

Think Homecare Limited

Home Instead Senior care

Inspection report

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13 September 2019

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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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Home Instead Senior Care is a domiciliary care agency providing personal care to 10 older people with a range of needs, some of whom are living with dementia. The service had been supporting some people for over a year.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People overwhelmingly described their caregivers as kind, caring and compassionate. People were treated with the utmost respect and were encouraged to live as dignified and as independently as possible. Peoples choices and wishes were respected. People were matched to their caregivers to ensure they had things in common and therefore make for a happy care experience.

People and their relatives all spoke positively of the service as a whole and spoke very highly of the leadership and registered manager. People were at the heart of the service, it had a strong person-centred ethos. The service proactively engaged with the local community and were always striving to improve. The registered manager understood the importance of quality monitoring to maintain high quality care standards. Staff were proud to work for the service and felt truly appreciated and supported.

People and their relatives were fully involved in developing their plans of care. Caregivers were provided with personalised information on how to best support people. People told us that caregivers took their time to get to know them as individuals and that they enjoyed their company. People said that they had no concerns but were confident that if they did they would be addressed immediately.

People had regular caregivers that they felt safe with and knew well. People's risks were identified and assessed, caregivers were provided with clear guidelines on how to support people in a safe way. People were supported to have their medicines at the right times and in a safe manner.

People were supported by caregivers who had the appropriate skills and training. People were supported to eat and drink the food that they preferred. People were supported to access healthcare when required.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 09 August 2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

Home Instead Senior care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 12 September 2019 and ended on 13 September 2019. We visited the office location on 12 September 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, senior care worker and caregivers - caregiver is a term used by the service for their care staff and will be used throughout this report.

We reviewed a range of records. This included three people's care records and associated medication records. We looked at a staff file in relation to recruitment, and a variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from the risk of harm or abuse. People said that they felt safe whilst being supported by caregivers. One person said, "I feel safe, I have got to know them."
- Caregivers had received training in safeguarding as part of their initial training and understood how to protect people from the risk of harm. Caregivers felt confident that management would immediately act on any concerns raised.
- People were protected from the risk of abuse by the processes and policies in place.

Assessing risk, safety monitoring and management

- Risks to people were identified before they began to receive support and continued to be reviewed regularly. These included risks associated with mobility, eating and drinking and the environment.
- Caregivers had very clear guidelines on how to support people with their identified risks.
- People were supported by the same caregivers. This consistency meant that staff got to know people and how they preferred to be supported. It also meant that staff recognised any changes that required risk assessments to be updated. A caregiver said, "If something has changed or you discover something...it's altered in people's records straight away."
- People were kept safe by the monitoring and management of risk at the service.

Staffing and recruitment

- People said that they always know who was visiting and were supported by a small team of regular caregivers, that always turn up on time. People were supported for a minimum of an hour at a time.
- Caregivers explained how they were matched to people to ensure both parties were happy and compatible. Caregivers were always introduced to people prior to supporting them. Caregivers got to know people and therefore were able to mitigate risks.
- Robust pre-employment checks had been carried out on staff members to ensure, as much as feasibly possible, that they were safe and suitable to work for the service.

Using medicines safely

- People were supported to take their medicines in a safe and timely way.
- Caregivers were provided with up to date and clear guidelines on how to support people with their medicines.
- The service had a clear system for caregivers to record when they had supported people with their medicines and it ensured that a reason was given if they had not administered the medicines.

- Management monitored the recording system live, which flagged any missed doses. These were then investigated straight away, to ensure people were not left at risk. The processes and systems in place ensured that people were safely supported with their medicines.

Preventing and controlling infection

- Caregivers were provided with personal protective equipment such as gloves and aprons.
- A person explained, "They [caregivers] have always got gloves, they always wear them when they put the cream on my feet. For cleaning they bring their own marigolds."
- Caregivers were trained in infection control as part of their induction. This meant they understood how to protect people from and reduce the risk of transferable infections.

