

## A & M Senior Care Services Limited T/AS Home Instead

# Home Instead Senior Care

### Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the Covid-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the provider.

### About the service

Home Instead Senior Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. At the time of the inspection it was providing a service to approximately 70 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

People overwhelmingly described the staff as kind, caring and compassionate. People were treated with the utmost respect and were encouraged to live as dignified and as independently as possible. Peoples choices and wishes were respected. People were matched to the staff to ensure they had things in common and therefore make for a happy and fulfilling care experience.

People and their relatives all spoke positively of the service as a whole and spoke very highly of the leadership and registered manager.

People were at the heart of the service, there was a strong person-centred ethos which was embedded within all aspects of care and which was known and valued by staff.

All staff had clear roles and responsibilities and understood the values of the service.

The registered manager was highly visible and motivated staff. Staff were proud to work for the service and felt truly appreciated and supported. The management were proud of the diversity of the workforce and this diversity improved outcomes for people using the service.

People who used the service and the staff supporting them had regular opportunities to comment on service provision and made suggestions regarding quality improvements. People told us that the management listened to them and acted on their suggestions and wishes. Everyone working at the agency understood the need to be open and honest if mistakes were made.

The service worked in partnership with health and social care professionals to support care provision, service development and joined-up care. Managers proactively engaged with the local community and were

always striving to improve.

The registered manager understood the importance of monitoring the safety and quality of the service to maintain exceptionally high standards of care.

Staff treated people as unique individuals who had different likes, dislikes, needs and preferences. Staff and management made sure no one was disadvantaged because of their age, gender, sexual orientation, disability or culture. Staff understood the importance of upholding and respecting people's diversity.

People and their relatives were fully involved in developing their plans of care. Staff were provided with personalised information on how to best support people. People told us that staff took their time to get to know them as individuals and that they enjoyed their company

People using the service trusted the staff and felt safe with them. People were involved in decisions about their care and assessing potential risks to their safety. Ways to reduce these risks had been explored and were being followed appropriately.

Staff understood their responsibilities to keep people safe from potential abuse, bullying or discrimination. Staff knew what to look out for that might indicate a person was being abused.

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.

Staff understood the way people expressed their views and the service made sure no one was disadvantaged because of the different ways people communicated.

People's medicines were managed safely. People told us they were satisfied with the support they received to manage their medicines where this was part of their care package.

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

Rating at last inspection

The last rating for this service was good (published 16 January 2018)

Why we inspected

This was a planned pilot virtual inspection. The report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the COVID-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the Provider.

The pilot inspection considered the key questions of safe and well-led and provide a rating for those key questions. Only parts of the effective, caring and responsive key questions were considered, and therefore the ratings for these key questions are those awarded at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information, we may inspect sooner.

## 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?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

Inspected but not rated

### Is the service caring?

At our last inspection we rated this key question outstanding. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to caring.

Inspected but not rated

### Is the service responsive?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to responsive.

Inspected but not rated

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding 

# Home Instead Senior Care

## Detailed findings

### Background to this inspection

As part of a pilot into virtual inspections of domiciliary and extra-care housing services, the Care Quality Commission (CQC) conducted an inspection of this provider on 10 November 2020. The inspection was carried out with the consent of the provider and was part of a pilot to gather information to inform CQC whether it might be possible to conduct inspections in a different way in the future. We completed this inspection using virtual methods and online tools such as electronic file sharing, video calls and phone calls to gather the information we rely on to form a judgement on the care and support provided. At no time did we visit the provider's or location's office, as we usually would, when conducting an inspection.

#### Inspection team

The inspection was conducted by an inspector, a member of the CQC medicines inspection team, and two experts by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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

The provider had already consented to be part of this pilot project. We gave 48 hours' notice of the inspection so the provider could share the documents we needed to view.

Inspection activity started on 10 November 2020 and ended on 24 November 2020.

#### What we did before the inspection

We reviewed information we had received about the service since it was last inspected by us on 13 November 2017. This included notifications of significant events and other contact with the provider and stakeholders.

