

The service provided a minimum time of one hour for all care visits, with some lasting between three and four hours for companionship visits. One caregiver said, "There never seems to be a struggle with cover and we all cover each other as needed. I feel the rotas are well managed, with more than enough travel time. We get them emailed over to us so we can check them in advance." Another care giver added, "Any problems with the rotas are quickly dealt with. We know where we will be going well in advance and I feel there are enough of us to get round everybody."

We found people had risk assessments in place to keep them safe within their own home. These covered areas such as mobility and moving and handling. Any other associated risks were also referred to in people's care plan information, for instance in relation to nutrition, medication and accessing the community. Environmental risk assessments of each person's home were also undertaken and covered areas such as the kitchen, bedroom, entry to the property, safe storage of medication, windows, smoke detectors and electronic devices. Where potential risks were identified, control measures were in place. A record of any accidents and incidents were also maintained and held within people's care plans. This provided information about the incident, injury, treatment given and actions taken.

We looked at how medication was handled at two of the houses we visited and also reviewed three Medication Administration Records (MARs) in the office. The registered manager told us medication was usually delivered to people's houses by the local pharmacist or collected by either caregivers, people using the service or their family. We found MARs were signed by care givers when medication had been administered, with no omissions noted. The training matrix identified that caregivers had received training in the administration of medication, with an appropriate policy and procedure in place if caregivers needed to seek guidance or advice. One person who used the service said, "They sort out my tablets for me. I take them myself but they write it down in the book and make sure I've got a drink of water to take them with." Another person said, "The caregivers apply cream to my leg and groin area and do that very well. I always get my tablets as well."

There were appropriate procedures in place with regards to cleanliness and infection control, with people telling us caregivers always wore PPE (Personal Protective Equipment) when delivering personal care. Caregivers told us they always wore PPE equipment and were able to collect any additional supplies they needed from the office, which were always available.

## Is the service effective?

### Our findings

The people we spoke with told us caregivers were good at their jobs and felt they provided effective care. One person said, "Everyone at Home Instead is fantastic and I can't fault them. They know what they are doing 100%." Another person added, "The caregivers really do know what they are doing and that must be because of the training they receive." Another person added, "They come and do some cleaning for me. They take me to the shops so I can do my own shopping. I do forget things sometimes and they are really good at reminding me. For instance I'd forgotten that the carer was coming today but she just laughed and showed me the list where it said it's her day. They are very obliging."

There was an induction programme in place, which caregivers were expected to complete when they first began working for the service. An induction is intended to provide caregivers with the skills and knowledge to undertake their role effectively. Caregivers who had not previously worked in a care environment before also had access to the care certificate. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training. One caregiver said to us, "Initially I waited for all of my recruitment checks to come through before I started. I was also shown through the care plans and completed my mandatory training. The induction was thorough." Another caregiver said, "A standard induction and also the care certificate are available. The induction was quite inclusive and comprehensive."

The caregivers we spoke with told us they received sufficient training and support in order to undertake their work to a high standard. We reviewed the training matrix during the inspection and saw caregivers had received training in areas such as safeguarding, medication, moving and handling, infection control and health and safety. Additionally, care givers had access to a learning forum called 'Grey matters'. This provided additional e-learning and competency based sessions to aid caregivers with their professional development. One caregiver said, "I have done recent training in dementia awareness, moving and handling, medication, prostrate awareness and safeguarding. The training is excellent and they will look at other courses if there is something you are interested in." Another caregiver added, "They (management) always seem keen on broadening our education and training."

We found caregivers received appropriate supervision and appraisal as part of their on-going development. We looked at a sample of these records during the inspection and saw they provided a focus on any actions from the last meeting, health and safety, safeguarding concerns, training requirements, new objectives to work towards and other areas for discussion. Appraisals also took into account a review of performance throughout the year and any specific goals and objectives to work towards. One caregiver said, "Supervisions is every three months. We have a good chat for about an hour or so which is more than enough." Another caregiver said, "I feel supervision is a good system to have. They are always done in a professional and respectful way."

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 care givers we spoke with showed a good understanding of the MCA. Written consent was captured within people's care plans and covered administration of medication, risks assessments, records and care being provided. This meant people had been able to give their agreement to the services they received.

We looked at how people were supported to maintain good nutrition and hydration. We saw that if this was part of a person's care package, a meal preferences and dietary requirements care plan was in place. This took into account if people required any assistance to eat and drink and the support care givers needed to provide to people. The registered manager told us they did not currently support anybody that was nutritionally compromised or had experienced weight loss. The people we spoke with told us caregivers helped them prepare lunch or an evening meal, although this was usually done by putting a meal into the oven or microwave rather than making a meal from raw ingredients.

