

## Home Instead Senior Care

# Home Instead Senior Care

### Inspection report

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### Ratings

Overall rating for this service	Good ●
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?	Good ●

# Summary of findings

## Overall summary

About the service: Home Instead Senior Care is a domiciliary care agency. It provides personal care to people living in their own homes.

People's experience of using this service:

People and their relatives told us they felt very safe using the service. The service was extremely reliable, and the care staff were timely. One person said, "They are always on time. That helps tremendously; it helps us organise our lives."

There were robust systems in place that ensured the service was very reliable. There was an electronic system which alerted staff if somebody's visit was later than expected. Action was then taken to investigate and ensure people were safe and received their visits as required. One person's relative told us, "The system works brilliantly; it gives me reassurance as I live far away."

The recruitment of new staff was safe and staff members were trained in safeguarding vulnerable adults. There were appropriate risk assessments in place for risks that may arise when providing care and support for people and how these risks would be reduced. People were supported to take their medication safely.

People and their relatives praised the skills and approach of staff members. One person's relative said, "They are outstanding. The staff say how much they enjoy caring for [name], which is very reassuring for me."

At the service there was a strong focus on maximising training and support opportunities to enable staff to be as effective as possible in their role. All staff members were very positive about the training and support they received. They told us they felt well supported, well equipped for the role, happy and were looked after by senior staff. A personal interest was shown in each staff member.

The training process was creative with a focus on developing the empathy, compassion and interpersonal skills of staff to ensure positive relationships were developed with people using the service. Staff members told us that during supervision meetings they were supported in developing their relationships with people.

People were truly respected and valued as individuals. People told us that staff were caring and supportive of them. One person said, "I feel happier when they [care staff] are here." Another person had written to the service saying about their care giver, "They have been the perfect care giver. She has supported us with total professionalism. Always on time, a shoulder to cry on, a helping hand when needed and totally honest in every way."

People were treated with the upmost dignity and their privacy was deeply respected. One person told us, "Carers coming into our home is an intrusion; but they make it as easy as possible." Another person's care plan contained information for staff on how to ensure their visits did not excessively interrupt the person's

day. The visits were planned around the person's favourite television programs and family events. Staff knew when the person wished to have personal space.

Staff spoke very positively about people and their role. One staff member told us, "It's a massive privilege to support people in their own homes."

The service was working within the principles of the Mental Capacity Act. People's consent to their care was sought during the assessment and care planning process. Their permission was sought before care and support was provided even if this had previously been agreed and was in a person's support plan. This showed people respect in their own home and acknowledged that people may change their minds. People were supported to remain in control of their lives as much as possible.

Each person had an individualised, person centred care plan. Care plans were set out as a series of outcomes that people wished to achieve and had clear details of what support a person agreed they needed to safely achieve these outcomes. People's care plans also contained details of what people were able to do for themselves or could achieve with some support. People and their relatives told us that they were involved in putting together their care plans. If appropriate the service also worked closely with health professionals in the design and delivery of people's care.

People and their relatives told us that the service was well-led and of high quality. One person's family member told us, "I was very nervous of going through an agency. But the compassion and respect [name] and I get are amazing." One person said that they could not have coped without the service they received. They said, "It was the best thing I could have done."

Rating at last inspection: At the last inspection the service was rated Good (June 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: Ongoing monitoring.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

### Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Home Instead Senior Care

## Detailed findings

### Background to this inspection

#### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) 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 Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

This inspection was carried out by an adult social care inspector and an assistant inspector.

#### Service and service type:

Home Instead Senior Care is a domiciliary care agency. It provides personal care to people living in their own homes. Not everybody using Home Instead Senior Care received regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do so we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

This inspection was carried out on 27 February and 8 March 2019; the first day was unannounced. On the second day we visited people by arrangement who used the service to gain their perspective.

#### What we did:

As part of planning the inspection we looked at information the provider had sent us in their 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 any improvements they plan to make. We looked at information we held about the service as part of our ongoing monitoring; including any statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We also spoke with the local authority to gain their perspective of the service.

During the inspection we spoke with five people who used the service, four relatives of people, one health and social care professional and seven members of staff including the registered manager and the nominated individual. We also looked at records at the home which included records relating to staff recruitment and support, audits and quality assurance reports and the care plans for six people.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt very safe using the service. One person told us, "I feel my mum is safe...I don't have to check on them."
- There were systems in place to ensure the handling of people's money and keys was done safely.
- Staff had received training in safeguarding vulnerable adults and were able to explain what action they would take if they had any concerns. There was a safeguarding and whistleblowing policy in place. A senior member of staff was always available on call to provide additional support when needed.
- Staff had a safeguarding app on their phone which provided information and contact details that they may need to raise a safeguarding alert. This ensured staff always had important information on them.
- The registered manager maintained a record of any safeguarding concerns, reported these to the relevant authorities and acted to ensure people were kept safe.

