

Archie Care Limited

Home Instead Senior Care Durham

Inspection report

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Outstanding 
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 12 and 21 February 2018 and was announced. This was to ensure someone would be available at the office to speak with and show us records.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults. On the days of our inspection there were 111 people using the service. 40 of these were being supported under the regulated activity personal care.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like 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.

We last inspected the service in November 2015 and rated the service as 'Outstanding.' At this inspection we found the service remained 'Outstanding' and met all the fundamental standards we inspected against.

The service had developed innovative ways to keep people and staff safe.

A 'Senior fraud protection toolkit' had been developed to help elderly people stay safe in their own homes.

The service had implemented the use of the 'Herbert Protocol'. The Herbert Protocol is a national scheme which encourages carers to compile useful information that can be used in the event of a vulnerable person going missing.

Each person who used the service had a small team of staff supporting them to ensure continuity of care.

Without exception, people who used the service and family members told us people were supported by kind and caring staff. The service provided "relationship led care". This included personally introducing staff to people before they visited and providing the same staff at every visit.

The service went above and beyond to support people outside of their agreed support package.

One of the care staff was the runner-up in the dementia care award at the regional finals of the Great British Care Awards. They had been nominated for the care and support they had given to a person with dementia.

The service provided exceptional support to people with communication needs. Communication support plans provided guidance to staff on people's communication preferences and abilities.

The service was exceptionally well-led and had excellent links with the local community.

The service had been nominated for, and won, several national and regional awards. The provider had developed a specialised training programme in Alzheimer's disease that had been accredited by the City and Guilds. This had led to the service being the first home care provider to win the Princess Royal training award for dementia.

People, family members and staff were empowered to provide feedback on the quality of the service.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. People who used the service received effective care and support from well trained and well supported staff.

Appropriate arrangements were in place for the safe administration and storage of medicines.

People's needs were assessed before they started using the service and continually evaluated in order to develop support plans. This included supporting people with their dietary needs.

People's care records were regularly reviewed and evaluated. Care records were person centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account.

Staff were extremely responsive to people's needs and people were protected from social isolation.

The provider had an effective complaints policy and procedure in place.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service improved to Outstanding.

Outstanding 

Is the service effective?

The service remained Good.

Good 

Is the service caring?

The service remained Outstanding.

Outstanding 

Is the service responsive?

The service remained Good.

Good 

Is the service well-led?

The service remained Outstanding.

Outstanding 

Home Instead Senior Care Durham

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 12 and 21 February 2018 and was announced. This was to ensure someone would be available at the office to speak with and show us records. One adult social care inspector and an expert by experience formed the inspection team. An expert by experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Inspection site visit activity started on 12 February 2018 and ended on 21 February 2018. It included a visit to the provider's office on both these dates to speak with the registered manager and office staff; and to review care records and policies and procedures.

During our inspection we spoke with three people who used the service and twelve family members. In addition to the registered manager, we also spoke with the nominated individual, assistant manager, care quality supervisor, four members of staff and two healthcare professionals. We looked at the care records of six people who used the service and the personnel files for four members of staff.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require

providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Is the service safe?

Our findings

People and family members we spoke with told us the staff at Home Instead Senior Care Durham provided exceptionally safe care. A family member told us, "They take the initiative and are massively helpful. They sourced and arranged for a locksmith as my [relative] had done something to the front door. Just brilliant." Another family member told us, "[Relative] had spilled his dossette box of tablets. The carers immediately contacted the doctor or chemist and picked up a new dossette box for him."

Each person who used the service had a small team of staff supporting them to ensure continuity of care. Staff were matched to people who used the service based on their needs and mutual interests. The provider told us senior staff always introduced new staff to the person to avoid the "stranger at your door" scenario. Any staff absences were covered by the service's permanent staff and agency staff were not used. The provider told us they were flexible with staff and allowed time off at short notice because they knew staff would cover absences and work at short notice if they were required. People and family members were complimentary about the staff and told us they always arrived on time. A family member told us, "I cannot fault them at all, they arrive on time and stay as they should." Another family member told us, "Absolutely always on time, very prompt and my [relative] feels safe. They are very good."

Processes were in place to ensure staff were safe. Mobile alerts were sent to staff to ensure they were aware of their visits. GPS technology was used so the office staff were aware of staff locations. The technology was used by staff to log in when they arrived at a person's house. If they did not log in within five minutes of the appointment time, an alert was sent to the office. The provider also operated an on call system 24 hours per day.

