

Match Senior Care Ltd

# Home Instead Senior Care

## Inspection report

Charter House  
43 St Leonards Road  
Bexhill On Sea  
East Sussex  
TN40 1JA

Tel: 01424401402

Website: [www.homeinstead.co.uk/bexhill](http://www.homeinstead.co.uk/bexhill)

Date of inspection visit:

08 March 2018

13 March 2018

14 March 2018

Date of publication:

11 May 2018

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Home Instead Senior Care (Bexhill) home care service is a domiciliary care agency which provides personal care to older adults and people living with a dementia in their own houses and flats in the community. The service provided was described as a relationship-led service to clients with a call of a minimum one-hour duration, with the same staff member attending at the same time and day that is convenient to the client and their family. At the time of inspection the service provided support to 25 clients eleven of whom were supported with personal care. This is the first inspection of the service.

There was no 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 registered manager had resigned from their position in November 2017 and had left their post at the end of December 2017. The owner had taken on the role in the interim and a new manager had been appointed and was due to start their post at the end of March 2018.

Since taking on the interim management role the owner had carried out a full assessment of the service and as part of this process had identified some areas where improvements were needed. For example, staff meetings had not been held and staff who had completed their probationary period had not attended regular formal supervision. Whilst staff had regular opportunities for training, the owner wanted to expand the depth and variety of courses available to staff to enable the service to take on more complex packages of care. An action plan had been drawn up to address these areas and timescales had been set to achieve them.

Staff were fully involved and committed to achieving the service's values and vision. The organisation had extensive systems to monitor and review the quality of the care provided.

People told us they had continuity of carers. They said staff always arrived on time and stayed for their allocated time. They told us staff always completed the tasks required of them along with any additional requests. For example, one person told us, "I only have to ask and it's done."

People were supported by staff who demonstrated kindness, enthusiasm and passion. Staff knew people well and were well matched to the people they supported in terms of personalities. They understood people's physical, social and emotional needs. We received numerous positive comments. For example, "They are like family," and "I couldn't manage without them."

People knew how to complain but everyone said they had no need to. They said they would have no hesitation in picking up the phone if needed as they were confident the office staff would address any issue brought to their attention.

Staff had a good understanding of safeguarding procedures and knew what actions to take if they believed people were at risk of abuse. Emphasis was placed on ensuring recruitment was thorough and ensured as far as possible staff were suitable and safe to work with people. Risk assessments were carried out in relation to people's homes and to their individual needs and where necessary actions were taken to mitigate risks to reduce the risk of accidents or injuries. Where appropriate people were given advice to seek additional support, for example in relation to fire safety.

There were good systems for the management of medicines. These ensured people received support in a safe way. There was information in care plans about how people liked to take their medicines. Care staff had received training on medicines and there were systems to monitor their competency in this area.

Spot checks were carried out to monitor staff performance. Staff attended regular training to ensure they could meet people's needs. There was a thorough induction to the service and staff felt confident to meet people's needs before they worked independently.

The owner and staff had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA and DoLS are regulations that have to be followed to ensure people who cannot make decisions for themselves are protected. They also ensured people were not having their freedom restricted or deprived unnecessarily.

Care plans gave staff detailed advice and guidance on how to meet people's needs. People told us they had been involved as part of the process. Care plans were reviewed regularly and as and when people's needs changed. If professional advice and support was sought then this was included within the documentation. If people needed support to attend health related appointments this was provided. People had the equipment they needed to keep them safe. Feedback from professionals who had contact with the agency was very positive. One professional told us the agency 'Offer tailor made support.' They went on to say they worked closely with other professionals.

## 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 safe procedures for the management of people's medicines.

Staff had a good understanding of the risks associated with the people they supported and knew how to recognise and report abuse.

Thorough recruitment checks were carried out and there were enough staff to meet people's needs.

### Is the service effective?

Good 

The service was effective.

Staff sought people's consent before providing all aspects of care and support. Staff received specialist training to support people effectively.

People told us support was provided in the way people wanted to receive it.

The owner and staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

### Is the service caring?

Good 

The service was caring.

People were cared for by staff that were kind, patient and professional and treated people with dignity and respect.

Staff were committed to promoting people's independence and supporting them to make choices.

Staff adapted their approach to meet people's individual needs and to ensure care was provided in a way that met their particular needs and wishes.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received care tailored to their preferences. People were supported by staff that had been matched to their personalities, likes and dislikes.

