

Simms Care Services Limited

Home Instead Senior Care

Inspection report

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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 provides personal care services to people in their own homes. At the time of our inspection Home Instead Senior Care were providing personal care to 61 people in their own homes.

At the last inspection on 26 October 2015 the service was rated Good. At this inspection we found the service was again rated Good.

The service had a manager who was registered with the Care Quality Commission (CQC). 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.

People felt that the service provided was very good and that they felt safe and secure. The manager and staff demonstrated they understood their roles and responsibilities in relation to safeguarding people from abuse and knew how to report concerns.

Safe and effective recruitment practices were followed to help ensure that all staff were suitably qualified and experienced. Arrangements were in place to ensure there were sufficient numbers of suitable staff available at all times to meet people's individual needs.

Staff obtained people's consent before providing personal care and support, which they did in a kind and compassionate way.

Staff had developed positive and caring relationships with the people they cared for. People were involved in the planning, delivery and reviews of the care and support provided.

Care was provided in a way that promoted people's dignity and respected their privacy. People received personalised care and support that met their needs and took account of their preferences.

People who used the service told us the service was flexible and able to meet their needs. People's care and support needs were kept under review to help ensure that they continued to be met.

People who used the service felt able to raise any concerns and were confident that they would be managed appropriately. Staff said that they were fully supported by the registered manager and owner.

People's views about the service provision were gathered regularly to help the registered manager assure themselves that the service they provided was safe and was meeting people's needs.

There was a culture of openness and inclusion at the service. People who used the service and staff spoke positively about the registered manager and owner and said the service was well run.

There were systems in place to monitor the quality of the service.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 23 and 30 May 2017 by one Inspector and was announced. The registered manager and provider were given 48 hours' notice of the inspection. This was to make sure that the registered manager was available to facilitate and assist us with our inspection.

Before the inspection we reviewed all the information we held about the service. Questionnaires had been sent to people who used the service, to staff and healthcare professionals. We also contacted commissioners and health professionals who had experience of dealing with people at the service to obtain feedback. The provider had completed a Provider Information Return (PIR). This is a form that requires them to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we visited three people in their homes and spoke with one person on the telephone. We spoke with the provider, registered manager, field supervisor, the scheduler, the weekend out of hours staff member, the community outreach worker, the administrator and three staff care workers. We looked at care plans relating to four people and four staff files and a range of other relevant documents relating to how the service operated. These included monitoring data, training records and complaints and compliments.

Is the service safe?

Our findings

People said they felt safe with the agency and the care they received. One person told us. "They [staff] are very good they help me remember things and so I feel safe." Another person said "Yes I feel safe with the care staff they always lock the door and also use a key safe to get in."

There was clear guidance provided for staff which identified potential risks to people's health, welfare or safety and informed them how to help keep people safe. For example if people required help with mobility there were clear instructions on how the person needed to be supported. the manager told us about one person who required hoisting to help with their mobility/transfers. They were happy to have staff in their home for group training on how best to support them, because their needs had changed. All staff that supported this person had been fully trained in moving and handling but this extra training ensured this persons specific needs could be met by a group of staff who could work as a team to cover each if a staff member was on holiday or away.

Staff had received training about safeguarding people from harm. Staff we spoke with were knowledgeable about how to identify any signs of abuse. All staff knew, and had no hesitation, in reporting any concerns and told us they were confident that any concern would be dealt with quickly. One staff member said "I have never come across anything that would cause me concern but we know to be aware and alert."

The manager told us that all staff were introduced to people who used the service to ensure that people knew the staff member who came to their home to support their needs. This was done to ensure people felt safe when staff arrived at their homes. Staff confirmed they were introduced to new people.

Safe and effective recruitment practices were followed to make sure that all staff were of good character and suitable for the roles they performed. Staff confirmed they were interviewed had been asked for three references and all pre-employment checks including Disclosure and Baring Service DBS were completed before they started work.

There were sufficient numbers of staff available to meet people's individual support and care needs at all times, including the evenings and at weekends. Staff told us that rotas were arranged to include planned travel time between each visit which helped them to be punctual. One staff member said "If a person we were supporting needed extra help we would stay to assist them and let the office know that we would be late to the next person." People who received support from the service confirmed they had no missed calls.

Staff received training in safe administration of medicines and knew how to ensure people received their medicines safely. We saw where people were supported with their medicines, staff were trained to support and deliver their medicines when and how they needed them. One staff members said " I get a glass of fresh water and sit with [person receiving support] and chat with them whilst they take their medicines."

Is the service effective?

Our findings

People were supported by staff who were trained and supervised. One person said " The staff are very good, they know how to do things." Another person said "If I get a new carer they always come with someone who I know and some are perfect."

Staff completed an induction when they started work with the service and this covered topics which included moving and handling, safeguarding people from abuse, health and safety and infection control. Staff confirmed they had a five day induction in the office followed by a period of shadowing experienced staff before starting to support people on their own. Staff received ongoing regular updates and refresher training. One staff member said "We have really good training and it is clear what is expected of us." Staff new to care would complete the Care Certificate. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

Staff told us the registered manager introduced them to the people who they were to support. This meant that staff members were advised about people's individual care and support needs and that each person who used the service met staff before they provided care. A staff member said " We always get information r if we are going to support a person that we havnt supported before. The manager will often be the one to introduce us and will stay for the first visit."

All staff spoken with said they had regular supervisions with the registered manager. They said they were always encouraged to speak with the registered manager or owner at any time they had any concerns. The owner had recently employed a field support worker who started a mentoring service initially, for new staff. This was over and above their supervisions and was time to meet staff informally over a coffee to talk about any concerns or anything they wanted to discuss.

