

2nd Family Limited

Home Instead Senior Care Crawley

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

The inspection took place on the 7 June 2016 and was announced. The provider was given 48 hour's notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

Home Instead Senior Care Crawley is a domiciliary care service which provides personal care and support services for a range of people living in their own homes. These included older people and people living with dementia. At the time of our inspection 28 people were receiving a service, of which eight were receiving the regulated activity of personal care.

The service did not have a registered manager. 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 recently left the service. The provider had recruited a new manager who was due to start within a week of the inspection.

The experiences of people were positive. People told us they felt safe, that staff were kind and the care they received was good. One person told us "I feel safe with everyone that comes to visit". A relative told us "It feels so safe leaving the staff with my relative".

People told us that staff were kind and caring. One person told us "All the carers are lovely, just wonderful". Another person said "They are caring, considerate and respect me".

The provider had arrangements in place for the safe administration of medicines. People were supported to receive their medicine when they needed it. People were supported to maintain good health and had assistance to access to health care services when needed.

People told us they received their care calls consistently and always received the care they required. Risks to people were assessed and monitored to ensure action was taken to avoid accidents and the deterioration of people's health. The service had recruited a sufficient number of suitably qualified staff to meet people's needs. Recruitment practice was robust and protected people from the risk of receiving support from staff who were unsuitable.

The service considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. Staff observed the key principles in their day to day work checking with people that they were happy for them to undertake care tasks before they proceeded.

Staff were skilled and felt fully supported by the provider to undertake their roles. They were given training updates, supervision and development opportunities. One member of staff told us "The training on

induction was detailed and good. We learnt a lot and then when I started [the providers name] took me out to visit a person and go through their care needs and introduce me to them, all very good".

People were happy with the care they received, and said they saw regular consistent staff that knew them well and treated them with kindness. One person told us "Consistent staff who are always on time for the calls".

People and their relatives were given information on how to make a complaint. Feedback from people was asked for and responded to. One person told us "I have no issues, any concerns they would deal with straight away no problem".

The service was well led and had good leadership and direction from the provider. People, relatives and health professionals were complimentary of the management of the service. One relative told us "Could not praise the management more. Consistently supportive with everything, totally professional over and above" Staff felt fully supported by the provider to undertake their roles. There were quality assurance systems in place to ensure a high quality of care and support was provided.

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 processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

People were supported to receive their medicines safely. There were appropriate staffing levels to meet the needs of people who used the service.

Assessments were undertaken of risks to people and staff. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people.

Is the service effective?

Good ●

The service was effective.

Staff were supported with induction, supervision and training to equip them with the skills and knowledge to provide care effectively.

Staff understood and recognised changes in people's health and supported them to access health care services and to receive on going healthcare support.

Staff understood the necessity of seeking consent from people and acted in accordance with the MCA.

Is the service caring?

Good ●

The service was caring.

Staff had developed positive relationships with the people they supported and knew them well.

Staff maintained the confidentiality of people's personal information and people's privacy and dignity was respected.

People were encouraged to express their views about how care

was delivered and staff responded proactively.

Is the service responsive?

Good ●

The service was responsive.

Assessments were undertaken and care plans developed to identify people's health and support needs.

There was a system in place to manage complaints and comments. People felt able to make a complaint and were confident that complaints would be listened to and acted on.

Staff were aware of people's preferences and how best to meet those needs.

Is the service well-led?

Good ●

The service was well- led

The values of the service were well embedded and staff were committed to providing good quality care.

The service was well managed by the provider who actively led and supported the staff team.

There was good oversight of the service and processes in place for monitoring the quality of care provision and for seeking feedback in order to continuously improve.

Home Instead Senior Care Crawley

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.

The inspection took place on the 7 June and was announced. The provider was given 48 hour's notice because the location provides a domiciliary care service. We wanted to be sure that someone would be in to speak with us.

The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider had completed 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 improvements they plan to make.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We used all this information to decide which areas to focus on during our inspection.

During our inspection we spoke with six people who use the service and eight relatives on the telephone, four care staff, an administrator and the registered provider. We observed the provider and staff working in the office dealing with issues and speaking with people who used the service over the telephone.

We reviewed a range of records about people's care and how the service was managed. These included the care records for six people, medicine administration record (MAR) sheets, five staff training, support and

employment records, quality assurance audits, incident reports and records relating to the management of the service.

