

Landmark Care Ltd

Home Instead Senior Care

Inspection report

Discovery Court Business Centre
551-553 Wallisdown Road
Poole
Dorset
BH12 5AG

Tel: 01202853197

Website: www.homeinstead.co.uk

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19 January 2017

25 January 2017

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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 18, 19 and 25 January 2017. We gave the provider 48 hours' notice to ensure people and staff we needed to speak with were available.

At the last inspection completed in June 2014 the provider was compliant in the regulations.

Home Instead Senior Care is a national franchise. A franchise is when a franchisee (the provider) has bought the right to sell a specific company's (the franchisor's) products in a particular area using the company's name. At the time of the inspection visit Home Instead Senior Care provided care and support for up to 110 people living in their own homes.

The service had 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.

Relatives and people we spoke with were very satisfied with the service provided by Home Instead Senior Care. People felt safe with the care staff and staff knew the correct procedures on how to respond and report potential abuse.

Feedback from health professionals who had dealings with the service was very positive with comments including, "I have nothing but praise for the work that they have done" and "Their communication has been excellent and the care that they have provided has been very patient centered".

Staff were given enough time to provide effective care and support to people and told us they felt very well supported by the manager and the management team. There was a robust recruitment process for staff which ensured people were cared and supported by staff who had been safely recruited.

Staff received regular training and supervision which ensured they were provided with the relevant skills and support to develop their role and provide effective care and support for people in their own homes.

Medicines were managed safely.

People's rights were protected because staff and management had a working knowledge of the Mental Capacity Act 2005.

Staff understood people's care plans and provided individual support and care. People and staff told us communication within the company was good. Staff said there was always someone to speak to if they needed further advice and guidance.

Environmental risk assessments on people's homes had been completed. These were completed before care commenced to ensure any risks to staff and people were minimised.

There were robust quality assurance systems and a range of policies and procedures to enable people to receive safe, effective care and support in their own homes.

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.

People were protected from harm because risks were identified and managed appropriately.

There were safe medication administration systems in place and people received their medicines when required.

There were robust recruitment systems in place and sufficient staff with the right skills and knowledge to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People received care from staff who were themselves supported through regular training and supervision.

People's rights were protected because staff followed the requirements of the Mental Capacity Act 2005.

People were supported to access the services of healthcare professionals as appropriate.

Is the service caring?

Good ●

The service was caring.

People found their staff supportive, kind and respectful. Staff took time to listen to people and get to know how they preferred their care and support to be given.

People were kept informed about any changes to their service.

Is the service responsive?

Good ●

The service was responsive.

People received the care they needed. Their care plans reflected their individual needs and were regularly reviewed and updated.

People told us they received their personalised care from a regular team of staff who knew them well.

The service had a clear complaints procedure and people told us they would feel able to raise any concerns and felt they would be listened to and any concerns acted upon.

Is the service well-led?

Good ●

The service was well led.

There were systems in place to monitor, and where necessary improve the quality of service provided.

There was a positive, supportive culture where people and staff were confident to report any concerns to the management team.

There was a strong emphasis on continually identifying ways to improve the service for people.

Home Instead Senior Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 18, 19 and 25 January 2017, with visits on 19 January 2017 to people who use the service. We told the service two days before our visit that we would be coming to ensure the people we needed to talk to would be available. This inspection was conducted by one inspector and one Expert by Experience who contacted 14 people who used the service and gained their views over the telephone. An Expert by Experience is a member of the public who has had experience of caring or supporting people with similar circumstances to those supported by Home Instead Senior Care.

Before the inspection, we reviewed the information we held about the service; this included information we had received from third parties. We also sought the views of people who used the service through issuing questionnaires, these results were analysed and used to provide a view of the service. The local authority who commissions the service and an additional six health care professionals were asked for their views on the care and service provided by the service.

In addition, before the inspection the provider 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. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we visited three people and their relatives in their homes. We spoke with five members of staff, the manager and the owner of the service. We checked three people's care and medicine records in the office and with their permission, the records kept in their home when we visited them. We also saw records about how the service was managed. These included four staff recruitment and monitoring records, staff rotas, training records, audits and quality assurance records as well as a range of the provider's policies and procedures.

