

Understanding Care (Coventry) Limited

Home Instead Senior Care Coventry

Inspection report

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Tel: 02476616262

Date of inspection visit:
09 June 2016

Date of publication:
28 October 2016

Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Good 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

This inspection took place on 9 June 2016.

Home Instead Senior Care Coventry provides domiciliary care to people in their own homes. Some people required 24-hour care. At the time of our inspection, 36 people were supported with personal care.

The service had a registered manager. 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.

The provider promoted the well-being of people, relatives and staff through creative and innovative methods, and also offered support to people in their local community who were caring for relatives. The provider had received national recognition for the service it provided, and worked in partnership with other organisations to ensure it received and acted on best practice.

The provider's ethos was to promote people's health, safety, well-being and independence. They ensured people were at the heart of the service, and that care was tailored to people's individual needs and preferences.

People and relatives told us they felt able to raise any concerns with the registered manager. They felt these would be listened to and responded to effectively and in a timely way. Staff told us the registered manager and senior staff were approachable and responsive to their ideas and suggestions. There were systems in place to monitor the quality of the support provided, and the provider regularly sought feedback from people and their relatives with a view to continually improving the service going forwards.

People and their relatives told us they felt safe with the staff who supported them. Staff received training to safeguard people from abuse. They were supported by the provider, who acted on concerns raised and ensured staff followed safeguarding policies and procedures. Staff understood what action they should take in order to protect people from abuse. Risks to people's safety were identified and staff were aware of current risks, and how they should be managed.

People were administered medicines by staff who were trained and assessed as competent to give medicines safely. Records indicated people's medicines were given in a timely way and as prescribed. Checks were in place to ensure medicines were managed safely.

There were enough staff to meet people's needs effectively, and people told us they had a consistent and small group of staff who supported them, which they appreciated. The provider conducted pre-employment checks prior to staff starting work, to ensure their suitability to support people who lived in their own homes.

People told us staff asked their consent before undertaking any care tasks. Where people were able to make their own decisions, staff respected their right to do so. Staff and the registered manager had a good understanding of the Mental Capacity Act.

People and their relatives told us staff were respectful and treated people with dignity, kindness and respect. They told us care staff went above and beyond to ensure they were happy and well. People's privacy was maintained. People were supported to make choices about their day to day lives. For example, they were supported to maintain any activities, interests and relationships that were important to them.

People saw health professionals when needed and the care and support provided was in line with what they had recommended. People's care records were written in a way which helped staff to deliver personalised care and gave staff information about people's communication, their likes, dislikes and preferences. Care plans were updated with the most recent information and were detailed. People were involved in how their care and support was delivered, as were their relatives if people needed and wanted them to be.

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's needs had been assessed and risks to their safety were identified and managed effectively by staff. Risk assessments were up to date and effective. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines safely and as prescribed from trained and competent staff. There were enough staff to meet people's needs, and people were supported by a consistent staff team.

Is the service effective?

Good ●

The service was effective.

People's rights were protected. People were able to make their own decisions, and were supported by staff who respected and upheld their right to do so. Where people's ability to make their own decisions fluctuated, this was clearly recorded and staff knew how to manage this and supported people with decision-making appropriately. People were supported by staff who were competent and trained to meet their needs effectively. People received timely support from health care professionals when needed to assist them in maintaining their health.

Is the service caring?

Outstanding ☆

The service was caring.

People were supported with kindness, dignity and respect. Staff were patient and attentive to people's individual needs and staff had a good knowledge and understanding of people's likes, dislikes and preferences. People were supported to be as independent as possible by staff who showed respect for people's privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support which had been planned with their involvement. People's care and support plans were regularly reviewed to ensure they were meeting people's changing needs. People participated in activities and interests that were important to them. People knew how to raise complaints and these were dealt with appropriately.

Is the service well-led?

The service was very well led.