Support plans contained person centred guidance to ensure staff knew how to support people.

There was a detailed complaint procedure and people told us they knew how to complain if they needed to.

### **Is the service well-led?**

**Good** ●

The service was well led.

There was no registered manager in post but a new manager had been appointed and was due to start in post.

There were good communication systems to update staff and ensure they were aware of changes to care packages and to changes within the agency. There was good governance and regular audits were carried out to monitor and improve the care provided.

There was a positive and open culture at the agency. Staff told us the owner was extremely supportive and approachable. They were readily available and responded to what staff told them.

# 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 was announced. We gave the service 48 hours' notice of the inspection visit because the owner is sometimes out of the office supporting staff or providing care. We needed to be sure they would be in.

Before the inspection, we checked the information held regarding the service and provider. This included any statutory notifications sent to us by the service. A notification is information about important events which the service is required to send to us by law. We also reviewed the Provider Information report. This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make.

Inspection site visit activity started on 8 March 2018 and ended on 14 March 2018. We visited the office location on 8 March 2018 to meet with the owner and office staff and to review care records and policies and procedures. Following the office inspection, we visited three people in their homes to gain their experiences of care provided and to review their care documentation. We were also able to view interactions between people and staff. We also met one person's relative.

One inspector was present at the office on the first day of inspection. Although not present at the location, an assistant inspector supported the inspector by speaking with another person by telephone.

We spoke with four care staff, the office administrator and the owner. We spent time reviewing records, which included four support plans, three staff files, four people's medication administration records, staff rotas and training records. Other documentation related to the management of the service such as policies and procedures, compliments, accidents and incidents and quality assurance records were viewed. We also 'pathway tracked' the care people received. This is where we check the care detailed in individual plans matched the experience of the person who received care. We received correspondence from a social care

professional involved with support for a person.

This was Home Instead Senior Care Bexhill's first inspection with the Care Quality Commission.

## Is the service safe?

### Our findings

People told us they felt safe in their homes. They were happy with the security arrangements and knew who was coming to support them on each visit. Those who needed support with medicines had confidence in the support they received. A relative told us "Yes they are very hot on meds and only will administer meds authorised by GP including creams. Creams were used and full consent was gained on each call.

There were safe systems for the management of medicines. Risk assessments had been carried out to assess how much support people needed with their medicines. For example, some people needed full support, and others, just prompting. Information was recorded about what medicines had been prescribed and what they had been prescribed for. Support plans showed where people stored their medicines and who was responsible for re-ordering them. Staff completed medicines administration records (MAR) to show medicines had been given and when. On a monthly basis, the MAR charts were returned to the office for auditing. When people needed support with the application of prescribed creams there was a body map that showed where to apply the cream and records stated what cream and how much cream to apply. Staff told us if people refused medicines they would record this and report to the office. Staff had completed training in the safe administration of medicines and records showed this was up to date. Medicines administration was observed where required during spot checks. The owner was aware of regularly ensuring staff were competent in medicines management and had already planned to increase medicine competency checks from annually to a six monthly basis.

People were supported by staff who managed risk safely. Where risks were identified, detailed risk assessments provided staff with specific information and actions to take to reduce the risk of an accident. There were good systems for the recording of accidents and incidents. All accidents and incidents were recorded with evidence to show measures had been put in place to prevent a reoccurrence. An example of this was a person who had recently experienced a number of falls. The person had full capacity and refused to see a GP. We saw following a fall the staff member had made an extra call later that day to check the person was ok. There was a detailed risk assessment that had been reviewed regularly. The person was diabetic and the owner had noted some of the falls occurred in the morning before they had breakfast. Staff now encouraged the person to have their breakfast before their bath and this had eliminated some of the falls. The owner had also arranged to meet with the person to discuss the falls and to assess if any further action could be taken. This demonstrated the service learned from accidents.

Staff had an understanding of different types of abuse and told us what actions they would take if they believed people were at risk. All staff had received training in safeguarding and were able to tell us if an incident occurred they reported it to the office staff who were responsible for referring the matter to the local safeguarding authority. A social care professional told us, "They offer tailor made support to suit the individual. They raised a safeguarding alert when they had concerns for a person and supported them in meetings with professionals involved in the inquiry."