At the last inspection completed in June 2014 the provider was compliant in the regulations.

Is the service safe?

Our findings

Everyone we spoke with felt safe with their care staff. People told us they felt confident that care staff would arrive, usually on time, and they would be the person that was named on their schedule. This meant people always knew who would be arriving to give them care and support which they found very beneficial. People told us they were never sent a member of care staff they had not been introduced to previously. All new care staff would be introduced to people with their regular care staff, people told us this system worked really well and gave them peace of mind. One person said, "My [relative] was seen by managers of this agency several times in their Nursing Home and their needs assessed before returning home; as a result the transition was seamless, and everything was in place".

People were protected against the risks of potential abuse. There were detailed policies and procedures in place to help keep people safe from abuse. Staff spoke knowledgeably about the signs that may indicate a person was at risk from potential abuse. Staff had received safeguarding adult's awareness training which was refreshed at the required intervals. Staff demonstrated an understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.

When people had accidents, incidents or near misses these were recorded, with details including a brief description of what had occurred, the action taken and the outcome. The manager reviewed and analysed these records to look for developing trends and resulting actions were discussed with staff at team meetings to ensure people received their on-going care and support in a safe way. A recent incident had occurred where a care worker had arrived to find a very strong smell of gas in the person's home. The Fire Brigade was called and the care worker arranged for the paramedics to take the person to hospital to check they were unharmed. Preventative action was taken by the Fire Brigade by installing fire alarms and further safeguards put in place for the person to maintain their safety, such as ensuring the gas was off during each visit. Written feedback from a health professional stated, "Where concerns have arisen with people, they have been quick to ensure the appropriate services are contacted and action taken, and ensure their staff receive the appropriate training to prevent reoccurrences".

Risk assessments were in place to support people to remain safe whilst retaining as much independence as possible. Records showed people's home environment had been assessed to ensure people and staff were protected from avoidable risk.

People's care records reflected their abilities and gave detailed guidance for care staff on how people preferred their care to be given. For example, one person's care records stated, '[person] will stay in bed all day as this is where they feel most comfortable' another care plan stated '[person] is fully able to communicate their needs, wishes and preferences. Due to anxiety caregivers will be required to offer continued re-assurance and encouragement'. Care plans gave clear guidance for staff to follow should people be living with a diagnosis of dementia.

There were arrangements in place to keep people safe in an emergency. There was an on call system for people who used the service and staff to contact in emergencies or where they needed additional support.

People told us they had confidence in the on call service and knew how to contact people in the event of an emergency.

People told us they were supported by sufficient staff with the right skills and knowledge to meet their needs. People said if care workers were going to be delayed they would generally be telephoned and kept informed. People knew their care workers well and said they were told if there were any changes to their planned visits. People were always introduced to new staff before the new staff commenced their caring role. Staff told us this system worked well and ensured people always received their care when they needed it from staff they knew.

Staff said they were given enough time to complete their care visits. All personal care visits were a minimum of one hour which meant people did not feel rushed when receiving their personal care. The provider used a weekly rota system, which largely remained the same each week, this ensured people and staff knew their schedule in advance. The provider had a matching system in place and wherever possible tried to ensure care staff and people receiving the service would be compatible with each other. One person told us this system worked, "Excellent" and said, "They really make an effort to make sure the carers are compatible, it's been brilliant as I get on so well with them all, it's important to be able to have a laugh and joke, it cheers me up".

There were robust recruitment policies and procedures in place. We looked at the recruitment files for four members of staff and found that the relevant checks had been completed before staff started working at the service. These checks included up to date criminal record checks, photographic confirmation of identity, fitness to work statements, interview notes and previous employment references. This made sure that people were protected as far as possible from individuals who were known to be unsuitable to work in the care industry.

Staff were trained in administering medicines and their training was updated periodically to ensure staff were competent to administer medicines. People's medicines were regularly audited and spot checks were completed on staff administering medicines in people's homes to ensure they were following best practice. The medicine administration policy explained the different levels of assistance people needed with their medicines and the guidance for staff was clear, for example some people only needed prompting to take their medicines whereas other people needed to have their medicines administered to them by the care staff. Where people had prescribed creams, there were clear instructions for staff on how to apply these. There were body maps completed for people which gave staff guidance on where and how much cream to apply to people. Medicines administration records (MAR) contained sufficient detail and were complete. There was a system for staff to follow if people were having 'PRN' as needed medicines, such as pain reducing tablets. This meant the amount of 'PRN' medicine people received was recorded to help keep people safe.