#### During the inspection

We spoke with the registered manager and the deputy manager. We reviewed a range of records. These included eight people's care records, three staff files in relation to recruitment. A variety of records relating to the management of the service, including quality audits, monitoring reports, risk assessments as well as policies and procedures relating to the running of the service

#### After the inspection

The registered manager sent us documents and additional information we had requested. We spoke with five people who used the service and 16 relatives. We contacted the staff to get their views about working for the agency. We received 21 responses. 'Caregiver' is a term used by the service for their care staff and has been used in some people's quotes about care staff.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- People told us they trusted the staff and felt safe with them coming into their home. One person told us, "Very safe. [staff member] is a little gem, it's like a friend coming in. She sees things that need doing." Relatives told us the staff kept people safe. A relative commented, "Very safe, [my relative] has got her marbles and she would soon say if there was anything she doesn't like. They genuinely seem to care about her."
- Staff had completed safeguarding awareness training and understood the procedures they needed to follow if they suspected abuse. One staff member commented, "If I witness or suspect the person in my care is being abused, it is my duty to act in a timely manner and to ensure that the situation is assessed and investigated. I must not disregard any sign of abuse. If I suspect immediate danger, then I should contact emergency services. I must immediately report any concerns to a manager."
- The registered manager and deputy manager understood that discriminating against people on the grounds of their protected characteristics was not only unlawful but abusive. The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act and must not be discriminated against.

Assessing risk, safety monitoring and management.

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed.
- People told us, and records showed they had been involved in discussions about any risks they faced as part of the assessment of their care needs.
- Staff understood the potential risks to people's safety and welfare and knew what action they needed to take to mitigate these risks. Information about risks was recorded in people's care plans and was being reviewed regularly. A staff member commented, "Each client has a risk assessment and at each care visit, I can monitor any changes."
- The service had systems for identifying, assessing and acting on environmental risks for each person and the staff supporting them. The registered manager told us, "[We undertake] training on individual equipment in clients' homes. The training is bespoke, as every home environment is different and there are often variations to equipment. Our qualified manual handling trainers train the Caregivers on the job at the client's home with each Caregiver, and then complete competency forms."

Staffing and recruitment

- People were supported by staff who were appropriately recruited. The service had a robust recruitment process and checks were in place. This ensured staff were suitable and had the required skills and knowledge needed to care for people.

- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Full employment histories were recorded on application forms and discussed at interviews.
- People told us there were rarely any issues with timings or lateness. One person told us, "I know who comes when and what time. "[Staff member] is always on time. I would always be told if there is any change." Another person said, "I get a rota of exactly who and what time. Very consistent care. All the office staff are on the ball."
- Staff told us the time they were allocated was enough and they could undertake the tasks required safely. A staff member told us, "I don't feel rushed with my clients and sometimes we can sit and chat." People told us they did not feel rushed by the staff.

#### Using medicines safely

- Records showed that people had their medicines needs and risks assessed. Care plans recorded the level of support that people would receive at each visit.
- Staff recorded when any medicines support was provided, either if staff were administering medicines, or prompting people to take their own medicines.
- People appeared to receive their medicines in the way prescribed for them. However, two people's records had one or more gap in their chart, where it had not been recorded whether medicines had been supported. These had not been picked up by the auditing process. The manager checked these and confirmed that doses had been given. They also told us that a new system of electronic medicines recording was about to be introduced, which would help reduce the chances of this happening as records could be monitored and checked daily.
- Staff received training in safe handling of medicines, and had competency checks to make sure they gave medicines safely.
- Detailed medicines policies and procedures were available to staff. We saw that reported incidents were followed up, and learning put in place to avoid any further issues. Medicines audits were completed regularly. We saw that some areas for improvement had been identified and actions put in place.
- People told us they received medicines on time and in a safe manner. One person said, "I take it myself, they make sure I take it." A relative commented, "Yes, there is a medication sheet, it's updated on a regular basis, they adhere very strictly to it with their guidelines."

#### Preventing and controlling infection

- The service followed safe infection control practices to ensure people and staff were protected against the risk of the spread of infection.
- Staff had completed infection control training as well as additional training in response to the COVID pandemic. People told us they felt safe with staff as they wore appropriate personal protective equipment (PPE) and followed good hygiene practices. One person commented, "They wear protective clothing, and have special bags to dispose of it off the property." A relative told us, "[Staff] washes her hands when she arrives and after pretty well everything she does, and when she leaves. She is extremely particular."
- Staff understood their roles and responsibilities in relation to infection control and confirmed they had completed additional training and were provided with sufficient amounts of PPE. One staff member informed us, "There have been many updates on wearing PPE. We have also been given regular reminders of correct hand washing techniques by our online training facility." Another staff member commented, "I have always had enough PPE, even for frequent changes when necessary and I have no concerns over training."