Some staff supported people to buy their shopping and prepare meals. Where staff handled people's money, clear processes were in place and receipts of expenditure had been kept and audited for accuracy.



The service managed risks in relation to fire safety. Records showed as part of risk assessments, checks were undertaken to monitor smoke alarm and life lines (emergency pendant to summon help) were checked monthly. Where concerns had been identified, people were encouraged to take advice and guidance from the local fire service. Fire risks such as use of oxygen had also been considered as part of the environmental risk assessment. Risk assessments also considered each person's ability to evacuate their home in the event of a fire and if there were concerns, appropriate safeguards had been put in place. A relative told us the owner had given them details of the, "Fire brigade that could provide home safety checks, gave us helpful information to enable to us to ensure the environment was suitable for mum."

There was a strong emphasis on safety in people's homes. Although equipment used was the person's own property, staff carried out a daily visibility check and there were six monthly checks that the equipment had been serviced and was safe to use. This protected people and the staff using the equipment. Support plans detailed the specific security arrangements for access to each property and the actions staff should take to maintain this. Emphasis was placed on danger/stranger. For example, staff had received training, and were advised to watch out for mail building up or mail that could indicate the person was being targeted for scams.

Staff recruitment checks were undertaken before staff began work for the service. This helped to ensure, as far as possible, only suitable people were employed. This included an application form with employment history, four references, two professional and two character references and the completion of a Disclosure and Barring Service (DBS) check to help ensure staff were safe to work with adults. As part of the interview process staff values were tested by thorough interview questions to check staff attitude and personality and match staff with clients. The owner told us, "We check staff have a good heart, caring nature and have experience with people."

There were enough care givers to support the needs of people in their homes safely. Rotas were planned a week in advance and care staff were informed of the calls they would be covering either by email or they could collect their rota from the office. When care givers were unwell, care calls were covered by the owner or care co-ordinator. People and their relatives told us they always had the same staff visit them. If they had a day off or holiday, another familiar staff member would visit. This ensured that care givers knew the people they supported well and provided continuity of care.

There were on call arrangements for staff support outside of office hours. There were no overnight calls. A staff member told us, "I had reason to contact the office out of hours, it was really reassuring. I have been completely impressed by the support available. There was no judgement and they were completely there to support you." Another staff member told us that as they lived on their own, they always texted the owner when they returned home following an evening call and they responded. The owner told us the arrangement worked and made sure they knew the staff member was home safely.

Staff told us visits were a minimum of one hour, they confirmed if they were running late they would ring people to let them know and advise the office. The service used a Freephone telephone system (known as "IQ" timecard). On arrival to people's home staff contacted the office using this system. If staff had not completed their timecard this triggered the office to call and check staff and people were safe. This system allowed the owner to check people had received their visit as planned and on time. A staff member told us on one occasion they had to call a paramedic. They said they liaised with the owner and the person's relatives and stayed at the person's home with them until their relative arrived. They said, "We generally don't have calls back to back so I was not late for another call."

There were good procedures to monitor infection control. People and relative's told us staff had access to

and wore personal protective equipment (PPE). Gloves and aprons were readily available and used frequently. Staff were up to date with infection control training and demonstrated a good understanding of how to prevent the spread of infection. Staff had also received training on basic food hygiene.

## Is the service effective?

### Our findings

People received support from staff who had completed appropriate training to meet their needs. There were very positive comments about the skills, knowledge and experience of the staff. A relative told us, "They are client focused, able to look at people as individuals."

There was a comprehensive induction programme for new staff. The owner had completed train the trainer courses in a variety of subjects and provided training to staff as part of their induction to the service. This included four classroom based training days which staff had to pass to continue with their 12 week induction. There were three modules that covered the 15 standards of the Care Certificate. The Care Certificate ensures staff that are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The programme "Safe caregiver" included training on safeguarding and whistleblowing, basic life support, medication awareness and support, people movers moving and handling and equality and diversity. New staff then went on to shadow more experienced staff to build on their knowledge and experience. One person confirmed this and said they liked this as, "It gave me reassurance the new staff member had been told how I liked things to be done."

Staff confirmed before they started working with people they completed induction training and shadowing. One person confirmed this and told us, "They usually have a new carer shadowing the old one so they know what to do." Once they started working on their own there were spot checks to make sure they were competent in their role. During the spot checks competency checks were undertaken for staff who provided support with moving and handling, food hygiene, personal care and medicines.