Learning lessons when things go wrong

- The service had a comprehensive procedure in place for accidents and incidents. Caregivers could complete an incident form on a secure 'app' on their phones. This was then investigated by management who would record the actions taken and outcomes, as well as any lessons learnt.
- Management shared lessons with specific caregivers who were matched to a particular person when they needed to be made aware of something urgently via a phone call. Learning was also shared with the wider team at team meetings and the monthly staff newsletter.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People felt caregivers were appropriately trained to support them properly. One person said, "They know what they are doing."
- Caregivers were all provided with a comprehensive induction, which included training and shadowing more experienced caregivers. Caregivers who had not worked in care previously were enrolled on the Care Certificate. The Care Certificate covers an identified set of standards which health and social care workers are expected to implement to enable them to provide safe and effective care.
- Caregivers continued to be supported and kept up to date with training to ensure they had the right skills to deliver quality care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs, choices and preferences were fully assessed and recorded prior to support being provided.
- Caregivers were supported by management to provide care and support in line with best practice.

Supporting people to eat and drink enough to maintain a balanced diet

- People's plans of care included information about their likes, dislikes and preferences regarding food and drink. For example, one person's care plan included that they liked 'porridge pots but like it to be put in a proper bowl'. Another person said, "I really like runny egg." By including preferences such as these, it reduced the risk of malnutrition as caregivers could make the food the way people were most likely to eat and enjoy it.
- Although no one's food and fluids were being monitored at the time of the inspection, caregivers recorded information about the support they had provided in the daily notes, for example "I gave [person] a glass of pink Lucozade, which she said was delicious."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care plans included information about other agencies and healthcare professionals that they were involved with, for example a social worker or district nurse. This meant that caregivers had important contact details to hand if required.
- People were supported to access healthcare services when needed. A relative explained how the service had arranged for their loved one to go to hospital when needed.
- A healthcare professional spoke highly of the service, "They [Home Instead] were really good, staff were

very professional with the patient, I had no worries, they were listening to and understanding what I said."

- People had emergency grab sheets which were kept in their homes, to ensure that they get the right care and treatment in an anticipated future emergency.
- The registered manager told us about a person that they had supported to achieve their identified outcome of living independently again. Through the support and care provided by caregivers the person gained the confidence to no longer require their support.

Ensuring consent to care and treatment in line with law and guidance

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service worked within the principles of MCA and caregivers had a good understanding of MCA, ensuring they obtained people's consent prior to offering care.
- A caregiver explained, "Everybody is deemed to have capacity, unless they are assessed not to."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated outstanding.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives all described how overwhelmingly kind, friendly and caring the caregivers were. People said, "They [caregivers] are lovely, so good and caring and willing to do anything", "All them are really nice girls and they obviously do care" and "They are very kind and caring, I get on with them."
- Caregivers spoke about people they cared for in an exceptionally compassionate and loving way. A caregiver said, "They [people] are like family to us."
- Caregiver took the time to build positive relationships with people and really got to know them. A caregiver explained how they 'gradually build up a friendship with them [people],' by sitting and having a chat and cup of tea on each visit.
- All caregivers were highly motivated, and we were told how they went above and beyond to support people. For example, a caregiver created a computer webpage full of a person's favourite things so that they could easily look at them whenever they wanted.
- Relatives felt the care and kindness extended to them also. One relative commented, "They always ask me if they can do anything to help me." Another said, "I can't praise [caregiver] enough, they are a huge help to me." Relatives also had the opportunity to access the 'app' that caregivers used so they could remain informed about the care their loved ones received. They commented on how reassuring this was, one relative accessed this all the way from Australia.
- The registered manager explained that the recruitment process ensured they employed caring people that had the right attitude as the service prided themselves on being companionship based.
- The service matched caregivers with people based on their interests, culture, history and personalities. One caregiver was matched through their shared love of gardening, they explained, "[Person] loves her gardening and I do too, so we have gone to garden centres and put solar lights in and done planting and she is so happy with that, she dictates, and I do it. It's a real success as I couldn't get [person] to go out at all at first."
- Consistent individualised care was the focus of the service. Each person had a small team of caregivers that they got on really well with and established strong relationships with. A caregiver explained, "Everyone is always introduced, you never go to a client blind and you sit for as long as it takes to get to know them." Another said that the service, as a whole, "Care about who they look after. They want caregivers with compassion and that are going to work for a reason, so if you're not interested in making elderly people's lives better then it's not for you."