We contacted six health care professionals after the inspection to gain their views of the service.

This was the first inspection of the service since being registered.

Is the service safe?

Our findings

People and relatives told us they felt safe with the service that was being provided by Home Instead Senior Care Crawley. People told us they felt safe due to their confidence in the skills of the staff. Comments from people included "It's a safe and trusting service, no issues there", "I feel safe with everyone that comes to visit". A relative told us "It feels so safe leaving the staff with my relative".

Staff understood safeguarding and their role in following up any concerns about people being at risk of harm. Staff were able to describe what they would do if they thought someone was at risk of abuse and how they would raise any concerns. One staff member said "I would call the office and speak with [the providers name]". Another member of staff said "We know our service users well and raise any concerns straight away to make sure they were safe". All the staff we spoke with told us that because they knew people and their needs in detail they would be able to identify any changes in behaviour or physical symptoms they might see that may indicate that a person was experiencing abuse which would enable them to gain support for the person as quickly as possible. Staff knew the process for referring safeguarding concerns to the local authority. There was an up to date safeguarding policy with guidance for staff on the steps to follow if they had concerns about the safety of anyone using the service. All staff had received up to date training and there was a programme of refresher training to ensure that staff knowledge was maintained and current. Staff were also aware of the whistle blowing policy and when to take concerns to appropriate agencies outside of the service if they felt they were not being dealt with effectively. Details of safeguarding and whistleblowing procedures to follow were also displayed in the office as a reminder for staff.

Individual risk assessments were reviewed and updated to provide guidance and support for staff to provide safe care in people's homes. Risk assessments identified the level of risks and the measures taken to minimise risk. These covered a range of possible risks such as environment nutrition, falls and mobility. For example, where there was a risk to a person regarding falling in their own home, clear measures were in place to ensure risks were minimized and for staff to maintain a clear environment in a person's home and raise any concerns they may have. In one care plan it described the risk of a person who walked with a walking aid. It detailed for staff to ensure the person was given support and assistance when required and reassurance. In another care plan it detailed that a person used a ceiling hoist and to ensure two members of staff carried out this task.

We saw the service had skilled and experienced staff to ensure people were safe and cared for on visits. We looked at the electronic staff rotas and saw there were sufficient numbers of staff employed to ensure visits were covered and to keep people safe. Staffing levels were determined by the number of people using the service and their needs. The provider told us "We are continuously recruiting and make sure we have enough staff before we take on any new customers". People and relatives we spoke with told us the staff were competent and had the skills required to support them safely. Staff told us they received a good level of training and that they felt confident to support people in a safe manner. This information was supported by training records that showed all staff were trained in important health and safety areas, such as moving and handling, infection control and first aid.

To ensure staff arrived safely at a person's home and the person received the care they required, staff logged into an electronic monitoring system. The member of staff used the telephone to log in when they arrived at a person's home and also when they left. This was linked to a computer system at the office where all visits were logged and monitored throughout the day to ensure calls had taken place correctly. The provider told us that if the system showed a member of staff had not logged in or out correctly they would be alerted to this and would contact the member of staff and person involved.

People and their relatives told us that medicines were administered by staff and the system worked well. Assessments of need in this area were carried out which described the support a person needed, whether someone needed prompting to take their medicines or support with administering them. The provider had detailed policies and procedures in place for staff to ensure they were administering safely. Medication administration records (MAR) sheets were completed by staff. We saw that these had been completed by staff. Staff received training to be able to carry out supporting people with medicine management. One member of staff described the process they took when administering medicines to a person and told us "If I am ever unsure or have a concern with medication, I contact [the providers name] to check". The medicine administration records (MAR) were audited on a monthly basis. The provider told us any errors were investigated and the member of staff spoken with to discuss the error and then invited to attend medication refresher training if required.

Staff had been recruited through a recruitment process that ensured they were safe to work with vulnerable people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identified if prospective staff had a criminal record or were barred from working with children or vulnerable people. Records also showed staff had completed an application form and interview and the provider had obtained written references from previous employers.

Staff took appropriate action following accidents and incidents to ensure people's safety and this was recorded in the accident and incident book. One member of staff told us "Any accident or even a little incident we would report to the office with no hesitation". We saw specific details and any follow up action to prevent a reoccurrence. Any subsequent action was updated on the person's care plan and then shared with staff.

Is the service effective?