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. At the time of our inspection we found that the provider was working within the principles of the MCA where necessary and appropriate to the needs of the people they supported. One person told us " They always ask me before they help me in any way."

Staff told us they obtained people`s consent before they offered any support. One staff member said, "I always offer a choice to people and check if they are happy for me to do something. We really encourage people to be independent even if it is just taking their socks off so they are included in the task, and they retain the abilities."

People's needs were reviewed and documented to ensure that the care and support provided helped them to maintain the best physical, mental and emotional health. Staff liaised with appropriate health and social care services if they felt there was a change in people`s condition.

Is the service caring?

Our findings

People told us that staff respected and promoted their privacy and dignity. One person, told us their privacy and dignity was respected and said "I feel comfortable with them[staff] they make you feel ok". Staff were clear of their role in maintaining and promoting people's privacy and dignity. One staff member said " I always make sure I protect people's privacy and dignity especially when supporting them with personal care making sure they are as comfortable and covered as possible."

People we spoke with confirmed that staff promoted their independence and supported them to live at home. They confirmed that they had received an initial assessment and their care plan was completed with them and their families if appropriate. People said they were involved in planning their care and support and staff members were aware of their preferences when they supported them. Peoples care plans were clear about peoples preferences and had clear guides for the areas where they required support.

Everyone spoken with said the care staff knew what they liked and how they like to be supported. One person said" I am happy they know what I want and how I want it." People were involved in developing and reviewing their care plans. Another person said "They come from the office and check if everything is ok and that is good".

People were supported by staff who knew them well. Staff were able to tell us about people's needs and how they needed to support them. This included their preferences and choices. Staff described individualised daily routines for the people they supported. One person told us "They [staff] know I like a drink by my bed and they always leave one. One staff member knows how independent I am and want to stay so they prepare my breakfast things so that I can do it myself in the morning".

Confidentiality was promoted within the agency and staff spoke clearly of their responsibilities in maintaining confidentiality at all times.

Is the service responsive?

Our findings

People received personalised care and support based on their individual needs and took account of their preferences and personal circumstances. Staff were knowledgeable about people's preferences and wishes. People we spoke with were all very complimentary about the service they received and about staff. One person said "They are irreplaceable they know I forget things and they help me to remember and help me to keep going".

We looked at three people's care plans which had clear description of the support people required and how they wanted their support to be provided. Home Instead did not do visits of less than an hour unless they were going in more than twice a day or a person only wanted a brief visit to check they were ok. One person said "They know I do different things on certain days and they help me to do them. They suggested I had a trolley to help carry things and move safely which has really helped." Another person said "They [staff] are really responsive and know how to help us keep going and to cover all angles."

People's care plans were reviewed on a regular basis and if needed changes were made to them. This was to ensure that people received the appropriate care and support according to their individual needs.

Staff kept a daily log of their visits to help maintain people's continuity of care. There was a system in place to monitor calls. The call logs were audited regularly by the manager to ensure people were receiving their calls at the correct times. People told us staff arrived on time and if they were running late they were phoned by the office to let them know of a delay in the visiting times.

People confirmed they had regular visits from the registered manager and that other staff would do spot checks on staff members. One person said "They come and check if everything is ok they are very efficient and very good."

People confirmed they could contact the agency out of office hours. There was a dedicated on call person for the weekends and staff worked alternate weekends to help provide continuity for people.

People were aware of how to make a complaint should they need to. People and their relatives said they would contact the registered manager and were sure they would listen and act on any concerns. One person said "I have never had to complain but if I am not happy with someone the manager changes them for me." Whilst we saw numerous compliments we did not see any complaints recorded. The owner and registered manager said they try to pre-empt any concerns before they became complaints.

Is the service well-led?

Our findings

People who used the service gave us positive feedback about the registered manager, owner and staff team. A person who used the service said " They [staff] all know what I like I am really pleased with this company they are all the same- very good." Another person said " Some of them[staff] can't do enough they think of everything!."

People and staff were positive about how Home Instead Senior Care was run. They were complimentary about the registered manager and the owner. One person said "The agency is as near perfect as they need be. The manager is very efficient and helpful." Another person said "I am happy with them. I would recommend them."

The registered manager was knowledgeable about the people who used the service, their different needs, personal circumstances and relationships. They undertook unannounced spot checks at people's homes to assess the quality of the care that staff provided for people. One staff member said " We don't know when the manager is coming she may be there when we arrive to do spot checks it's a good system."

Training record were maintained detailing the training completed by all staff. This allowed the registered manager to monitor all training and to make arrangements to provide refresher training when necessary.

All the staff spoken with were enthusiastic about their roles and understood the service's vision and values, which was to ensure that people were at the centre of the service and they received quality care. Staff said they had regular supervision and appraisals. One staff member said "I felt really supported from the start, you can ring the manager or the on call at any time and you can call in to the office for a coffee and a chat. Another person said "It's a great agency I always feel appreciated and welcomed I really enjoy my job."

There were regular three monthly staff meetings which the owner and registered manager said they used to update staff on specific issues, enable staff to get to know each other, discuss any issues and to present staff with awards for their work. For example one meeting focused on the Mental Capacity Act and Infection Control and presented awards and small gifts to staff for having achieved 1st, 3rd and 5th year of service.

People told us their views were sought on how the agency operated and every person spoken with said they felt they could approach the registered manager and any of the staff to feedback any issue. The owner arranged for an external company to carry out an independent in depth quality assurance survey drawing responses from people who use the service and staff. The analysis and feedback was used to inform the development of the agency and make any changes people may have suggested.

There were effective quality assurance systems in place that monitored people's care. We saw that audits and checks were in place which monitored safety and the quality of care people received. These checks included areas such as care planning, medication and call monitoring. Where action had been identified these were followed up and recorded when completed.