Supporting people to express their views and be involved in making decisions about their care

- People felt truly comfortable with both caregivers and management, which enabled them to speak up about how they wanted their care. One person said, "They do anything I ask them really."
- A relative explained how the caregivers had built a "really good rapport" with their loved one and this enabled them to be comfortable with speaking to the caregivers.
- People were involved in developing their care plans and caregivers explained how as they learnt more about the person then their care plans would be updated. Where appropriate people, their relatives and other people important to them were involved in reviews of care to ensure that they were able to express their views and positively contribute to their care needs.
- People were provided with information about advocacy services. This meant that people would have access to someone who could speak up on their behalf if they felt unable to.
- Giving people a choice and allowing them to express their views was vitally important to caregivers. One explained, "It's their choice every time we go to see them, whether it's their breakfast or taking them out. The whole visit is a constant choice, it's the most important thing ever to give them a voice and a choice."

Respecting and promoting people's privacy, dignity and independence

- Respecting people's dignity and promoting their independence was at the core of what the service stood for. The registered manager had a clear focus on making sure that these values were embedded in the caregivers they employed.
- People felt caregivers treated them with respect. We saw feedback from a relative that read, "Mum was always treated with dignity and respect as she faced her own challenges. Always a smiling face greeted her and supported her feelings."
- The service are registered "Dignity Champions". A Dignity Champion is someone who believes passionately that being treated with dignity is a basic human right, not an optional extra.
- Caregivers really understood what it meant to respect people's privacy. One explained, "We are there to look after the client, so we would not divulge any information about them to anyone, unless necessary."
- Caregivers knew how to maintain people's dignity whilst supporting them with personal care. One explained, "You be mature about it, I see them as my grandparents, so I don't make them feel uncomfortable by the way I come across." Another said, "Always gain their consent for everything before you start, to ensure they are comfortable with what you do, closing the door, covering with towels, respecting their wishes and knowing the person and how they like things done."
- Caregivers actively encouraged people to maintain their independence. One explained, "We know our clients, so we encourage them to do things they can do. We give them the options."
- We saw a beautiful example of how people were supported to maintain a dignified appearance. We saw a lovely photo of a person for whom it was really important to have matching jewellery, it showed that caregivers really took the time to get to know the person and to support them in a caring way.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People, their relatives and other people important to them were involved in planning people's care. This meant care plans were highly individualised and specific to people's needs. They laid out people's preferences in a clear way, so caregivers knew exactly how to support people in their preferred way.
- A relative explained, "Before care started they asked about [persons] likes and dislikes, we spent quite a bit of time going over those things to get a background."
- People's care was delivered how and when they chose. A relative said, "They [Home Instead] were very good, they came out and asked when we wanted to start, they were very flexible. We chose the times and the duration of the visits and they have stuck to what we wanted."
- The registered manager explained that once they had the initial visit and established people's needs and preferences they then matched the person to a caregiver using a 'staff profile'. A staff profile was a document that caregivers completed with information such as their likes, dislikes, interests, background, religion and cultural information. The caregiver would then only support people that matched their profile. This ensured that people were supported by a caregiver similar to themselves, could therefore meet their needs and have talking points.
- Caregivers spent time reading care plans and could see updates on a secure 'app' that the service used to store records. A caregiver explained, "Everything you need to know is on there." In addition, caregivers explained that they spent time to get to know people personally and build relationships. A relative gave an example of how caregivers did this, "They chat and get to know them, put music on for her, put the old songs on that she can remember. They are quite interested where dad comes from, they found out about how my parents met, they take an interest."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified and assessed before they started receiving support from the service.
- At the time of the inspection the service did not support anyone that required information in alternative formats, however the service had these available if required.
- The provider explained that they had contracts with local businesses for equipment to help people with sensory impairment, such as talking clocks and timed pill dispensers, if required and could signpost families

to alternative sources.

Improving care quality in response to complaints or concerns

- People all said that they had no concerns but knew how to raise them if they did. One person said, "I would go straight through to [registered manager], every time I have had reason to talk to [registered manager] previously it's been acted on promptly."
- The service had only received one complaint to date, which we saw was investigated and resolved amicably.
- The service had a complaints policy and procedure in place, that was available in large print if required.

End of life care and support

- At the time of the inspection the service was not supporting anyone with end of life care. However, the registered manager explained they seek support from district nurses and adapt care plans. The registered manager said the service acted as a supportive network for the family at this time.
- People's spiritual preferences were recorded in their care plans where appropriate. As well as if they had any advanced decisions or did not wish to be resuscitated.
- The provider was in the process of offering end of life training to caregivers who wanted to increase their knowledge and skills in end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated outstanding.