We visited three people in their homes and reviewed their MAR's, medicines and care records which were accurately completed. One person told us, "The carers apply cream to my [relatives] legs and are very good at it; they are very keen to clear up the condition that necessitates it". One person told us the carers always followed the provider's protocol for administering their specific medicine. The protocol required the two carers to gain consent via the telephone from a manager before the medicine was administered and signed for by each carer.

People told us care workers wore gloves before they administered their medicines and said the care workers always checked the medicines against their MAR before administering their medicines. People said they had full confidence in the care workers administering their medicines.

Is the service effective?

Our findings

People gave positive views on the effectiveness of the service. One person told us, "I'm very impressed with the carers; they are efficient and helpful, very kind and competent. Despite my [relative] being unable to communicate verbally and having memory impairment, I hear the carers chatting to my [relative] all the time". Another person said, "We get regular carers who are good at what they do, they have been well matched and have developed a good relationship, they have got to know us well and our likes and routines".

People were supported by staff who had received a range of training to develop the skills and knowledge they required. Staff told us they completed an induction training programme which led to the care certificate, a nationally recognised induction qualification. Staff 'shadowed' more experienced staff for a while before they started to care and support people on their own. Training was provided both 'in-house' by the provider in a practical group setting as well as through the use of computer sessions provided by an independent training provider.

The majority of staff told us they found the training to be effective and useful. Some staff felt there could be more regular training and that at times it was a bit basic. Staff said, "The meds training is all right, I'm a bit of a stickler for making sure I get it all done right". Another staff member said, "All the in house training is very effective, we are always checked to make sure we understand it" and "The training is marvellous, I'm being fully supported to go further with my NVQ's".

The manager told us about the specific Alzheimer's and Dementia training programme that all care staff completed. This ensured staff they had a good understanding of providing care and support to people living with dementia to promote their health and wellbeing.

There was a clear system which showed what training courses staff had completed and which courses were scheduled for the future. The schedule of training was up to date with all staff either having completed their training or dates allocated for training courses already booked. Training completed by staff included safeguarding, medicine management, infection control and moving and handling.

Staff received bi annual, detailed reviews which gave them the opportunity to request further training if they had a specific training needs or interests. Spot checks were completed on all staff and these gave the member of staff an opportunity to discuss any areas of learning they may need. Staff told us they felt very well supported and said they could always speak to either people in the office or other colleagues if they needed advice and guidance. A staff member told us, "I feel very supported, any problems at all I just ring in and they are more than willing to help...we're very much a team". Records showed staff were not currently having annual appraisals. We discussed this with the manager who confirmed this was an area the provider had already highlighted and annual appraisals would be introduced for all staff during March 2017.

The provider had an effective system of communication which included daily morning handover meetings where all out of hours and previous day information is shared with staff. In addition there was an end of day

handover which was e mailed to all relevant staff to ensure people are kept up to date with changing health needs and any specific events. One relative told us at times communication had been poor, but that in a time of crisis, "They had pulled out all the stops, and provided around the clock care". One staff member said, "Communication is good, I don't have a problem, everything is shared and people are on the end of the phone if I need them...all information is up together, we are all quite hot on making sure information is shared".

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 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.

People's rights were protected because the staff acted in accordance with the MCA. Staff had an awareness of the MCA and how it affected their work and had all received training in The Mental Capacity Act 2005. People and their relatives were involved in care planning and their consent was sought to confirm they agreed with the care and support provided.

People were supported with their health care needs and any changes in their health were discussed with them and a referral to their GP or other health care professionals such as occupational therapists was made if required. Staff supported people with their meal preparation and spoke knowledgeably about how people liked their food prepared and what their favourite snacks and drinks were. Various support was offered by care staff during mealtimes, this could be making tea and toast or cereal to cooking the main meal from fresh ingredients or re-heating pre prepared meals. We asked people if the food was prepared for them as they liked it, one person replied, "Oh yes, always, I couldn't manage without them".