# Is the service caring?

## Our findings

The feedback we received from people who used the service was unanimously positive both about the care they received and the caregivers. People consistently told us caregivers provided an excellent level of care which was dedicated, compassionate and centred around what they wanted. One person said, "I think the carers are marvellous. I get the same one or two regularly. They never do anything without asking me if it's alright even though they do the same things most days. I try to be as independent as I can and they encourage that. They get my dinner ready but they don't do everything. They're very patient and let me prepare as much of my dinner as I can. I like that." Another person said, "I've had a new one (caregiver) today but she was really lovely. She looked through the book and then sat and talked to me about how I like things doing. She said, 'You're in the driving seat so it's up to you to tell me if I get anything wrong and then I can put it right. She was lovely. The caregivers really go the extra mile all the time.'"

Other comments we received included, "Receiving services from Home Instead is one of the best things I have done and I think it is fantastic. They provide an excellent level of care and support. Whatever you want they will do and all the caregivers are fantastic. I am more than happy with things." Another person told us, "I find the service excellent. They are so prompt and I find them courteous, friendly and they treat me so well." A relative we spoke with also added, "They are just amazing. They always have a chat with (my relative) and explain what they need to do. My relative can be really fussy and has set ways of wanting things done but they know that and do things that way if they can." Another relative added, "I can't fault them. They are marvellous. My relative struggles to tell me things but I know they are happy because they always smile about her (the caregiver)."

Home Instead aimed to embed a family orientated approach to the care they provided to people who used the service. People's relatives had close relationships with the office based team in addition to their caregivers. To promote relationships, when people first joined Home Instead, natural relationships formed through initial contact during the assessment process. From this, the most appropriate member of the team took the lead in dealing with the family and/or the person using the service to promote continued positive relationships, which ensured that people who used the service felt comfortable in bringing forward any concerns.

A matching process was used when people first began using the services of Home Instead. This involved ensuring care givers were able to be matched with people who used the service based on their likes, dislikes and personal preferences. A caregiver told us, "The matching process is always used and isn't just randomly done. A good amount of time is spent learning about people's backgrounds and there is always an introductory meeting with the people we will be caring for." A person who used the service also said, "With previous companies I have used there were constantly different carers coming round who I didn't know but it's not like that with Home Instead. They ensure the caregivers share similar interests to the clients so that there are common interests. The carers who come and see me are excellent but I think of them more as friends really and look forward to each one of their visits." Another person added, "I think they are all well trained and know what they are doing. There's been a different carer when one of the regulars has been ill or on holiday but normally it's the same faces every time which is important."

There were examples of where management and care givers had 'made a fuss' over people who used the service and showed a genuine interest in their well-being and welfare. For example, towards the latter end of 2016, management and caregivers had personally delivered miniature Christmas trees to people who used the service, with personalised gifts ranging from perfume, to socks and books on the war. Special occasions were also taken into account where cards, flowers and boxes of chocolates were delivered to people's houses at times such as birthdays, funerals or for celebratory events. Birthday cards were also hand written by management, directors and caregivers, before being delivered to people who used the service.

The registered manager told us they took pleasure in calling in to visit people who used the service in their own homes. During the inspection, one of the directors brought some cakes into the office and the manager knew one of the people we were going to visit and speak with as part of the inspection liked cakes, so brought a cake to give to them. A caregiver also told us the registered manager was excellent in comforting them when they had received some bad news which had upset them. The care giver told us the manager spent over an hour sitting with them at the office, checking they were okay and if there was any support they needed.

One person had recently had a relative to stay with them and following their relative leaving, the registered manager anticipated they may be lonely so regularly called into their house during the week and followed that up with telephone calls to check they were okay. On another occasion, one person needed to take in some dry cleaning and was unable to do this due to their poor health and mobility. The registered manager had called round, collected the items had them dry cleaned. The manager also picked them up, returned them and shared tea and cake afterwards to see if there was anything else they needed.

We saw specific examples of where caregivers had gone 'above and beyond' for people who used the service. One person had started to become confused with their house keys and often forgot to lock their front door. A caregiver had gone to the lock smiths in their own time and had several keys cut, labelled them all, put them on key rings and put them next to doors in the house so that the person would see them and remember to lock up at night or when they went out. We were told it had taken this person some time to feel secure with this new routine of not having to look for their keys and therefore the caregiver checked on them every night for a week to ensure the doors were locked and that they felt safe.

