

Net Care Norfolk Limited

Home Instead Senior Care

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This announced inspection was carried out on 15 September 2016. Home Instead Senior Care provides support and personal care to people living in their own home in West Norfolk. On the day of the inspection there were 30 people using the service who received personal care.

The service did not have a registered manager in place at the time of our inspection and has not had one since July 2013. However a manager had been recruited who had made an application to become the 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.

People were supported by staff who understood the risks people could face and knew how to make people feel safe. People were encouraged to be independent and risks were mitigated in the least restrictive way possible.

People were supported by a regular staff member or group of staff who they knew. People who required support to take their medicines received assistance to do so when this was needed.

People were provided with the care and support they wanted by staff who were trained and supported to do so. People's human right to make decisions for themselves was respected and there were systems for people to show their involvement in planning and agreement with their care.

People were supported by staff who understood their health conditions and ensured they had sufficient to eat and drink to maintain their wellbeing.

People were treated with respect by staff who demonstrated compassion and understanding. People were involved in determining their care and support and were treated in the way they wished to be.

People could not rely on their plan of care containing all the required information to ensure their care and support was delivered as needed. People felt able to express any issues of concern and these were responded to.

People who used the service and care workers were able to express their views about the service which were acted upon. Changes to the management team were enabling a better allocation of work and fulfilment of management duties.

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 felt safe using the service because staff looked for any potential risk of abuse or harm and knew what to do if they had any concerns.

People were supported in a way that protected them from risks whilst maintaining their independence.

People were supported by a sufficient number of staff to meet their planned needs.

People received the support they required to ensure they took their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by an enthusiastic staff team who were suitably trained and supported to meet their varying needs.

People's consent to receive any care was obtained and they were supported to make decisions for themselves.

People were supported to maintain their health and have sufficient to eat and drink.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who respected them as individuals.

People were provided with opportunities to be involved in making decisions about their care and support, which they could change if they wanted.

People's personal preferences, lifestyle and choices were respected by staff visiting them in their homes in a way that suited them.

Is the service responsive?

Requires Improvement ●

The service was not entirely responsive.

People may not receive the care and support they require because their plan of care did not include all the information required to do so.

People were provided with information on how to make a complaint and staff knew how to respond if a complaint was made. Complaints made were investigated and responded to.

Is the service well-led?

Good ●

The service was well led.

People had opportunities to provide feedback regarding the quality of care they received and about their involvement with the care agency.

People used a service where staff were motivated through encouragement and support to carry out their duties to the best of their ability.

Changes to the management structure had enabled a better distribution of work and systems to be implemented to improve the monitoring of the service.

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.

This inspection took place on 15 September 2016 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone free to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted some other professionals who have contact with the service and asked them for their views.

During the inspection we spoke with seven people who used the service and five relatives. We also spoke with nine care workers, the field supervisor, the manager, the operation manager and the nominated individual.

We considered information contained in some of the records held at the service. This included the care records for three people, staff training records, three staff recruitment files and other records kept by the provider as part of their management and auditing of the service.

Is the service safe?

Our findings

People told us they felt safe using the service and they were treated well by the staff who visited them. One person told us that, "Everything they do makes me feel safe with them." Another person said having had the agency recommended to them had reassured them, they said, "Being told by word of mouth that they are good gives you trust in them." Relatives also said they felt their relations were safe using the service. Some relatives said their relations had told them so, and others said they saw their relations being supported in a kind and careful way.

Care workers were able to describe the different types of abuse and harm people could face, and how these could occur. They told us about signs and indicators that would alert them that someone may have been abused, and said how building relationships with people gained their trust so they could confide with them. Staff told us they would report any concerns they suspected or identified during a visit to one of the management team.

One care worker told us they had informed a manager when a person they visited had told them about an event which had frightened them. Another care worker said they felt they had been, "Prepared and informed about safeguarding" through the training they had received.

People received their care and support in a way that had been assessed for them to receive this safely. They told us care workers who visited them knew how to use any equipment, such as mobility aids, safely. One person said, "I feel comfortable with the support they give me with my mobility." People also confirmed that their home environment had been assessed to ensure their care and support could be provided to them safely. Care workers said the environment was assessed before they provided any care to ensure it was safe to do so. This included ensuring trip hazards were identified and made safe, and of using equipment safely. Care workers spoke of carrying out a visual assessment every time they entered a person's home to check if any new risks had materialised.

Care workers described how they checked equipment had been correctly maintained and was used safely. Two care workers told us when they had raised a concern about helping someone with their mobility due to a change in their circumstances. Arrangements were promptly made so the equipment needed to provide the person with their support was available.

