

A & M Senior Care Services Ltd

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

This inspection took place on 13 November 2017 and was announced. We gave the provider seven days' notice to become available for the inspection. This was because when we first contacted the provider to give 48 hours' notice we found the director would be unavailable. At our previous inspection in September 2015 we rated the service 'good' overall and found the service was meeting the fundamental standards.

Home Instead Senior Care provides personal care and support to older people in their own homes. There were 34 people receiving the regulated activity, personal care, and 77 people using the service overall. Most people funded their care privately.

At the time of our inspection the service did not have a registered manager. However, the manager had almost completed the registration process and became registered a few days after our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People received care from a service which was extremely caring. All people and relatives without exception told us how caring the staff who supported them were and staff went the extra mile in providing care to people.

Staff knew the people they supported very well and build very good relationships with them. People received consistency of care from the same staff members and people received companionship at every visit.

Staff were compassionate towards people and treated people with dignity and respect. People were involved in decisions relating to their care and were supported to maintain their independence.

People were carefully matched to the staff who supported them in relation to compatible personalities, hobbies, interests and backgrounds.

The provider supported relatives to understand the dementia related needs of their family members by providing training to them. This helped people maintain relationships with those who were important to them.

People were central in developing their care plans and care was delivered to a high standard in the ways people preferred.

People were involved in reviewing their care. People and relatives were encouraged to feedback to the provider on their care and a suitable complaints system was in place.

An excellent induction package was in place which helped staff to understand the experiences of people using the service. Staff experienced some of the physical difficulties older people live with through a person using the service who gave feedback on how it felt to receive care. Staff were provided an opportunity to complete a specialist qualification in dementia to help them understand the best ways to care for people living with dementia.

Staff received suitable training on-going and the provider was reviewing their training package to include the mental capacity act (MCA) to increase staff understanding in this important area. People received care in line with the MCA.

People were supported to live healthier lives and received the right support in relation to eating and drinking. The provider helped people receive coordinated care when they moved between services.

People felt very safe with the staff who supported them and were safeguarded from abuse and improper treatment. Staff received training in how to recognise if people were being abused or neglected and how to report this.

Risks relating to people's care were reduced because the provider had systems to manage risks.

People's medicines were managed safely by the provider. Records showed people received medicines as prescribed. The provider had systems to identify and investigate any omissions in recording, and the manager told us they would improve further by checking medicines records more frequently.

People were supported by staff who the provider checked were suitable to work with them as part of recruitment. There were sufficient numbers of staff deployed to support people. Care workers received effective support to carry out their roles through induction, training, supervision and appraisal.

The provider monitored, assessed and improved the quality of care through a range of audits and gathering feedback from people. People, relatives and care workers all told us the service was well-led. The provider communicated well with people who used the service and care workers.

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. People were protected from abuse and neglect. Risks relating to people's care were managed well.

People's medicines were managed safely.

The provider checked staff were suitable to work with people and there were enough staff deployed to support people.

Is the service effective?

Good ●

The service was effective. Staff received an excellent induction which encouraged them to consider the experiences of people they provided care to.

Staff received regular support and supervision with annual appraisal.

People received their care in line with the Mental Capacity Act 2005.

People were supported to live healthier lives and received the support they need in relation to eating and drinking.

Is the service caring?

Outstanding ☆

The service was very exceptionally caring. Staff were extremely kind and knew the people they worked with very well as they developed strong relationships.

Staff went the extra mile in providing care to people and provided care in compassionate, empathetic ways.

Staff treated people with dignity and respect and supported people to be as independent as they wanted to be.

People were involved in decisions about their care.

Is the service responsive?

Good ●

The service was responsive. The provider matched people with staff and provided care which was responsive to people's needs.

People were supported to integrate into their local community and were supported to maintain relationships with people who were important to them.

People were at the centre of developing and reviewing their care.

The provider encouraged people to feedback on their care and there was a suitable complaints procedure in place.

Is the service well-led?

Good ●

The service was well-led. The service benefited from strong leadership and a management team who had a good understanding of their roles and responsibilities.

The provider communicated well with people using the service, their relatives and staff.

The provider audited the service in a number of ways to check the quality of care.

