RGM Service Company Limited

Home Instead Doncaster

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 Doncaster is a Domiciliary Care Agency. The offices are based in an area of Doncaster that is easily accessible by public transport. People who use the service like to be referred to as clients and staff are referred to as care givers. At the time of the inspection the service was being provided to 10 people, all of whom were either fully or partly funding their own care. .

This announced inspection took place on 24 May 2017 and was conducted by one adult social care inspector. The provider was given short notice of the visit to the office, in line with our current methodology for inspecting domiciliary care agencies. This was to make sure there would be someone in the office. This was the first inspection of the service since it was registered with the Care Quality Commission in June 2015.

There was no registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager had left and the Nominated Individual (NI) told us they were making all efforts to recruit a suitable manager, but that they had so far been unsuccessful, because of their very exacting standards. They were in day to day control of the agency and had decided to apply to register with Commission as the manager.

People praised the quality of care they received, and told us that staff treated them with respect and cared for them in a way which met their needs.

Risk assessments for health needs or environmental hazards helped protect the health and welfare of people who used the service, but did not restrict people's lifestyles.

Plans of care showed staff had taken account of people's wishes, were individual to each person, and were regularly reviewed.

Although people who used the service lived in their own houses and chose what they ate, staff were trained in nutrition and safe food handling to give advice to people about their meals. Where necessary, staff supported people to eat and drink. Some people also received support to do their shopping.

There was a suitable complaints procedure for people to voice their concerns. The people we spoke with said they did not have any concerns but knew how to contact the office if they did.

Arrangements were in place to make sure medicines were safely administered. Staff had been trained in medicines administration although for the most part, people were encouraged to manage their medicines themselves, or families undertook the task. Staff either prompted or administered medicines to help people remain well if this was part of their care package.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. Staff had received appropriate training in relation to protecting people from the risk of abuse.

Recruitment processes were robust, and staff were suitably inducted, trained and supported to provide effective care.

People who used the service were supported to follow a healthy eating lifestyle because staff received nutrition training. Some people did not require support to prepare or buy food. People who did were supported by staff who had been trained in food safety.

The provider acted in accordance with the Mental Capacity Act, and assessments of people's capacity were undertaken when their care was planned. Staff had received appropriate training in relation to this.

Staff praised the training that they received and told us it equipped them to undertake their role. Training records showed that staff received a range of training and many held nationally recognised qualifications in care.

People were involved in planning their care. Care plans were personalised so that they met each person's needs and preferences. Care plans were regularly reviewed to make sure that they were suitable to people's needs. Records showed that people's dignity and privacy was upheld when receiving care and staff told us that this was the most important part of their work.

There was a comprehensive complaints system which was available to people using the service, and we saw that where complaints had been received they were responded to in a prompt and thorough manner.

Staff told us they felt well supported by the managers, who were approachable.

The agency often asked for people's views around how the service was performing and we saw evidence that the manager responded to their views.

The provider undertook regular audits and assessments to make sure the service provided was of a high quality, and there were systems in place for addressing any shortfalls and implementing improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to individual people. Staff had received appropriate training in relation to protecting people from the risk of abuse.

Recruitment processes were robust, which helped the employer make safer recruitment decisions when employing new staff.

Is the service effective?

Good

The service was effective

The provider acted in accordance with the Mental Capacity Act, and assessments of people's capacity were undertaken when their care was planned. Staff had received appropriate training in relation to this.

Staff praised the training that they received and told us it equipped them to undertake their role. Training records showed that staff received a range of training and many held nationally recognised qualifications in care.

Is the service caring?

Good

The service was caring

People who used the service and their family members told us staff were trustworthy, flexible and kind.

We saw that people who used the service had been involved in developing their plans of care. Their wishes and preferences were taken into account.

Records showed that people's dignity and privacy was upheld when receiving care and staff told us that this was a very important part of their work.

Is the service responsive?

Good

The service was responsive

People were asked their opinions in surveys, management reviews and spot checks. This gave people the opportunity to say how they wanted their care and support.
Care plans were personalised so that they met each person's needs and preferences. Care plans were regularly reviewed to make sure that they were suitable to people's needs.