Assessing risk, safety monitoring and management

- People told us that they could depend on the service provided. The service was extremely reliable, and the care staff were timely. One person said, "They are always on time. That helps tremendously; it helps us organise our lives."
- There were robust systems in place to ensure the service was very reliable. People's visits were allocated in advance to staff members who knew the person. There was an electronic system which alerted staff if somebody's visit was later than expected. Action was then taken to investigate and ensure people were safe and received their visits as required. One person's relative told us, "The system works brilliantly; it gives me reassurance as I live far away."
- There were appropriate risk assessments in place for identified risks that may arise when providing care and support for people and how these risks would be reduced. These risk assessments were detailed and had been regularly reviewed with people. They included risks to people's physical health, environment and moving about safely.
- People's care plans contained details of the risks people had understood and had chosen to take in their day to day life, because they were important for them. When this was the case the risk had been assessed and mitigated as much as possible, whilst respecting people's autonomy and their right to take positive risks.

Staffing and recruitment

- Recruitment of new staff was safe. Thorough pre-employment background checks were carried out to help ensure new staff were safe to support people before they started.
- We looked at staff rotas on the system; these showed that the service had enough staff to complete people's necessary visits safely, as planned. The rotas were organised so that staff had enough time to

provide people with the support they needed.

- The interview process was focused on an applicant's personal qualities and values with a focus on empathy. People and their relatives praised the quality of new staff members that had been recruited. One person said, "The staff are absolutely wonderful...they find the right sort of people."

#### Using medicines safely

- People were supported to take their medication safely. Each person had a medication care plan and records showed people received the medicines they needed to maintain their health and well-being.
- Training was provided for staff on how to administer medication safely; their competency in administering medication was also assessed.
- Audits were carried out on the quality of medication records and spot checks took place on medication administration. This enabled the provider to know that people were receiving their medication safely.

#### Preventing and controlling infection

- Staff had been trained in how to take practical steps to help prevent the spread of infections. Staff were provided with protective equipment to help them do this; such as gloves and aprons.

#### Learning lessons when things go wrong

- The registered manager maintained a record of incidents that happened at the service, looked for patterns that may indicate a trend or problem and recorded the actions taken in response. This showed a culture of learning and helped ensure that people were safe.
- If a person was involved in a serious accident or incident their care plan was reviewed to ensure that the person was receiving appropriate care that kept them safe.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- We saw that people's needs, choices and their desired outcomes from their support were recorded with them as part of a detailed initial assessment. This helped ensure that the service was able to safely meet people's needs and support them to achieve their outcomes.
- We saw that if it was highlighted during the assessment that care staff may need particular training to safely meet a person's needs this was provided quickly for staff. If needed the person's identified staff team met before supporting the person to ensure they were all equipped to meet the person's needs. This enabled staff to be effective in supporting people to achieve their outcomes.
- The assessment gave people the opportunity to discuss their cultural, spiritual and religious needs; along with any other personal information that was important to them.

Staff support: induction, training, skills and experience

- There was a strong focus on maximising training and support opportunities, to enable staff to be as effective as possible in supporting people to achieve their outcomes. It was evident that there had been an ongoing process of assessing, developing and improving the training provided to staff. One staff member told us, "There is a culture here of learning and development." A senior staff member told us that staff were encouraged to reflect and build on their qualities within their role.
- People and their relatives praised the skills and approach of staff members. One person's relative said about the staff, "They are outstanding, which is very reassuring for me."
- All staff members praised the training and support they received. They told us they felt well supported, were equipped for the role, were confident, happy and well looked after by senior staff. Staff described their role as, "Brilliant", "Rewarding" and one staff member told us, "I love my job."
- For new staff there was a twelve-week induction process that covered the care certificate standards. This included six days classroom style training and shadowing an experienced staff member; during which time they were introduced to and built up relationships with people who they were going to provide care for. This meant new staff got to really know people's needs and preferences. People were discreetly asked for their feedback on the quality of new staff members and the feedback was used to offer additional support.
- Personal interest was shown in each staff member through the induction; we saw that new staff had constant support and communication from senior staff. New staff's preferred learning style was assessed, and if needed parts of the training adapted to this; this was to ensure that staff were benefitting from the training. One senior staff member told us their job was to keep new staff happy; because, "There will be better relationships and people will receive better care." New staff received a welcome to the team card signed by their colleagues, which they told us they appreciated.
- In the training provided there was a strong focus on developing the interpersonal skills of staff and the importance of empathy within relationships. Staff members also told us that during supervision meetings

they were supported in developing their relationships with people.