Home Instead Senior Care

Detailed findings

Background to this inspection

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

This inspection visit to the service took place on 13 November 2017 and was announced. We gave the provider seven day's hours' notice to give them time to become available for the inspection. When we first contacted the provider to announce the inspection we gave the provider 24 hours' notice but the provider was unavailable due to medical reasons so we then rearranged the inspection for the following week. The inspection was undertaken by an inspector and an expert by experience who telephoned people using the service and their relatives after the inspection. An expert by experience is a person who has direct experience of care services.

Before our inspection we asked the provider to complete a Provider Information Return (PIR). The PIR contains information about the service and how it is managed by the provider. We also sent questionnaires to people using the service, their relatives, staff and professionals to gather their views on the service. We received responses from nine people who used the service, eight staff and four relatives and friends. We did not receive any response from professionals. We reviewed this information, as well as the previous inspection report.

Before the inspection our expert by experience spoke with 15 people using the service and five relatives.

During the inspection we spoke with the director, the manager, the trainer, three care workers and a care coordinator. We looked at five people's care records to see how their care was planned, records relating to medicines management, three care workers' recruitment files and records relating to the management of the service.

Is the service safe?

Our findings

People were safeguarded from abuse and improper treatment by the provider. A person told us, "I suppose the most important part for me is safety and I can honestly say since having the wonderful carers round to help me it has given me a real sense of relief, security and a feeling of safety knowing that they are there for me at the end of the phone and first thing in the morning without delay." A relative told us, "We have honestly never had a concern in the four years that they have been helping [my family member]." A second relative told us, "[My family member] feels completely safe using this service, it not only makes him feel safe but it gives us great peace of mind too, knowing that, without fail, he will be checked daily and his tasks done. He also won't feel abandoned or lonely as he looks forward to their arrival." Our discussion with staff showed they understood the signs people may be being abused and how to respond to keep them safe. The manager confirmed there had been no safeguarding allegations since our last inspection although they had communicated with the local authority safeguarding team for advice when necessary.

Most risks relating to people's care were reduced because of suitable risk assessment processes, although they could be improved for risks relating to one person. The provider identified and assessed risks relating to most people's care and put suitable management plans in place. This meant staff had suitable information to follow in supporting people. However, for one person with complex needs the provider had not identified they were at risk of pressure ulcers in their paperwork, although the staff who supported them were aware. Staff who worked with the person confirmed they received regular care from a district nurse as part of reducing the risk of pressure ulcers developing, and they also checked the person's pressure areas, applying a barrier cream daily. This meant systems were in place to reduce the risk of the person developing pressure ulcers, although the way the provider recorded this to guide staff could be improved.

Risks relating to moving and handling were managed well, although the written management plan could be improved. The same person used a ceiling hoist to transfer in their home. A relative told us, "The morning carer uses a hoist to get [my family member] out of bed and she is brilliant. [My family member] really likes her and she has really made the effort to get to know him. She is very proficient with the hoist and dad feels totally comfortable and safe when using it." The staff who supported the person explained they had been trained to use the hoist by an occupational therapist and it was a requirement for all staff to receive similar training before working with the person. However, the provider had not recorded details of how to support the person to transfer in a management plan. This meant staff did not have a document to refer to to guide them in transferring the person. When we discussed these issues with the manager they told us they would review the management plans for this person as soon as possible to ensure records were comprehensive and reliable.

People's medicines were managed safely by staff. A relative told us, "[My family member] does his own medicines but the morning carer is brilliant and she always checks what he has had and makes sure it is all correct. We are so relieved that he is safe in their hands." Our checks of medicines records indicated staff administered people's medicines as prescribed and in accordance with their care plans. We found a small number of omissions on people's medicines records. Audits in place confirmed the provider had identified these omissions, investigated them and taken appropriate action in response, such as guiding staff on how

to improve recording.

The provider trained all staff in medicines administration during their induction and was rolling out a new system to check the competency of staff every three months during spot checks, instead of annually. In this way the provider would ensure only staff who were competent administered medicines to people.

People were supported by staff who were suitable to care for people because the provider carried out recruitment checks. The provider checked staff criminal records, identification, proof of address, right to work in the UK and employment history. The provider also obtained six references for each applicant to check their performance in previous roles and their character. However, the provider did not always request staff complete health declarations to enable them to identify any reasonable adjustments to the role required to accommodate any health conditions. The provider told us this was an oversight and they would obtain these for all staff.

