

Jardine Care Limited

Home Instead Senior Care t/a Jardine Care Limited

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?	Good 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

This inspection took place on 8 October 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and the registered manager is sometimes out of the office supporting CAREGivers or visiting people who use the service. We needed to be sure that the registered manager would be available to speak with us on the day of our inspection.

This was the first inspection of Jardine Care Limited t/a Home Instead Senior Care at its current location since its registration in June 2018.

Home Instead Senior Care provides domiciliary care and support to people living in the London Borough of Richmond and surrounding areas. Home Instead Senior Care is part of a franchise that delivers care to people in many areas of the United Kingdom. This includes personal care such as assistance with bathing, dressing, eating and assistance with medicines. The service also provides people with help and support in their day-to-day lives, such as housework, shopping, and companionship services and escorting people on visits or appointments.

The staff who support people are known as 'CAREGivers,' we have called them this in the report and other members of staff, or all the staff in general, are referred to as "staff".

The service had a registered manager. A registered manager is a person who has registered with the CQC 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 service provided good quality care and support to people and we rated the service as Outstanding in the way it responded to people's individual needs and how it was managed, where a culture of openness and support for staff was evident.

People's feedback, and feedback from external professionals was consistently good. People gave feedback about their care and support which was unanimously positive and which emphasised the responsiveness and managerial support of the service. External agencies praised the management of the service and the quality of its staff, as well as for the initiatives the agency took in responding to the needs of people for community based contact with others.

People were exceptionally well supported by CAREGivers to engage in activities to stimulate and promote their overall wellbeing. The provider worked closely with organisations in the community and together they shared in initiatives to support people in activities outside of their home environment, such as day centres, clubs and lunches.

Staff told us that they felt very well supported in their role and that they enjoyed working for the service and

would recommend it to anyone interested in a career in social care. We saw that staff were recruited and trained in such a way that people could be assured of receiving safe care from suitably qualified staff. Staff received on-going supervision and training, including personal one to one time with their managers, spot checks during work and appraisals at the end of the year. Training was actively encouraged and promoted and staff had completed all mandatory training, with some going beyond that to improve their knowledge on particular topics, such as dementia training.

People received safe care in their homes. CAREGivers could explain to us how to keep people safe from abuse and neglect. People had suitable risk assessments in place. The provider managed risks associated with people's needs and their home environment to help keep people and staff safe.

Medicines were administered safely and people received their medicines as prescribed by staff qualified to administer medicines.

Staff provided support in line with the Mental Capacity Act 2005 and there was an emphasis on respecting people's dignity and receiving people's consent before a service was provided. CAREGivers understood what was meant by acting in someone's best interests in cases where people were unable to provide informed consent.

People were supported to eat and drink sufficient amounts to meet their needs. When required staff supported people to access a range of healthcare professionals

People's needs were assessed before they started to use the service and care was planned and delivered in response to their needs. The provider had arrangements in place to respond appropriately to people's concerns and complaints. The service provided exceptional support to people living in the community through their initiatives in providing community based resources such as lunch clubs and supper clubs, which responded to the risk of people feeling isolated in their homes.

People, staff and external agencies described the management as very open, approachable, positive and easy to get on with. Excellent systems were in place to monitor and improve the quality of the service. The provider had audit systems for staff training and supervision and received detailed audits from the Home Instead franchise national office. In addition, the service conducted its own annual audit of the service, including seeking feedback from people and staff and using this feedback to develop further.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People received a service that kept them safe. Staff had received training in safeguarding people and were able to describe the procedures they would follow if there were concerns over someone's safety.

The provider kept people and staff safe through individual personal risk assessments which considered people's health, mobility, their home environment and their ability to make their own decision.

There was a thorough staff recruitment procedure in place which ensured people received safe care from staff who were suitably qualified and competent to carry out their work.

Medicines were administered safely and audited accurately.

Good 

Is the service effective?

The service was effective. The company supported its staff to care for people to a high standard by providing effective support and training.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and had a good understanding of the MCA. All staff had received training on the MCA.

Staff completed annual continuing development training on a number of subjects that related to the people they were supporting.

Staff were supported through one to one supervision, on site observations, team meetings and dedicated and responsive office staff and management.

