Aevitus Care Services Ltd

Home Instead Senior Care Warminster & Gillingham

Inspection report

Roman Way
Crusader Park
Warminster
Wiltshire
BA12 8SP

Tel: 01985988282
Website: www.homeinstead.co.uk/warminster

Date of inspection visit:
28 November 2018

Date of publication:
15 January 2019

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 Warminster & Gillingham is a domiciliary care service providing personal care for people in their own homes. At the time of our inspection two people were receiving a regulated activity (personal care).

This inspection took place on 27 November 2018 and was announced. We gave the service 24 hours' notice because the service provides domiciliary care and we needed to be sure someone would be available to support our inspection. This was the service's first inspection following registration with the Care Quality Commission.

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

People were kept safe. Staff understood their responsibilities and were knowledgeable about safeguarding. Staff had received training and there were systems in place to notify the appropriate authorities when concerns were identified.

Where risks were identified, assessments were in place which detailed methods to reduce the risk and actions taken to manage the risk. Staff were aware of people's needs and how to keep them safe.

Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and knew how to apply its principles to their work with people. We saw that the appropriate legal authorisations were in place where people lacked capacity to make decisions. Consent was gained prior to any care being provided.

People and their relatives were involved in developing and reviewing their care plans, which were person centred and recorded people's choices and preferences. Care plans contained detailed life histories which enabled staff to build meaningful relationships with people through conversation and shared interests.

Staff had the skills and knowledge to provide care to meet the specific needs of the people they supported. They had a thorough induction and probationary period which included competency checks and observation of practice.

There were sufficient numbers of staff deployed to meet people's needs. Staff were matched to people with similar experiences and interests. All staff were recruited safely.

People were treated with kindness, respect and compassion. People's dignity was promoted and their privacy maintained.

The service was responsive to people's specific and changing needs. The service liaised with health and social care services to ensure support plans were up to date and followed good practice guidance.

The registered manager and director undertook regular audits and quality checks of the service and care being provided. These were supported by a further level of checks from the national office. Feedback was sought from people, their relatives and staff to inform development plans.

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.

Staff knew how to identify potential abuse and raise concerns.

Risks were identified and assessments were put in place to minimise these risks.

There were sufficient numbers of staff to meet people's needs.

Is the service effective?

Good

The service was effective.

People's needs were assessed prior to commencing care to ensure their specific needs could be met.

People were supported by staff who had been trained and were skilled in their work.

Staff had access to regular one to one support and guidance.

Staff were trained in the Mental Capacity Act 2005 (MCA) and were able to apply its principles to their work with people.

Is the service caring?

Good

The service was caring.

Staff were kind, compassionate and respectful and treated people and their relatives with dignity.

Staff had built meaningful relationships with people and were able to spend quality time with them as part of their care provision.

People's independence and individual ability was promoted.

Is the service responsive?

Good

The service was responsive.

Care plans were personalised and gave clear guidance to staff on how to support people.

People and their relatives were supported to know how to raise concerns. No complaints had been made.

People diverse needs were respected and their independence encouraged.

Is the service well-led?

Good

The service was well-led.

The service had received good feedback from people and their relatives.

There were robust systems in place to monitor the service and the quality of care provided.

Development plans were in place to grow and improve and the service took part in shared learning.

Home Instead Senior Care Warminster & Gillingham

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 27 November 2018 and was announced. This was the service's first inspection since registering with the Care Quality Commission. At the time of our inspection two people were receiving a regulated activity (personal care). We told the provider one day before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be available to support our inspection. The inspection was carried out by one inspector.

Before the inspection we reviewed all of the information we held about the service. This included the Provider Information Return (PIR). This a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with two relatives, three members of staff, the director and the registered manager. During the inspection we looked at two people's care plans, two staff personnel files and other records relating to the management of the service.

Good

Is the service safe?