The provider deployed enough staff to care for people. A person told us, "They are always on time and will be here when they say they will be here, without fail." A relative told us, "The staff are always on time and [my family member] is very pleased with them." People, relatives and staff confirmed there were enough staff. We observed the care coordinator working on the rota and they told us they did not usually experience difficulties in allocating all the required visits to staff as there were enough staff. The manager told us they were available to cover staff shortages as they had a background in care, as were the care-coordinators and the trainer. The director told us they continued to recruitment staff to enable them to provide care to more people.

Is the service effective?

Our findings

People received care from staff who were supported through a good induction, supervision and appraisal and on-going training. A relative told us, "We are 100% confident that the carers are well trained, very knowledgeable and more than safe to look after [my family member]. Absolutely no concerns whatsoever." New staff received a five and a half day induction before they provided care to people. The trainer had added an additional day to the induction developed by the head office which had designed as a creative way for staff to experience some difficulties older people live with. For example, the trainer provided staff with gloves adapted to experience sensory loss and stiffness due to arthritis, as well as glasses adapted to experience sight loss. Staff tried to complete tasks such as dressing and opening bottles whilst wearing the gloves or glasses. Staff told us the training was excellent and helped give them more empathy towards the people they cared for.

The provider invited a person receiving care from the service to the induction to share their experiences of receiving care and to further help staff understand what it is like to receive care. The trainer guided staff to think about how they themselves would like to receive care which helped them consider how they should work with people to ensure a very positive experience.

The induction also consisted of a full day learning how to build relationships with people, how to make conversation and how to develop good listening skills. A third day taught staff about the ageing process and the fourth day about safety. The induction followed the care certificate. The Care Certificate is a national qualification developed to provide structured and consistent learning to ensure that care workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe, quality care and support. This meant staff reached the expected standards during their probationary period.

Staff received training in key areas as part of their induction, including safeguarding adults at risk, first aid, medicines management and moving and handling. New staff shadowed more experienced staff before they cared for people alone and staff received supervision every three months during which they were able to raise any issues and receive guidance on the best ways to care for people.

The trainer told us a new training programme was being rolled out where staff competency in moving and handling, safeguarding, first aid and medicines management would be assessed every three months to ensure staff continued to follow best practice. We are unable to comment on this new training programme at this stage and will review it at our next inspection. Training in the MCA was not included in the training package. The provider also did not provide training to staff in pressure ulcer management or diabetes management, although some people using the service were at risk in relation to these issues. When we raised our concerns with the provider they told us they were rolling out MCA training to office staff and had already scheduled a solicitor to speak with staff at a forthcoming team meeting about the MCA. The manager told us they would also add MCA to the induction and ongoing training for staff and would train staff in topics such as pressure ulcer management and diabetes when staff provided care to people with needs relating to these areas.

People living with dementia were cared for by staff who understood their needs well. This was because staff received comprehensive training in dementia. Staff were offered the opportunity to complete a qualification in dementia which the trainer facilitated with evening classes. One staff member told us they wouldn't have been able to provide good care to people living with dementia without doing this course as it gave them so much insight into people's needs.

People were supported by staff who were supported to complete additional qualifications to enrich their understanding of their role. The provider supported staff to complete diplomas in health and social care. The trainer was provided with courses to enable them to train staff as they transitioned to the role from being a care-coordinator. The manager had begun a level 5 qualification in health and social care leadership management.

Staff also received supervision every three months during which they discussed any issues of concern and their development and training needs. The provider observed staff caring for people every three months to check staff followed people's care plans, and they used these to identify and discuss any areas for improvement with staff. Staff also received annual appraisal to review their performance over the past year and set goals for the coming year.

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 were cared for in line with the Mental Capacity Act by the provider. The provider obtained written consent from people for their care package where they had capacity to consent. When the provider had reason to believe people may lack capacity they carried out mental capacity assessments to determine this, and showed us on assessment which determined a person had capacity. The provider told us all people had capacity to consent to their care but they would follow procedures to make decisions in people's best interests if they found people lacked capacity in the future.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There is a different process for services which provide care to people in their own homes. The manager told us they did not provide care to any people who required their liberty to be deprived as part of keeping them safe, but they would follow relevant processes in the future if necessary.