The provider promoted the well-being of people, relatives and staff through creative and innovative methods. They ensured people were at the heart of the service, and that care was tailored to people's individual needs and preferences. People felt able to approach the registered manager and senior staff, and were listened to when they did. The provider always acted quickly to make changes where matters were raised with them. Staff felt supported and valued in their roles, and were rewarded for the work they did. There was a culture of openness within the service, which meant ideas were shared throughout the organisation which helped to continually improve the service. The provider also worked in partnership with other agencies to receive and act on best practice. There were quality monitoring systems in place which also contributed to continuous improvement. The provider took an active role in the local community, and had been nationally recognised for its services.

Outstanding 

Home Instead Senior Care Coventry

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.

The inspection visit took place on 9 June 2016 and was announced. We told the provider 48 hours in advance so they had time to arrange for us to speak with staff. The inspection was conducted by one inspector and an expert-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.

We reviewed the information we held about the service. We looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people, and fund the care provided. We also looked at statutory notifications sent to us by the service. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information when conducting our inspection, and found it reflected what we saw during our inspection visit.

Prior to the inspection visit, we spoke by telephone to eight people who received care and support in their own homes. We also spoke to two relatives of people who used the service. During our inspection visit, we spoke with two company directors, the registered manager, the care co-ordinator, and the Director of People. We also spoke with six care staff.

We reviewed seven people's care plans, to see how their care and support was planned and delivered. We looked at other records related to people's care, and how the service operated to check how the provider gathered information to improve the service. This included medicine records, staff recruitment records, the provider's quality assurance audits and records of complaints.

Is the service safe?

Our findings

People told us they felt safe with staff who supported them. When asked what made them feel safe, one person told us, "I have two lovely carers every morning as I need to use a rotunda to support me getting out of bed. I feel safe and supported when they are here with me. I'd have to stay in bed without their support." They added, "My balance is so hairy these days, that I wouldn't feel safe having a bath without my carer being here. She is very supportive." People told us they knew what to do if they had any concerns, or felt unsafe. One person said, "I would phone the office and ask to see the manager if I didn't feel safe."

The provider protected people from the risk of harm and abuse. Staff had received training to protect people from abuse and understood their responsibilities to report any concerns. There were policies and procedures for staff to follow should they be concerned that abuse had happened. One staff member told us, "I would look out for bruises, marks that kind of thing. Also any change in their responses, behaviours." They added, "If I thought it wasn't being dealt with I would go higher. We all have our own booklet with all the contact numbers in it." Records showed the provider managed safeguarding according to their policies and procedures, which helped to keep people safe.

The provider's recruitment process ensured risks to people's safety were minimised, and that people with the right knowledge, skills and values were recruited to caring roles. One staff member commented, "It was a proper interview. I felt like it was very thorough. It gave me a good feeling to get the job." The company director talked about how important it was to recruit staff with the right values. They explained, "We only employ people we would allow to look after our own loved ones. We only employ one in fourteen of all job applicants." Staff told us they had to wait for checks and references to come through before they started working with people. Records showed the provider obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions.

People told us they were supported by a consistent group of care staff who arrived at the times that were agreed, which they found reassuring. They also told us if there was any change in the staff supporting them, they were informed of this in advance. One person told us, "My carers are really good and usually arrive on time. On the rare occasion that they are running late, the office will usually ring me and let me know." Another person commented, "For the amount of traffic we have around here, the carers do really well. The latest someone has been to me is less than 15 minutes late. It has never caused me a problem." Relatives agreed consistency was important, and confirmed this was what the provider achieved.

Risks relating to people's care needs had been identified and assessed according to people's individual needs and abilities. They had been updated with the most recent information, had action plans in place about how to manage identified risk, and linked clearly to people's day to day care plans and the outcomes they wanted to achieve. Staff spoke confidently about how they kept people safe, and of how they tried to do this in partnership with people themselves. One staff member commented, "I encourage people to wear their pendant alarms for example to reduce risks. With one person who doesn't like wearing it, I check every time I go in, and we sit and talk through how important it is to wear it."

Staff told us they had received training to give medicines safely as part of their induction. After this, they watched experienced members of staff giving medicines, and were then assessed by the registered manager to ensure they were competent to give medicines safely.