Records confirmed in addition to mandatory training, staff also completed specialist training to fulfil their role. A full assessment of people's needs was carried out to assess if needs could be met and to identify if there were any specific training needed before a new care package could be started. For example, if a person had a diagnosis of dementia, the agency would ensure the staff member had received training in dementia. The owner told us a number of staff had requested a more advanced course on dementia and arrangements were being made to address this. A staff member told us, "We have had specialist training that developed our awareness in a range of areas. For example, wearing different glasses to see what it is like for someone with a visual impairment. We also had to wear special gloves and were then asked to complete a number of tasks such as undoing jars. We could immediately identify with what it is like for someone with sensory loss."

All staff attended a supervision meeting within twelve weeks of their employment. Spot checks were done on a quarterly basis to check staff were competent in their roles. Following on from the twelve week supervision there was a policy all staff would attend a supervision meeting every quarter but the service had not kept up to date with this. This had already been identified and an action plan had been drawn up to ensure they got back on track with this policy. As the service was small and staff popped into the office for advice and support when needed we did not assess this had any impact for staff. All staff confirmed they were supported in their role. During our inspection a staff member arrived to the office unplanned following

a call that had been difficult. The owner spoke with them and arranged for the office coordinator to spend time with them to talk through the visit. The owner also arranged to visit the person they had supported to discuss the visit. Staff told us they were very well supported. One staff member told us, "I am very proud of the owner. She supports us, is never in a bad mood and is a fantastic boss. She makes sure you are ok, she has a natural personality." Another staff member told us, "The office staff are very compassionate and supportive, they really care. There is nothing we can't ask for."

The service worked closely with healthcare professionals. When requested, staff supported people with healthcare appointments. One person's partner requested the carer to support them to a health appointment. The staff member checked with the office that this was appropriate and through further discussion this was agreed. The person and their partner told us they really valued how flexible the service had been in supporting them at that time. When assessed as necessary, guidance was sought, and any guidelines obtained were included as part of people's care plans. We noted a staff member had recorded the evening before our visit that a person had been a bit wheezy. The next morning the person was still wheezy so with the consent of the person the staff member rang the person's GP and asked for an appointment. A relative told us, staff had not had to call GP for their relative but said, "I feel very confident they would if they had to, they have contacted me with any concerns and leave detailed notes as I don't see them."

People told us staff supported them to make sure they had enough to eat and drink. Where there were concerns about people's food intake staff had gone to great lengths to cook homemade meals for them at home and bring them to them, or to make additional food for them in their own home. When one person had not eaten their meal, one staff member made a sandwich for them to eat later and recorded this so that the next staff member could monitor if it had been eaten. The staff member told us if this continued to be a problem they would report this to the office. Some people had a home delivery of meals and staff supported them to prepare them.

We were told one person had strong views about their diet and where their food was bought. Staff understood the person's needs and the person directed staff as to where to locate the food they wanted. Another person told us their carer knew what types of food they liked and did not like and always bought them their favourites. People told us staff made sure they had plenty to drink and always left a drink to hand when they left.

People had the equipment needed to meet their individual needs. One person told us they had most of the equipment needed before they started with the agency but staff had helped them to make further arrangements to source suitable equipment. One relative told us the owner had been, "Really helpful and was able to signpost us to getting a bath lift, which we found we were eligible for." One person had a watch that vibrated to remind them their medicines were due. Another person's computer sounded an alert to remind them to take their medicines. This meant they were able to remain independent with their medicines. People had lifeline pendants and or a falls detector bracelet to seek help in an emergency. The owner told us as part of their assessment process they checked people's needs and where appropriate offered guidance to people about how to gain additional help in areas such as occupational aids, attendance allowances and fire safety.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. We checked whether the service was working within the principles of the Mental

Capacity Act 2005 (MCA). All staff had received a leaflet on the MCA that gave information about the principles to follow. The owner had completed an e-learning course on this subject. They had booked to attend a MCA/DOLS course but this had been postponed due to the weather and they were awaiting a new date to be confirmed. They said they would also sign up to a train the trainer course on DoLS and MCA and planned to ensure all staff received more in-depth training in this area. When people lacked the mental capacity to make certain decisions, the service had followed a best interest decision making process. One person's care plan showed the person's GP had assessed capacity to make decisions in a specific area and this had been documented. Staff spoke to us about the need to check people's consent and understanding on a daily basis and records confirmed choices presented to people and the decisions they made.