Our findings

People and their relatives felt confident in the skills of the staff. Comments from people included "The staff I have are very skilled and trained well in what they need to be able to do.", "She [staff member] is skilled in what she does". A relative told us "Yes the carer was new to a caring role but is very skilled at what they do".

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. Staff had knowledge and understanding of the (MCA) because they had received training in this area as part of their induction. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. Staff told us how they ensured people had choices on how they would like to be cared for and that they always asked permission before starting a task. They went on to give examples of offering choices of meals and what clothes someone would like to wear.

Staff undertook a variety of essential training which equipped them with the skills and knowledge to provide safe and effective care. Training schedules confirmed staff received training in various areas including moving and handling, medicines and dementia. Staff completed most of their training on induction and also trained alongside the provider on care calls. Competency checks were completed to ensure staff were delivering the correct care and support for people. Staff were also supported to undertake qualifications such as a diploma in health and social care. Staff spoke highly of the training provided and one member of staff told us "The training on induction was detailed and good. We learnt a lot and then when I started [the providers name] took me out to visit a person and go through their care needs and introduce me to them, all very good". The online training plan documented when training had been completed and when it would expire for staff to attend a refresher training course. On speaking with staff we found them to be knowledgeable and skilled in their role.

Staff told us that they received supervision by their manager on a regular basis. During this they were able to talk about whether they were happy in their work, anything that could be improved for staff or the people they cared for and any training that staff would like to do. In addition staff said that there was an annual appraisal system at which their development needs were also discussed. Records we saw confirmed this. One member of staff told us "[the providers name] always asks how we are and calls up to check everything is ok. We have supervisions throughout the year to see how we are doing and anything else we may need. He provides great support to us all the time".

We were told by people and their relatives that most of their health care appointments dealing with health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments. If needed they liaised with health and social care professionals involved in people's care if their health or support needs changed. This became evident on the day of the inspection as we observed the provider taking a call from a member of staff who was concerned about the

health of a person they were visiting. After the phone call the provider called the person's GP and requested a visit for the person that day. Later on the GP called the provider back and arranged to visit the person in the afternoon. The provider also arranged for a member of staff to be present as support for the person and their family.

People were supported at mealtimes to access food and drink of their choice. Much of the food preparation at mealtimes had been completed by family members or themselves and staff were required to reheat and ensure meals and drinks were accessible to people. One person told us "They [the staff] come to help me with my dinner. I make sure I have enough in the cupboards and they ask what I would like and cook it for me, it works well". In one person's care plan it detailed what the person liked and disliked and what they liked for breakfast each morning and how they would like it prepared. A member of staff told us "I saw one person who was not drinking a lot and liked their tea. They had a large cup to drink from so I suggested getting a smaller one which I did. It helped them to drink as it was in a smaller cup". The provider told us that if they or staff had concerns about a person's nutrition or weight they would seek advice from health professionals.

Is the service caring?

Our findings

People receiving care and support from the service told us that staff were kind and caring. One person said "All the carers are lovely, just wonderful". Another person said "They are caring, considerate and respect me". Relative's comments included "Staff are good and they do care" and "What can I say, they are so caring and thoughtful".

A health professional told us "All members of staff I have met have been gentle, caring, and appropriate in their approach, with a good understanding of dementia. I have needed help in emergency situation and they have been able to assist".

People were happy with the care they received, and said they saw regular consistent staff that knew them well and treated them with kindness. One person told us "Consistent staff who are always on time for the calls". Another person said "I have the same member of staff who is very good and helpful". Relatives comments included "Same carer providing consistency, which is required but rare these days", "Management ensures same carer each time to keep consistency and prevent confusion. Absolutely caring and supportive". The provider told us how they ensured people saw the same member of staff and had continuity of care. They said "This is important for people to see the same members of staff and key to introduce them and ensure they are matched. We have a minimum of one hour calls so people receive quality care and support that they require".

Staff were aware of the need to preserve people's dignity when providing care to people in their own home. Staff we spoke with told us they took care to cover people when providing personal care. They also said they closed doors to ensure people's privacy was respected. One member of staff told us "People need privacy when assisting with personal care. We know people well and know what help they need. I make sure they know I am there to help when needed". People we spoke with confirmed their dignity and privacy was always upheld and respected. One person told us "Dignity and privacy taken into consideration, lovely carer provides me with security and support. Takes me out in the car to do what I need to do". Another person said "The carer helps me with washing, yes gives me privacy when I need it". A relative told us "Three visits a day and do treat my relative with dignity and respect. The care needs are defiantly met by the carers".