Staff spoke of how they adjusted the level of support they provided to enable people to do as much as they were able to for themselves. For example some staff spoke of how using different cutlery had enabled one person to continue to eat independently rather than require assistance to do so. One staff member said the person was, "Much better off for that."

There were sufficient staff employed to provide people with care and support which met their needs at the time it was planned for. People told us they normally received their care and support from the same individual or group of regular care workers. One person said, "I get the same ones, I prefer that." People also said their personal care visits took place at the time planned. Some people could recall one or maybe two

occasions when they had been slightly late due to traffic problems, but they said these were few and far between and were only a matter of being a few minutes late.

Staff told us there were sufficient care workers employed for them to carry out their calls as planned and spend the time required with people who used the service. One care worker said if there was not enough time to travel between calls they informed the scheduler who would adjust this. Care workers said they always visited people who they had met previously and they would cover for any care worker who was not at work to ensure people received their visits as planned.

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicants suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Care workers described having undergone the required recruitment process and recruitment files showed the necessary recruitment checks had been carried out.

People were encouraged to manage their own medicines, but support was provided to people if they required this to ensure they took their medicines safely. Some people told us they did not need any assistance to manage their medicines, which they continued to do independently. People who required support told us this was provided in the way they needed, for example reminding them it was time to take their medicine or remove a tablet from the blister pack, as they found this difficult to do. One person said they were able to manage their tablets but did require support to put a pain relief patch into place. The person confirmed care workers did this as needed and wore protective gloves when doing so.

Care workers were able to describe safe methods of assisting people with their medicines, although they were unclear on the safest way to dispose of any unused tablets. The manager said they would ensure all staff were made aware of this. Care workers told us how any issues that arose were sorted. For example when there was not a medicine administration record (MAR) to record the support given in someone's home, this was reported to office staff and one was brought out to the person's home straight away.

Is the service effective?

Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their needs. People described the care workers who visited them as well trained. Some people also said that care workers would speak to other staff at the office if they needed to know something they were uncertain about.

Care workers told us they had the training they required to carry out their duties. This included an induction for new staff and refresher training for all staff when needed. New care workers underwent an initial induction period and then undertook 'shadow' shifts where they observed an experienced care worker. Each new starter was assessed to determine when they were competent to carry out visits independently. The management team used both the assessment process and the views of the new member of staff to establish this. A recently appointed care worker told us they felt the induction had prepared them for their role. An experienced care worker said, "You can tell they (new care workers) have had their induction."

Care workers spoke positively about the training they received and told us much of this was delivered face to face. They said when training involved completing workbooks and watching DVDs this was done in groups and included discussions about the content. Care workers said training was delivered in a relaxed way and they were never made to feel uncomfortable when asking questions. Care workers told us they could request any additional training they needed and were able to redo any training if they wanted. One care worker said, "You can never know too much." Some care workers told us they had just commenced a course about supporting people who were living with dementia. The training matrix showed what training staff had undertaken and when any training was due for renewal.

Care workers told us they received individual support from a manager to discuss their work. They spoke positively about this support and said they also had an appraisal where they were given constructive feedback on their work, which included areas of strength and if any additional training was needed. Care workers also said they had planned observations carried out when they were working to see if they were following the correct practices and procedures.

People told us care workers listened to them and asked for their agreement before providing them with any care or support. One person said, "I feel they listen to me." A relative told us care workers, "Ask [relation] who makes the choices and decisions." Care workers told us they respected people's right to make their own decisions. They told us they always asked people to consent to any care and support before providing this.

There were systems in place to obtain people's written consent to show they had been involved in planning, and were in agreement with, their plan of care. We did identify some occasions where these had not been signed by the person who was receiving the care and no explanation had been provided as to the reason for this. The manager told us they would ensure these were completed in future.

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. The manager told us there was not anyone who used the service who did not have the capacity to make decisions and consent to their care for themselves. They said they would carry out an assessment if someone did not seem to be able to make any decision independently to see if they needed support to make this decision in their best interest.

People who required support to ensure they had enough to eat and drink were provided with this. Some people said they did not require any assistance with preparing meals, others told us care workers would provide them with the assistance they needed to have a meal during their visit. One person told us care workers, "Serve my breakfast. I can manage my other meals." Another person said, "They prepare my meals, and will do the (food) shopping if needed." The person also confirmed to us they were provided with "Nice meals" and "Enough to eat." A relative told us their relation chose what they wanted to eat from food available in their home and care workers then cooked this for them.