## Is the service caring?

### Our findings

People responded overwhelmingly positive about the staff who supported them. They valued the friendship and trusting relationships they had with those who cared for them. A staff member told us, "We make a point of finding out the little things that are important to people. For example, which mug they prefer using."

Staff told us emphasis was placed on trying to match people and staff who shared mutual interests. One staff member told us they had a similar professional background as one of the people they supported. They also said they shared similar hobbies as some of the other people they supported. They told us, "Having similar interests opens up a way of chatting to and really getting to know someone." The owner told us whilst every care was given to getting the best match possible, they had on a very small number of occasions changed a staff member if this was requested. A staff member told us, one person, "Doesn't take to some staff, we have had to try a few but we discovered they didn't like reactolite glasses so we made sure staff didn't wear these types of glasses and this helped."

People's individual preferences were respected. We were told one person chose not to celebrate Christmas and another person was on their own for Christmas so a staff member prepared a special meal and took it to each in turn and stayed with them whilst they ate their meal. A staff member told us, "It's not about how we want to do things, it's how the person wants it done. It can be hard but we respect people's choices and decisions even if we don't always agree with them." Another staff member told us there was great flexibility as calls were at minimum one hour. One person confirmed this, they told us, "I have three visits a week so I decide which day I want my bath and what jobs I want done each time they visit."

People told us staff respected their privacy. One person told us, "She makes sure I wear a dressing gown even going from the bedroom to the bathroom. She is like family to me I couldn't do without her." Another person's support plan stated the person, 'Likes private time in the bath but stay close if needed.' One person's support plan clearly stated how they liked to be supported and that this was their choice. The person confirmed it might not suit others but it was what they wanted and that was respected and acted upon. A relative told us they were confident their mum would say if their dignity was not respected.

Staff ensured people's health needs were acted upon to help prevent and promote people's health and wellbeing. For example, one person who had respiratory problems told us the staff member damp dusted their lounge. They said, "They know to Hoover when I am not in the room. This had also been written in the person's support plan."

Records for one person showed an occasion the person had been upset as they had not been able to contact a relative. The staff member had recorded the reason and the support given to resolve the situation. People were keen to tell us of their experience of using the service and the warmth and affection they held for staff shone through as they talked about those who supported and cared for them. They used comments like, "Nothing is too much trouble," "I have complete trust in them" and "I don't know what I would do without them they are the best thing that has happened to me." A staff member told us, "We always stay an

hour and we know that hour is special to them."

Care and support was provided in a way that promoted people's independence. Support plans for personal care included detailed advice about the areas that people were able to complete independently and the areas they needed support and how this was to be provided in a way that suited the person. For example, if someone could wash independently with the exception of their back and hair. Staff told us as people's needs changed they had reported this to the office. One person told us they themselves could see it took longer to get up in the mornings and they knew the level of support they needed would need to increase. All of the staff could give us examples of how this had been accommodated for people.

## Is the service responsive?

### Our findings

The emphasis placed when setting up care packages above all else meant each person was supported by a companion they trusted and were comfortable with, which enabled innovative and responsive support to be provided.

The service responded flexibly to people's changing needs and wishes. Staff told us if they found a person's needs were changing and it was taking longer to provide their care they would report this to the office and the care package would be reviewed. They were able to give examples of when this had been the case and the care package had been reviewed and changed. A staff member told us when one of their clients was admitted to hospital they continued to spend their allocated hours with them in hospital. They said this gave the person comfort and continuity and also helped the family who couldn't visit regularly as they lived at a distance. At the assessment stage people are asked about specific requests and one new client that was being assessed had requested a male staff member. A staff member who supported one person who had no family near told us, "We sometimes go out for breakfast at the weekend." The person told us they enjoyed this outing and the time they spent together.

We were shown copies of reviews that had been left on the internet, they were overwhelmingly complimentary. Comments included: 'Outstanding care given to my mother throughout a very difficult period. Carers were excellent, used their initiative, provided solutions and everything was done to a high standard. Management was equally good.' Another comment included, 'The staff (all) go above and beyond to be kind and helpful. They are all very polite and treat my mum with the utmost respect.' In addition to comments on the internet the service had received numerous positive comments by email from grateful clients and their relatives who praised the service for the care and support shown them. Comments included, 'Your services go beyond the call of duty and I know (person) couldn't be in better hands. I am so, so lucky to have found your team to support and care for (person), I don't know how I'd have coped without you.'