- The training process was interactive and creative. The service had equipment that helped staff to understand people's day to day difficulties. For example, eye glasses that showed staff the difficulty some people had with their eyesight and gloves that demonstrated what a loss of feeling or stiff joints may feel like. Staff were provided with information about sensory problems people may have through a series of "Through the eyes of" exercises. For example, using different types of hearing aids and training in how to support people to get the most out of them. This approach helped staff understanding and showed how they can adapt their support to show more empathy and consideration for people. One staff member told us, "This helps us get an insight into people's experiences. This is so helpful." People praised the approach of staff members. One person said, "The quality of staff is incredible, they all have the right attitude."
- All staff had regular contact with their line manager to discuss any issues or concerns. Staff had regular one to one supervision meetings with their line manager and an interactive annual appraisal of their skills and abilities. One staff member told us that due to this support, "My confidence as a caregiver has grown."
- Staff received regular newsletters with reminders, updates and useful information to keep staff members up to date on good practice. Each person had a team of staff that met to discuss the support of one person. This enabled them to review the persons support in detail, what was working and not working and helped the team to learn from each other's experience and have ideas that may improve the care people received.
- New training was developed and delivered to help staff meet people's changing needs. For example, one person who uses the service had been defrauded by a person posing as somebody else. When the provider became aware of this they arranged "scamming" awareness courses for staff, so they can help protect people by being vigilant looking out for and making sure people are aware of these risks.
- There was a thorough accredited training course in understanding dementia and its impact on people. This focused on meeting people's unmet needs, how to aid communication and other techniques for effectively supporting people. Currently one third of staff members were engaged in this learning.

Supporting people to eat and drink enough to maintain a balanced diet

- For people who needed encouragement to eat a balanced diet; their care plans contained information for staff on how to best do this. Some people's care plans contained details on how people can be supported to make their own home cooked meals with support. This meant that people were encouraged to eat by having and enjoying their food just how they like it.
- The service recently partook in a "staying nourished campaign"; this highlighted to care staff the importance of ensuring people had enough food and fluids. This led to some staff trying new ways of supporting people to eat which led to some people having a more balanced diet. For example, some staff had recognised that certain people who had trouble eating enough were more likely to eat if the staff member was also eating. One staff member told us that they now made a habit of asking if they can eat their lunch with a person; this had resulted in the person eating their whole meal which was unusual as they had usually eaten little at lunchtime.

Staff working with other agencies to provide consistent, effective, timely care; and supporting people to live healthier lives, access healthcare services and support

- The service worked closely with district nurses and occupational therapists in the design and delivery of people's care. For example, the service worked with healthcare professionals in adapting a person's support, so they were able to return home from hospital quickly and safely. For another person staff worked closely with an occupational therapist to practically work out over a number of days how a person can achieve their outcome of having a bath safely.
- People's care files contained guidance for staff on how it had been agreed people's healthcare needs are best met. Staff members followed guidelines provided by health care professionals which has resulted in some people's health improving. For example one person's family member told us about their relative, "His

skin since they have been, has been so much better."

Ensuring consent to care and treatment in line with law and guidance

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 principles of the MCA were embedded in the planning and delivery of people's care.

- People's consent to their care was sought during the assessment and care planning process. Their permission was sought before care and support was provided even if this had previously been agreed and was in a person's support plan. This showed people respect in their own home and acknowledged that people may change their minds. One person's care plan reminded staff, "These tasks are dependent on [name] allowing the care giver to complete them."
- If appropriate people had signed to show that they consented to and agreed with the information and guidance for staff contained in their care plan.
- Staff had a good understanding of the MCA and their responsibilities. Staff members told us that one aim of the service was to help people to remain in control of their lives.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; equality and diversity

