

Epsom Senior Care Limited

Home Instead Senior Care

Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection was announced and took place on 22 November 2016. We gave the provider short notice of the inspection as we needed to make sure we were able to meet with the registered manager, access records and gain permission from people who used the agency to telephone them.

The last inspection of the service was carried out on 3 February 2014. No concerns were identified with the care being provided to people at that inspection. At the time of the inspection they were providing personal care and support for 180 people in their own homes.

Home Instead Senior Care Epsom is a Domiciliary Care service, which operates from offices in Epsom, Surrey. They provide supportive care and companionship to older people within the Epsom and Mole Valley areas. The service calls their care workers 'caregivers' which is the name they are referred to throughout this report. We also refer to other staff by title or staff.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The providers of the agency were also the directors of the company with overall responsibility for the service. The providers worked together to co-ordinate the day-to-day running of the service. They worked together when recruiting new staff and making decisions about taking on new work and the future plans and development of the service. The service had a clear vision and set of values. These were understood and put into practice.

The service demonstrated a very strong and visible person centred culture and they were committed to providing a service which put people at the heart of everything they did. People were kept informed about any development within the service by regular contact with the management team. The providers were involved in the local community and worked alongside other professionals, putting people at the heart of the service

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed. The provider told us they ensured the "right people" who had empathy, and a desire to make a real difference to people's lives, were recruited. Staff told us they received a comprehensive induction, and were not allowed to start work until all checks had been completed.

Staff spoke highly of the support they received from the providers and management team and were confident they could raise any issues or concerns, knowing they would be listened to and acted upon. The strength of leadership throughout the service contributed to the outstanding level of care, attitude of staff and quality of life for people using the service. Staff were dedicated and knew what was expected of them,

feeling privileged to be able to care for people and to support them to remain independent in their own homes.

Each person had their needs assessed before they started to use the agency. This was to make sure the agency was appropriate to meet the person's needs and expectations. The assessments gave details about the assistance the person required and how and when they wished to be supported. Following a successful induction period caregivers were matched with people with similar interests.

People and their relatives were very complimentary about the quality of the service provided, the management and staff team. They felt they were matched by similar interest with their caregiver and the companionship and care was exceptionally good. People received companionship care, which meant caregivers stayed for a minimum period of two hour visits. If people wanted support for fewer hours the provider and registered manager signposted them to other agencies or resources within the local area.

Care was planned and delivered in a way that was personalised to each person. Staff monitored people's healthcare needs and, where changes in needs were identified, care was adjusted to make sure people continued to receive care which met their needs and supported their independence.

Systems and processes were in place to protect people from the risk of harm. Staff were aware of different types of abuse, what constituted poor practice and the correct action to take if abuse was suspected. Risk assessments included risks associated with people's homes and risks to the person using the service.

People received help with their medicines from staff who were trained to safely support them and Make sure they had their medicine when they needed it. The provider undertook regular competency checks on staff to ensure they followed safe practice when supporting people.

There were effective quality assurance systems in place to monitor the quality of the service provided and understand the experiences of people who used the service. The providers had a clear vision, which was to provide a service which was influenced by the needs and wishes of the people who used it. They told us, "Home Instead provides companionship led care to hundreds of vulnerable people in the Epsom and Mole Valley area. This is more than just a business; we want to change the face of care in our community". There was a commitment to providing high quality care which was tailored to people's individual wishes. Their vision and values were communicated to staff through staff meetings, supervisions and a regular newsletter. People's views were gathered by regular monitoring visits and phone calls and by satisfaction survey.

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.

There were sufficient numbers of suitably experienced and trained staff to meet people's needs.

Risk assessments were carried out to make sure people received their care safely and were able to maintain their independence.

People were protected as the provider took appropriate steps to ensure staff recruitment procedures were followed and there were sufficient staff to meet people's needs.

Is the service effective?

Good 

The service was effective.

People received care from a staff team who had the skills and knowledge to meet their needs.

People were always asked for their consent before care was given.

Staff liaised with other professionals to make sure people's health care needs were met.

Is the service caring?

Outstanding 

The service was very caring

The registered manager and staff were committed to putting people first.

People had positive relationships with staff that were based on respect and promoting people's independence.