Is the service caring?

Our findings

People who used the service, relatives and health professionals we contacted were very complimentary about the service given and had positive feedback about the way the staff supported them and their relatives. People told us that the care staff treated them with respect and in a dignified and caring way.

One person said, "Carers keep a good eye on me, although I could probably manage now, I like them to come, they do things as I like them and I enjoy their company". Another person told us, "The care and caring is amazing, I cannot fault them in any way, I trust them as I would family, I have no worries leaving my [relative] knowing they are in safe hands. I do not know how I would have coped without them. The compassionate care is also fun and my [relative] likes to laugh with the carers...they are treated with dignity, it's how I would want to be treated myself. I cannot speak highly enough of them, not only do they support my [relative], they support the whole family too".

People and relatives described care staff as, kind, caring, compassionate, supportive, thoughtful, efficient, helpful, lovely, cheerful and understanding. People told us they felt comfortable when receiving personal care and told us the care staff made sure their curtains were drawn and doors closed to ensure their privacy and modesty was respected.

People and care staff were matched together as far as possible to ensure they would be compatible and their personalities would complement each other. One person told us this had been invaluable for them, they said, "I get on well with my carers, we are on good terms, most have a sense of humour which helps in all situations".

Staff knew people well and understood how they wanted their care and support to be given. People told us they received their care and support from the same regular care staff so they always knew the person that was supporting them. New staff were introduced to people by existing staff, this ensured people met their carers before supporting and caring for them in their own homes.

Staff spoke knowledgeably about the requirements to keep people's personal information confidential. People told us that care staff respected their privacy and did not share private information about other people with them.

We reviewed people's visit schedule's that were sent to them on a weekly basis. The schedule's showed regular daily visits that were carried out by a small team of carers. People confirmed they received their care from the same small team of regular care staff. People said, "All care is delivered with dignity and respect, it is never rushed, carers have time to sit and chat, they are caring and cheerful, I cannot fault them and look forward to their visits".

People were given the information and explanations they needed, when they needed them, such as when they started to use the service or when their needs changed. People told us they were kept informed if staff were going to be late, for example, if they were stuck in traffic.

People told us that they were consulted about how they wanted their care and support to be provided. They said they received phone calls and questionnaires about how they viewed the service they received. One person told us, "My [relative's] condition is now deteriorating and as their needs change the care has been adapted to ensure they are able to deliver the best care, I cannot fault them".

Is the service responsive?

Our findings

People told us that care staff responded appropriately when their needs changed. Health professionals commented positively on the responsiveness of the service, their comments included; "Their particular strengths have been working in a person centred manner, being actively involved in all reviews and care planning and implementing suggestions and requests without hesitation". Additional comments included, "Some clients have not required 'traditional' packages of care, Home Instead have been creative with their approaches and showed great knowledge of working with people living with dementia".

Another health professional told us, "If they couldn't access someone on their call they would try again at another time, which is something I have not found in any other agency". This meant people who were vulnerable or at risk always received a visit to ensure their safety was maintained.

Before people started to receive a service from Home Instead Senior Care people's needs were assessed. This meant the service could be sure they had staff with the right knowledge, skills and experience to provide people with safe and effective care and support. People told us either they or their relative had been consulted in compiling their care and support records, this resulted in records containing personalised information that guided care staff to care for people as they wished.

Care records were kept up to date and reviewed every six months or more frequently if people's needs changed. People told us that the care staff supported them with a variety of tasks, such as, personal care support, preparing meals, various household tasks and supporting them with their medicines. One person told us, "I feel as if I'm treated as an individual, they know what I need them to do".

During our visits to people we reviewed their care plans which were kept in their home. People confirmed that staff updated their care records when their care needs changed. Care plans were clearly written and explained how people would like their care and support to be given. Care plans included information on what people liked to do for themselves such as, 'Likes to wash their own face and hands' and 'May occasionally require assistance with eating, as suffers with shaky hands as a result of their nerves'.