Good 

Is the service caring?

The service was caring and people were at the centre of the service and the focus of how the service delivered care.

People were always treated with respect and dignity and received individualised care. CAREGivers were kind, caring and

Good 

compassionate in their roles.

Staff and CAREGivers knew people and their families well and had built up positive relationships.

Is the service responsive?

The service was exceptionally responsive.

Care and support was delivered in a person-centred way. Each person had an individualised plan in place which was up to date. CAREGivers encouraged people to share their interests and hobbies and to enjoy social interaction.

The service had developed excellent community initiatives in the community to minimise the risk of social isolation.

Complaints were dealt with in a personalised way and the provider ensured that people were happy with the resolution of their concerns.

Outstanding 

Is the service well-led?

The service was exceptionally well-led.

The management team promoted a strong, inclusive and visible culture. They led by example and staff responded by giving high quality support to people. All stakeholders, from people, staff to external professionals, spoke highly of the way the service was led.

Robust quality assurance systems were in place to enable the service to assess and continually improve. The management team embraced systems to identify any shortfalls.

Management and staff worked within the principles of their statement of purpose and vision and values for the service

Outstanding 

Home Instead Senior Care t/a Jardine Care Limited

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 8 October 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and the registered manager is sometimes out of the office supporting CAREGivers or visiting people who use the service. We needed to be sure that the registered manager would be available to speak with us on the day of our inspection.

The inspection was carried out by one inspector. An expert by experience phoned users of the service after the inspection to gain their views on the service they received. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed information we held about the service. This included statutory notifications received from the provider since the last inspection and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what the service could do better and improvements they plan to make.

During the inspection we spoke with the registered manager, the provider and six office based staff, with a mix of care supervisors and other care managers. We also spoke with five CAREGivers. We reviewed the care records of six people who used the service, and looked at the records of five staff and other policies and records relating to the management of the service.

During and after the inspection we spoke with 15 people who used the service or their relatives. We wrote to

10 external professionals from health and social care who work with the service or the people that receive a service from Home Instead to ask their opinion of the service. We received six replies.

Is the service safe?

Our findings

People received a service that kept them safe.

One relative told us, "I've no concerns – they're very punctual and I know [my relative] is in safe hands." Another relative said, "They are very on top of any issues and were quick to spot and raise the issue of [my relative's] swollen legs. They also noticed a new rash and suggested I call the Doctor. Any little issues, they'll call and tell me. They always keep detailed notes and I'm asked to contribute to these." A third relative told us, "[My relative] is very safe. The care staff are very friendly and [my relative] looks forward to them coming. They're great. I can't praise them enough."

Staff had received training in safeguarding people and were able to describe the procedures they would follow if there were concerns over someone's safety. One CAREGiver told us, "If I was concerned about someone in any way, I would speak to my line manager, and my manager was not available I would speak to the registered manager or the owner. We can speak to anyone in the office team and we know it will be taken seriously. They would then ask us to record our concerns and they would follow up with the family or social services."

Other CAREGivers provided their own examples of where they had discussed concerns about people's welfare or health with their manager.

The provider kept people and staff safe through individual personal risk assessments which considered people's health, mobility, their home environment and their ability to make their own decision.

Where people had requested this, arrangements for keeping people's keys in a Key Safe had been made which enabled CAREGivers to enter the homes of people who could not manage to open the door themselves. These arrangements were clearly documented. People's care and support plans were accurate, with up to date information and risk assessments, which ensured that people would receive the care they wished in a safe manner.

There was a thorough staff recruitment procedure in place which ensured people received safe care from staff who were suitably qualified and competent to carry out their work. Recruitment included a completed application form, interview, references and criminal record checks via the Disclosure and Barring Service (DBS). The provider had also developed a new form called 'This is Me', which invited applicants to describe their own interests and background. The provider explained that this was used to try to match CAREGivers with people, with the rationale being that people with similar interests would have something in common and thereby make the person feel more reassured and relaxed about receiving care.

Effective measures were taken to help prevent and control infection. CAREGivers confirmed that they always had access to protective gloves and aprons as well as hand gels. This minimised the risk of infection being spread as staff made their visits to people.