People's care records included information about the medicines they were taking, what they were for and possible side effects. They also included information about how people preferred to take them. For example, some people managed their own medicines, with support from care workers, whilst others preferred to manage their own medicines without any support. The provider used a clear system to determine what level of support people needed with medication, ranging from level one (lowest level of support), to level three (highest support level). Staff had information on what was expected of them at each level, and there was a policy in place which set out very clearly how people should be supported. Staff we spoke with had a detailed understanding of the policy.

People told us they were supported to take their medicines safely and as prescribed. One person said, "My carer will pass me my tablets and a drink and once I've taken them she will write in the records to say that I've taken them."

Medication Administration Record (MAR) sheets included relevant information about the medicines people were prescribed, the dosage and when they should be taken. We saw staff completed MAR sheets in accordance with the provider's policies and procedures, which indicated people who needed support were given their medicines safely and as prescribed. We saw how action was taken where staff had not followed agreed recording procedures. For example, one person's MAR sheet, had not always been completed according to the provider's policy and procedures. Where the person had refused medication, this had not always been indicated and had instead been left blank, and the reason for refusal had not been recorded. We spoke with the care co-ordinator about this, who explained that the MAR sheet had come back to the office to be reviewed and archived. They told us they had been due to go through the MAR sheets and would have noticed the gaps in recording. The care co-ordinator explained the immediate action they would take regarding the errors, which included liaison with the person, their relative and the GP about their regular refusal of certain medicines.

Is the service effective?

Our findings

People told us staff who supported them had undertaken training and knew how best to meet people's needs. One person told us, "I don't have any problems with my carers, they help me up, get washed and dressed and I think they have enough training to help me do that." Relatives were confident staff were well trained and knew how to meet people's needs. One relative commented, "The carers are very skilled. They are extremely skilled in trying to befriend and make [relative's name] feel comfortable."

Staff told us they had an induction when they first started working at the service. This included being assessed for the Care Certificate, and working alongside more experienced members of staff before attending to people on their own. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support. Records also showed new staff were signed off as being competent by a senior member of staff once they had completed their induction. Staff told us working alongside more experienced staff helped them become more confident in their role. One staff member told us, "I liked the fact that you felt able to ask any questions you wanted. I was not afraid to ask anything. They were very welcoming." Staff told us they could ask for shadowing to continue after the initial induction period if they felt they needed more time to get to know people and the job. One staff member commented, "I wanted to get familiar with things. I like to follow people's routine so it is familiar for the client. Often people want things to stay the same."

Staff told us they thought the training provided was very good and that they knew how to support people effectively. One staff member commented, "I have not had training like this with a care company before. The induction process was absolutely fantastic. There was always massive support, and I am still learning." Another staff member told us, "I liked that it wasn't just sitting in front of a screen. It was interactive."

Staff told us how they had been encouraged and able to put their training into practice. For example, the provider had a dementia training programme which all staff were expected to access. Staff we spoke with felt they had benefitted greatly from attending this, and that they had been able to use their learning to enhance people's lives through a greater understanding of how to support people living with dementia. One staff member said, "Often you can use distraction to change the subject to avoid it becoming a battle of wills." Another staff member told us, "You might have to discuss a particular thing over and over again. It is about living in the reality of people with dementia."

The registered manager had a training record of what training each member of staff had undertaken and when. The provider had guidance in place which outlined what training staff should complete depending on their role. The Director of People (who oversaw staff training and development for the provider) explained care staff had been given access to online training materials which complemented the face to face training they received. They told us care staff could track their progress, as could their line managers. This linked into both regular supervision meetings and also annual appraisals, to help ensure staff knowledge was kept up to date.

Staff told us they had regular supervision meetings with senior staff, which gave them the opportunity to talk about their practice, raise any issues and ask for guidance. One staff member commented, "I have regular supervision meetings. They ask if I have any concerns about anyone I see, any goals I want to achieve, any training I want. For example, I wanted to do my diploma in social care (this is a vocational programme of study which leads to a qualification for care staff) so I asked about it and my name is being put forward to start in the summer." Another staff member said, "You can talk about anything. How things are going, what can be done to change things. If something needs doing you can also talk about that."

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. The service was not currently supporting anyone who was being deprived of their liberty, but both the care co-ordinator and also the registered manager, understood DoLS and when and how to respond in the event of someone being subject to a deprivation of their liberty.