People were treated with dignity and kindness and had their independence promoted.

People felt staff went the extra mile to provide compassionate and enabling care and support

Is the service responsive?

The service was very responsive.

People felt the service was very flexible and based on their personal wishes and preferences.

People's feedback was valued and people felt that when they raised issues these were dealt with in an open, transparent and honest way.

Care records were detailed and personalised to meet people's individual needs.

Outstanding 

Is the service well-led?

The service was very well-led.

The leadership and management of the service was outstanding.

The registered manager promoted strong values and a person centred culture. Staff were proud to work for the service and were supported in understanding the values of the agency.

There was strong emphasis on continual improvement and best practice which benefited people and staff. There were systems to assure quality and identify any potential improvements to the service.

Outstanding 

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 took place on 22 November 2016. The service was given 48 hours' notice of our inspection in accordance with our current methodology for the inspection of domiciliary care agencies. The inspection team consisted of one inspector. We looked at previous inspection reports and other information we held about the service before we visited. Further information was gathered following the inspection with links with the registered manager and provider to supply additional evidence to support the outcomes of the inspection.

Prior to the inspection we reviewed the Provider Information Record (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to tell us about by law.

During the inspection we met and visited four people in their own homes and spoke with two relatives. We contacted four people who were using the service by telephone and three further members of staff to discuss their experience of using the service. Questionnaires were sent out before the inspection. Eight people, 6 relatives, 14 members of staff and four community professionals shared their experiences of using or working with the service.

Is the service safe?

Our findings

Without exception people who used the service told us that staff helped them in a way which made them feel safe and comfortable. One person told us, "Fantastic caregivers, always make sure I am safe. I have fallen in the past, so they never rush me, always tell me to take my time there is no rush". Another person said, "Excellent care; they are always on time and do what they say they are going to do".

Staff members told us that before they were allowed to start working with people they had to go through a safe recruitment and selection process. They told us this was to ensure they were safe to work with people. Staff members described the appropriate checks that were undertaken before they could start working. These included satisfactory Disclosure and Barring Service (DBS) checks and written references. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The recruitment records we looked at showed these checks had been completed and recorded.

People told us they were matched with their caregivers, and always received consistent care and support from the same caregivers. The registered manager told us, "We have a minimum visit time of two hours, this is because we provide companionship care and support. We ensure we are adequately staffed. We will not take on additional work that we feel would put too much strain on our staffing resources". One member of staff told us, "As we grow, staffing levels grow". All people spoken with agreed they always received consistent support from staff they knew well.

People were protected from harm because staff had received training in recognising and reporting abuse. Staff told us they had attended training in safeguarding vulnerable people. They also confirmed they had access to the agency's policies on safeguarding vulnerable adults and whistle blowing. Staff understood how to recognise the signs that might indicate someone was being abused. Staff we spoke with had a clear understanding of the different types of abuse, what to look for and how to report it. Staff spoken to were able to tell us how to report any concerns.

Care plans contained risk assessments which outlined measures which enabled care to be provided safely in people's homes. An initial assessment established whether it was safe for staff and people receiving the service to carry out the care and support required. The quality assurance manager told us, "We vary the care to the person's individual requirements. If their needs change we update and review the risk assessments and care plans. It is important in the early stages we liaise closely with people. If people want to change their care package we will do so, we recognise it is hard to know what suits your needs until you try." Following the initial set up of care the quality assurance manager ensured each person received a visit within a four week period to review the care package. People were also encouraged to contact the office at any time if they wished to discuss their care.

Risk assessments were comprehensive and identified the risks to people's well-being and gave guidance to staff how to mitigate risks. One caregiver showed us the measures they had taken to ensure the person they were supporting remained safe moving around their home. They had given the person advice on safety in the home and worked alongside them to make their home safer by ensuring walkways remained clear. They

discussed how they ensured the person had an alarm aid available when alone. Another staff member told us, "I noticed my client was supporting themselves on a towel rail. I rang the office and within a week an assessment had been completed and the proper equipment had been installed".