Another person had been admitted to hospital over the weekend. One of the caregivers was aware that this person had no family in the local area to contact and let them know how they were. The person had a pet cat and the caregiver knew the person would be worried about the cat being on its own. The caregiver, in their own time, had called to the house over the weekend to leave the cat food, milk and contacted the hospital to inform the ward staff that the cat was okay to prevent the person from worrying and being distressed.

The service had been approached by one family who were struggling to source a home care agency in the area and in getting their relative to engage in the process. The registered manager had asked them what the person's interests were and was told this person had a love for dogs. The registered manager suggested bringing a dog to the initial assessment, which the person agreed to because a dog was coming along. The service was started shortly afterwards, with a caregiver kindly offering to take their dog to the calls to ease the person into a supportive situation. Following this, the caregiver arranged (again in their own time) to take the person to local dog shows at the weekend.

The caring ethos embedded within the service was further evident with participation in a number of fund raising events. In memory of a person who previously used the service, who sadly passed away, the registered manager was doing a walk for the Alzheimer's charity. One of the directors was also doing a

skydive to raise funds in memory of this person. This was the first opportunity to do this due to it being the first anniversary since the person passed away. The registered manager described this person as a 'Character' and someone who all the caregivers enjoyed spending time with. The registered manager contacted the family to check this would be appropriate and were overwhelmed with the thought and were more than happy for it to go ahead. In honour of the person and to keep their memory alive, the service had devised 'The Marshall award' which would be awarded to caregivers for their continuous hard work and to help them remember the person specifically.

The provider/management encouraged people who used the service to maintain relationships where possible with friends and relatives. In one instance, a person who used the service did not have any emergency contacts listed, other than a neighbour as they reported they did not have any family. Through speaking to the person, the caregiver identified they had a step daughter and step grandson. With the person's permission, the caregiver, again in their own time, spent an evening on the internet and tracked down both parties. They were now back in contact and made regular phone calls and were planning a face to face visit.

People were involved and placed at the heart of the care they received wherever possible. There were a number of points where people were contacted. This included a courtesy call within a week of the service beginning and a four week call to gain views and feedback, which were both prior to service reviews. Service reviews were then undertaken and established if people were happy with the service they received, were happy with the caregivers, asked if anything could be improved and asked if anything wasn't working. One person said, "When we first started with them (home instead), they came and went through everything I needed. They made a few recommendations for me to think about and they said that if anything changes, they would come and talk to me about it." Another person added, "They came and talked to us about the care plan. They've made it very clear that if we find we need more support they can come and review things with us."

People told us caregivers always treated them with dignity, respect and allowed them privacy at times they needed it. Caregivers also told us about how they treated people this way when delivering care. One caregiver said, "When I am delivering personal care I will cover people with a towel if needed. I always ask if people want me to leave the room as well so they don't feel embarrassed, but also be there to assist as needed." Another caregiver added, "Always close doors and respect people's modesty. I will knock on the door before entry and ask what people want out of respect."

People who used the service added that caregivers always tried to promote their independence to enable them to continue doing things for themselves. Caregivers also provided examples of how they maximised people's independence when delivering care such as including them in household tasks like food preparation. One person said, "I try to do as much as I can for myself to try and be a bit independent but it's good to know they're there if I need them."

At the time of the inspection, there was nobody accessing the services of an advocate, with many families taking this responsibility. The service had a client journal and this contained information about how this type of service could be accessed if required.

## Is the service responsive?

### Our findings

The people we spoke with and their relatives told us they felt the service was responsive to their needs. One person said, "I have two visits a day to assist with breakfast preparation, emptying my bins and medication. These tasks are always carried out and I feel my care needs are met." Another person added, "I'm very satisfied overall. They do whatever I need them to do."

We saw that before people's care packages commenced, management carried out an assessment of people's needs. This was usually done when receiving a referral from the local authority, which would then be followed up by the service conducting an assessment in people's own homes. The initial assessment would allow caregivers to establish what people's care needs were and the tasks caregivers needed to undertake.

People also had individual care plans in place, which were compiled once initial assessments were undertaken. These were kept in the office and also at people's houses. During the inspection we looked at three care plans which provided full details of how many visits people needed each day, the duration, what caregivers needed to do and the outcomes that were to be achieved. The care plans we looked at contained any relevant background information about people and provided caregivers with details about people's family life, education, family and things of enjoyment. This would ensure care givers had personal details about people to help them deliver person centred care based on people's choices and preferences.

People who used the service and their relatives were able to participate in service reviews, which provided the opportunity to be involved in their care wherever possible. The reviews took into account if people were happy with the service they received, what the caregivers were like, things that could improve, a review of documentation and if there were any further comments to make about the service.