There was a comprehensive complaints system which was available to people using the service to voice their concerns.

Is the service well-led?

Good

The service was well led

There was a recognised management structure that staff were aware of and on call staff to contact out of normal office hours

Staff told us they felt well supported by the provider, and told us that members of the management team were approachable.

The provider undertook regular audits and assessments to make sure the service provided was of a high quality, and there were systems in place for addressing any shortfalls and implementing improvements.

Home Instead Doncaster

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 announced inspection took place on 24 May 2017 and was conducted by one adult social care inspector. The provider was given short notice of the visit to the office, in line with our current methodology for inspecting domiciliary care agencies.

This service supports people who live in their own homes. We visited the agency's office and looked at the care records for four people who used the service. We also looked at a range of records relating to how the service was managed; these included training records, recruitment, quality assurance audits and policies and procedures.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications. We received a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

At the inspection we spoke with the franchise owner who was the Nominated Individual (NI), two senior care givers and two members of the management team, involved in the overall management and administration of the service. After the inspection we spoke on the telephone with four relatives of people who used the service to gain their views.

Good

Is the service safe?

Our findings

People's relatives felt their family member's care and support was delivered in a safe way. Comments made included, "The [staff] that come here are all very pleasant and helpful." Another said, "I find it refreshing that I can trust the staff."

Policies and procedures were available in relation to keeping people safe from abuse and reporting any incidents appropriately. The policies and procedures we looked at told staff about the types of abuse, how to report abuse and what to do to keep people safe. The service also provided a whistle blowing policy. This policy made a commitment by the organisation to protect staff who reported safeguarding incidents in good faith. Records we checked showed that safeguarding concerns had been reported to the local authority safeguarding team and CQC where appropriate.

We spoke with staff who demonstrated a good knowledge of safeguarding and were able to describe the signs of abuse, as well as what to do if they had any concerns in relation to safeguarding. We found staff had received training in this subject during their induction period, followed by periodic refresher courses. We saw there was also a whistleblowing policy which told staff how they could raise concerns about any unsafe practice, and staff we asked about this were familiar with it.

Staff were able to tell us about the steps they took to make sure people were cared for safely, including the way in which access to people's properties was managed safely and the way in which information such as access codes was protected.

We saw care and support was planned and delivered in a way that ensured people's safety and welfare. We looked at people's care plans, all of which contained assessments to identify and monitor any areas where people were at risk, or presented a risk to others. There was clear guidance for staff about the action they needed to take to protect people, and staff we spoke with could describe this guidance to us. Risk assessments were regularly reviewed by managers to make sure they continued to meet people's needs.

The risk assessments we inspected included the safety of the environment, such as potential hazards to people who used the service, for example faulty equipment or any health related issues such as mobility problems. The risk assessments for people's homes were also for the safety of staff. Staff were aware to report any hazards or equipment that was unsafe. We saw that the risk assessments were to keep people safe but did not restrict their lifestyles.

We looked at the arrangements for monitoring visits to people. People were allocated the same care staff so that they were not supported by people unfamiliar to them. Visit times were scheduled so that there was always a gap between visits for staff in order to reduce the risk of late visits. Staff we spoke with told us that they usually felt there was enough time in each visit to carry out all required care tasks and meet people's needs.

Recruitment records, and feedback from staff we spoke with, showed that a thorough recruitment and

selection process was in place. We checked five staff files and found appropriate checks had been undertaken before staff began working for the service. These included several written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

The service had a medication policy which set out how staff should proceed to ensure the safe handling of medicines. Where people needed assistance to take their medication, we saw care plans outlined staff's role in supporting them to do so in a safe manner. A Medication Administration Record [MAR] was also in place which staff used to record the medicines they had either administered or prompted people to take. Staff's competence in relation to administering medicines was monitored by managers, and we saw that staff files contained records showing that their competence had been assessed regularly.

Good

Is the service effective?

Our findings

The people we spoke with said they had the same staff all the time and they were very happy with the service. For instance one person's relative said, "They [the staff] are all very lovely. They are reliable and flexible".