Each person's needs and wishes had been thoroughly assessed with them and where appropriate their relative. From this a support plan was drawn up. As part of this process where risks had been identified, risk assessments had been written to assess and reduce the risk to people. Support plans were person centred and included information about people's personal histories, how they liked to spend their time, the specific areas they needed support and how this should be provided. If someone had a specific condition such as diabetes or a respiratory condition, there was detailed information describing the condition and how it might present for the person. This helped staff to identify when someone was not well and if they needed medical attention.

Copies of the support plans and risk assessments were in the office and each person's home. Daily records confirmed the support provided to the person each day. There were signed forms consenting to the provision of care, guidance about how to make a complaint and contact details so people knew who to contact at the service for advice or support. People told us they knew who to contact and they felt confident if they had to phone the office their requests would be met. Support plans had been reviewed at regularly



intervals and always when a person's needs changed. We asked staff how they were kept up to date with changes in care packages and support plans. Staff told us when changes were made, the support plan would be updated but in the interim all changes to the support to be provided however minor, would be emailed or texted to them. We saw this had happened and noted the system was used flexibly to ensure all staff's personal method of communication was used. Support plans reflected the care of the people we met and the staff feedback about people's lives.

People knew staff followed support plans that included information about the care to be provided and told us they were involved in the process. One person told us, "I have seen the support plan but they know me very well and they always ask what I want done, they are very accommodating." They also told us the office checked on staff to make sure staff were meeting their needs.

People consistently told us staff arrived on time for calls and stayed the allocated time. Staff told us they were on time with calls. If through an emergency they were delayed they contacted the office who would ring the person they were due to call on next and explain the reason for the delay. People confirmed this was the case. One relative told us, "Yes staff are very punctual." They also said, "This hasn't happened yet but I am sure they would make contact as soon as they know."

The service had an effective complaints policy and systems to ensure complaints would be documented, investigated and responded to within clear timeframes. There was also advice about who to contact if the complainant was not satisfied with the response. The owner told us they had not received any formal complaints since they were registered. This owner told us they encouraged people to raise even the slightest of issues which meant they did not escalate to complaints. People told us they would not hesitate to raise any concerns if they had any, and were confident they would be taken seriously. People told us they had no reason to complain. One relative told us, "We are encouraged to ring anytime, and I was pleased that I rang on an evening and someone answered and I didn't have to leave a message. It was followed up and dealt with quickly. Everyone I have spoken to in the office seem really nice and helpful."

As the service was still relatively new and the main emphasis was on companionship they had limited experience of offering end of life care. However, the owner told us one person they had supported had chosen to die in their own home. They had a care package with another agency for personal care and the staff member from Home Instead continued to provide a companion service to them and they too assisted with personal care. End of life training had been especially provided for the staff member to make sure they could meet the person's needs.

From 1 August 2016, providers of publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify record, flag, share and meet people's information and communication needs. Although staff had not received AIS training they had assessed and identified the communication needs of people. Communication was part of the individual assessment tool completed for each person. Any needs identified to facilitate communication were recorded and responded to. For example, staff supported people to use hearing aids and glasses when needed. One person told us, "I sometimes have difficulty with my hearing aids but (carer) helps me." A staff member told us it was important to use short sentences with one person they supported as they could become "A bit muddled at times." The owner told us documentation would be produced in easy read format if assessed as appropriate and although they had not needed to, documentation could be provided in different languages.

## Is the service well-led?

### Our findings

Home Instead Senior Care (Bexhill) was a family owned service. The office was part of Home Instead Senior Care, a world-wide, award winning company specialising in high quality, relationship based care. The company was the first care provider to receive the Queens Award for Enterprise for its innovative, committed approach to care at home.

There was no registered manager in post. The last registered manager had left their position at the end of December 2017. The owner told us a new manager had been appointed and would be starting in post at the end of March 2018. Since the registered manager left their position the owner had taken on the running of the service. They were assisted by an office administrator and a second staff member had taken on a part time office role.