People received the right support in relation to eating and drinking. One relative told us, "The carers will always make sure [my family member] has had something to eat before they leave and if he says he's not hungry they will make him a sandwich for later." People told us they received their choice of food and drink and information about people's preferences was recorded in their care plans. People's specific needs relating eating and drinking clearly described in their care plans for staff to follow when providing care to them.

People were supported to live healthier lives by staff. A relative told us, "They will always pick up if [my family member] is feeling a bit under the weather and call either me or my sister. Once they called the GP when they couldn't reach us." The provider assessed people's physical, mental health and social needs before they began receiving care from the service. Staff were aware of people's health and social needs and

these were recorded in their care plans with guidance on how to support people. Staff liaised with other professionals involved in people's care where necessary and attended appointments with people when this was part of their agreed care package.

Staff ensured people received coordinated care when they moved between different services. The provider had obtained a stock of bottles for the 'lion's message in a bottle' scheme and provided people who may benefit from this scheme with a free bottle. The scheme involves recording important details about a person and storing this in the 'lions' bottle in the fridge. This means that ambulance crews have the necessary information to hand if they are called to provide care to the person. As another example, when people left hospital after an admission the provider worked with an occupational therapist (OT) in assessing the person's needs, obtaining any equipment such as hoists and training staff in using the equipment.

Is the service caring?

Our findings

People were cared for by a service which was exceptionally caring. All people and relatives were extremely positive about the care they received. One person told us, "They are amazing they really are. They are so caring, you just have to tell them what to do and they know just the way I like it and they get on with it and we have a good old laugh." A second person told us, "They are more caring than words can describe. The way they help me sometimes brings tears to my eyes to think they can be so kind to someone not related to them except through work. It is the little things that add up, the laughter, the chat, the 'nothing is too much trouble attitude' and the kindness towards me that counts to make my life bearable." A third person said, "More caring people you couldn't find." Another person said, "A good carer is a rarity these days but every single one of these [care workers] are excellent, every one of them."

People were cared for by staff who often went the extra mile in caring for people. One relative told us, "They go far and beyond the call of duty. They helped mum to finally take a shower, after two years of refusing [before Home Instead began caring for her]. The carer managed to coax mum in by getting in herself first fully clothed. My goodness it worked and brought my dad to tears. He simply couldn't believe a carer could be so caring and use their initiative to make it happen. We haven't looked back, mum is no longer afraid of having a shower." This meant that due to the care worker the person is now able to shower often and maintain their personal hygiene. A second relative told us, "They noticed that Mum was losing weight, they do actually care. It was not their job to pick this up and Mum is not [not the person they provide care to, Dad is] but they noticed and brought it to our attention and we are truly grateful for their amazingly caring, alert and professional manner." One person told us, "If it is time for them to leave and my husband needs to use the loo they will stay a bit longer and help. They really let him know that he matters and that they really do care. He is not just a number on a work list he is a human being with needs and above all feelings and they show that they know that." The provider scheduled visits so care workers had plenty of time to travel between visits so they could provide help in this way if necessary and would not be late of the next person.

People developed very positive relationships with the people who cared for them, and knew them well. The provider ensured people received care from the same care workers to help them build relationships. One relative told us, "[My family member] is happy knowing that he has the same carer pretty much every morning and knows exactly who to expect. If his usual carer has a day off or is on holiday they always make sure he knows who is replacing her before she goes." One person told us, "I can rely on them because I know they care I am not just another old girl to them I am a person who they care about. I can tell that is true because they take time with me and remember about my personal life and stories that I have told them about my youth." A relative told us, "They are more than simply a carer" and described the excellent relationship that had developed between their family member and the staff member. Our discussions with staff showed they knew people very well, including their backgrounds, people who were important to them and how they preferred to receive their care, and this helped them build relationships with people. For example, care workers were able to tell us in detail about how the people they supported had spent their lives, who their close relatives were, their daily routine and how they enjoyed spending their time. Care workers spoke about people in a compassionate manner and it was clear they also gained much pleasure in caring for people due to the strong relationships they had built.

People were supported by staff who understood the best ways to communicate with them. A relative told us, "[My family member] has Parkinson's and finds it very difficult to speak. They appreciate that at the Home Instead office and make sure someone who knows him telephones him if they need to for any reason. They just go that little bit further than most."