People's care was reviewed on a regular basis, to make sure that it was effective and continued to meet their needs. These reviews took place after people had been receiving care for a short time, and then on a regular basis. They were conducted by senior staff members. Reviews of care looked at whether people's care was meeting their needs, whether they were satisfied with the care they were receiving, and whether any changes were required to make the care more effective. Managers monitored review records to make sure care remained effective. People's records showed that they had signed care documents to confirm their involvement and approval.

Staff we spoke with told us they had training to meet the needs of the people they supported. Staff were enrolled on the Care Certificate and once completed would be encouraged to undertake further training in health and social care. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. Staff were taught care principles and techniques, for example, moving and handling. New staff then worked with a mentor and did not support people who used the service until they and senior staff thought they were competent to do so. The induction included the completion of a work book, so managers were aware of the capabilities of staff. There was a record of the times senior staff supported new employees. Staff held, or were working towards, a nationally recognised qualification.

The provider's mandatory training included moving and handling, the protection of vulnerable adults and medicines management, amongst other relevant training. Other training staff completed included the MCA and DoLS, dementia care and confidentiality. One staff member told us: "The training is good." Another told us the training provided had equipped them well to undertake their role.

Staff received formal supervision, appraisal and there were team meetings. We checked supervision and appraisal records and saw that they were used to identify training needs and development plans for staff, and showed that staff's knowledge and abilities were improved and supported via this method. Staff we spoke with told us they found team meetings to be helpful as were an effective way to discuss their practice and different ways to meet people's needs.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to make sure that any decisions are made in people's best interests. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures in relation to the MCA and DoLS were in place.

We checked whether the service was working within the principles of the MCA. Care records demonstrated that people's capacity to make decisions was considered and recorded within the assessment and care planning process, people had completed forms giving their consent to receive care in the way set out.

There were details in care plans about people's nutritional needs, and where part of the care package required staff to provide a cooked meal for people, there was information about their food preferences and dislikes in addition to information about choices care staff should offer. Daily records of care showed that staff were acting in accordance with people's care plans and meeting their assessed needs.

The office was equipped to deal with day to day office management, for example, computers with email access, telephones and other office equipment such as a photocopier. There was a room available for private meetings and another to hold staff training sessions. There was a staff member available to take calls and co-ordinate care during office hours and an on call service out of hours.

Good

Is the service caring?

Our findings

People we spoke with praised staff and told us the quality of care was very good. One person's relative said, "The staff are really kind and caring." When asked if they would recommend the service to others another person's relative said, "They [the agency] are excellent. The staff are a cut above other agencies. They showed commitment to their work and commitment to the person. I would rate them as nineteen and a half out of twenty. They provide care as if it were to one of their own family."

Members of the management team conducted spot checks. This was to check on staff efficiency, but also to talk to people who used the service to see if their care package was working. Staff we spoke with told us that a high standard of care underpinned their work and was greatly emphasised by the provider. The provider had a policy of only carrying out care visits that lasted a minimum of one hour. People told us that they appreciated this, as they felt it allowed time for companionship and conversation. Staff told us that the length of care visits meant that they could carry out their care tasks well, spend time getting to know people and they didn't feel rushed.

People using the service told us they had been involved in making decisions about their care and treatment, and said they felt their views were taken into consideration. They told us they had been involved in creating and updating their care plans and said staff supported them in the way that had been agreed in their care plans. Care files contained detailed information about people's needs and preferences, which meant that staff had a good understanding of what was important to them.

The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their wishes. The provider's policy meant that staff were introduced to people before they began to provide care for them, and staff told us that this meant they could get to know the person and their preferences, although we were told about isolated occasions where this had not occurred. People using the service told us they felt they knew the staff who supported them well, and said it was important that the provider ensured only a small number of staff provided support to them. The manager told us that their aim was for every person using the service to be supported by particular staff members in a small team of care staff who knew them well.

Staff we spoke with could describe the steps they took to preserve people's dignity when providing support, and gave us practical examples such as ensuring at all times they remembered that they were working in another person's house, checking people's preferences and addressing them in the way they preferred to be addressed. Daily notes, in which staff recorded the care they had provided, showed that staff upheld people's dignity and privacy when providing care.

We noted all care files and other documents were stored securely to help keep all information confidential.