Our findings

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. One staff member told us, "I make sure clients are safe and secure. I wouldn't hesitate if I thought there was an issue, I would call the office and report my concerns." Staff had received training in safeguarding practices and procedures and we saw the local authority safeguarding flowchart was displayed, to give guidance to staff.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their freedom. One person had a full health risk assessment, which included amongst other risk, disorientation. The level of risk was high and the support method to minimise the risk was for the person to wear their lifeline pendant when on their own. The person felt they could spend short periods of time alone and appreciated the independence.

Another person was at a high risk of falls but enjoyed walking outdoors. The methods used to minimise the risks were to accompany the person when outdoors, where appropriate the person used their wheeled trolley and when needed, staff used a wheelchair. Risks were assessed and minimised and people were supported to maintain independence.

There was an emergency plan used during bad weather which identified people at a high, medium and low priority of dependency. People with a high priority were supported first and staff worked as a team walking to visits and sharing transport. Telephone calls were made to inform people and relatives of the procedures.

Staff were recruited safely. Pre-employment checks were completed. These included references, identity checks and DBS. The Disclosure and Barring Service (DBS) check allows employers to make safer recruitment decisions and helps to prevent unsuitable people from working with vulnerable groups of people. There were sufficient numbers of staff deployed to meet people's needs. The service recruited staff prior to people commencing care, so that they had staff who were ready to support when they were 'matched' to the person.

People were able to manage their medicines independently. There were systems in place such as templates and protocols for medicines administration records (MARs), 'as required' medicines and body maps for creams and gels for when they were required.

People were protected from the risks associated with infection control. The registered manager told us that all staff had been trained in infection control practices including effective hand washing techniques. Staff had full access to personal protective equipment (PPE) such as gloves and aprons.

The service was able to learn from mistakes and take appropriate action. For example, the service supported one person by accompanying them to a café for cake and coffee every morning as part of their usual routine. However, it was found that the person was then not hungry to eat their lunchtime meal. The service

discussed this with the person and their family and with their agreement changed the timings of the visits to correspond with lunchtime. The person continued to have their daily routine but was also eating a balanced lunchtime meal.

Good

Is the service effective?

Our findings

People's needs were assessed prior to receiving care to ensure support was provided in line with current best practice. People and their families had been involved in the assessment process. Some people received personal care and others companionship and domestic assistance only. People had their own copy of their care plan, called the client journal which held details of their health and social care needs, contact information and times and dates of visits. The provider worked alongside health and social care professionals to deliver appropriate care. Examples of input included, liaison with people's GP's, the memory clinic and the local Alzheimer's society.

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. New staff were given a thorough induction and mentored for 12 weeks. The management team (the director and the registered manager) had completed 'train the trainer' courses in medication, food hygiene and moving and handling in order to deliver face to face training internally. All staff received training in, amongst others, the ageing process, the safe care giver, the safe client and equality and diversity. Other areas included, communication, building trust and relationships.

New staff shadowed more experienced staff and were then observed and given feedback from the registered manager and the person they were providing support to. The registered manager said, "the recruitment process is long for a good reason, we introduce care givers and people and match them up."

All training was based on the care certificate and was adapted to different staff learning styles such as face to face, on line, booklet and group activities. The care certificate is a nationally identified set of standards that health and social care workers adhere to in their daily working life. Standards consist of the skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. The service provided drop in afternoons and open sessions in the office to support staff with their learning and completion of workbooks. The registered manager told us, "It's not about testing, it's about growth and the understanding of social care."

Staff benefitted from regular one to one supervision support. An agenda was agreed which included training and development, availability and evaluation of skills and knowledge. A staff member told us, "I have regular supervision to discuss any issues or problems." Staff also received an appraisal annually.

People were supported to plan and prepare meals that met their individual needs. For example, in one person's care plan we saw guidance for staff to 'support me to be involved in making meals.' People's care plans contained their preferences and when they liked to eat. For example, 'I prepare breakfast, usually fruit cereal and coffee in a cafetiere and take it in the dining room.' Another person needed support to maintain their weight and we saw in the daily notes that regular meals and snacks were offered and prepared.