Staff received training in how to communicate with people including how to engage people in conversation as part of their induction. The trainer explained it was vital care workers provided companionship at every visit and so they taught staff how to identify topics people would be interested in, how to tailor their conversation to individuals and also how to be good listeners. Staff told us this training was very helpful in helping them relate to people. The impact of this training was clear from our discussions with people and their relatives. One person said, "I just don't feel lonely any longer, as I know they will be visiting when they say they will so I can look forward to cheery company with a smile and to my chats." A relative told us, "They not only listen but they act on what they've listened to, for example what my husband likes to talk about or his hobbies and interests are and they actually take the time to chat. They don't just try to leave in a hurry as if they've got somewhere more important to be." The director explained it was important staff spend quality time with people and they only accepted visits of an hour minimum to promote this.

People received care from staff who cared about, and improved, their emotional wellbeing. One person told us, "I couldn't stress just one good quality as there are so many but the most important thing to me is that they are human and treat me as a human being too. The other day I was feeling really low and [the care staff] was about to leave but she twigged I was upset so she put the kettle on and sat down with me for a while to put the world to rights and by the time she left I was laughing. That humanity and ability to listen and laugh is paramount in a good carer and they have all got it without fail." Another person told us, "The carers always listen but not only that they can gauge my mood somehow and act accordingly." A relative told us, "What is so brilliant about the staff is, they get to know dad and if he is a bit down one day they'll say, "Come on let's go out for a coffee and a walk around town" and without fail that always bucks him up." A second relative told us, "[My family member's] lift in spirit is all down to the carers, I can't take the credit. It is the carers and the brilliant team, just brilliant. I simply cannot say one single thing against them, not one." Staff told us the training they received in how to relate to people helped them provide care in such a compassionate way.

People received care in a respectful way and staff maintained their dignity. Staff gave us examples of how they ensured people were exposed for as short a time as possible when they carried out personal care. One care staff described how they were respectful and considerate when providing personal care to a person. This helped the person's partner feel reassured and a few weeks later they asked if the care worker could also provide care to them too. Staff spoke about people in a caring, respectful way and it was clear they were highly motivated to provide care to people.

People were supported to maintain their independence. A relative told us, "[My family member] has four carers throughout the day and finds each one of them to be punctual, efficient, very knowing and very kind and helpful. To put it bluntly he simply couldn't be in his own home without them." People's care plans detailed what tasks people could do for themselves and how staff should encourage people to do some tasks themselves.

People and relatives were involved in decisions relating to people's care and so people received care in their preferred ways. One person told us, "[Care staff] listen, they actually listen to what I am saying and they do things the way I like them done. We jolly well have a good laugh about it too." Care staff told us they always respected people's choices in relation to their care.

Is the service responsive?

Our findings

People were carefully matched with the staff who supported them. A relative told us, "Each carer that comes has her own gift, one has a beautiful voice and sings to my husband and he will sing along. Another is an artist and has amazingly got my husband to take an interest again, as he used to love drawing. He has actually started to draw again because of her. He gets so much more fulfilment out of his days now he has an interest and interesting people coming in to see him and let him know that he matters." The provider met with people before they began receiving care to find out more about them, including their background, hobbies and interests, how they would like to receive their care and their personalities. The provider then matched staff to people based on shared interests, backgrounds and compatible personalities. During their induction the provider asked staff their preferences in relation to the people they supported, for example, preferences relating to pets and other environmental considerations. Staff preferences were also factored in when matching people with staff to ensure a successful relationship.

The manager gave us examples of positive matches including matching a person with strong religious beliefs with a member of staff who shared the same beliefs. The person felt this added value to their bible reading. Another example was a person who was previously an artist and musician. The provider matched the person with an opera singer who sings with them. The care worker also taught the person to play a steel drum which he quickly picked up. The person also receives care from a care worker who has a music degree and plays the piano for them while they enjoy naming the composers. A third care worker is an artist who paints together with the person. As another example the provider matched a person who used to train guide dogs with a care worker who has a therapy dog which they enjoy caring for together during visits. A different person was matched with a care worker who spent many years living in their country of origin. The care worker used this connection to encourage the person to shower as they were reluctant to do so. The care worker took the person to a cultural centre each week to help build a trusting relationship and eventually the person was willing to shower. Lastly, the provider matched a person with a care worker with whom they shared family links to a coastal town and whose fathers had the same occupation. This matching helped the two find topics of conversation easily during visits.