For personal safety and if people were not able to independently mobilise, some people had key safes in place outside their home. Staff were instructed to use the key safe to access the home and announce their arrival so the person knew who it was.

The service had developed innovative ways to keep people safe. For example, the service had developed a 'Senior fraud protection toolkit' to help elderly people stay safe in their own homes. This included guidance for avoiding scams, information on why elderly people are targets and the impact of crime on the elderly, checklists to reduce the risk from scams and marketing fraud, and computer safety. The toolkit had been developed with National Trading Standards and the scam aware charity 'Think Jessica'. The service had carried out presentations on senior fraud and handed out over 1000 leaflets at local church and community groups, sheltered accommodation, and coffee mornings.

A family member had contacted the provider about how they could help to keep their relative safe from "cold calls". The provider had sent the family member information about a telephone call monitoring system to reduce the number of "cold" or malicious telephone calls.

We saw staff had attended a railway station to collect a person who had been visiting a family member and return them safely to their home. We saw another example of how management and staff worked together

to keep a person safe following a water leak at their house. The staff member supporting the person at the time turned the water off at the mains and contacted the registered manager, who arranged for a plumber to attend and then contacted the person's family. The staff member had taken the person out into the garden to keep them safe from any risks inside the premises. As the home was unsafe, the provider contacted several local care homes to see if there were any vacant respite beds. However, a family member agreed the person could stay with them.

The service had implemented the use of the 'Herbert Protocol'. The Herbert Protocol is a national scheme which encourages carers to compile useful information that can be used in the event of a vulnerable person going missing. The provider told us they encouraged people to sign up to the protocol and several people had done this.

We saw a copy of the provider's protection of vulnerable adults' policy. The provider also had a whistleblowing policy in place to "create a working environment for employees that is open, fair and honest". We found the registered manager understood safeguarding procedures and had followed them, and staff had been trained in how to protect vulnerable people.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. The provider told us they were "very picky" when recruiting new staff and, "If it's not in their heart, they are not for us."

We saw a copy of the provider's accident and incident reporting policy and viewed records. Accidents and incidents were appropriately recorded and analysed, and used as an opportunity to learn and improve practices.

Risk assessments were in place for people who used the service and staff. These described potential risks and the safeguards in place to reduce the risk. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

The provider had a business continuity plan in place that described the process for alerting people to the emergency, a checklist for staff to follow, contact details for relevant people, evacuation plans and information on the failure or disruption to utilities.

The provider had an infection control policy that included procedures for staff to follow with regard to hand washing, skin problems, the use of personal protective equipment (PPE) and laundry. The National Institute of Clinical Excellence (NICE) guidance was also available for staff.

We found appropriate arrangements were in place for the safe administration and storage of medicines. People's individual needs with regard to medicines were documented in the care records. These described the level of support people required with their medicines. For example, whether they could administer their own medicines, whether they required prompts from staff or whether they required full support.

Specific instructions were provided for staff to follow, based on people's individual needs and preferences. Medication administration records (MARs) were completed by staff following each administration. A MAR is a

document showing the medicines a person has been prescribed and records whether they have been administered or not, and if not, the reasons for non-administration.

Is the service effective?

Our findings

People who used the service received effective care and support from well trained and well supported staff. A person told us, "They make my bed and breakfast, excellent. I can't fault them." A family member told us, "They gear the care to what is best for us not just who is available on the rota. I couldn't ask for more."

A healthcare professional told us, "They [staff] are very thorough at asking for therapy and equipment", "They [staff] take on advice" and "Communication is very good."

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. Staff mandatory training was up to date. Mandatory training is training that the provider deems necessary to support people safely. Staff also received client specific training to ensure people's individual needs could be met. This included hoists, end of life, nasogastric feeding, and training about the ageing process where staff were encouraged to consider the difficulties people face as they grow older. Staff we spoke with told us the provider supported them with requests for additional training and had provided funding for courses that staff had wanted to do to support them in their role.

Staff completed competency training workbooks. The provider told us feedback from staff was that they preferred face to face training so the provider was rolling out a new programme of training for staff to come in to the office for face to face sessions. A member of staff had commented in the recent staff survey, "I have been given excellent training to give in return the quality care each person deserves." We saw staff comments with regard to their training. These included, "The great thing about my career in care is that the rewarding work goes hand in hand with excellent training and support" and "I had brilliant training when I started and there is ongoing continuous refresher courses, which brings everything up to date."