People told us staff asked their permission before supporting them, and that the provider had asked them to agree to the care and how it was to be provided. One person said, "When my carer comes in the morning she always asks how I am and whether I'm ready to get started, which I appreciate, as it sometimes takes me a bit longer to get going first thing in the morning." Another person commented, "We sat down with one of the managers and talked about what my needs were and then it was written up into the care plan, which after I signed it, was put in the file."

Staff understood the importance of gaining people's consent to care. One staff member told us, "It is about good communication so you talk to people about what you are doing. Problems come when you don't communicate properly."

Staff understood and worked within the principles of the Mental Capacity Act. The care co-ordinator told us staff had the five key principles of the Mental Capacity Act on their person so they could refer to them when working with people who might lack capacity. Staff we spoke with told us about the five principles and showed us where they were on the back of their ID badges. One staff member said, "It is about the capacity people have. Have they got the ability to understand their own medicines for example. If things progress they might not. We would involve family, social worker, and other professionals to come up with a solution." Another staff member commented, "It is about respecting people's wishes." They added, "Most people we support have capacity to make their own decisions and you have to respect that. Because we see people every day it is down to us to spot changes, feed them back and see what can be done."

People's care plans included information for staff on the level of support people needed with day to day decision-making. Where it had been identified that people's capacity might fluctuate for example, care plans helped staff to decide what action they should take. For example, one person's care plan identified they were at risk of falls, but that the person would often refuse medical attention. Records showed the provider had assessed that the person had capacity to decide whether or not they wanted their family to be informed, and also had capacity to refuse medical attention, and understood the potential risks of this. The person's care plan went on to guide staff on how they could mitigate the risk of the person refusing medical attention in the event of a fall, along with how staff should record this.

People told us care staff helped them prepare and cook food where they needed this support. One person told us, "My carer always makes me lunch. Sometimes I'm able to get some of it ready for myself if I'm feeling

alright and then my carer will come in and cook it for me. I like it when I can do a little for myself because it usually means I can have more of a home cooked meal rather than a ready-made meal. However, if I'm going to have a ready-made meal, my carer will remind me what's in the fridge before I decide what I'm going to have."

People also told us care staff helped to ensure they had enough to drink. One person told us, "My carer always leave's me enough to drink until she comes back later on in the day. I have a small jug of water on the table with a glass next to me which is fine."

Where people had specific health conditions, records showed staff communicated well with health care professionals to ensure people's health could be maintained. Where necessary, the provider had arranged for district nurses to give care staff training on how to support people with specific health conditions such as diabetes.

People told us how care staff helped to ensure they could attend medical appointments. One person said, "My family always organise everything for me as I'm a bit forgetful these days. We sometimes have to phone the agency to see if they can change the time of the visit so that I can have time to get to a certain appointment, and they are always very helpful and do what they can to make sure that I don't miss something important." Staff also told us how they ensured people got the medical help and support they needed to remain well. One staff member commented, "If people look or sound different and I am concerned, I contact the GP and family (if the person agrees) and inform the office. I would also stay with the person as they can't always explain things to the doctor."

Is the service caring?

Our findings

People told us staff were kind and caring. One person commented, "I have known my carers for a long time, I have three and they are all lovely. They couldn't be more caring and are always willing to do extra things for me that need doing. They are like members of the family." Another person told us, "I love how flexible my carers are. They never mind doing additional jobs for me. Yesterday morning, they found time to water my plants for me because it had been so hot. They know I love my garden and it was so kind of them to think about it for me."

People also explained how carers did things that made them feel cared for and enhanced their well-being. One person said, "My carer always makes sure that my bath is such a nice temperature before she comes to get me to help me through to the bathroom, as she knows I like a bit of warmth to help get me started in the morning."

Staff told us they were encouraged by the provider and the registered manager to support people in a compassionate and caring way. One staff member said, "Because we do hour long calls or more, not fifteen minute calls, you've got the time to help them make decisions. You don't need to rush, you can sit and talk. It is the time you give them." Another staff member commented, "Before a call starts you are introduced to the person. You get a verbal instruction, but also get time to read through the care plan." Staff also told us consistency was important for people, and helped them build up a rapport with the people they supported. The care co-ordinator told us they visited anyone who was about to start using the service, and spoke to them about their likes, dislikes and preferences. They told us this helped them match appropriate care staff to people to help ensure the service met people's needs.