#### Learning lessons when things go wrong

- The service had policies and procedures in place for reporting and recording of accidents and incidents

and staff understood these.

- The service had accident and incident forms in place and the registered manager told us they would follow their procedures where required.
- The registered manager gave us examples of where they had learned lessons from past experiences and feedback from both people using the service and the staff supporting them.

# 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.

At the last inspection this key question was rated as good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We checked whether the service was working within the principles of the MCA and found that it was.
- People told us that staff asked permission before supporting them, offered choices and valued their decisions. One person told us, "There's very little that needs me to give permission, but they will always ask before they do it. They take every care that they are doing what I want." A relative commented, "Everything is done with her views taken into account." Another relative said, "They're very good. Because [my relative] is very independent if she is struggling, they say 'shall I help?'. They let her do what she can."
- Staff had attended MCA training and were aware of the need to always obtain consent when they supported people. A staff member told us, "Involving clients in decisions about their care is paramount. We offer 'client-centred' support and ask for their consent first before taking any kind of action. We do not presume. Transparency is important. The care plan is put together with the involvement of the client."

# 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.

At the last inspection this key question was rated as outstanding. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Ensuring people are well treated and supported; respecting equality and diversity

- People received a caring service from staff who were respectful and thoughtful.
- People consistently told us they were well treated by the staff who supported them. One person commented, "It's just like having a friend about."
- People told us, and records showed that the service was committed to delivering person-centred care that reflected people's diverse needs in respect of the protected characteristics of the Equality Act 2010. A relative told us, "They are all articulate even if English isn't their first language, they seem well qualified and experienced carers." The registered manager told us how they ensured people with protected characteristics were supported with sensitivity and compassion. They gave us examples of how they supported people from different backgrounds, religions and sexualities.

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

- People and their relatives were involved in the assessment, planning and review of their care provision. One person told us, "[Manager] came to see me and I showed her around my flat and told her what I expected. If there's a problem I can call them, and they can call me. The contact is very good."
- People told us, and records confirmed that people were involved in making decisions about their care on a daily basis. Staff respected people's views in relation to their care and followed their lead with sensitivity.
- Personal information held by the service and relating to people using the service was being treated confidentially and in line with legal requirements.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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

- People decided what support they wanted, and care was tailor made to meet their needs and preferences.
- People told us, and records confirmed that they were involved in planning their care. They told us they felt empowered, valued and listened to.
- We saw people who used the service and their relatives had been involved in updating care plans as required. One relative told us, "[Staff] religiously fill in the folder. The care plan has changed over the years, it's an ongoing dialogue between mum, me and the manager."
- Care plans gave staff information in areas such as people's background history, likes and dislikes, health and social care needs, care outcomes, and how they would like to be supported. One person commented, "[The staff are] very friendly. They do know my likes and dislikes. We chat, we have coffee together. No problem."
- Staff at the service understood what person-centred care meant and the importance of treating people as unique individuals with specific needs and preferences.
- Staff supported people to carry out activities and encouraged them to maintain links with the community and their family and friends where this was part of their care provision. This included supporting people to attend places of worship.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The care documentation showed that the service identified and recorded people who had different communication needs. Staff understood the way that people expressed and communicate their needs and wishes.
- People told us that staff interacted well with them and understood the different ways they communicated. A relative commented, "On the initial chats, I did specify it would need to be someone who spoke clearly due to [my relative's] hearing problems. I met the ladies initially, there were no problems with that."

End of life care and support

- Relevant policies and procedures around end of life planning were in place so that staff understood this important aspect of care should it be needed.
- The deputy manager shared with us their experience of supporting a person with end of life care and

making sure staff were supported as well. A staff member commented, "I have supported a client towards the end of their life and it's very sad as you build a relationship. We work as a team with all care givers and try to make our clients as comfortable as they can be at this sad time." Another staff member commented, "I knew the client's wishes, that she wanted to remain in her own home until the end. I was able to give comfort and reassurance and respond to her on a day-to-day basis as her needs changed. I felt confident in this role and was supported by Home Instead management team when I had any doubts about her care. It was a privilege to be with her as she passed and give her the dignity she deserved."