The service had good systems in place for the investigation and monitoring of incidents and accidents. Accidents and incidents were reported and logged and a review of the care plan was carried out, as well as a review to see what learning could be taken from this and whether any further staff training could help reduce future risk.

Medicines were administered safely. Some people required CAREGivers to simply prompt them while others required support to take their medicines. One person told us, "I'm very comfortable with how they handle the medication – there have never been any incidents.' A relative told us, "The main carer is a gem. Very helpful and [my relative' feels very safe. It's her whole approach."

Medicines records were accurate and, once the medicine cycle was completed, were held at the office for audit. CAREGivers received medicines administration training and refreshers, and spoke confidently regarding supporting people to take their medicines. One CAREGiver told us, "You cannot give medicines if you have not had training and if someone hasn't watched you do it first. If you don't know something you can always ask and refresher training will be given to you."

Is the service effective?

Our findings

People were cared for by staff who received good training and regular support.

One relative told us, "They visited us before the care started and talked to us in a lot of depth, and made sure they had as much background as they could. The food is always well prepared, the afternoon carer is very kind and compassionate and takes a lot of interest in my Mother and talks to her." Another relative said, "We have regular reviews with the manager. We all sit and discuss things and they raise things like possibly increasing [my relative's] care but make it feel like it's more of a social occasion and a general chat. The Supervisor comes regularly to check on how things are going and if [my relative's] needs have changed every 3 or 4 weeks. It's very helpful."

A third relative told us, "The carers came and did training on the harness and apparatus with a nurse. They spent time finding out where everything was in the kitchen and so on. I'm very impressed with their competence. The weekend lady is very professional. She doesn't keep asking questions, but talks to [my relative] and finds out how they feel. She picks up on small signs. She will phone me if she's concerned, but isn't constantly on the phone as she takes the initiative."

External agencies who work with Home Instead were also positive in their feedback. One professional told us, "Staff appear highly skilled and competent in dementia care. I am aware that staff have on-going professional development and specialist training which is evident in my interactions when meeting the carers and patients."

The provider had identified a range of training courses that enabled staff at all levels to develop professionally. These ranged from the completion of the Care Certificate (a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting) through to more intensive courses on specific areas such as dementia and national qualifications. Staff were provided with support and flexibility to pursue training through to degree level.

One CAREGiver told us "The training is great, and I went from being a novice in care to being really confident in my role." Another said, "I feel very well supported working for Home Instead. I can speak to my line manager and ask for help or training, I can discuss my clients and we look together at ways of helping them better, for example if someone is not eating or is at the end of life."

The registered manager had good systems in place to monitor and audit training and supervision of staff, and records clearly documented the interactions and meetings between CAREGivers and their managers. We saw documented evidence that staff completed annual continuing development training on a number of subjects that related to the people they were supporting. These subjects could include accident prevention, safeguarding, medicines management and dementia awareness.

For moving and transferring skills there was a hoist and an anatomically correct dummy for both a male or female person which was used as a training tool to help CAREGivers understand how to transfer someone

and how to help a person with personal care to ensure the person retained their privacy and dignity.

The registered manager made use of a tool called the 'Dementia Bus', which is a virtual reality tool designed to provide healthy people with the opportunity to experience what it is like to live with dementia.

One external professional told us, "To be honest they are one of the better local care agencies and seem to have a great understanding of the needs of those living with dementia and their carers. During the summer they provided training for their staff in dementia awareness by having the dementia bus for their carers which I consider to be a great investment in their training and empathy for patients."

Records showed all staff had regular one to one meetings with their line manager, spot checks (called "support visits") by a field care supervisor to people's homes and an annual appraisal. Annual appraisals provide an opportunity for staff to assess their work and plan their development needs.

Staff supported some people to access healthcare appointments if needed and liaised with health and social care professionals involved in their care if their health or support needs changed. This included healthcare professionals such as GPs, occupational therapists and district nurses to provide additional support when required. Care plans clearly addressed the support each person required, dependent on their individual circumstances. Home Instead also worked with hospital teams to ensure people received a safe discharge from hospital to home.