Staff recognised the importance of promoting people's independence. People confirmed they felt staff enabled them to have choice and control whilst promoting their independence. One person told us "They help me to keep independent. I can do things for myself, I just sometimes need a helping hand". Care plans provided details on how staff could promote independence. One care plan recorded how a person needed encouragement to go for short walks around the block and how staff could engage the person in the activity. Staff told us how they promoted peoples independence and let the person do as much as they can for themselves. One member of staff told us "One person I visit sometimes requires assistance with getting dressed in the morning. After they have chosen what they would like to wear, I encourage them to get dressed but ask if they need any help to ask. It's so important they remain independent and sometimes just need encouragement".

People said they could express their views and were involved in making decisions about their care and treatment. People and their relatives confirmed they had been involved in designing their care plans and felt involved in decisions about their care and support. One relative told us "The manager is professional and provides a personalised service. They took the time to ask about my relative's life history, likes and dislikes and then created the care plan afterwards". People were also able to express their views by completing annual feedback surveys which gave them an opportunity to express their opinions and ideas regarding the service.

People's confidentiality was respected. Care staff understood not to talk about people outside of their own home or to discuss other people whilst providing care for others. The staff's rotas were securely emailed to them with details of their visits to undertake. Information on confidentiality was covered during staff induction and training.

Is the service responsive?

Our findings

People were receiving care that was responsive to their needs and staff were knowledgeable about people. One person told us "They [the staff] know what they are doing and do it right". Another person said "The staff know me well and know what I want, so helpful". A relative told us "They made sure they matched my relative with the right staff, who knew about dementia".

A health professional told us "I have engaged with Home Instead Senior Care Crawley to work with several of my customers. I have always found them to be flexible in their approach to these customers, and willing to work with several different agencies always offering clear concise written reports, staff are matched with customers and are enabled to work with autonomy. They have always responded appropriately to the needs of my customers and I would not hesitate to use them or pass their details on to customers. They always ensure that outcomes are met in a manner that the customer wants".

Staff told us that they had enough time to support people and never felt rushed when providing care and support. Staff were committed to arriving on time and told us that they always notified people or the office if they were going to be late. All staff we spoke with told us they were able to build relationships and good rapport with people which increased an understanding of the person's needs, due to the fact that they consistently attended the same people. The provider and staff told us that the time for a care visit was a minimum of one hour. One member of staff said "This has been the best place I have worked. We do not do short visits it is a minimum of an hour. We have enough time to meet people's needs and are never rushing from one call to another". The provider told us of the importance on matching staff to people. They told us "This is very important that the right member of staff is matched with a person. To do this we find out as much as possible about the person from themselves and their relatives".

Assessments were undertaken to identify people's support and care needs. Care plans were developed outlining how these needs were to be met. The care records were detailed and gave descriptions of people's needs and how the staff could meet these. Staff completed daily records of the care and support that had been given to people. They detailed task based activities such as assistance with personal care and the support people required. In one care plan it detailed how staff assisted a person to wash and how the person preferred to have their face and hands washed first. In another care plan it described to stimulate a person by staff engaging them in a meaningful conversation and encourage suitable activities.

People told us they were aware they had a care plan. They said that this formed part of the introduction and initial meeting. There were two copies of the care plans, a copy in the office and one in people's homes, we found details recorded were consistent. Care plans contained detailed person centred information for staff to understand how to deliver personalised care and support to people including a life history and likes and dislikes. The outcomes included supporting and encouraging independence for people to enable them to remain in their own homes for as long as possible. In one care plan it detailed that a person had become frustrated about their limitations in day to day activities. The care plan provided information for care staff to involve and encourage the person to remain as independent as possible. Staff we spoke with found the care plans to be detailed and informative. One member of staff told us "Before we meet a person for the first time

, we read the care plan which tells you lots about them and then discuss their needs with [the providers name] . We then are introduced to them and spend time getting to know them. It works really well". People's preferences around activities and interests were also detailed in each care plan. This included people who enjoyed going out for walks and going shopping. Staff told us how they enjoyed the time they spent with people and being involved in their activities of choice.