People were supported to have access to community health services to meet their needs. The provider liaised with specialist nurses such as community and psychiatric nurses. We saw details in support plans and daily notes that people were accompanied to appointments with their GP. One person, who had

capacity, had decided not to take one of their medicines. The GP was contacted for advice and guidance, and it was agreed the person did not have to take the medicine if they did not want to. The GP commented that the service was 'doing a great job caring for [person]'.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). For people receiving care in their own home, this is an Order from The Court of Protection. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

Before people received any care and treatment they were asked for their consent and care givers acted in accordance with their wishes. Consent documents had been signed and where appropriate legal representations were in place, such as Lasting Powers of Attorney (LPoA) for finance and property and health and welfare. Mental capacity assessments and best interest decisions had been completed appropriately. Staff had a good understanding of the mental capacity act and comments included, "Never assume that people can't make their own decisions", "If the person doesn't have capacity there is a best interest's decision made" and "we support people to make their own decisions."

Good

Is the service caring?

Our findings

Staff were motivated and inspired to offer care that was kind and compassionate. Staff comments included, "I came here because I believe in what they do. I would recommend them for my parents" and "The ethos is everything you are looking for, person centred, all about what I consider to be proper care, always look at any adult the way you want your parents to be looked after."

One staff member told us about a person they were supporting who's first language was not English. When the registered manager found a staff member who spoke their language, the impact was immeasurable. They told us, "Just being able to watch her facial expressions and laughter, she understands. I got quite teary, she was animated and livened up, this is what she needed. Keeping a bit of both languages."

Care plans and daily notes were written using kind and caring language. For example, "[person] was very sleepy to start with, was confused and started talking about long lost relatives. Later he was more affectionate with [person's relative] and was calmer and more settled by the fire." Another example showed how the staff member knew how to provide comfort and pain relief for the person they were supporting, "I left [person] with a hot water bottle behind his neck to relieve an ache he often has there."

Staff were supported by the service to provide emotional support for people. The service used their 'matching service' to match staff and people in compatibility and interests. People's care plans contained detailed life histories which enabled the staff to get to know the person, as well as use the information for conversation and relationship building. Staff told us this helped them to understand the person and provide a more holistic, person centred service. Initial enquiries to the service were recorded on a form which guided the staff member to 'listen intently, show sensitivity and compassion. Remember this is an emotional discussion.'

Relatives we spoke with were highly complimentary of the service. Comments included, "really, really good, gentle, intuitive. It really works and I wouldn't think of anyone else", "they tailor everything to [my relative]" and "[staff member] has been a tower of strength and professional ability."

Home Instead refer to their staff as 'care givers' which one member of staff told us made them feel appreciated in the role they provided. The service rewards staff members who have shown particular diligence and effort. 'Care giver of the month' celebrates good practice for 'going the extra mile'. Staff are given positive feedback from the management and staff team as well as compliments received from people they support. A staff member told us, "It is about job satisfaction, we are not just rushing in an out again, we have time to get to know people."

People were treated with respect and their privacy and dignity upheld. One staff member told us, "It's empathy and decent behaviour, you chat and try to make the person feel as comfortable as you possibly can." The registered manager carried out observation and spot checks to monitor dignified and respectful care. Checks included ensuring people were making their own choices and decisions and receiving care according to their recorded wishes. The service protected people's privacy by ensuring records were safely

stored. There was a data protection promise in people's client journal and the management team were knowledgeable about the general data protection regulations (GDPR).

Good

Is the service responsive?

Our findings

People's support plans were personalised and contained information on their preferences and routines. One relative told us during the initial care assessment, there were lots of questions about what their family member liked to do. They were told that the service would be tailored to meet their needs and 'tune into them'. The staff member was introduced to the person to see if they would get along. Another relative told us, "they covered everything and took their time."