CAREGivers confirmed to us that they always received a description of a person's care needs and saw the care plan before they commenced working with someone. CAREGivers who were unfamiliar with a new person were accompanied by an experienced CAREGiver whom the person knew. This ensured an effective handover and offered the person receiving care the dignity and respect of getting to know the new CAREGiver in the presence of someone familiar to them.

The Mental Capacity Act (MCA) 2005 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.

We saw that the provider had made suitable arrangements to identify anyone who had Power of Attorney over a person's health and welfare and had checked this with the Office of the Public Guardian. One relative told us, "They helped me with the Lasting Power of Attorney application and often help around the house if they finish early, without asking!"

The provider had policies and procedures on the MCA and had a good understanding of the MCA. All staff had received training on the MCA. They understood their responsibilities with respect to people's choices and acting in people's best interests. One CAREGiver told us, "When you're acting in someone else's best interests, you make a decision based on how well you know that person and how they would have liked things done. That's why care plans are important, so we know we are doing what people want, not what we want."

Other CAREGivers provided similar replies, with examples ranging from understanding what kind of meals might be appetising to someone who was disinterested in eating, to knowing someone's habits and moods so that they could adopt the appropriate greetings and demeanour for the visit.

Is the service caring?

Our findings

People received a service that involved them and their families and which treated them with kindness, compassion and respect.

One relative told us, "They are 'hands on' and give [my relative] cuddles and engage them in conversation." Another relative said, "They care for [my relative] as they would care for their own and are very respectful." Another told us, "Since we went to Home Instead my life is so much easier. They always ask me if there's anything else I need and tell me if there are any issues. I like the fact that they clean the kitchen and are very thorough. I never get the feeling that they're dying to get away."

External professionals were also positive in their feedback. One told us, "The service demonstrates a very good understanding of the needs of those living with dementia and their carers. Feedback from carers and my observations are that they really take the time to get to know the person and their unpaid carers, providing excellent person-centred care." Another said, "With the person I was responsible for, all of the care staff from Home Instead went over and above to provide them with a warm loving and kind environment. I could not fault the care that they gave."

The provider recognised the importance of providing the same staff consistently over time so they knew the people they cared for well. Care was also taken to try to match the right CAREGiver with the right person. The registered manager's view was that shared interests and having things in common was beneficial in developing a relationship in order to provide care in a respectful manner.

All the office staff were trained as CAREGivers and could step in and support a person when required. The scheduler and the on-call team had detailed information about the CAREGivers and who they had supported in the past, so that if a change needed to be made they would endeavour to find staff who were known to the person. The out-of-hours system was well managed and enabled action to be taken swiftly if a CAREGiver was unavailable, or if there were any issues relating to people, such as health issues. This meant people could be reassured that their visits would be made and they would not be "forgotten" by a poor system.

Before going to see someone new the care staff received the care plan from management and read about the person before meeting them. This meant people receiving a service had continuity from staff who understood their needs and people were reassured by the consistency of being supported by familiar staff. Staff were very positive about working for Home Instead. One told us, "They manage my rota very well and the way they do things I have enough time to get to people's homes, do my job and have a chat with people."

The registered manager confirmed that each visit was a minimum of one hour. They told us this was part of the service's objectives to ensure that people not only received the care and support they needed during that time but CAREGivers were also given the time to socially engage and interact with people and build a positive caring relationship.

Is the service responsive?

Our findings

People received exceptional personalised care that was responsive to their needs.

Staff assessed people's support needs and this information was used to plan the care and support they received. People and relatives were overwhelmingly positive in their comments about this aspect of the service.

One person told us, "They don't get offended if you give them feedback. For example, I have had to ask them to take their shoes off in the house and they all do this happily. There was one care staff who spoke too quickly and too loudly. I fed this back and her behaviour has changed now."

Another relative said, "I think they're conscientious. One carer noticed that [my relative] had a lot of dolls and brought a load round that she'd been going to take to the charity shop. They spend time talking to [my relative] and become friends. They encourage [my relative] and get them out on to the balcony - which [my relative] used to hate as they thought people were looking at them."

Other comments included, "When I went away in the Summer, they kept in touch with me by phone to let me know everything was fine with [my relative]. They told me I could call them any time", "The carer is sensitive to the fact that [my relative] doesn't like to be asked questions as he can't remember things and gets anxious." and "The care is superb. The carer has such a lovely manner. [My relative] is a private person and finds it difficult to relate to some people, but he couldn't be without her."