Care workers told us they encouraged people to eat and drink well. This included making regular drinks during a visit and encouraging people to eat their meals. Care workers said that they tried to encourage people to eat a balanced diet in order to gain the nutrients they needed. They also told us they followed safe practices when preparing food and checked the ingredients they used were in date. One care worker said how one person would eat better if they ate with them. Another care worker told us one person they visited seemed, "To have lost their appetite" so they were going to take something so they could eat with them to encourage them to eat well. Care workers said in the past they had needed to monitor how much people had to eat and drink and liaise with health care professionals to support people with their nutritional intake.

People were supported with regard to their health and wellbeing. People who used the service spoke of care workers showing an interest in how they were feeling and responding accordingly. One person told us when needed a care worker had accompanied them to medical appointments. A relative told us about a recent occasion where a care worker had left a note to say their relation had, "Not appeared to be as well as usual" during their visit. The relative told us this had prompted them to call for a doctor to visit.

Care workers told us they always asked people how they were feeling and looked for any indications that a person may not be feeling well. They said their knowledge of people helped them recognise any signs of this. When a care worker had not carried out a person's previous call they told us they would look at the notes made on the previous visit to see how the person had been.

Care workers told us they were provided with information about people's healthcare conditions so they had an understanding of how this affected the person and whether they needed to observe for any signs or symptoms. Care workers said they liaised with healthcare professionals when required to pass on information or to seek advice. Some care workers told us they had called the emergency services when they had been worried about people's wellbeing.

Is the service caring?

Our findings

People who used the service and their relatives we spoke with all had positive comments to make about how care workers provided them with their care and support. These included care workers being polite, helpful and friendly. One person said, "I enjoy seeing them, they cheer me up" and another person told us, "I am very fond of the carers." A relative told us their relation had a lovely relationship with the care workers who visited them. Another relative said the care workers were, "Caring people" and they "Always take time to talk to [relation] and sit and listen to them."

Care workers told us they found their work rewarding and enjoyed helping people. They described how they helped people cope with everyday activities that enabled them to continue to live in their own home. One care worker spoke of how they helped people to be as comfortable and pain free as possible when receiving end of life care. Care workers spoke of their job satisfaction and how they enjoyed hearing about people's earlier lives. One care worker told us, "I love caring for people at home, it doesn't seem like a job." Another care worker told us how they had compiled an album of photographs of places they had visited with one person, so they could look back at these and recall the trips they had been on. A care worker also said because they enjoyed their job so much they had offered to work if needed during their forthcoming leave if needed.

People were involved in planning their care and support and making decisions about this. One person who used the service said, "I have everything, whatever I ask for (as long as it is) within their scope." Another person told us about how their visit times were changed to suit their requests, "They try to do it as much as I want, but they have to balance with other people (who use the service,) they do try their best." A relative told us their relation, "Says what they want." The relative told us they attended their relation's review of their care because the relation, "Like one of us (relatives) to be there."

Care workers told us that people were able to express their views and wishes during the assessment process. One care worker said they had seen how people were involved in their assessments and were provided with opportunities to have conversations during these about what they wanted. Care workers said they found it helpful to have pointers about what people liked and wanted as well as things they had done in the past.

The operations manager told us no one who used the service at present required the support of an advocate, but said they would ensure they passed details of local and national organisations who could provide this assistance on to anyone who wished to access this support. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People were treated with dignity and respect and their independence was promoted. People who used the service described how care workers showed respect when they visited them and acted in a professional way. One person said care workers, "Conduct themselves in a way I find appropriate and professional." Another person told us they were encouraged to maintain independence with their care because care workers, "Do with (me) rather than do for (me)."

Care workers described the practices they followed to enable people to have privacy and dignity when they supported them. These included following dignified practices when providing people with personal care. A care worker told us they asked people how they would like them to provide their care and if they felt comfortable in how this had been provided.

Staff also spoke of conducting themselves in a professional manner and respecting people's confidentiality. One care worker said, "I ask, never assume." Another care worker told us they were conscious that some people had relatives living with them and care workers made sure they showed them respect as well when visiting their home.

Is the service responsive?

Our findings

People told us that before they started to use the service they had discussed what care they needed so a plan of their care and support could be made. One person said a staff member had visited them and, "Completed a care plan with me." Another person told us a staff member, "Has been through the book (care plan) with me. They worked with me to get a few extra things I wanted in." The care people required was kept under review to recognise if any changes were needed. A person said their care plan was kept under review annually. They added, "We can phone the office (staff) to add anything."

However when we looked at the copies of people's care plans kept at the office we found these did not include sufficient detail about their needs and their routines, or explain in sufficient detail how these should be met. For example one person was supported to use resources within the local community, but there was insufficient detail as to the assistance they required or the equipment needed to enable them to do so. On occasions there were statements made in care plans that did not identify a person's need or contribute to their overall care, for example referring to someone going to their bathroom, but did not refer to the mobility support the person needed to do so.