People received their medicines from caregivers who had received specific training and supervision to carry out the task. The majority of people required only prompting and monitoring or were supported with medication by family members. The provider undertook regular competency checks on staff to ensure they followed safe practice when supporting people. Staff also left messages for each other if they had any special instructions or if there had been changes to the person's medication. One relative told us, "The staff are aware of the risks involved with my [person's name] medication. I have read the care plan, and risk assessments, which identify the risk and correct process to follow. I don't have any concerns that the agreed guidelines are not being followed".

Some people needed assistance with their medicines. Clear risk assessments and agreements were in place to show how and when assistance was required. There were clear protocols to show what level the assistance was required for example, just prompting or reminding the person to administer prescribed medication. People's medicines were administered by staff who had received specific training and supervision to carry out the task. Where people needed support with prescribed creams, records showed the creams had been applied consistently. Where staff administered medicines to people they recorded this on a medication administration record. Records seen were well completed making it easier for other carers or visitors to see if the person had taken their medicines.

Systems were in place to record any accidents or incidents that occurred. These were reported directly to the registered manager so appropriate action could be taken. Records of action taken had been recorded on the completed forms. This showed us that the provider had systems in place to record and review information. They also took action as a result of these incidents to ensure the welfare and safety of the people who used the service.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People were very positive about the staff who supported them. One person told us, "The support is so flexible; they are really helping me to remain as independent as I can". A relative told us, "We are fully involved. The level of communication and care is to a very high standard".

People told us they had developed meaningful relationships with their caregiver. They confirmed caregivers arrived on time and had the skills and knowledge to provide the support people needed. They stayed the agreed length of time and helped people to be as independent as possible. People received a rota informing them who would be visiting. One person told us, "They always encourage me to do my daily exercises, and in fact do them alongside me. We get on really well and I look forward to seeing [caregivers' name], we have become great companions".

People were supported by staff who had undergone an induction programme which gave them the skills to care for people effectively. The training coordinator told us new staff attended an extensive training programme over a 3 day period. One caregiver said, "After receiving in-depth induction training and further accredited training in dementia care, I was so happy to be been assigned 3 clients, and to start my journey as a caregiver. My aim in my new career is to provide companionship, support, comfort, and positive opportunities for my clients, and to make a difference to their lives and enable them to live independently with confidence". The induction programme had been developed around the 15 standards of the care certificate and supported staff to learn to recognise and report any risks within each client's individual situation. The care certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of the induction training of new care workers.

Staff told us they received the training they needed to meet people's specific needs. One caregiver told us, "The training coordinators are supportive and helpful. They have given me confidence and the training I've needed to arm me with the skills and understanding to fulfil my role as a caregiver. No question is too insignificant to be dealt with". One professional told us, "The feedback from clients who use this service is very positive. The staff are well trained and have a good understanding of dealing and caring for people.

Staff told us they felt very well supported by their colleagues, office staff, the registered manager and deputy and the providers. They received staff supervision sessions, annual appraisals, support visits from senior carers, and the quality assurance manager. Supervision meetings offered staff a regular opportunity for a review of their performance and any personal training or development needs. The providers encouraged staff to develop and progress in their career within the company. Staff confirmed that they were encouraged to progress in their chosen fields such as senior care staff or management training opportunities. One professional assessor told us, "I am very impressed with the way training needs are a top priority within this service, this is a good service that promotes and encourages learning development and progression. They support different learning styles and value their workers".

Staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager and senior office staff had a clear knowledge of the people they could contact to ensure best interest decisions were discussed for people. People told us they were able to access the information recorded about them at any time and that details recorded were relevant and accurate.

People only received care with their consent. Everybody spoken with confirmed staff always asked them first before they carried out any care and they had choice in how their care was delivered. One person told us, "They always ask my consent, but do suggest options for me if they think there is a better way of doing things but they are not pushy, just kind". Staff were clear about the rights of the people they supported.

People can only be deprived of their liberty to receive care and treatment which is in their best interests and legally authorised under the MCA. The Deprivation of Liberty Safeguards (DoLS) authorisation procedure does not apply to domiciliary care services. For this type of service, where a person's freedom of movement is restricted in a way that may amount to deprivation of their liberty it has to be authorised by the Court of Protection. The provider was not currently providing support to anyone who was subject to a Court of Protection assessment.

People were supported to see health care professionals according to their individual needs. One professional told us links with the agency were good and the staff always made contact if they were worried or felt someone needed support.