We spoke with staff about what made a caring service for them. They told us continuity, trust, listening and emotional support made up a caring service. One staff member said, "The care we give is what I wish my parents had received." Another staff member told us, "I like people to feel as comfortable with me as I do with them. People have to feel comfortable in their own home with us around." Another staff member commented, "I think we are caring because of the time we spend with people. We don't feel rushed. If we do need extra time with someone we phone the office and explain the situation. If someone needs more help the last thing they need is change."

People told us staff supported them to live independent lives. One person said, "If it wasn't for the fact that my carer comes and takes me out to do my food shopping, there is no way that I would be able to support myself on my own. Just going out makes such a difference and it helps you to feel normal again doing every day jobs that everybody else takes for granted on their own."

People told us they were involved in deciding how their care and support should be delivered, and were able to give their views on an ongoing basis. For example, people had signed to say they agreed with their care plans. People we spoke with felt care staff worked with them to ensure they chose how they wanted to be supported. One person commented, "I certainly like my own ways of doing things and my carer is very good and makes sure that she does things how I like them." Another person said, "I seem to be getting more fussy

as I get older, but my carer is very good and humours me and she will always make sure that I am happy with the way that she is doing things."

People's care plans were written in a personalized way, and contained information on people's personal history, likes, dislikes and preferences. Staff told us they used this information to know what people might like to talk about. They told us this helped them build up a bond with people.

People were supported in ways that promoted their dignity and privacy. People's care records reminded staff they must respect the fact that they were going into people's own homes. For example, staff were reminded to knock and introduce themselves on arrival. Records showed this was one of a number of key questions people were asked by the service when it sought feedback about how satisfied people were with the care and support they were provided.

Is the service responsive?

Our findings

People we spoke with said they made choices about how they wanted to be supported. They also told us staff respected their choices and ensured they cared for people in the ways they preferred. One person commented, "They [care staff] know I like things to be done in a certain way and they know how I like my tea to be made and I never have to prompt them to do things differently." Another person said, "I like my bed to be made properly when I'm finished in it in the morning and my carer always makes such a lovely job. I know it's only a small thing but it's important to me."

Relatives told us care staff were attuned to people's individual needs. One relative said, "It is a very personal service. They [care staff] are tapping into the particular needs and idiosyncrasies of my Mum." They also described how senior staff arranged meetings to come and visit the family, to discuss whether there were any changes to the person's care plan so they could be updated where required. They told us, "We have regular review meetings. Both of the carers are there, and the person I speak to in the office. I get an even clearer picture and we can share ideas about what would help Mum. We are all working towards the same goal. We are all pulling together."

Care plans explained people's individual likes and dislikes and how they preferred to be supported. Care plans were detailed and described the outcomes people wanted to achieve, and the steps people wanted to take to achieve them. There was also information about how staff should support them to take each step. Staff told us they had helped to put together people's care plans so they were knowledgeable about how best to meet people's needs.

Relatives told us staff were able to respond to people who had specific needs, and could adapt how they supported people as their needs changed. One relative said, "It has been hard work to get [relative's name] to take medicines. The carers have managed to get her to eat and to take her medicines. Mum can stay at home. It would not have been possible any other way."

Staff confirmed they were able to support people with specific needs, and that they could change their approach as people's needs changed. One staff member told us about someone they supported who occasionally refused help with their personal care. They commented, "I would say something like, 'I've got some lovely new soap here. Shall we try it?' You can't tell people what to do so I would make it like a pamper morning." Another staff member spoke with us about the approach they took to supporting someone living with dementia. They said, "If someone has dementia, they should be involved in what is going on in their lives. Talking to people about it is a big deal."