We looked at the most recent satisfaction surveys sent to people who used the service. This had been the first survey sent since the branch opened in 2016; therefore the feedback was based on people's experiences during the first year. The surveys asked people for their views and opinions about the office staff, if caregivers were caring, were considerate and respectful, if caregivers were on time and had a good knowledge of their care needs. The surveys had only recently been returned around the time of the inspection, therefore we were told an overall analysis had not yet been completed. We did note however that the vast majority of feedback was extremely positive about the services provided.

There was a complaints policy and procedure in place. This clearly explained the process people could follow if they were unhappy with aspects of their care and set out how complaints were recorded, investigated and responded to. Compliments were also recorded where people who used the service and their relatives had expressed their appreciation for the services provided. The people we spoke were aware of the complaints process and how they would report concerns. One person said, "If I was worried about anything I would have no problem in ringing them. I think the communication from them is pretty good. I must say though that I've got no complaints at all." Another person said, "I would speak with the manager if I had a complaint and I have all the information to make a complaint including phone numbers."

People were supported to access the community as necessary by care givers to avoid social isolation. One of the main aspects of the service provided included a 'Companionship service' and this enabled people to attend plays, concerts, clubs and participate in hobbies and crafts. People's care plans took into account people's social preferences and the support they needed to access these services.

## Is the service well-led?

### Our findings

There was a registered manager in post. 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.

Home Instead Senior Care - Salford and Worsley is owned by Hazlehurst Limited, which is part of the corporate provider 'Home Instead', a national chain of domiciliary care providers throughout England and certain other countries. The Salford branch was co-founded by two directors, one of whom had previously had difficulties sourcing an appropriate care provider for their relative and to the standard they felt was required. This prompted the Salford Branch to be set up and it therefore registered with CQC in June 2016. There was a staffing structure in place which ensured there were clear lines of accountability and consisted of the directors, the registered manager, a care co-ordinator and a team of 19 caregivers.

Community engagement and partnership working was an area where the service excelled. The registered manager told us priority was given to dementia training for both caregivers and the wider community in Salford. Both directors had enjoyed delivering several dementia awareness sessions to groups in the area including the local fire service in Salford. Other sessions had also been delivered sessions to small community groups and businesses throughout Salford, with the feedback received about the sessions being positive.

Another link within the local community was with the local Trading Standards office who had provided scam awareness training sessions for caregivers for the benefit of people who used the service and families. The service had a close relationship with the 'Think Jessica' charity whose aim was to help prevent scams and marketing fraud being perpetrated amongst elderly people. This ensured that awareness was raised amongst caregivers and people who used the service.

Home Instead Salford and Worsley worked closely with Marks and Spencer's. This included a monthly memory café and 'Santa for a Senior' with a view of collecting gifts for older adults who were isolated or socially deprived in the local community. A monthly meeting was advertised, with the target audience being members of the public who were concerned or experiencing/have fears relating to memory or dementia. Sessions were held to signpost, offer support and be a point of contact for a chat to raise awareness. Alongside the memory café, the service had a box in Marks & Spencer shop where they collected donated gifts for older adults in the local community for Christmas to be delivered during December 2017. An event was also being scheduled in order to present the gifts to people, with refreshments also provided. The aim of this work was to prevent stress to those experiencing memory issues as well as educating members of the public who may not be familiar with the condition.

Throughout the summer months of 2017, one of the directors had prepared the WOW (What's on Where) guide for Salford and Worsley. This involved lots of their spare time spent visiting local community centres, libraries and social spaces within the local area, sourcing various activities that were available for people on

each day of the week. The thinking behind this was that people may want to leave the comfort of their own home to attend an activity or simply enjoy some fresh air supported by their caregiver. Following this initial research, the WOW had been created and provided an overview of what people could take part in which ranged from coffee mornings/afternoon tea, health and well-being sessions, support groups/therapy and various hobbies, clubs and societies. The overall benefit to people who used the service would be to prevent social isolation and access the local community more frequently as opposed to staying indoors.

The registered manager had arranged for several people who used the service to participate in interviews with local television and radio stations in the area. The radio interview opportunity had arisen following the publication of a report stating that Salford had been rated as one of the worst performing local authority areas following the first wave of CQC inspections. One person who used the service felt they wanted to have their say as they had commissioned Home Instead following a poor experience with a different care company. Based on this, the registered manager contacted BBC Radio Manchester who visited this person so they could share their views and felt it was a 'Good news story'. The details of this interview had been published on the BBC website and could be accessed via the podcast system. Several people had also been interviewed by the television company 'This is Manchester' and were asked to share their views and thoughts on the difference between 15 minute care calls and the minimum one hour calls which Home Instead currently operated. We were told this improved the person's self-esteem, as they were heard and felt good knowing someone wanted to hear their story, thoughts and feelings. This also gave them a focus and purpose as they, their family and friends spent the day listening to the interviews on the radio.