Is the service caring?

Our findings

Without exception everyone we spoke with was extremely complimentary about the agency and the staff who supported them. People used a range of words to describe those who supported them including, lovely, kind, respectful and caring. One person said, "My caregiver is excellent I look forward to them coming. Another person told us, "They are fantastic. There are never any surprises. We always know who is coming through the door".

The registered manager told us, "We consistently speak to people and their families. It is vital we have an open and honest relationship with everyone we see". They told us caregivers are matched to the person they support. Results showed 99% of people had said they had all been matched with their caregiver and their relationships were valued. One caregiver told us, "I didn't know I had such patience and understanding. We support people we have similar interests to, so it is easy to be someone's companion and caregiver". Another caregiver told us, "It means the world to [person's name] to stay in their home, this is where all their memories are. It is a pleasure to see them every day and help them to remain as independent as possible."

The service demonstrated a very strong and visible person centred culture by providing a service which put people at the heart of everything they did. For example one caregiver shared their experience of supporting a person living with dementia to revisit the place they had lived and worked. They said, "We listened and sang along to [person's name] favourite songs on the drive there. They were thrilled to see the wall and shed they had built was still standing". The registered manager told us caregivers really do go the extra mile, they told us, "It really shows what we are about and always trying to achieve".

People were enabled to develop caring and friendly relationships with their caregivers. The registered manager told us; by listening to people they were able to support people to make positive changes to their lives. They achieved this by matching people with caregivers that were motivational, and listened to what the person most wanted to achieve. For example, One person's caregiver helped them, by overcoming barriers around disabilities and risk, to participate in an extreme sport. The registered manager told us, "The caregiver spent a lot of their own time researching this activity, and giving encouragement to the person to remain focused around their goal. They discussed all the risks and the person was able to achieve that goal". They said, "[Person's name] gained a huge sense of pride and achievement from this experience [person's name] was very proud of their achievement and is now planning their next goal." They told us the person has a much more positive outlook on the future.

People's care records confirmed that staff had taken time to gather the outcomes and goals that people wanted to achieve, for example, going on holiday abroad or to remain living in their own home, being supported in choosing a pet to keep them company. These were then taken into consideration when planning all aspects of their care. The management and staff team were determined and committed to enabling people to live their lives as they wished and they used innovative ways to overcome obstacles. For example, one person explained changes in their health meant they had to consider if it was possible to remain at home. They said "I can't do what I used to do they have been fantastic in helping me to stay in my home, which is where I want to be. They have helped me to adapt my home to meet my needs such as

getting a specialist bed that goes lower so I can still get in and out. This is where I want to stay and they always tell me they will do everything in their power to help me to stay here".

A relative described the agency as "outstanding". They told us, "The management are excellent and go that extra mile. Home Instead Senior Care went out of the way to find the right caregiver to build trust with my relative who is a very independent person and did not want the support. The relationship with the caregiver is brilliant. I hold Home Instead Senior Care in high regard. The caregivers do not wear uniforms, which mean the relationship seems more equal especially out in the community. There has never been any issues with punctuality and I know my [person's name] looks forward to the visits."

People and their relatives were happy with the care and support provided and felt they were treated with care and respect. Caregivers were smart, courteous, and ensured people were able to express their views. Staff were highly motivated and offered kind and gentle coaxing to those who needed. One person told us, "Always on time, drives me carefully, never grumbles. I look upon my caregiver as a friend I can ask for anything and [caregiver's name] will do it for me". Another person told us, "They are helping me to remain as independent as I can be, they support me to keep healthy and mobile. They go above and beyond". Staff told us privacy, dignity and confidentiality formed an integral part of their roles. The registered manager told us, "We expect high standards at all times." Caregivers told us their care practices were observed by senior staff. This ensured all staff were treating people in a respectful and dignified manner at all times.

People told us the agency was exceptional in the support they gave. Comments included, "They always make sure I can see the garden from where I am sitting as it means so much to me". "We play cards together, nothing is too much trouble". "My caregiver stops me getting lonely. We have lovely times together". "[Caregivers name] has so much enthusiasm, really motivated which makes me feel motivated". A relative told us, "The caregiver is very innovative with my relative's support, really supports [person name] to be motivated and get as much pleasure as they are able from their day".