Some people were living with diabetes which was managed by careful attention to their diet, medication or insulin. However, their care plans did not give any guidance for staff on how to manage people who had diabetes, what triggers to look for and what to do in the event they suffered a hypo or hyperglycaemic incident. We discussed this with the manager who confirmed that before the end of the inspection, people's care plans had been updated with this useful information and contact details of medical practitioners who would be able to advise and guide staff. This up to date information would ensure staff had clear guidance easily accessible to them. The manager told us staff were also being scheduled for additional diabetes awareness training during the early part of 2017.

Where people needed additional equipment and checks to maintain their health and wellbeing we saw these were in place. Where people were at risk of developing pressure sores we saw they had access to the relevant pressure relieving cushions and mattresses to prevent such risks occurring. Where people needed

mobility aids to help them mobilise around their home we saw these were left within easy reach for them. Some people wore safety pendants to alert people if they fell or had an emergency; we saw clear prompts were included in care plans for staff to make sure people's pendants were in place or in an area where people could reach them easily.

Daily records were detailed, written in a personalised way and included how people were feeling and what they had done during the day and what they had eaten and drunk.

People told us they knew the procedure for making complaints, people told us they had not had a reason to make a complaint because any issues had been minor and had been dealt with satisfactorily. One person told us, "I'm more than satisfied with the service, I know who to get in touch with if I need to speak to someone". We reviewed the five complaints the service had received in the previous twelve months. These had been investigated, reviewed and action taken in accordance with the provider's complaints policy.

The provider had received a number of compliments for the service they gave. Comments included, 'Your respect and dignity towards my Mum was one in million, I thank you for that' and 'Thank you all for all the marvellous care and kindness you have shown me'.

Is the service well-led?

Our findings

People and staff told us they felt the service was well managed with a clear management structure. People said they felt the service was well organised, well run and they would recommend it to others. One person said, "It's an excellent agency, I would recommend it to anyone".

Staff told us they felt well supported in all their duties. One member of staff said, "I love the role...nothing is too much trouble if a client needs a bit extra help they will get it". Another member of staff said, "I love it, the companies brilliant, any issues get sorted, they are always on the end of the phone, it's a brilliant place to work, you know where you stand". A further member of staff told us, "They look after people and look after their staff, they are very good if any major issues or problems happen, they really help us out, the support is amazing".

Staff and people told us they felt valued and listened to, people felt the service had an open, supportive, friendly culture. Staff told us communication within the service was good, one staff member said, "Communication is good, they let us know any changes all the time, we read the activity logs and any issues are highlighted to us".

People and their relatives were given the opportunity to comment on the level of service provided by Home Instead Senior Care. People received two quality assurance telephone calls or visits each year followed by a further two quality assurance reviews each year. These covered a variety of topics such as, staff's knowledge of people's care plans, communication between the office and clients, client and staff compatibility and any additional support required. In addition an annual survey of people using the service was completed by an independent company with the results reviewed, analysed and published for people to read.

Written feedback from a health professional stated, "Home Instead Senior Care have always been proactive in all liaisons with us and with any issues or concerns that have arisen, they have been very willing to be involved in any reviews and meetings. They have certainly been intrinsic in enabling our client to continue to be cared for effectively and safely within the community".

The provider was looking into designating staff as specific 'champions' for example a champion for communication, they already had a champion member of staff designated for dementia. These champions would then pass on their knowledge and skills to care staff and provide an expert basis for staff to contact for advice and guidance.

There was a range of quality assurance systems in place to monitor and where necessary improve the quality of service being delivered. People's experience of care was monitored through regular staff spot check visits, phone calls and completion of quality assurance questionnaires. People told us they were often contacted by the office staff for their views on the service they received from Home Instead.

The manager had notified the Care Quality Commission about significant events, as required in law. We use the information to monitor the service and ensure they respond appropriately to keep people safe. Staff

were aware of the company's whistleblowing policy, which was in line with current legislation.

There was a system of audits in place to ensure a quality service was maintained, examples of audits included, care plans, medicines, complaints and health and safety processes. An annual internal audit was completed by the provider's national office, which checked all paperwork completed by both the client and the care staff. This audit ensured the franchisee was completing the required documentation to the recommended standard. Any requirements were contained in an action plan that the provider reviewed on a monthly basis to ensure a continuous process of improvement.