The registered manager had been highly proactive in raising awareness about specific conditions and illnesses such as bowel cancer and Parkinson's disease, relating to people who used the service. This had arisen following a poster they had seen whilst at Salford Royal Hospital. They were keen to ensure caregivers were well informed about these conditions and in turn would be in a position to provide people with additional information relating to tests/concerns they may have been experiencing. The manager had contacted the Bowel Cancer Centre and arranged for one of their speakers to attend the service to speak with caregivers. This involved a two hour session and provided information about the risks and the importance of a prompt diagnosis. The registered manager had also contacted the Parkinson's Society who supported them to access training for the caregivers, who worked with the person who had this condition. As this could affect other caregivers personally or professionally, additional members of the team were invited to ensure they had the correct skills and knowledge.

The culture of the service was one geared towards the care provided to people who used the service. This was reflected in the care planning we saw and through discussions with people who used the service and caregivers. All caregivers we spoke with clearly articulated their understanding of person-centred care and how they gained an understanding of people's needs and interests. One caregiver said, "Sit down with people and ask them about what they want. The more I work with people, the more I get to know about the things they like. The matching process makes this very easy."

All of the caregivers we spoke with told us there was an excellent culture within the service where, despite not always working together that often when delivering care in the community, team work was strong. Caregivers said they enjoyed their work and that Home Instead were a good company to work for. One care said, "The job is going smashing from my point of view and they are by far the best company I have worked for." Another caregiver added, "It is so good working for Home Instead. Team working is very good and the culture almost family like. There is good communication, management are approachable and you can drop into the office any team to speak if you have a problem."

Caregivers said they felt extremely well valued which motivated them even more to provide high quality care

to people. Post cards were sent to caregivers periodically by management, with personal thanks for their efforts, hard work and tasks completed. A 'caregiver award' had recently been implemented and this presented the opportunity for people who used the service, relatives and professionals to nominate caregivers for working to a high standard.

Caregivers said that management was very strong and told us they felt supported in their roles and could approach management at any point to raise concerns. One caregiver said, "The management set up is brilliant. They are very approachable which is nice and I have never had a single issue. They are all nice." Another caregiver added, "The support is one of the great things here and management is very good. They help us in our roles and answer any queries we have."

Despite not being an out of hour's service, an on-call service was offered to support caregivers/families and people who used the service. This service was made available because it was felt that lone workers should not feel isolated or unsupported at any point whilst at work. It was also recognised that people who used the service may like to change their arrangements during out of hours and may have felt prevented from doing so, as they did not want to disappoint their caregivers. Families, who work full time, also had the opportunity to contact a member of the team to discuss their loved ones and any issues which may have arose during normal working hours. This ensured people could be re-assured that they had a point of contact if they had any queries or concerns regarding their safety.

We looked at the systems in place to monitor the quality of service provided to people to ensure good governance. We saw 'Client quality assurance' forms were undertaken for each person and provided a focus on how they found the office staff, what the caregivers were like and if they met their needs, things that were working well, what didn't work well and things that could be improved. Spot checks and observations of caregivers were also completed and took into account their appearance, if tasks/interventions were being completed to a high standard and if people's care needs were being met. Caregivers also had their competency assessed in areas such as medication and moving and handling. These systems would ensure that management could ascertain where improvements may be required and therefore take appropriate action.

The service operated a session called 'Topic of the month'. This was created to support caregivers in their role by offering additional information to them each month following on from audits, new legislation and talk about anything that could be improved. We noted sessions had covered areas such as privacy/dignity, infection control, confidentiality, safeguarding and MCA. This presented the opportunity to promote learning within the team.

Meetings were held amongst both management and care givers to discuss the service, any concerns and ways to improve the service. Caregivers told us these meetings were a regular occurrence and we observed one taking place during the inspection. One caregiver told us, "They tend to take place every three months or so but there is always the opportunity to pop into the office and bring things up as we go along." Another caregiver said, "They are regular and we always get sent a copy of the minutes if we are unable to attend."

The service had a wide selection of policies and procedures in place and covered areas such as complaints, confidentiality, equal opportunities, health and safety, infection control, moving and handling, medication, safeguarding, supervision/appraisal and whistleblowing. This ensured care givers had access to necessary guidance they needed to seek advice in a particular area.