External agencies who spoke with us were equally positive. One told us, "I have noted on a number of occasions excellent initiatives in understanding people's needs. For example, where someone has had a history of not accepting care the care worker took the time to build up a relationship understanding the person's anxieties and their lack of insight into their own needs." Another said, "The provider and his team have responded to the need for a personalised service. This includes not only people who receive care, but also for those who care for their relatives with dementia, and people who may not necessarily be ready for residential care, by offering support, advice in an informal and sociable environment, being an ambassador for our day care service as well as his own, easing the transition, and helping carers along the journey of dementia."

Another professional told us, "As a company they have set up several initiatives such as supper clubs that are aimed at supporting carers. I find them a proactive company and a pleasure to work with. If my patients choose to have Home Instead as a care provider I can relax knowing that the team will contact me, the GP or social services as appropriate if there are any concerns or if I need to be more closely involved with the family."

People were supported by CAREGivers to engage in activities to stimulate and promote their overall wellbeing. In response to people's needs Home Instead and CAREGivers developed activities and supported existing initiatives in the community to suit individual people.

The provider described the various not-for-profit activities they ran in the local community. These events were open to anyone in the community and included the invitations to the people supported directly by Home Instead. The provider told us how they believed that these activities helped local people to live well with dementia by helping them meet social needs and providing cognitive stimulation with musical, singing and arts based activities.

These activities included monthly Supper Clubs in the areas of Ham and Whitton, which enabled people to have a meal in a restaurant type setting and which were attended by both clients and non-clients of the service. There were also quarterly tea parties which were mainly for people that Home Instead supported and which were also attended by CAREGivers.

Home Instead also sponsored the Alzheimer's Society 'Singing for the Brain, which was open to anyone who was interested. A Gentleman's lunch club in New Malden took place quarterly to help older men enjoy a pint in a real pub. People were brought along either by their main carer or by a Home Instead CAREGiver.

The provider told us how approximately 20 people attended the twice-monthly "Memory Café" in Kingston, where a different theme each time offered people the opportunity to try different activities or listen to presenters and entertainers.

One person told us, "They have a tea party every three months which is lovely. It's an important social occasion where we can get to know people. I'm extremely happy and relieved."

Staff were also positive about these community-based activities. One told us, "I love them. Sometimes I won't be able to make it if I am working at that time, but when I go I can see that it makes so much difference for people to be out and mixing rather than feeling trapped indoors."

The provider had an automated logging in system for CAREGivers. When arriving and leaving a person's home they called a free-phone number and this logged the time of the call in the office. This information was displayed on a large screen in the office and could be seen by staff at any time. An alert was also sent to the scheduler's mobile and email system, so that action could be taken if a CAREGiver was going to be more than 10 minutes late.

The service did not have anyone with special communication needs or sensory loss. However, the service had the technology to ensure material could be produced in large print. A care co-ordinator told us that as part of matching CAREGivers with people, culture and language formed part of the overall decision making where they would look to match someone with the same language if possible.

The service could also seek support from the franchise national office if it required any particular tool or support for someone. However, the care coordinator explained that since the service was committed to providing support tailored to individuals each situation would be treated in a personalised way, and communication methods would be agreed after consultation with the person and family involved. This might result in a fairly simple solution, such as large print documents to a more complex solution involving interpreters or people skilled in sign language.

The provider continued to have an up to date complaints policy which gave processes to follow and time scales to adhere to when dealing with complaints. People said they understood the complaints procedure and were encouraged to speak up with any concerns or complaints, as this was seen as a positive process that could help to make changes where changes were needed.

One person told us, "I'm made to feel that if I have any concerns, I can ring any time, as has happened."

The registered manager explained that any complaints or concerns received were reviewed, investigated and responded to in a timely manner. Documents we looked at confirmed this.

People were supported in a very caring and responsive way at the end of their life to have a comfortable, dignified and pain-free death. Staff had been well trained in end-of-life care and the feedback from relatives was very positive in the cards and letters that were sent to the service.