People received full choice in the people who supported them. The provider introduced people to the staff who had been selected to support them before they began providing care. This was an opportunity for a relationship to begin to develop and for the two to check they were happy with the staff who had been selected for them.

The provider supported people's families to understand people's dementia-related needs and this helped people maintain important relationships. The director was involved in founding the Sutton Dementia Action Alliance and remained on the committee. As part of this the provider delivered free workshops to families and local organisations. This helped people maintain relationships with those who were important to them as, the provider helped relatives understand how people's behaviours were linked to dementia and how they could support their family members positively. A relative fed back they found comfort from attending a workshop as they were able to recognise the different stages of dementia and manage some difficult situations through what they learnt. In addition the relative was able to sit quietly with their family member

and have many meaningful conversations.

The dementia workshops also helped people integrate into their local community by raising awareness of dementia and how to interact with people who may be living with dementia. In addition, many people who attended the provider's workshops became Alzheimer's Society dementia friends. A dementia champion is a volunteer who encourages others to make a positive difference to people living with dementia in their community. For example several dementia friends champions trained by the provider used their understanding to interview local people with dementia and their families as part of a research project by Healthwatch England. Healthwatch England is the consumer champion for health and social care.

People were supported to pursue activities they were interested in. Staff supported people to take part in activities in their own home such as gardening, baking, music and art. Staff also supported people in the community including visiting local clubs for older people to reduce social isolation. Staff supported one person to visit a private members club for lunches and supported them to host lunches for their friends there on occasion. Staff also supported the person to go swimming and use the steam room at the club. A person who was a national trust volunteer for many years now visits the national trust property where they volunteered often with their care worker while they enjoy guiding the care worker around. A different person who was a pilot was matched with a care worker who liked planes. The care worker supported the person to visit the Imperial War Museum and also to see a movie at the cinema about the war, their first time at a cinema in over 50 years.

Staff encouraged people to reminisce about their lives through creating 'life journals'. These were books where people recorded their memories and put photos of important times in their lives and important people. For one person who created their life journal several years ago with staff, the life journal provides a useful way for the person to reminisce about the past they now struggle to remember. Another provider who now also cares for the person uses the life book to introduce new staff as it helps them engage and have more productive interactions while they look at old photos and recall anecdotes from the past.

People received care which was responsive to their needs and preferences because people were central to developing their care plans. One person told us, "[Care staff] are totally in tune with what care is required on a daily basis and act accordingly. For instance, this morning I just could not dress myself so they helped dress me without a fuss. Yesterday I couldn't put the plates away and they helped me do that and then took the time to discuss the miserable headlines of the paper with me. Little things like that add up to make life easier and more normal really." A second person told us how their care was always carried out to a high standard saying, "In all the time I've been using the service I have not had one single problem, not even a niggles." A relative told us, "It is a very personally tailored service. It is totally tailored to the individual client's requirements and preferences." The provider developed care plans based on people's needs and preferences as determined by meeting with them and reviewing any professional reports, such as from social services. People's care plans focused on them as individuals and contained sufficient detail to help staff understand them, their needs and preferences and the best ways to provide care to them.

People were involved in reviewing their care which meant their care continued to meet their changing needs. One person told us, "We are asked for feedback and the office visit now and again to make sure I am happy and receiving the service that I require and need. The answer from me is always the same 'yes I couldn't be happier and no there's nothing I need to be changed.'" The provider met or called people regularly after they began receiving care to check their satisfaction. When people and staff had established a good relationship the provider then met with people twice a year to check their care continued to meet their needs. The provider asked people and their relatives their views on the care provided and recorded their feedback. If any changes were necessary the provider made these promptly. This meant people's care plans

remained reliable for staff to follow in caring for people.

The provider encouraged feedback from people. People told us they felt comfortable calling the provider at any time to share any issues, and the provider often called them informally to check they were ok. The provider also used an independent company to gather people's views anonymously each year. A relative told us, "We are asked for feedback and to fill in a questionnaire once a year and in the questions, it asks if there is anything you would like to change about the service or anything you would like to add. How can you change something that works so well?"