New staff completed an induction and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care. Once staff had completed their induction training, they met with a senior member of staff to discuss relevant policies, recap training and go through the person's paperwork to ensure they had all the information they needed, prior to introducing the staff member to the person they were going to support. After the first visit, a senior member of staff contacted the person to make sure everything had gone well.

People's needs were assessed before they started using the service and continually evaluated in order to develop support plans. Initial assessments were carried out by one of the senior staff to ensure the person's needs were understood before staff were introduced to them.

Some people were supported at meal times and their dietary needs were recorded. Their support plan included any allergies or specialised diets, individual preferences, and specific instructions for staff such as to check the refrigerator and cupboards for any out of date food. For example, one person's support plan stated, "Support at breakfast and teatime to maintain a nutritious, balanced diet, maintaining good health"

and "[Name] enjoys a cup of tea with milk, no sugar." Any risks were identified and recorded, for example, if the person was identified as being at risk of malnutrition. A family member told us, "[Relative] stopped eating lunch. The girls suggested to him they make him up a flask and little sandwich. Brilliant!"

One person required feeding via a nasogastric tube. A specialist nurse had trained the staff involved with the person and step by step instructions for staff to follow were included in the person's support plan.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this for the people who use domiciliary care services are carried out through the court of protection. We saw people's capacity to make decisions was recorded and where necessary, best interest decisions had been made involving family members and staff.

People provided consent to their care and support. We saw consent forms had been signed by people for assessments, reviews and quality assurance visits, personal care and companionship, recording of information, carrying out introductions and shadowing, spot checks, sharing of personal information, and holding keys to the property.

People were supported with their healthcare needs. A family member told us, "Before Christmas my [relative] had an infection. They called me to say this and that they had been in touch with the doctor and would monitor the situation. They are life savers really."

Is the service caring?

Our findings

Without exception, people who used the service and family members told us people were supported by kind and caring staff. A person told us, "My carer is lovely, so nice and full of fun. There is not one fault. I tell all my friends." Another person told us, "The carer is absolutely excellent, fantastic. She goes above and beyond. The office are considerate in that for personal care you don't want different people coming in. I know everyone and they have been introduced to me prior to visits."

A family member told us, "I find the company and carers quite exceptional." Another family member told us, "The carers go above and beyond. They are wonderful." Another family member told us, "My brother had visited last week and met the carers. He said he was so impressed with the standard of the personal care given to [relative]. The standard of people they employ is superb." Another family member told us, "I have found the company and care to be quite exceptional."

Several of the family members told us the management and staff had supported them with their own problems and ill health. One family member told us, "[Staff member] from the office is wonderful to talk to. She was very supportive to me when I was diagnosed with illness."

Recent compliments received at the service included, "Your amazing care and compassion for [name] is beyond words", "Thank you for being part of our lives. I thank God every day from the first day I met you that he sent us our own living angel", "You may think that what you are doing is just a job but to [name] and us it is so much more", "I just wanted to say thank you so much for the great care and love that I'm being given. I've even been in the bath and it was so good after all these years" and "I cannot thank [name]'s carer enough for her kindness and care."

A staff member told us, "The clients mean a lot to me. I will always do the best job I can" and "Every home I go into is a privilege. They have made a choice and it's a privilege for me." Another staff member told us, "I collect a lady once per week from a care home. She was very sad. Now when I walk in, her face lights up. She hugs me and says, 'I always enjoy my couple of hours with you.' That's so rewarding to me. It's a lovely feeling."

The provider told us, "My mission is to provide care that passes the mum's test. Care I wish I could have found for my mum." The service provided "relationship led care". This included personally introducing staff to people before they visited and providing the same staff at every visit.

We saw how the service went above and beyond to support people outside of their agreed support package. For example, one person had contacted the service to say they needed some urgent personal support and staff were sent immediately to assist. Another example was where a family member had contacted the office regarding their holiday and asked for additional support during that period. The provider told us, "Contact with families is very important. It's not just about the client." A staff member told us a person they had supported for several years had been in hospital for quite a long time and they had returned to their home the previous day. The staff member told us the person returning home was "the highlight of my life" and "To

get her back home is brilliant." They also told us they were now supporting the husband of a person who had previously used the service. The husband had wanted the same staff who had supported his wife and the provider had accommodated this.

The provider showed us cards they used at staff training sessions to help staff understand the people they were caring for and put themselves in their shoes. For example, the cards included photographs of the person and information about them that would help staff consider how they would treat the person and support them with their care needs.