People who received a service and their relatives were offered the opportunity to complete a review published on an internet site. They were left a card to post and were asked to comment on the service and rate aspects of the service from very poor to excellent. The service was rated first in the Epsom and Mole Valley area, received an overall score of 9.9 out of a maximum of 10. Care and support was consistently rated by people and their relatives as excellent.

The providers told us, "Home Instead Senior Care was fully committed to ensuring people were integrated into their local community. They told us they delivered workshops for free on dementia to family members, members of the public and local businesses, charities. They said, "Providing the dementia workshops has raised awareness of how we are helping people to stay in their homes with the correct support, as well as giving family members and carers a better understanding of what it is like for people living with dementia". One relative who attended the workshop said, "This is just what I needed as an introduction to something I knew little about". They gave an example of learning to understand and support a relative who had recently been diagnosed with dementia.

People were supported by caregivers who understood how to support people living with dementia. The registered manager told us, "In the time that we have been providing these workshops close to 300 people have attended. Feedback has consistently been extremely positive. Attendees include Social Care professionals, Citizens Advice, church groups and family members. It has raised awareness about dementia in the community that we support.

People had specific requests how they liked to be supported. People told us they were supported to attend

events in the community. Examples given included, church, shopping, coastal drives, trip to the pub, lunch out, visits to shops. One person told us "I often decide on the day what I want to do, it is never a bother". One relative said. "[Caregiver's name] is a fantastic carer who focuses completely on my relative. They are well matched, which I know is not accidental but thought through. [Relatives name] feels cared for and loved".

Other initiatives to support local and other established charities have included events such as, coffee mornings, vintage tea dance, memory walks, support of the Epsom mental health week. The providers told us their aim was to make a positive difference in people's lives, they told us "they truly believed" they had. For example the registered manager said, "It allowed clients to have fun and get out into the community". One client as a result of coming to the tea party decided that it was a community centre that they would like to visit more often after being re-acquainted with some old friends.

Is the service responsive?

Our findings

People's care and support was planned proactively in partnership with them. Everyone we spoke with, without exception, said a senior member of staff had taken time to find out their preferences, what care they wanted/needed and how they wanted this care to be delivered. People told us they felt confident to ring the office if they wished changes to be made. One person told us, "I am happy they do everything they can to help and respond to my requests. If I want something changed they just do it, extremely good".

People said they felt the service was flexible and responsive to their needs. They confirmed they were involved with organising their care plan, describing how they had met with the staff from the service at the start in order for them to understand their needs. People and their relatives told us caregivers were good at suggesting additional ideas that they themselves may have not considered. For example, following one assessment a concern for one person's mobility, the caregivers reacted quickly to suggest the person contact relevant health and social care professionals. This resulted in the person obtaining adaptations and mobility aids which meant they could retain as much independence as possible. One caregiver told us, "We do everything we can to help [person's name] keep their independence and to continue living here. We organised for a specialist bed to be brought in so [person's name] could continue getting themselves into bed. We have also adapted the way we provide the support so their hours are more flexible to ensure the continuity of support". They told us that being creative with the way the person was supported had meant the person was able to continue living as independently as possible. The person agreed, saying "I would not be able to stay here without the wonderful support I get. They just speak with me and we juggle it around, perfect".

Following the initial assessment care plans were developed. They included personal information and identified the relevant people involved in people's care, such as their GP. Care files were personalised and reflected the service's values that people should be at the heart of planning their care and support needs. They were presented in an orderly and easy to follow format, which caregivers could refer to when providing care and support to ensure it was appropriate. Relevant assessments were completed and up-to-date, from initial planning through to on-going reviews of care. Caregivers commented that the information contained in people's care files enabled them to support them appropriately in line with their likes, dislikes and preferences.

Systems were in place to review care being provided. The quality assurance manager told us they ensured all care plans were completed and reviewed in partnership with people and their families, they told us, "We empower people, listen to them and value what and how they wish to be supported. I meet or am in contact with every person that uses the service on a regular basis". The key questions for me are, are people happy, does the level of support continue to meet their needs, how can we be creative and ensure people are living their lives to the full. " The registered manager told us, "We ensure our service is responsive by ensuring our clients are placed at the forefront of everything we do. We reassure people the service is tailor made to fit their needs. It can be changed as it is very difficult to know what you want until it happens".