- People told us that staff were very caring and supportive of them. One person said, "We wouldn't do so well if it wasn't for Home Instead." Another person told us, "I feel happier when they are here." One person had written to the service saying about their care giver, "They have been the perfect care giver. She has supported us with total professionalism. Always on time, a shoulder to cry on, a helping hand when needed and totally honest in every way."
- People's relatives also told us that the service was exceptionally caring, and they were confident with them caring for their family members. One person's relative told us, "They treat my mum really well. They treat my mum like she was their mum. The carers are amazing." Another person's family member said, "I cannot fault anything; I have been stunned with the level of respect and dignity [name] has received." A third person's relative told us of the care and emotional support they have received saying, "They are lovely with me. They are as much for the carers as the person being cared for."
- Staff spoke very positively about people and their role. One staff member told us, "It's a massive privilege to support people in their own homes." Another staff member said, "I love it when people tell me they enjoy my visits."
- The service and staff were flexible in supporting people. We saw examples of when the service had arranged for last minute extra care and support to ensure that a person was safe. People told us that staff cared about people's feelings and provided emotional and practical support during people's difficult times.
- We saw that people were treated as individuals with individual needs. For example, in considering people's personal histories and any religious and cultural preferences they may have and supported them with these.
- We saw examples of people being supported to do things that were important to them and to maintain important relationships. For example, care staff helped one person to bake their partner a Valentine's cake.
- The provider ensured there was an outstanding culture of being exceptionally caring. There was a strong focus on relationships and empathy in the training and development of staff members. Also, staff were praised by the provider when they showed a personal interest in people. One senior staff member told us that their learning was that good support is all about relationships. They told us, "People's support changes as the relationship with care givers develops. We are then able to help people more."

Supporting people to express their views and be involved in making decisions about their care

- People told us that knowing which staff member was coming was important to them. The service shared this information with people in the way they preferred. For example, in print, by email or shared with a family member who organised the person's care and could tell them.

- One person's care plan contained information for staff on how to ensure their visits did not excessively interrupt the person's day. The visits were planned around the person's favourite television programs and family events. Staff knew when to give the person personal space.
- One staff member told us that they used the time when food was in the oven to teach the person to knit. They now do this together which has led to many good chats and finding out more about the person, their views and preferences. These had then been acted upon. Another person told us, "They sit with me and have a cuppa and check how I have been."

#### Respecting and promoting people's privacy, dignity and independence

- People were treated with the upmost dignity and respect. People told us that their decisions were respected; however, they felt confident asking for help and advice when they needed it. One person said, "If I need any advice I just ring the manager. She is warm, caring and genuine."
- People's privacy in their homes was deeply respected. One person told us, "Carers coming into our home is an intrusion; but they make it as easy as possible." People's confidential private information was kept secure in electronic and paper format in the provider's office.
- Some people's care plans had a section dedicated to how people would like to be supported to remain as independent as possible, when this was important to them. The service also ensured that people had information about and access to independent advocacy if they would benefit from this.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were person-centred and very detailed. They provided information and guidance for staff on how to meet people's needs and respect their preferences.
- Care plans were set out as a series of outcomes that people wished to achieve. For example, some people's care plans had the desired outcome for people, "To remain living at home." The care plans had clear details of what support a person agreed they would need to safely achieve this outcome.
- People's care plans also contained important personal details that people wished to share with their care staff. This helped care staff to get to know people, their lifestyle and their preferences.
- Care plans contained details that were important to the person. For example, one person liked their food shopping to come from a particular shop; another person's care plan said that the on occasion they enjoy a Chinese or Indian take away and show staff support the person with this. Other people's plans contained details on how they liked to socialise and how they chose to stay as active as possible.
- People's care plans also contained details of what people were able to do for themselves. For example, one person's care plan said about their lunch time call, "It is important that [name] is included in all aspects of her care and this will include cooking. . . [name] can help carers to prepare her meal." Also, "Caregivers. . . may need to step back and allow [name] to make her own breakfast."
- People and their relatives told us that they were involved in putting together their care plans. One person's family member told us that this was a "useful process." The information in people's care plans had been regularly reviewed with them. People told us that they felt it was important that they had been involved in putting together their individualised care plan.
- A daily record was kept of the care and support provided for people. These records were detailed; we checked a sample of the records and saw that people's daily care and support was meeting their agreed needs. These records were periodically checked for any problems or trends that may indicate a person's support needed reviewing.
- The service was meeting the Accessible Information Standard as they assessed, recorded and shared information regarding people's communication needs. Action was then taken to ensure information was provided in a way meaningful for them.