The provider had systems in place to investigate and respond to complaints, although they had not received any complaints in the past year. People told us they had never needed to complain, however, they had confidence in the provider that they would respond well to any complaints made. One person said, "I have never had cause to complain and I can't see that I ever will if they carry on the same way that they are."

Is the service well-led?

Our findings

People were provided care by a service which was well-led. People, relatives and staff spoke positively about the service. One person said, "I believe wholeheartedly that it is a well-run and fantastic set up, offering care that suits people down to a tee and they should be rightly proud of that." A relative told us, "We are very, very comfortable with the provider and have no qualms what so ever about contacting them, in fact they encourage us to do so, so they know what they are doing right and where they could perhaps do better." A second relative said, "We have built up a good relationship with, not only the carers but the provider as well and we work out what we can do to support one another." A third relative said, "It all runs like clockwork."

People, relatives and staff told us the provider communicated well with them and office staff were approachable. A person told us, "If there is something that I am unsure about or want to change something, I simply give them a call and they sort it out for me no problem." A relative told us, "The office staff are extremely approachable and they listen, never had a problem." A second relative said, "We have built up a good relationship with, not only the carers but the provider as well and we work out what we can do to support one another." A third relative told us, "I will have a chat with them now and then and they will contact me just to chat about how they think dad is getting on."

The director of the service played a visible and strong role in their local community being involved in a local organisation set up to improve services through listening to and sharing feedback from people. The director established good links with local organisations, regularly attending community events including those for fundraising and also for information sharing.

The manager had worked at the service for several years as a care worker and then providing managerial support and they had been managing the service for a few months. The manager had applied to register with us and a few days after our inspection their registration was confirmed. The manager had attended a four day intensive induction at the head office of the franchise. In addition they had begun a diploma in leadership and management in health and social care to help further their knowledge of their role. Our discussions with the manager and our inspection findings indicated the manager had a good understanding of their role. Staff all told us the service was well managed and were very positive about the new manager, as was the director. The director and manager met regularly to review the service, as did office staff, and this helped ensure it was well managed.

Staff were supported by the provider. The trainer was a qualified counsellor and encouraged staff to call them or drop in at any point if they wanted some emotional support for their work or personal lives. The trainer explained they also encouraged this, in particular, when staff experienced bereavement at work. The director also confirmed they made every effort to support staff so they were able to care for people as well as possible. The provider had an on-call system in place so staff could receive support at any time. Staff were also encouraged to develop their career within care and several staff had experienced promotion to roles such as care coordinator and trainer from being a care worker.

The provider held meetings with staff every three months during which staff could share ideas and

developments within the service were discussed. In addition, the provider invited guest speakers to these meetings to share best practice in their particular area with staff. Recent guest speakers included representatives from a local eye sight loss service who helped staff understand the experience of living with sight loss, including through the use of specially adapted glasses. Staff told us these meetings were extremely interesting and helpful. The provider arranged three team meetings throughout the day so staff could attend the meeting which was most convenient for them. The manager also described how they sometimes held focused meetings for staff providing care to the same individual. These meetings were held to help staff further understand people's needs and the best ways of working with them if difficulties had been identified.

The provider assessed, monitored and improved the service through good auditing processes and gathering feedback on the service. A relative told us, "The office always clock in with me to exchange information and to see if I am happy with the service from time to time. Of course, I always am happy and cannot find fault in it." The provider also gathered feedback from people twice a year to check they were happy with their care and reviewed their care plans and risk assessments with them. In addition the provider gathered feedback from people from an annual survey. The trainer carried out observations of staff every three months to check they were providing care to people in the best ways for them. The provider had a system in place to track the times staff began and finished supporting people to ensure staff stayed for the allocated time. The franchise central team audited the service each year. The most recent audit showed the provider had actioned areas for improvement which had been identified. The provider carried out their own internal audit of the service as a whole each year to monitor the quality in line with the fundamental standards. The provider had systems to audit medicines management. However, there was no set frequency for the provider to check medicines records, and daily notes, which meant the provider may not identify any issues for several months. The manager told us they would review the frequency they checked medicines records and daily notes to improve their auditing processes.