Staff were knowledgeable about the health care needs of the people they cared for. Staff were able to describe what signs could indicate a change in a person's well-being. Staff were confident how to respond in a medical emergency. A member of staff told us that if one of their clients had a fall they would not attempt to lift them and call the emergency services and contact the office. Staff knew how to obtain help or advice if they needed it and one member of staff told us "[the providers name] is always available on the phone".

People and relatives were aware of how to make a complaint and all felt they would have no problem raising any issues. The complaints procedure and policy were accessible for people in the information given to them at the start of the service. The people and relatives we spoke with all confirmed they had never had a reason to make a complaint. One person told "I am recent to the service and no need at present to raise any concern or complaint. But I know how to and would if needed". Another person told us "I have no issues, any concerns they would deal with straight away no problem". A relative told us "I am comfortable to raise complaints or concerns if needed too".

Is the service well-led?

Our findings

The previous registered manager had recently left the service. The provider had recruited a new manager who was due to start within a week of the inspection. Since the registered manager had left the provider ensured a well led service was operating.

People and relatives all said how happy they were with the management of the service and felt communication was very good from the office and the provider. Comments from people included "[the providers name] is excellent, he is helpful and very good", "Yes I ring up management, pleasant to speak too and always approachable". Relatives comments included "Could not praise the management more. Consistently supportive with everything, totally professional over and above", "Yes both myself and partner contact the management, service is managed well and concerns met promptly" and "Management very good. Attentive and always get back to me and responds quickly".

Health professionals we contacted were all complementary on how the service was well led. Comments included "[the providers name] was very hands on with helping a client to settle under difficult circumstances and challenging behaviour. There have recently been difficulties and I have no hesitation to report that [the providers name] response and understanding he has for the circumstances of the client has been excellent", "I never hear staff complain about working for this agency, I believe the reason for this is that they have strong leadership, and fair working conditions. [the providers name] is clearly dedicated to maintaining high standards of care, he is open and honest and a gentleman. I just wish we had more agencies which offered such a good service". And "My professional liaisons with the Crawley based branch of the company have given me the impression of a well led and safe service".

Staff spoke of a positive and open culture where they were well supported and valued. Comments from staff included "[the providers name] is very good. Supportive, helpful and a kind person. Any issues or support needed he is there for us", "My manager is very friendly and any problems he sorts them out for me. I feel supported" and "This is a really good company. Best care job I have ever had, I recommend them to my friends".

Links with the local community were evidenced in people's care records and included a range of health professionals such as GP's, community nurses and social workers. The provider said that good working relationships had been developed and this meant that they could contact professionals when they needed support. Other links with the community included the provider being a member of the Crawley dementia alliance and attending Crawley's older person's forum. The provider told us "I am involved with various local groups including being a member of the local dementia alliance. Where they provide a monthly dementia café at a local supermarket which I attend to talk and support people and their families around the subject of dementia".

The quality of the service was monitored by the provider using formal tools such as quality audits. These included audits around care plans, MAR sheets and staff records. Evidence was available to demonstrate that audits were used effectively and enabled the provider to identify any shortfalls in a prompt manner.

Where any issues had been identified, we saw actions had been implemented to ensure that improvements were being made. Quality assurance process's included quality assurance visits or telephone calls to people and a service review every six months or as and when required, dependent on any changes to the person's health.

The provider showed passion and demonstrated good oversight of the service and had knowledge of all the people including any risks associated with providing their care. They explained that this knowledge was gained through undertaking visits at regular intervals and communication with people and their relatives regularly. Spot checks were also used to ensure that staff were maintaining quality of care provision and covered areas such as staff appearance, their focus on the person and the rapport between them as well as details of the care provided. Staff meetings took place throughout the year. Minutes of recent meetings included training, staff development, business growth and also the provider thanking staff for their hard work. One member of staff told us "We have lots of communication from our manager and at the recent staff meeting we were congratulated on what went well, which was nice".

Pursuing Excellence by Advancing Quality (PEAQ) is an annual questionnaire produced and managed by an external company that the registered provider commissioned. Surveys were sent out to staff and people. We saw the results from a recent survey sent out in 2015. The provider then used the feedback to drive improvement. The percentages and comments made indicated a high level of satisfaction for the service. The survey for 2016 was in the process of being sent out to people and staff.

The provider understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They were aware of the requirements following the implementation of the Care Act 2014, for example they were aware of the requirements under the Duty of Candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The provider also ensured their own training and development was kept up to date. This included the provider recently becoming a train the trainer for moving and handling and attending local community groups.