One of the care staff was the runner-up in the dementia care award at the regional finals of the Great British Care Awards. They had been nominated for the support they had given to a person with dementia. They had found out the person used to enjoy baking so they spent time with the person baking in the kitchen. They also provided pampering sessions to the person such as bubble baths, hair styling and nail painting. The staff member had helped the person to maintain their independence by encouraging them to help out with household tasks. When the staff member had found out the person's other staff member was ill and off work, they cancelled their holiday. They said, "[Name] needed continuity much more than I needed a trip away."

The service operated a minimum call visit time of one hour. The provider told us, "It gives time to provide care properly and talk to people". A staff member told us, "I couldn't do 15 minutes care. We do one hour visits. It makes a huge difference to the person and we get such great feedback from families" and "You have the time, that's what makes the job."

Staff had completed their own 'This is me' documentation to provide information on their family history, talents, holidays and other interests. These were used to match the staff member to the person based on their needs, likes and interests. For example, we saw one person liked animals and had requested a member of staff who also liked animals. The assistant manager had a dog who spent the day at the office. The dog even had its own name badge and visited some of the people who used the service. The dog also attended the provider's memory café and was very popular with the people who used the service.

Staff did not wear uniforms when visiting people or supporting them in the community. The provider told us, "This removes the barrier when going out and about" and "People want other people to think they were out with a relative, not a carer."

The service provided exceptional support to people with communication needs. Communication support plans provided guidance to staff on people's communication preferences and abilities. For example, "It is important that care givers refrain from asking questions that [name] may struggle to answer. Care giver needs to be aware that asking too many questions about recent events could upset or confuse [name]" and "It is likely that [name] will find it much easier to chat and answer questions about events from decades ago. This will allow them to reminisce and avoid having to recall recent info."

Staff were instructed to use open questions when communicating with people to help engage them in communication and ask people to tell them about things rather than it being a one way process. We saw in one person's support plan that they were unwilling to wear their hearing aids. Staff were to encourage the person to wear them so they could communicate better. One of the people supported by the service was a keen painter and had many of their own paintings around their home. The provider told us staff had been informed to have a look around when they were visiting the person to see what there was to talk about and engage the person in conversation.

Another example of the person-centred care provided by the service was with the use of photographs to assist people in telling staff how strong they would like their tea and how well done they would like their toast. Each group of photographs showed tea of a different strength or toast of a different shade so people could choose which they preferred.

The provider told us all staff and people they supported received birthday and Christmas presents. We saw an Easter event was planned at the provider's office where staff could attend and take Easter eggs away for themselves and the people they supported.

People's preferences were clearly documented in their care records, such as their preferred name, and we saw evidence of where people had made choices. For example, "[Name] may choose to go for a short walk. Alternatively, [name] may choose to go for a drive or a bit to eat."

Respect for privacy and dignity was paramount at the service. The provider's privacy and dignity policy stated, "When personal care is provided, ensure everything is done to maintain your client's dignity." Care records described how staff were to provide care and support that was respectful and dignified. For example, "[Name]'s support needs are to be carried out to a high standard, ensuring their dignity, respect and choice are maintained at all times." A family member told us, "My [relative] is a very private man and we were not sure how he would take to carers helping with the shower etc. But our carer is so professional in how she asks my [relative] to do things. Brilliant!"

A staff member commented in the recent staff survey, "The work is very rewarding, knowing that you are helping someone to remain independent in their own home for as long as possible."

Is the service responsive?

Our findings

People's care records were regularly reviewed and evaluated. Care records were person centred, which means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account.

Each person's care record included important information about the person, such as next of kin, medical history, GP contact details, any known allergies and background history. We saw these had been written in consultation with the person who used the service and their family members.

Family members told us they were involved in reviewing their relative's care. One family member told us, "I have been involved with the care plan. The office and carers are brilliant with this, totally accommodating." Another family member told us, "The office are in contact regularly. They arrange appointments to review her care and ask our opinion and involvement." Another told us, "We have regular meetings with the senior and I know they have regular meetings with my [relative] in a different format. We are kept informed regularly. The care plan is a bit like a moving target really but very happy everything is recorded."

People's daily routines were clearly recorded and were very person-centred. Records described what people wanted from the service. For example, one person's record stated, "[Name] would like some companionship and home help from a care giver (non-smoker) and a driver." 'Required services' documentation provided additional information on specific support people required. For example, with social support, emotional support, domestic help, medication and personal care.