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has improved to outstanding: This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us the service was exceptionally well-led and they were at the heart of the service provision and so the care people received was decided by them, their relatives and representatives. One person told us, "They keep you in the picture all the time. They are nice people to talk to." Another person commented, "[The agency], does anything I want or need." A relative told us, "I think it's incredibly professional. I have a focus point, I have a lady who is responsible for the schedule and a lady for medication and the [registered] manager if I need her. I know who to speak to if needed. It feels very competent and professional."
- People were supported in a sensitive way. Several comments from relatives spoke of how staff listened to how people wanted to be supported and looked at the best way in providing the care people required. A relative told us, "First off, they all know what they are doing, they are well trained, and they are not rude or assume anything, they just fit in with things. One [staff member] in particular, I always feel she is our daughter. They are not in a hurry to dash off somewhere else."
- Staff satisfaction levels were high and staff turnover was low. This meant people received consistent support from staff who knew them well. This also meant that relatives could rely on staff to provide a very high level of service delivery. A relative commented, "[The agency] provides people who are friendly, cheerful and relate well to my mum and ensure her needs are met. For me, I can be more of a daughter." Another relative said, "He has built up a beautiful friendship with the three of them." Another relative told us, "Taken the burden and worry off our shoulders. I know [my relative] is very safe in their hands."
- One of the facets of service delivery which the registered manager was particularly proud of and, people using the service told us was important to them, was matching staff with the people they supported. This included matching staff who had the same protected characteristics. The registered manager told us, "We currently have Caregivers who have felt comfortable in disclosing they are in same sex relationships. We are very proud of the diversity of our Caregivers. It allows us to match our Caregivers with our clients who are also very diverse. It is great when clients are able to speak the language from their heritage or chosen language." A relative told us, "We have quite a lot in common with the staff. The lady who came with the [owner] who came to see us, they have all been there almost from the beginning." A staff member told us, "Home Instead ensure the client is matched to the carer."
- Staff told us they were very well supported in their role and the management had fostered an open and positive culture. One staff member told us, "The great thing about working for Home Instead is to be recognized for my strengths and be encouraged to use my skills every day. Meeting an incredibly amazing and varied group of peoples [my clients] and supporting me on every level." Another staff commented, "I have regular supervisions in the office, and they visit me when I am with clients for a support visit. I feel I can

talk to my managers at any time as they operate an open-door policy. I can also talk to the owner of the service. Recently we all got an additional bonus as a thank you for all the extra times we made ourselves available during the first Covid lockdown, so I know we are being appreciated. Our owner also put a video on Facebook thanking all the Caregivers and office staff for everything we have been doing."

- The registered manager, supported by the provider, promoted a positive culture which encouraged openness and enabled staff to provide care that achieved positive outcomes for people. The registered manager was passionate and dedicated and was committed to keeping a happy workforce in order to maintain high quality service delivery for people. A relative told us, "There is nothing else I could ask for, it really is amazing." Another relative commented, "[The registered manager] is very impressive, she seems knowledgeable about care." A staff member commented, "Management and office support are always available. They care about their clients and their needs, promoting a person-centred approach."

- Staff understood the values of the organisation and how they put these values into practice on a day to day basis. This had a positive impact on people and their relatives. A relative told us, "Loving care is an art and I think these people have that. They have the interest of my wife at heart." Another relative, who had been telling us about the service commented, "Everything I've said is genuine and heartfelt. [The agency] allows my Mum to live at home independently, surrounded by her things and her cat." A staff member commented, "I feel very fortunate to have found Home Instead and am very happy working as part of the care team. They make me feel a valued part of the organisation and it is lovely the way that client's (and their families) needs are put right at the front of everything they do."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care;

- The registered manager gave us examples of how people who used the service had been involved in improving care provision. They told us, "We had a client who had been a consultant anaesthetist and used to give lectures in her working life. Before lockdown, we used to invite her to come into our Induction training with new candidates and she would love speaking with them and talking about her experience of having support from Home Instead."

- People told us they were regularly contacted by the registered manager and office staff to ask them for feedback on the quality of the service and to make suggestions for improvements. Regular quality surveys were sent out to people using the service, their relatives and staff from an outside, independent company. We saw the results of the last surveys carried out in 2019. Staff were overwhelming positive about working for the service with 97% of staff feeling proud to work at the service and motivated to go 'the extra mile'. The latest survey for people using the service indicated that 100% of people felt the service they received was well matched to their needs.