Daily visit records showed staff had carried out the care and support in line with people's care plans. Where

any concerns were highlighted these were addressed by the quality assurance manager. For example, one caregiver had recorded in a daily record "I gave a hot meal". The quality assurance manager told us recording like these was insufficient to establish the "real" support being provided. Recording that did not identify the full support offered had been used to train caregivers the importance of recording information which informs other people the support which had been offered. This showed people's wellbeing was being monitored and responded to by the providers.

Staff told us they felt the information available regarding people's needs was good. Daily records viewed and people's information in their care plans showed guidelines and risk assessments were being followed, for example. One person's care plan stated they liked their personal items 'close at hand'. The person told us their caregivers always left everything, "Just where it should be and where it was easy for them to reach." They told us all their care givers had "Hearts of Gold and knew just how to make their day". Our observations and feedback from people who used the service and relatives showed that the staff knew people well and staff respected people's choices, preferences and decisions about their support needs. The provider told us that if a service needed to change in any way they would discuss this with the caregiver so they were fully aware and comfortable with being able to support the changes. They told us, "Caregivers do not wear uniforms. Lots of our clients do not want others knowing they are in receipt of a care service."

People received companionship care, which meant caregivers stayed for a minimum period of two hour visits. If people wanted support for fewer hours the provider and registered manager signposted them to other agencies or resources within the local area. One relative told us, "I live far away from my relatives so it is paramount their care is to a very high quality. Home Instead have been fantastic and keeping me up to date by emails and regular contact" They told us they had recently requested support from the agency to help them find additional support from another provider. They said, "I was trying to engage the services of an alternative care agency. I was taken aback to find that not all agencies are as responsive as Home Instead Senior Care." The registered manager told us they liaised with other agencies on behalf of their client and was able to find some additional support by another provider.

Information about how to contact the agency out of normal working hours was made available to people. Staff told us what actions they would take in an emergency and this involved always reporting an accident or incident. The registered manager told us in their PIR, "We operate an out of hours on-call service which means clients have access to our service at all times. Someone is always available if a client has an emergency; the on call manager will respond according to the emergency to ensure the safety of the client. The on-call manager will ensure any concerns are referred to relevant professionals where the need arises". The registered manager gave an example of how they had recently supported an out of hour's emergency at a weekend. They had organised additional cover and a sleep in service to ensure the person remained safe in their home until other health professionals were available on the next working day. They told us, "We gave reassurance to a family in need of help". They told us the clients reported back how impressed they were "With the professionalism, responsiveness and caring attitude the service had shown to them."

People said that their views and experiences of the service were listened to and they were confident in the ability of caregivers to respond to their changing needs. Professional feedback comments included "Management of this agency is excellent. Matching caregivers with service users is first class which generally creates an extremely positive outcome for service users". "Excellent service, support when requested and always happy to go that extra mile. Office staff always exceptional and keep me fully briefed on any issues / concerns, very responsive."

People were actively encouraged to give their views and raise concerns or complaints. People and relatives we spoke with told us that they had information about the complaints procedure. They said they would not

hesitate in speaking with staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would usually be resolved informally. However people told us they were happy with the service they received and had no complaints.

Is the service well-led?

Our findings

The service benefitted from a strong management structure which provided clear lines of responsibility and accountability. The providers of the service, the registered manager, quality assurance manager and other office staff were available throughout the inspection. The providers and registered manager spoke with pride and passion when they discussed the quality of care and the Home Instead team. People using the service, relatives and caregivers all spoke highly of the management team.

There was a positive and sustained culture that was open, inclusive and empowering. The management team had a clear vision about the values the service had. They said, "Better trained Caregivers and motivated Caregivers will not only provide a better level of support to our clients but also encourage open communication with the office. As we match our Caregivers to the people that they support it gives us as a business access to a pool of talent (Caregivers) that perhaps would not have considered social care employment".