This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was led by a passionate and dedicated registered manager who ensured staff knew all of the clients on a personal level. They were committed to keeping a happy workforce in order to maintain high quality service delivery for people. Everybody knew the registered manager by name and spoke very highly of their professionalism, approach and gentle manner.
- A relative described their positive experience when the registered manager came to meet them for the first time. They said, "[Person] is very independent so to allow people in was a big thing. [Registered manager] is so very softly spoken, they listened to what was being said. They sussed [the person] out so well that we have had no problems."
- Staff were proud to work for the service. A caregiver said, "I absolutely think they are fabulous, they are so supportive. The way they go about introducing you to clients; they take their time. They ensure all the needs are met of the client and the caregiver. I am really proud to work for the company." Another said, "We have an amazing registered manager. It's a cracking team, we all work together, everyone has a part to play."
- Quality monitoring and auditing was of vital importance to the service. The registered manager completed regular audits on records and the Home Instead Senior care national quality support team completed an annual audit. Live monitoring of the day to day service from the local office meant any issues were addressed immediately to mitigate risk to people and ensure high quality service was maintained.
- The registered manager was supported by a passionate and committed provider who was regularly in the office. Both the registered manager and the provider attended meetings and conferences held by Home Instead for services to share learning and ideas. For example, they had recently attended a meeting about the development of innovative technology, such as the future introduction of intuitive sensors in people's home.
- Staff had regular supervisions and support visits to ensure that performance was managed. At these staff competencies were checked to ensure high quality service standards were continuing to be achieved. The service had an external company complete an anonymous annual employee satisfaction survey, from which any issues were addressed in an action plan.
- The registered manager understood their regulatory duties and requirements.
- The management structure was clear, and everybody understood their duties. Everyone was focussed on the service's ethos of delivering great personalised care based on trust and companionship. The provider and management wanted everyone to feel valued, the registered manager explained, "We support the caregivers to ensure happy clients."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service was committed to engaging with everybody connected to them in ways that best suited the individuals.
- People and their relatives felt involved in the service. The service sent people birthday cards, Christmas presents and invited people to an annual Christmas dinner held at a local community venue. People were encouraged to leave feedback on the website www.homecare.co.uk, where, at the time of the inspection, they had received a rating of 9.7 out of 10.
- The registered manager engaged with people in their own homes. One person explained, "[Registered manager] has been several times, when they have a new one [staff]start [registered manager] always brings them and introduces them, she does regular reviews with me."
- Staff were warmly welcomed into the office at any time. Team meetings were held regularly, at times that suited staff best. The service was currently trialling evenings to try to ensure the most attendance. To accommodate those with childcare responsibilities, the service had set up a separate room at the last meeting for the children to come along and watch a film whilst the meeting took place.
- The registered manager was part of lots of local community and business networks. They had also set up a networking group for health and social care in the area, where they shared learning and ideas. They also ran dementia friends' sessions to support for families and for information sharing in the local community.
- The service ran a 'Stay Nourished' campaign. They delivered fruit and veg hampers to local retirement villages and to the people they supported. They also ran 'Be a Santa to a Senior', which involved them getting donations and Christmas presents and delivering them to elderly people, they had liaised with local retirement village managers to identify those who may be isolated.
- The service had printed a 'What's on Where Guide' for the local area. This leaflet detailed coffee mornings, hobby groups, lunch clubs and other activities; with the aim to get people to engage with the community themselves by providing them information.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour

- People consistently spoke highly of the inclusive personalised service. People were, without exception, pleased with the support they received and felt in control of their care. One person said, "Everything they put in place they do...they accommodate our choices, it works so well for us having the same girls [caregivers] around, we have known them from the day we started."
- The service was focussed on good outcomes for people. The registered manager shared an example of how through the care and support being provided by the service a person achieved his outcome of no longer needing the carers; as they had helped him build his confidence to live independently.
- People and staff felt that the service was open and honest. The registered manager understood their responsibility to be open about any incidents with family members, where appropriate. Family members also had access to an 'app' so could see when caregivers arrived and left and could read the daily updates. Staff felt confident that the management were honest with them, one described them as 'upfront with no hidden agenda'.

Continuous learning and improving care

- The service conducted an annual survey to gain feedback from the people they supported. This year they got 100% positive responses in every category.
- The registered manager explained that even though they got this incredible response they are still keen to continue to improve and learn. They said, 'It has driven us to continue doing well, it's prompted us to ensure we are not stagnant.'
- The service has plans to expand the training provided to staff. This included a city and guilds in dementia

training programme to empower their staff to progress their careers and to continually improve the care provided.