- People who no longer required the service were sent an 'end of service satisfaction survey' to gain their views about the support they received and to provide an opportunity to improve service delivery. We saw completed surveys which were very complementary.

- Even though the service received very positive feedback about care provision, the registered manager understood the need to constantly look at ways of improving further for the benefit of both people and the staff supporting them. They gave us a number of examples of recent changes either just implemented or planned shortly. These included staff training and recruitment as well as improving systems of communication with people and their relatives.

- People and the staff who supported them told us ways in which the registered manager had reacted swiftly to changes caused by the recent COVID pandemic. A relative told us, "It has been a blessing for me as I can't visit at the moment because he's vulnerable and I am too. I could not have put him in better hands. It has been wonderful" Another relative commented, "When she couldn't go to the hairdressers during lockdown, one of her carers did her hair every week for her." A staff member commented, "One of my clients requested virtual calls during the pandemic, as she really appreciated and enjoyed my creative sessions with

her, so I have chopped up my 2 hrs session into Facetime calls, where I was setting her projects, chatting to her and we even made projects together. I think I have made a huge difference in her everyday life and she was very proud to show me her paintings and many, many creations."

- Staff confirmed there was equal treatment of employees. One staff member commented, "We have many nationalities working together. I have never noticed any difference in how we are all treated. As a black British person, I feel confident to say so." The registered manager told us, "We have very diverse employees. We have Caregivers with many different religions. We have Caregivers with hearing loss and wear hearing aids. We have provided them with full face visors as well as face masks as they find wearing visors is more comfortable with their hearing aids and easier for them to lip read without their glasses steaming up. We have Caregivers with other health related conditions, and all have had a Health Risk Assessment for their conditions."
- Staff told us they were consulted about the running of the service and their comments and suggestions were sought and taken on board by the management. One staff member commented, "I have suggested, and it has since been taken on board, to have a picture gallery in the office of all carers. Different carers on the same package are unlikely to meet each other, so it is nice to see them, even just in a picture."

#### Working in partnership with others

- People were supported by a range of professionals and the staff team consistently worked closely with these to ensure all aspects of a person's life was recognised as being important.
- Relatives we spoke with told us how this joint working had improved outcomes for people who used the service. A relative told us, "They keep me in the picture all of the time. I speak to one of the carers every day. They take him to his medical appointments. I am now so relieved." Another relative said, "She is chirpier, engaging and her cognitive skills are improving as a result of having the care."
- The registered manager was active within the local community and business networks. They were also part of a number of networking groups for health and social care in the area, where they shared learning and ideas. The registered manager told us, "We work very closely with all areas within our borough, GPs, district nurses, Sutton's older people's mental health team, Admiral nurses, district nurses, diabetic nurses, Age UK, pharmacies, social workers, the CCG, Occupational Therapists, Physiotherapists, chiropodists and we participate in MDT [Multi-Disciplinary Team] meetings [in person and virtually]. We work closely with the Admiral nurse team. They have referred a number of clients to us and we have worked together with them and the Mental health team to support clients living at home. We invited the team leader for Admiral nurses in our area, to come and speak at one of our Caregiver meetings. This happened last year before the pandemic lockdown."
- We saw from records of communication between the registered manager and other professionals that they were extremely complimentary about the service people received and the part played in improving the health and welfare of the people using it.

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

- The registered manager and staff were clear about their roles in providing care that met the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.
- People were safely supported as the provider had a number of quality assurance systems in place, which were meaningful and encouraged different staff to engage in the auditing process. For example, the registered manager had instigated a 'medication champion' in order to ensure the timely auditing of people's medicines. This effective monitoring of the service was consistently achieved, seen through feedback we received and the records we examined.
- There was a strong line of accountability with the registered manager and nominated individual having a clear oversight of the service. This was understood and appreciated by the staff team. A staff member

commented, "Since beginning employment for Home Instead I have faced new situations and challenges. I have done this with the full support from the management team and have felt that they have really helped me to strive to give each client the best possible care."

- The registered manager was aware of the statutory notifications they needed to submit to us by law.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities in relation to duty of candour and gave us examples of how they had acted on this. A relative told us, "We have an ongoing dialogue, if any issues arise, its dealt with." A staff member commented "[The registered manager] encourages candour, openness and honesty at all levels." Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' [people acting lawfully on their behalf] in relation to care and treatment.