We found other information was contradictory or omitted. For example there were three different descriptions about what a person did regarding one activity, and there was no mention about other support the person received. Another person's care plan did not explain what care was given or when their calls would take place. We also found that care plans did not describe how care workers should support people with certain difficulties or respond in certain situations. This included times when people may express themselves with frustration or confusion.

Care workers told us they did know people's care needs and how these should be met. However they agreed these were not clearly explained in people's care plans and they usually found out about people's needs in other ways. The newly appointed manager said they had found people's care plans were not providing the level of guidance they expected, and they were looking to make changes in how these were prepared.

People told us their care and support was provided at the time it was planned for and met their needs. This included telling us that care workers arrived on time and stayed for the full duration of the call. All calls were for a minimum of an hour's duration. People spoke of making changes to their care including times of visits and deciding whether they carried out a planned activity or not during a visit.

Care workers told us they were able to be flexible with people's care. They told us people took the lead on what care they wanted and they could make changes to this if they wanted. One care worker said, "If they don't feel like it they don't have to." Another care worker told us, "We wouldn't be doing our job right if we didn't meet people's needs." They told us about one occasion where they had needed to extend the length of a person's calls to meet their needs and of another occasion where they had reduced the length of the calls as they did not need all the time that had been allocated.

People knew how they could raise a concern or make a complaint. Some people could recall being informed

about this, but some others could not recall if they were. However everyone said they would make contact with office staff if they needed to raise a concern or complaint and felt confident that this would be acted upon. People who used the service and relatives we spoke with told us they had not needed to make any form of complaint.

Care workers told us people were given a copy of the complaints procedure with their initial care documentation. They said people were encouraged to "Speak up" if anything was not right with the service they received. One care worker said, "We encourage people to say if something is not right so we can correct it." Another care worker said, "If it is important to them it can help us make a difference." There was a complaints file and we saw one recent complaint had been recorded by the new manager.

Is the service well-led?

Our findings

People told us they did not have a great deal of contact with office based staff, but on the occasions they did have contact they found them to be helpful and responsive. People told us their contact was usually around changing or cancelling a planned visit. One person said, "They are helpful when I want to change a time." Another person said, "I don't have much contact, just an occasional phone call, they are always helpful."

Staff spoke positively, and with pride, about the service and said they felt listened to and valued. They said they were able to make comments and suggestions in regular meetings that were held, as well as more informally by calling in or contacting the office. Staff also said they were kept up to date through text messages, emails and phone calls. They described the service being client focussed as well as caring for staff. Some care workers spoke of receiving personal support and all felt appreciated for what they did.

Care workers said they felt welcomed when they came to the office and any resources they needed, such as personal protective equipment (PPE), were always available. Care workers told us they could always contact a senior or manager for advice, including out of hours when there was an 'on call' service provided.

The provider had not complied with the condition of their registration to have a registered manager in post to manage the service since July 2013. They had now recruited a new manager, who had started working in the service and had submitted an application to us to become the registered manager. The manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. We had not received any recent notifications from the service and the operations manager said there had been some instances they now recognised they should have notified us about. The operations manager said they had recently sought clarification on when they needed to send us a notification, and they now had the guidance they needed to do so.

Care workers told us that although there had not been a registered manager in post for some time the service was well managed by an established management team. They told us the new manager had fitted in well and made some good contributions. One care worker said the new manager, "Has impressed me so far."

People also told us they were sent out questionnaires to ask if they were satisfied with the service. One person who told us they had returned a survey form said, "I am very happy, I put what I think of them." The operations manager told us the process of seeking people's views was carried out on behalf of the national organisation by an independent company. They said they had recently received the results of the most recent survey which had been carried out and would share these with people who used the service and staff.

Care workers told us people who used the service had regular opportunities to feedback on their service. This started after their first visit and continued through regular visits and reviews carried out by the field supervisor. Care workers said they were also asked for feedback on how visits had gone.

Comment forms were completed to record how people had found their visits and if there had been any issues that needed to be considered. Where an issue had been raised there was no record made to show what had been done about this. The operations manager said these issues had been responded to, and described actions that had been taken. They said records were made elsewhere as necessary but agreed this did not provide a clear audit trail to show how people's comments had been responded to. The operations manager told us they would record on the forms in future any action that had been taken as a result of people's comments.

The field supervisor told us they had not been able to audit all of people's care records to ensure they were completed correctly and were accurate due to picking up additional duties. The manager and operations manager told us that having a new manager had enabled them to review their management responsibilities and allocation of work. This would ensure these and other tasks were completed in good time in future.