There was a commitment to providing high quality care. The service had recently won an award in recognition of the service it provided; Best Business for Commitment to the Community and Best overall Business in Epsom & Ewell. The award was given in recognition of the service provided to the local community. The award was judged by local businesses, local government ministers and members of the local area. The registered manager told us, "It has been wonderful to be recognised within the community for all of the positive things that we have contributed. We were able to celebrate this fantastic achievement with all of our Caregivers and clients. It also allowed us to deepen relationships within the community".

Caregivers were motivated and told us the management of the service was excellent. They told us they felt fully supported by the registered manager and providers and received regular support and advice via phone calls, texts and face to face meetings. They said the registered manager was approachable and kept them informed of any changes to the service and that communication was very good.

The provider told us the heart of the business was ensuring the recruitment of the 'Right people'. They told us, "We employ staff who have that spark of empathy and desire to make a real difference to people's lives. We can give them the tools to become fantastic carers through our rigorous training process combined with ongoing close support and mentoring". Caregivers were matched to their clients based on personality and interests. This meant meaningful relationships were developed. Comments from people using the service and their relatives included, "I wish I could tell you how much Home Instead Senior Care has meant to me over the past five years. Without exception caregivers have become friends and have made such a difference to our lives". "Thanks for the first class service, especially the super ladies who visit who have all become special friends".

The agency had looked at innovative ways of communicating with caregivers who worked in the community to make sure they were informed of changes, knew about best practice and could share views information. For example, staff meetings were held at two different times in the same day so that all caregivers had the opportunity to attend and contribute. The monthly newsletter also kept caregivers informed of up and

coming events and changes. Team supervision around specific clients had also been introduced, where more than one caregiver was supporting a person. The registered manager told us this had allowed caregivers to compare and discuss experiences and to come to a consensus on how to approach any issues or problems. They told us the impact of these meetings meant by sharing information, best practice was followed that took into consideration the individual preferences and outcomes for people.

Quality assurance systems were in place to monitor care and plan on going improvements. There were audits and checks to monitor safety and quality of care. The provider employed a quality assurance manager who regularly visited people in their homes to monitor the quality of the service provided. Checks were completed on a regular basis by members of the management team. For example, people's care plans, risk assessments, incidents and accidents were reviewed. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans reviewed. Spot checks were also conducted on a random basis. These enabled the management team to ensure caregivers were arriving on time and supporting people appropriately in a kind and caring way.

People told us they felt involved and informed about the service they received. People felt confident and able to contact the management team or any one at the office for support if they wanted. Throughout the conversations we had with people regular reference was made to the management and office staff and how supportive and approachable they were. One relative said, "Great support. We have lots of contact from the office and they come out to hold reviews on a regular basis".

People were kept informed about any development within the service by regular contact with the management team. For example the registered manager told us, "We have introduced traffic alerts. Whereby we have a process where if there are any traffic issues within the area that we support, our Caregivers call into the office and a group text and email is sent out. If we are aware that a specific client or Caregiver might be affected then we will proactively contact them. This has reduced any lateness, but also keeps clients informed if there is a possibility their caregiver maybe late. The Caregivers now have a portal that they can access using their smart phones, laptop or PC to see changes to their schedules". New technology was being introduced in the form of IQ timecards. This system sends an alert to the office if a caregiver was 15 minutes late. This system would ensure the caregiver remained safe and the person was alerted if the caregiver was going to be late.

Feedback from the last client survey showed 99% of people using the service agreed their caregiver went the extra mile to make a positive difference in their lives. The response rate was 92 replies from 103. The provider told us they had a track record of positive feedback however they said they were very pleased the overall scores "Continue to be above average compared to other services".

There was a well organised and structured office where office staff with well-defined roles worked together. The provider told us in their PIR, " By completing regular quality assurance visits/calls and service reviews with our clients we are able to monitor our clients, to ensure they are receiving a good consistent quality service, ensuring they are receiving their care as they wish to do. The quality support team from Home Instead Senior Care national office also undertakes an annual audit to ensure we are compliant with the standards they have set for care. This included examining all aspects of our training, care plans, staff files, and security of information and scheduling of calls. The last audit took place 27/28 April 2016 and found we were meeting with all the requirements and was a very positive report".

As far as we are aware the service has notified the Care Quality Commission of all significant events which

have occurred in line with their legal responsibilities. The provider promoted an ethos of honesty, learned from any mistakes and admitted when things went wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.