Staff were extremely responsive to people's needs. For example, staff had visited a person at home who appeared confused. Staff had called the person's GP, who attended the person's home and diagnosed a suspected urine infection. The GP wrote a new prescription that staff collected for the person. Another example was where the service was asked at short notice to increase the number of visits to a person who required additional support due to ill health. The service put the extra visits in place and introduced another member of staff to the person. Funding was made available for the additional visits to continue and the person's family members said they had seen such an improvement in their relative's health that they asked for the visits to continue on a permanent basis. A recent compliment sent to the service stated, "I am so grateful for the way in which at such short notice you have been able to provide all this extra support for [name]."

The provider had a care of the dying policy in place that stated, "People should expect a peaceful, pain free death" and "Those involved in caring for a client towards the end of life are appropriately trained and supported to do so, including understanding of cultural and religious practices." We saw staff had been invited to attend the funeral of a person they had supported and most of the staff who had supported the person were able to attend.

'Client activity logs' were completed each day for each person who used the service. Records we saw were up to date and included information on the person's health, activities supported with, meals and medicines,

and whether the property was secure. For example, "[Name] awake on arrival" and "Assisted with morning routine to wash and dress"

We found the provider protected people from social isolation. People's preferences for social activities and outings were documented in their 'Activities, exercises and socialising' plan. For example, one person attended a local church with friends, and enjoyed visiting garden centres and shops. Another person's plan stated they liked gardens but were "open to trying new ideas". Staff were instructed to encourage the person to look at activities within the local area and ask the person whether they would like to attend.

The provider told us people were supported to re-engage with activities they used to enjoy doing. For example, one person had been a keen horse rider in their youth and had expressed an interest in horses to staff. A specialist riding school was sourced and the person was supported by staff to attend. Staff took photographs and shared them with the person's family. The service had their own "What's on where" guide that was provided to people they supported. The guide stated, "Home Instead Durham have created this leaflet to help you brighten up your social calendar and make new friends." The service supported people at Christmas by arranging to take people shopping, providing assistance with writing cards, putting up Christmas decorations and supporting people to attend church or carol concerts. The service had also offered support to people who wanted to attend their local polling station so they could vote in the European Union referendum.

A recent survey response stated, "In the time my [family member] has had the services of Home Instead, the quality of their life has much improved" and "They take her out every day that she wants to go out and add a variety of experiences and female companionship that I was struggling to provide."

The provider's complaints policy and procedure provided information on how to make a complaint, the timescales involved and who to contact if you were not happy with the outcome of your complaint. There had been five formal complaints recorded in the previous 12 months. We saw all of these had been satisfactorily resolved and records included copies of correspondence with complainants and follow up visits to ensure people were satisfied with the response.

Is the service well-led?

Our findings

The service was exceptionally well-led. A family member told us, "I find the company and carers quite exceptional." Another family member told us, "Home Instead are brilliant, absolutely fantastic. We all live away from the area but the office or carer keep in touch with me either by telephone or email if anything to report about my [relative]." Another family member told us, "In my mind they are outstanding, everything is spot on." Another family member told us, "I have found this to be well run and well administered, and efficient." Another family member told us, "If I ever have to call the office they are brilliant at getting back to me. They are considerate in asking the best way to contact me if I am working." A healthcare professional told us, "I find them a very good company" and "I don't have any qualms about recommending them." The provider told us, "We are only as good as the last hour of care we deliver."

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had been registered since December 2012. A new care manager had been employed by the service and was to apply to be the registered manager. The current registered manager was taking on the role of operational manager to ensure that quality and standards were maintained.

The provider had moved to new office facilities that had much more space than their previous office. This meant training and meetings could be carried out on site. Staff were regular visitors to the office and the provider told us, "It's their [staff] office as much as ours."

The service was recently awarded a 'Best employer in care' award based on testimonials from staff. The provider had commented, "We're very proud. The award means all the more to us because it was earned as a result of the glowing feedback. It's great to know that our person centred approach is working for our team, as well as for our clients." The service was also a finalist in the company of the year category in the North East Business Awards 2017.

The provider's national office had been awarded the Queens Award for innovation. This was due to their "pioneering approach to delivering high quality bespoke and relationship led homecare".