People who wanted to, were supported to maintain social activities which they enjoyed. One person told us, "I have a few hours each week so that I can get most of my jobs done and also my carer will take me up to do some shopping." Staff confirmed they were able to help people with social activities if this was what people wanted. One staff member said, "You can go to the shops with people, go to church, as you have the time and the flexibility. It gives people a massive boost as they are able to get out. It helps people to be independent, and it helps their families too. We won't often have to say no, if people want to go out, we will

take them out. I think we help give people a meaning in life."

People told us they felt able to complain if they were unhappy with the service, and had been given information which included contact numbers of who they could complain to and how they could be contacted. One person commented, "I know that in the folder is the complaints leaflet. I also know that if I had a problem I should raise it with the one of the managers at the agency first. I've never had to make complaints so far, but I feel sure, in knowing one of the managers already, that they would listen to any concerns I had and they would want to put them right." People told us they had not needed to raise any concerns, but everyone we spoke with confirmed they knew how to do so if needed. One person said, "I know there is a complaints leaflet in the file where the carers sign to say that they have been each time. I think if there was a problem I would leave it for my daughter to sort out with the office as she tends to deal with all things like that for me. Having said that I've never had to raise any concerns at all so far."

The registered manager kept a record of any complaints and compliments they received. These records showed one complaint had been made in the past 12 months. Records showed this had been dealt with effectively, according to the provider's policy and procedure.

Is the service well-led?

Our findings

People we spoke with were all positive about the provider and the service they received. They said they felt very comfortable and happy with a consistent and dedicated group of care staff. One person commented, "I've used other agencies in the past and have had to change because what they promised was never delivered. Since being with this agency, it has been such a weight off my mind because I know I have reliable carers and the service just does everything that it says it will do. I would certainly recommend them to anyone else." Another person said, "I'm always telling my family and friends how fortunate I am to have such lovely carers and I don't think I've had anything to concern me since I've been with the agency." One relative said, "Right from day one we had the same two carers. The consistency has been excellent." One staff member said, "I like the fact we stay with the same clients. It is about continuity. We get to know people and feel like part of a family. The more of a bond you have, the better the relationship."

Relatives were universally happy with the service people received. One relative told us, "I have recommended the company to others." We saw an e-mail the provider had received from a person's relative, praising the care staff and the service. Comments included, "In choosing your company to care for the most precious person in our lives at such a vulnerable and traumatic time was not a light decision we took – it was vital your ethos, approach and drive for quality personalised care was not just stated in your website but that your teams enacted those values and approach every moment of giving care – that has never wavered and for that we are truly grateful."

People told us senior staff were effective in their role and that they felt able to approach them if they needed to. They also told us the provider always acted quickly and effectively whenever they needed to. One person told us, "I've never had a problem that needed me to speak to a manager, but I know the last time I had a review a manager just sat down with me and my daughter for a good hour as we talked through whether there were any changes that needed making and I know that if I need to talk to her before I see her again, I only need to phone the office."

Relatives also told us they felt senior staff were responsive and took action where they needed to. One relative said, "I cannot fault them. They [senior staff] are all intelligent, articulate and incredibly helpful and efficient. It means I can phone any time and know I will always speak to someone who will take action."

Staff were positive about the registered manager and senior staff. The registered manager had been in post since September 2014, which meant that consistent management arrangements had been in place. One staff member told us, "When you have the right support from above you can do it." Staff also told us they felt well supported by the registered manager and that there was an open, honest culture which meant they were able to ask for help, advice and guidance which made them feel valued and respected. For example, one care staff member told us the provider had given them a bunch of flowers recently following a compliment from someone's family. Regular staff meetings took place to ensure this positive ethos was maintained. One staff member said, "They [staff meetings] are fantastic. We go through goals, achievements, updates. We are always kept up to date, and we can always ring the office if we need to anyway." Records of staff meetings confirmed this, and showed the registered manager and other senior staff regularly congratulated staff for

the work they did.

The director told us the most important part of the provider's ethos was to do as much as possible to ensure people received an excellent quality service, which helped to keep them safe, well, happy and independent. They told us this meant ensuring people were at the heart of the service. The support people received showed how staff put this into practice on a day-to-day basis. For example, one person told us, "I hate wearing clothes that I've got stains on, but these days with my eyesight, my carer is much better at spotting that than I am and she always says that there is no way she's going to let me wear something that has spills all over it." Staff we spoke with gave us examples of how they felt they went above and beyond what might be expected of them to make sure people were happy. One staff member told us about someone who wanted to wear the same clothes on a daily basis, sometimes forgetting they had already worn them. They told us, "I would get to the calls earlier so I could wash and dry the clothes as I didn't want it to turn into a battle and I knew the person might get upset if they couldn't wear the clothes every day."