Improving care quality in response to complaints or concerns

- People's complaints and concerns were listened to and acted upon. In the service user guide there was information for people on how to raise a concern or complaint. The registered manager kept a record of any written or verbal complaints, along with the outcome and any action taken. There was also a record kept of any follow up actions needed to ensure the complaint was resolved and that actions taken had been effective.
- If appropriate we saw that the manager met with people to gain their perspective if they had made a complaint and people were responded to in writing. People told us that the approach of the manager made

them feel very comfortable raising any concerns they may have. One person told us, "I love the manager' any concerns I have I tell her, and they are responded to."

- Care staff were trained in how to respond to a concern or a complaint raised by somebody supported.

#### End of life care and support

- There was a policy in place on how the service would support a person with care at the end of their life. We were told by the registered manager that the service works alongside health care professionals to ensure people receive appropriate end of life care that met their preferences.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and their relatives told us that the service people received was well-led and of high quality. One person's family member told us, "I was very nervous of going through an agency. But the compassion and respect [name] and I get are amazing." One person said that they could not have managed without the service they received. They said, "It was the best thing I could have done."
- There was a positive and caring culture at the service. Staff told us they felt listened to and that the registered manager and provider were approachable. Staff told us they received regular support and open communication with the leaders of the service.
- There was a low staff turnover at the service. Staff received a long service award after providing a certain number of hours of care to people; this was to recognise and appreciate a staff member's commitment.
- The service had a well-developed and up to date set of policies and procedures. These provided clear guidance for staff within the service on what had been agreed as best practice to follow. We saw that these policies were reviewed regularly and kept up to date. For example, there had been recent updates to the social media policy.
- The provider and registered manager had arranged for important information to be shared with people, their family members and statutory bodies as necessary. We found them to be open and candid during our inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were very clear of their roles and responsibilities and there were systems in place to ensure the service was of high quality. One staff member told us, "I love working with the team; people are so enthusiastic about their roles."
- There was a daily meeting called a "huddle" to address any problems that were arising during the day; to ensure all time sensitive tasks were covered, any sickness absence was covered and people were scheduled to receive the care they needed.
- Appropriate systems in place to manage risks and to ensure that people received high quality care and support. There was a range of regular audits and checks that monitored the quality of the service provided for people. These helped ensure the service remained of a high quality and the provider and registered manager had oversight of a service the was providing safe appropriate care for people.
- We saw examples of when audits and checks has resulted in an improvement in the service. For example, constructive audits of people daily care records and feedback given to staff members had resulted in an

improvement in the quality of those records and in responsiveness to people's needs. Also, the system for checking staff support, training, supervision meetings, spot checks and appraisals had ensured that staff had the skills and support necessary to be effective in their roles.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a nice warm and welcoming atmosphere at the office used by the service. People told us they felt confident coming into or calling the office for any reason.
- People's family members told us they thought the service communicated effectively and was well led. One person's relative told us, "I was involved in everything and [the manager] has been brilliant and very open. I cannot fault them at all."
- There was an in-depth annual satisfaction survey of people who use the service and their families. The results of this were used in a report which compared the results to the previous year and other similar organisations. People's replies showed that they were satisfied with the service they received; one hundred percent of people were likely or very likely to recommend the service to others.
- There was also an annual survey of care staff. The feedback was positive with a highlight being that all who responded thought the leadership of the service lived their values and staff praised the training and development opportunities available.
- Staff had access to an employee assist program to provide additional support if needed. A senior staff member told us that there was an emphasis on staff work and life balance. This was to ensure sustainability and people staying in their role to provide people with a consistent service.

Continuous learning and improving care

- There was an insightful approach to obtaining the information needed to improve the service provided. Some staff had been on communication training and a mentoring course. The owner of the service told us that to improve the care and support provided; "Communication is everything and it is easy to get wrong."
- During quality assurance visits to people's homes a main objective was to listen to people using the service and staff. Information gained during quality assurance visits was used to improve people's care.

Working in partnership with others

- Health and social work professionals praised the collaborative approach from the leadership of the service. We saw examples of when people's support was adapted, changed or moved to enable people to be able to engage with other services that benefitted them. For example, one person's support was changed to enable them to have essential refurbishment works at their home.
- The newsletter for people and their families gave updates from and the details of local organisations who may be able to provide additional support for people.
- The provider works in partnership with other organisations; they are a member of a local home care steering group, the local registered managers network and has a good working relationship with the local council. The provider was asked to work with the local chamber of commerce to set up a business package aimed at promoting the health and social care sector, the first of its kind in the country. They told us that these roles helped them to promote home care as a model for people who chose to stay in their own homes.