Good

Is the service responsive?

Our findings

People's comments included, "They [staff] discuss everything properly and we can rely on them. Everything's fine" and "The care givers do so much good stuff, it's unbelievable." People we spoke with told us that their care was tailored to meet their needs. They told us that if people wanted to change the way they were supported, if they needed more or less assistance, the provider ensured that the change was quickly implemented.

There was a system in place for formally reviewing people's care. We checked records of this and saw that people's views and preferences had been taken into consideration, and was incorporated into any changes in the way people's care was delivered. The review system ensured that the care provided continued to meet people's needs.

We saw people's files contained detailed information about all aspects of their needs and preferences. This included clear guidance for staff in relation to how people's needs should be met in accordance with their care assessments. These were set out in sufficient detail so that staff could follow what was required. There was information in each person's care plan about their families, life histories, employment histories and interests, to help staff better understand the person they were supporting. The staff we spoke with told us that they had time to read people's care plans, and said they could do this either at the provider's office, or in people's homes.

In the records we checked we saw that when people had changing needs which required healthcare attention or the input of other external professionals, the provider had taken the appropriate steps to liaise effectively with professionals to make sure that the person's healthcare needs were met. This included examples we saw of the provider working with district nurses, occupational therapists and other specialist health teams.

Records we checked showed that staff completed a daily record of each care visit they made to people. This included a thorough report on the care they provided and any changes in the person's condition, or any concerns or issues that arose. Staff completed these records to a good level of detail, which meant that managers checking these records could monitor what care was being provided and whether it was being provided in accordance with people's care plans. These records were then used to plan any future care and any required changes.

In the provider's PIR, which we asked them to provide prior to the inspection, they told us they had received two complaints in the year prior to the inspection. We checked complaints records and saw that complaints had been thoroughly investigated, and each complainant had received a response setting out, where appropriate, what the provider would be doing in response to the complaint.

We checked the provider's arrangements for making complaints. Information about making a complaint was given to each person when they began receiving care and support. This told people how to make a complaint, what they could expect if they made a complaint, and how to complain externally should they be

dissatisfied with the provider's internal processes.

People we spoke with told us that they would be confident to make a complaint if they needed to, and said they believed the provider would handle any complaints well. One person said to us: "I have the number of the office and would be happy to complain if necessary, but everything is fine, so there has been no need."

Good

Is the service well-led?

Our findings

There was no registered manager in post at the time of the inspection. The previous registered manager had left. The Nominated Individual (NI) told us they were making all efforts to recruit a suitable manager, but that they had so far been unsuccessful, because of their very exacting standards. They were in day to day control of the agency and had decided to apply to register with Commission as the manager. They told us they would also continue to seek a suitable manager to take on the role.

Staff told us they felt well supported to carry out their duties, and said that management support was always available. One staff member said, "I just pop to the office if I want to see them [the management team] they are always supportive." Another said, "The support is very good." One staff member commented that the provider was, "like a family."

The service regularly contacted people who used the service to check on how well the service and staff were doing. From the plans of care we looked at we saw the surveys which were all very positive. There were also many compliments cards and letters.

Staff member told us staff were matched with people who used the service to make sure they were able to get on with each other, as well as give support. We saw that one person had changed a care staff member when things had not worked out.

The provider carried out thorough audits of the way the service was provided, including using a system of unannounced spot checks on care visits. We checked records of spot checks and saw that they consisted of managers observing staff carrying out care tasks as well as checking staff knowledge on various topics including safeguarding and medication. Staff we spoke with confirmed that they had been spot checked and described it as a thorough, quality monitoring process. We saw other checks and audits had been carried out to assess whether the service was operating to expected standards. This included areas such as health and safety, the quality and completeness of care records and medication administration. Where shortfalls had been found action plans had been completed which highlighted areas to be addressed.

Discussion with the management team showed they had continuous improvement at the heart of their practice and this formed part of managers' meetings. We saw that there was an ongoing programme which identified and implemented improvements to the service. We saw that some improvements identified had already been implemented at the time of the inspection. The provider had an up to date Statement of Purpose, as required by law, and we noted that it contained all the information required, setting out the aims and objectives of the service.