The provider ensured staff could be flexible and that plans could be changed at short notice. This helped to ensure the service provided was responsive to people's needs. A compliment received recently from a person's relative said, "I can't thank you enough for keeping such a good eye on [relative's name], especially popping out yesterday evening at short notice." Staff confirmed the provider encouraged and enabled them to be as flexible as possible. One staff member commented, "If someone wants to change a call time, we will ring on-call to arrange this. We are flexible, it is never an issue."

The provider had taken steps to ensure people who required care at support at specified times, for example for the administration of prescribed medicines, could be supported in the event of something happening that would cause disruption to care services, such as flooding. The registered manager showed us a 'disaster recovery plan', which identified the people who would be at most risk if they did not receive care at a specified time. They told us that, in the event of care staff being unable to get to people, the provider could contact emergency services to ensure people who were most at risk were safe and well.

The provider had an ethos which encouraged staff to work to promote people's independence. A co-director said, "Our sole purpose is to enable people to live where they want to; usually in their own home." Staff understood this, and appreciated the positive impact this approach had on people's well-being. One staff member told us, "We try to get people to do as much as they can for themselves. But at the same time, we know there is only so much you can do to encourage people without forcing things." People's care plans gave staff information on why and how they should support people to be as independent as possible. For example, one person's care plan said, "[Name] would like to maintain her independence and continue to do what she can for herself, for as long as possible." Specific information was provided for staff about how they would achieve this whilst supporting the person. Care records identified aims people had agreed they wanted to achieve. Aims recorded were focussed on promoting people's independence, with a strong emphasis on what people were able to do for themselves.

One of the co-directors told us how important it was for the provider to ensure staff felt valued and appreciated. They explained this was because it helped them to recruit and retain staff so people using the service had consistent care staff. They said, "The face of the company is the people we employ. It is important to get the right people. The principle thing for us is, 'Is this someone I'd like to look after my own parents?'"

They told us about events the provider organised regularly for staff. For example, they were planning an event in September which they explained would be an event that care staff could attend with their families if they wanted to. The co-director told us they felt it was important to reward staff, but also that it would help

set the provider apart from other employers to encourage good, committed staff to stay with the company. They also told us the provider regularly supported staff who had been identified as either doing outstanding work, or who had been through difficult times in their lives. They called this the "hour of love".

The provider told us they were continually looking for ways to support staff better so they could improve the service and ensure it was effective. The director commented, "We are looking to do everything 5% better than we did yesterday." The 'Director of People' told us about how they were improving their Human Resources (HR) section to support staff better, "We are about to recruit a training and development manager so our training can be more strategic and planned... We also want staff to know they have support from HR so we keep in touch all through staff induction and afterwards. We do things like pay staff more if they have a social care qualification (which came up as a suggestion from staff so we honoured it), and we also have a loyalty scheme to reward staff if they stay with us."

Staff were overwhelmingly positive about working for the provider. One staff member commented, "Home Instead have very high standards. There is not one carer I wouldn't put with my own family or look after me. We all have the same standards. We know the nice things we can do with people. It all stems from recruiting the right people and giving people the right training." Another staff member said, "In all honesty this is the best care company I have worked for. Always so cheerful, so approachable. I like having more time to spend with the 'clients'. I don't believe any other company gives the same."

The provider looked for ways to continually improve the service it provided. One of the methods the provider used was to instruct an external company to survey people using its services, their relatives and staff to get their views on the service provided. At the time of our inspection visit, staff were attending the office to complete questionnaires in order to establish their views for this year's survey. The previous year's survey had identified a small number of staff felt induction was not as effective as it could have been. As a result, records showed the provider had reviewed and updated the induction.