One person's care plan contained specific details about their desire to keep mentally and physically active. This included continuing to take short walks daily, guidance in the care plan focussed on what the person was able to do independently and then the support they may need. For example, ensuring the person had their walking stick. Social activities were centred around the person's interests and guidance for staff was to 'encourage their confidence and independence to keep active and engaged.' Corresponding daily records confirmed that staff encouraged independence and engagement.

The service also kept in touch regularly with relatives, keeping them up to date with day to day care and the activities their family member took part in, such as gardening, music and craft. Another relative told us that they were impressed with communication, "They keep me informed, I can ring anytime for help and advice and they are very knowledgeable especially around dementia." The service a 24 hour on-call system so that people, their relatives and staff have access to a manager at all times.

When changes occurred to a person's rota (for example an appointment or time change) the service was able to be flexible. The staff member was alerted via an electronic messaging service as well as a telephone call and rotas and times were changed.

People were supported to maintain their interests and try new activities. One person was matched with a staff member who had similar interests and they enjoyed a trip to an air museum and animal park. The same person was accompanied to play snooker in a purpose built room which they hadn't accessed for some time. Another person was supported to try a 'mind and movement' dance session which they liked and looked forward to attending again.

The service had a system in place to manage, investigate and resolve concerns or complaints. The service had not received any complaints. The relatives and staff we spoke with knew how to raise a complaint and staff knew how to support people to make complaints when required.

The service was not currently supporting anyone with palliative or end of life care. A staff member told us that they had previously supported one person with end of life care. They told us that they had specialist support and guidance from the local hospice. They looked at outcomes for the person, what they wanted and how they wanted to be cared for. They worked very closely with health colleagues and reviewed the care plan regularly to meet the changing needs of the person.

Good

Is the service well-led?

Our findings

The service had a registered manager in post who was present throughout the inspection. The leadership team also consisted of the director and the service was to develop senior roles in the future as part of their business development plan. The registered manager and director had clear values about the way care and support should be provided and the service people should receive. These values were based on ensuring people's rights and choices were maintained and providing a person centred individualised service that met people's specific needs.

The service had daily morning meetings to plan for the day. Monthly staff meetings and key performance indicator meetings. The management team reviewed people's files, recruitment and planned ahead for the next month. The service had regular team meetings where staff could raise their own staffing issues and the values of the organisation and how the registered manager expected staff to work were reinforced. The management team felt very well supported by the Home Instead national office who provided a quality support team and a business development team to advise on standards and growth.

There was an electronic system of audits, reviews and quality assurance checks for the service in place. The registered manager completed 'self-audits' monthly and quality assurance checks six monthly of the service and the care being provided. These included findings and actions to take. The national office also audited the findings and the service twice a year and monitored and reviewed all areas including client's files, training, staffing and scheduling. A report was sent to the management team for them to complete any actions found within a specific timeframe.

People and their relatives were sent annual feedback questionnaires and end of service satisfaction surveys and encouraged to post comments on a national home care review website. We saw surveys were scored positively for the quality of care and level of service. People and their relatives also sent in cards and thank you emails and again we saw very positive comments including the impact on people's memory, general wellbeing and increased quality of life.

The staff we spoke with were also complimentary about the management team and felt supported to undertake their roles, comments included, "I can talk about anything with [the registered manager]", [the registered manager and director] are so approachable and a mine of information" and "[the registered manager] is great, amazing."

There was a system to monitor accidents and incidents. The registered manager would investigate, review and make necessary changes. The registered manager told us, "The issue may have occurred due to a hazard in the environment the person being unwell with an infection or dehydration. If the person has fallen, I may refer to the falls team." The care plan would be reviewed and an updated risk assessment completed.

The service was developing links to local organisations within their community. These included, carers support, the dementia action alliance, the multiple sclerosis society and Alzheimer's support. The service were members of the UK home care association.