The provider had developed a specialised training programme in Alzheimer's disease that had been accredited by the City and Guilds. This involved the completion of a 'CARE' workbook. CARE refers to changing ageing through research and education. The training focussed on caring for the whole person, with dignity and respect as a key theme that emphasised it was the "individual that matters". This training was also provided to local groups and organisations. This had led to the service being the first home care provider to win the Princess Royal training award for dementia. This award recognised organisations that demonstrated outstanding training and skills development programmes.

Following on from the Alzheimer's training, the provider had founded and funded a memory café at a local community centre that took place monthly. Tea, coffee and cake was served while people could engage in conversation, activities, and arts and crafts, and receive advice and information about dementia support.

The café was established to provide a "safe and supportive environment for people living with dementia and their friends or family to socialise." Staff told us the Alzheimer's training was, "fabulous", "very informative" and "very good".

The service had excellent links with the local community and employed a community engagement officer. The service provided free community education workshops for local businesses and community groups as part of the provider's "continuing efforts to change the face of ageing". They offered free training on Alzheimers, as mentioned above, as well as training on other dementia type illnesses to "help make Durham a dementia friendly city".

Staff we spoke with felt supported by the management team and told us how much they enjoyed working for Home Instead Senior Care Durham. One staff member told us, "I love it", "I get job satisfaction every day" and "You just have to get on the phone if you have a query or a worry. We get brilliant support." Another told us, "It's a great job, I love it" and "If you are unsure about anything, they [management] come out as many times as you want." Another told us, "What a company, they are fabulous!" and "It goes beyond words, they [management] are fabulous. The team at Home Instead are there for you 24 hours per day."

Staff received gift vouchers and flowers from management to say thank you when they had gone above and beyond their role. The provider had also introduced a loyalty bonus for long serving staff and staff had been taken out for a meal to celebrate.

The provider told us they had set up a new system to "buddy" new staff with experienced staff to give new staff extra confidence and help with staff retention. They told us this also benefitted the experienced member of staff by giving them extra responsibility for career development. A staff member told us, "It [buddy system] is a really good system."

Staff were able to take part in an annual staff survey. Comments from the 2017 survey included, "I love what I do. I am well matched to my clients", "I feel proud to be part of such a good service and such an amazing team", "I have a very good support network at Home Instead, looking after all the clients with the care and dignity they deserve", "I love working for Home Instead Senior Care because I know I am making a difference to people's lives" and "I have worked in care for a number of years but never worked for a company like Home Instead. Home Instead is like no other care provider." Where staff had raised issues in the survey, we saw these had been actioned. For example, "We will schedule three weeks ahead of time to allow you to plan better" and "We will text less and call more for carer updates."

Daily handover meetings took place where staff discussed anything of note from the on call service or the previous day. Weekly management/office meetings took place and included discussions on the business, service delivery, staffing and the on call service. 'Care giver' staff team meetings were held quarterly and two meetings took place on each day to allow as many staff as possible to attend. These discussed updates on the service, training opportunities, record keeping, communication, policies and procedures, holidays and any changes to people's schedules. New senior staff team meetings were planned to take place once the new care manager started with the service. The provider told us management travelled to where two staff members lived to carry out their supervisions, so the staff didn't have to travel to the office. This showed the management team valued their staff.

We looked at what the provider did to check the quality of the service, and to seek people's views about it. A monthly client audit report was completed. This checked client activity logs and medicines records to ensure they were accurate whether any actions were required.

The provider carried out unannounced checks on staff to check their appearance, ensure they were on time, tasks were completed appropriately, people's needs were being met and medicines were safely administered. The check also included a discussion with staff on different topics to check their knowledge. These included medicines, safeguarding, moving and handling, privacy and dignity, basic life support, equality and diversity, health and safety, infection control, and communication.

The provider sent quarterly newsletters to people who used the service, providing updates and information about the service.

Surveys were carried out either by telephone or home visit, where people could feedback on the quality of the service. Feedback was requested on office staff, care staff and the overall service provided. Client feedback forms were also used to provide feedback on the quality of the service. Answers were rated one to five, with one being poor and five being excellent. Feedback was requested on the standard of care provided, comparison to other companies, value for money and communication. People were also asked to provide additional comments. Some recent comments included, "Reliable, flexible and always ready to listen and deal with problems", "Please maintain current standard of care as it is excellent", "A gold star and a tick!", "Fantastic service given by whole team" and "Excellent service throughout. Thanks to all at Home Instead." A family member told us, "I was recently asked to complete a questionnaire for my mother's care. One question was if I could think of anything to improve. I couldn't think of one thing, which is unusual for me."

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.