Staff meetings had not been formally introduced but informal meetings had been held following staff training. Staff had also been invited to come and meet the new manager and it was hoped this would be an opportunity to introduce more formal staff meetings. The service had not provided formal supervision in line with their own policy but this had been highlighted as part of their action plan and with the new manager starting imminently it was felt this could be addressed quickly. All of the staff told us that despite formal supervision arrangements they felt totally supported and could phone or call to the office at any point if they wanted to discuss anything or needed guidance. One staff member told us how when they had not been able to continue with a call due to their health, the owner promptly arrived to take over the call and had made arrangements for someone to take them home. They valued this support and told us that was one of the reasons it was a fantastic place to work. Staff also told us the owner was very flexible. For example, one staff member had specific requests about the type of work they did and this had been considered carefully when they assessed who it would be appropriate for them to support.

The service used an external organisation to conduct an anonymous survey with clients and staff. Surveys had been completed half way through the first year of operation. All staff said they were proud to work for the service and 85% said they would recommend it as a great place to work. 100% of people said staff always arrived on time and 83% of people said staff responded to questions. One of the actions taken had been the development of an action plan for office staff to increase contact with care staff. Some people and staff gave a neutral response and there was no method to capture the reason why. The owner said this was an area that would be improved when the next survey was carried out.

We asked the owner how they kept up to date with the running of the business. They told us they had carried out a detailed audit of the service in February 2018 and from this an action plan had been drawn up to address any shortfalls found. For example, one staff member had not shown their car insurance so was not allowed to drive their car on business until this had been presented. The organisation had also carried out an audit in December 2017 and a number of recommendations had been made, for example, in producing a simpler method for planning the rotas. The audit had also been used as an opportunity to assist the service in how to grow and develop and to look at systems that would be needed if this were to happen.

There were systems to audit medicines on a monthly basis to ensure people received the medicines prescribed and any prescribed creams had been applied. Any shortfalls were noted along with the actions taken. One person took their own medicine. However, staff noted they were not remembering if they had taken it. This was discussed with the person, their relative and the office staff and agreement was reached staff would support them with medicines. The person knew where the key was kept for their medicines and had access to pain relief should they need it. Staff said the new system was worked well.

Daily logs had also been audited monthly. For example, one staff member had not always added a date or signature. Records showed this had been addressed with the staff member. The office administrator checked the clocking in/out logs throughout the day. The system flagged up if a staff member had not clocked in and they would then check with them to see why. We checked the clocking in/out time for two of the people we pathway tracked and found staff had arrived a few minutes early in each case and always stayed their allocated time. Due to the size of the service the numbers and frequency of accidents was very low and easily reviewed regularly to assess if there were any patterns or trends to check if appropriate actions had been taken. The owner told us as the service developed they would have a more formal system to analyse accidents and incidents.

The owner told us there were a number of fairly new franchises in the area and they met once a month to share ideas and best practise. They told us this had been extremely valuable both in terms of support and sharing good practices but also gaining new insight into how other services had developed. The owner also confirmed they were continuing to forge new links with professionals in the area. For example, with the local MacMillan service and with the hospice at home team.

The owner had booked to attend a workshop later in the month on the General Data Protection Regulation (GDPR) which comes into effect in May 2018. GDPR was designed to ensure privacy laws were in place to protect and change the way organisations approach data privacy. They told us the office had been set up to hold very little paper so this was a step they had already taken to ensure confidentiality. They also said they would use whatever guidance was offered to ensure any data held on behalf of people was stored safely and securely.

Staff were aware of the organisation's vision and values. Their mission, 'To become the UK's most admired care company by changing the face of ageing.' One staff member told us they liked the ethos of the service. They felt the statement, 'To us it's personal,' which was on the service's brochure they felt summed up how they operated. They said, "I've had a varied career, it's open here. We can raise concerns and make suggestions." For example, they told us they had suggested to the owner they have mini meetings for staff who shared the same clients. This would improve consistency and continuity for people. The owner had thought this a very good idea and we saw this had been included on the service's action plan.

The owner told us they sat on the steering group of Bexhill Dementia Action alliance and also supported the work of the alliance in two other areas. They were also a dementia champion and scam champion which enabled them to deliver awareness sessions to staff but also to the wider community. They told us they had made arrangements to speak with local GPs about their service and the support they provided. These types of initiatives develop strong links with other organisations in the local community and heighten awareness and understanding of dementia.