External professionals were also complimentary about this aspect of Home Instead. One professional wrote, "I just wanted to email to say how impressed we have been with care given by your carers to this end-of-life patient...all of the carers involved and their line managers have gone over and above to allow [this person] to die with dignity and respect in their own home...I don't think I have come across such a fantastic group of people."

Is the service well-led?

Our findings

People and their relatives told us overwhelmingly that they thought the service was exceptionally well managed.

Comments included "It seems very well organised. When we were going on holiday they called a week before to arrange a schedule and when we got back everything started smoothly", "A manager came to see me last week and I do feel listened to" and "They seem super-efficient. The manager calls to advise us what's going on and we had a visit from them after being with them for 2 weeks. They seem very concerned with detail and how we feel about the service. "

There were excellent management systems in place, both internal and those which were required by the franchise company. There were sufficient office staff available to support the CAREGivers, including care co-ordinators, field care supervisors, recruitment staff, training staff, business support staff, together with the registered manager and provider available on-site.

The service made excellent use of technology in the monitoring of people's care, logging care visits, planning training and other support for staff, auditing the quality of the service and seeking feedback from a wide range of people, staff and external professionals about their experience of the quality of care they received. This technology was used consistently by staff and ensured that data and information was maintained in a secure and confidential environment.

One external professional told us, "The leadership shown by the provider during his involvement with patients and in supporting his own staff is outstanding. I find they go the extra mile." Another told us, "The carers I met all knew what was happening with people and the care was joined up and consistently of a high quality, carers appeared to be happy and felt valued." Another said, "They will go to great lengths to find the right solution. With any queries we have had, the communication has always been very open and with clarity. I know through the values of their brand, the training, recruitment and QA processes offer a safe service. I totally trust what they offer as a service and in the community."

Home Instead is a franchise of a global organisation, but the initiatives the registered manager took were in response to local need and were led by the local office and not by the national organisation. The registered manager continued to make strong links with the local community to help raise awareness about dementia so people with dementia were better supported and treated.

The registered manager, together with the team, demonstrated a clear vision and values that were extremely person-centred and ensured people were at the heart of the service. This was evident in their management culture which was open and willing to listen. Staff told us of their regular supervision meetings and how they felt able to approach their managers at any time. People commented on how regularly they received telephone calls and personal visits by office staff to ask them how happy they were with their service and external professionals spoke positively about the open and professional relationship they had with the service.

People were regularly asked for their views about the quality of the service they received and if the care they received was meeting their needs and achieving the objectives agreed with them as part of their care plans. We saw the latest (2018) annual survey which had been sent to people and relatives, CAREGivers and office staff. The responses were overwhelmingly positive in all areas, with high levels of satisfaction. Each survey had questions which were tailored to those who were being asked. People consistently rated the service in the 90% region for the quality of care and the service's ability to match the right CAREGiver to the person. Staff were consistently positive in their responses to questions about their training and support, leadership of the service and that action had been taken on the feedback from the previous survey in 2017.

The provider and registered manager used the feedback in an extremely creative manner to learn from the feedback from people and staff, and to build this into future organisational plans. For example, there was a prominent display in the office, in the form of a tree, with flowers that identified what was going well and leaves which signified areas for growth and development.

The provider and registered manager had identified the service's main tasks and areas of work and mapped them to the key areas of safety, effectiveness, caring, responsiveness and well-led. For example, they believed that good matching of CAREGivers to people and the work of the Field Care Supervisors were crucial in providing a service that was effective. They believed that robust recruitment, together with good supervision and an open culture enabled the service to be well-led.

Further to these internal quality audits the service received regular, in-depth audits by the national franchise. The audit – a "quality support report" - covered both the business aspects of running the franchise to a national standard and the quality of the actual care. This provided further evidence of an open and transparent culture which focussed on learning and developing, since the audit provided both positive comments and areas for further growth. The conclusion of the national audit was that Home Instead was meeting franchise standards.

The service provided an excellent example of leading and supporting staff through its encouragement to staff to make use of an employee assistance programme. This was a free, 24-hour service designed to provide staff with counselling, confidential support, legal advice, childcare advice and any other issue an employee might wish to discuss or seek advice on. This was aimed at ensuring staff had a good work-life balance and to help the service act on its responsibilities to support staff with their overall health and well-being.