Records showed that people who completed the previous survey were all positive about the provider, and said they were likely to recommend the service to friends. One relative who had completed the survey had commented, "My uncle's carers exceed what is expected. They bake him cakes, pop in if they are passing and they think there might be a problem."

Another method used by the provider to continually improve its services, was to receive and act on best practice. For example, the provider told us they were members of the 'Coventry Carers Learning Network', run by Coventry City Council. They told us they attended networking events and seminars with other members of this group. They spoke with us about events such as 'Recruitment and Retention' seminars, which they said had been really beneficial as it had helped them further develop their own staff retention strategies. They also told us other seminars had been useful, for example the West Midlands Fire Service came in to talk about "Keeping Service Users Safe from fire at home". The provider told us they had incorporated this into their work with people they supported.

The provider told us it was important for them to be involved in partnership working, in order both to enhance the local community, and also to improve their service. For example, they worked with Coventry University College to provide employer led talks to students who are studying health and social care at the university, explaining what it is like to work in home care. They told us their role was, "... to provide first hand experiences to encourage more people into the industry, as we believe that this is one of the keys to addressing the future issues of caring for a growing ageing population." They also involved charitable organisations where necessary. For example, the provider writes a topical monthly advisory column called 'Senior Snippets' for a Coventry based magazine called 'Chatterbox.' Following one recent article, the

provider was contacted by someone who was not sure what care options might be best for them. The provider involved the Information & Advice Team from Age UK, based in Coventry, who subsequently provided further support and advice to the person.

The provider told us they tried to make a difference in their local community. They ran a dementia training and education programme, which is certified by City and Guilds. The provider used this programme to train and equip staff to support people living with dementia. The provider opened this training programme out to the general public. The director told us they offered this training free of charge, as one of the provider's mission statements is to reduce the stigma of ageing and dementia. They told us it was targeted at family members and carers. They commented, "It helps give people knowledge and tools to help support loved ones." Written feedback received by members of the public following this training included comments like, "The dementia awareness session was excellent in every way;" "I would definitely recommend [the training] to other carers;" "I have changed my approach to the way I now try to care for my wife."

The provider had been recognised for providing high quality services for people. We saw the provider had been rated in 2015 by a national home care organisation as one of the top 10 agencies in the West Midlands for the provision of domiciliary care. The ratings were based on recommendations by people who used domiciliary services. We also saw the provider had received "The Queens Award for Innovation" in recognition of how they had developed their business and for the work they did within the community.

Regular checks were undertaken by senior staff. These were to check staff remained skilled and competent, and that they were working safely and in line with the provider's policies and procedures. The provider completed "Next day courtesy calls" where they contacted people to ask them if they were happy with the care staff who had supported them. The registered manager told us they did this for all new staff as a matter of course, but also with established staff on a regular basis. This gave the provider assurance that care staff were working in the ways the provider expected, and that people were happy with the care they received.

Records showed people's care plans were checked by senior staff on a monthly basis. Senior staff looked at MAR sheets, daily notes staff recorded about how people had been supported, and at other records staff had completed. These checks were recorded, along with comments on action that needed to be taken. For example, some people's care plans had been identified as needing to be updated. Records showed this had happened quickly following these checks. The care co-ordinator told us the training staff received on record keeping had been updated to ensure staff knew care plans must be kept up to date.

The registered manager ensured people received care calls at the times that had been agreed. The provider used an automated system which meant care staff had to 'log in' on arrival. If there was no log in within the expected timeframe for any given care call, office staff contacted the person to tell them the carer was running late and to ask if they were okay. Records showed care calls usually happened within the timeframes that had been agreed on people's care plans.

Records also showed regular audits were completed by other directors from the provider organisation. These looked at staff files and people's care records. For example, the most recent audit had identified someone was listed as having power of attorney, but that there was no documented evidence of this. This helped the provider to identify whether or not people's care records were accurate and up to date, but also that people's rights were protected. Records showed the provider had to respond to the auditor within prescribed timescales, to report on action taken against recommendations that had been made.

The registered manager understood their legal responsibility for submitting statutory notifications to us. This included incidents that affected the service or people who used the service. These had been reported to

us as required throughout the previous 12 months. This was the first inspection for the service.