

Grenova Care 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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 3 December 2018. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

This service is a domiciliary care agency that provides personal care and domestic support to people living in their own houses and flats in the community. It provides a service to older adults. This inspection only looked at how people's personal care and support were being provided. At the time of the inspection there were eight people using the service receiving personal care.

Home Instead was registered as a new service on 4 December 2017. This was the first inspection of the service. There was a registered manager, registered on 14 December 2017. 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 said they felt safe using Home Instead. They were protected through the safe recruitment of staff and a consistent staff team, which were able to provide care and support at the person's own pace and the times they chose.

Staff had a good understanding of how to protect people from abuse and discrimination. They were aware that any concerns could be taken to the registered manager and the local authority safeguarding adults' team.

Individual risks were understood and managed. Each person had in-depth risk assessments in place and where necessary, a care plan describing how to mitigate the risk.

Staff used hygienic practice when providing personal care, which reduced the possibility of cross contamination.

People were prompted to take their medicines as prescribed. All staff received training in the safe handling of medicines.

There were arrangements in place to ensure people's safety should there be an emergency, such as poor weather.

Staff were trained and supported to be skilled and competent. Their competence was under regular review.

People's legal rights were upheld. Staff understood that people must be offered choice and must consent to the care they received.

People were supported to eat and drink to maintain their health. Any health concern was effectively followed up.

Staff were considered to be kind and respectful. People's privacy, dignity, and independence was promoted.

People had an in-depth assessment of their needs and wishes. Care plans were detailed, complete and enabled staff to understand important aspects of the person they were caring for.

People views were sought and they were confident that any complaint would be dealt with effectively.

The registered manager and provider were committed to people's care and welfare. Their service put the person at the heart of the care provided and the quality of the service was closely monitored. Staff said they were proud to work for Home Instead.

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 said they felt safe.

People were protected through the recruitment and staffing arrangements. People received care and support from a consistent team of staff.

Individual risks were assessed, and people were supported to remain safe.

People were enabled to continue to manage their own medicines.

Staff had a good understanding of how to protect people from abuse and discrimination.

Hygienic practice protected people from infection and cross contamination.

There were arrangements in place should there be an emergency situation.

Is the service effective?

Good ●

The service was effective.

People said the staff were skilled and competent and staff felt their training equipped them for their work.

A programme of observation and formal supervision was in place. Staff felt supported in their work.

People received support with food and nutrition.

People received support to remain healthy.

People's legal rights were upheld. Staff understood that people must consent to the care they receive.

Is the service caring?

Good ●

The service was caring.

People spoke highly of the care and compassion provided.

People's privacy and dignity were upheld and they were supported to remain independent.

Care workers and the registered manager constantly sought people's views about their care and the service provided.

Is the service responsive?

Good ●

The service was responsive.

Care plans were detailed, and provided a comprehensive insight into the person receiving care, their needs and wishes. People were involved in producing their plan of care and how their care was to be delivered.

The need for effective communication with people was understood and met.

People were encouraged and supported to enjoy activities and maintain relationships with friends.

People were happy that they could take a complaint to the registered manager or provider and it would be dealt with effectively.

Is the service well-led?

Good ●

The service was well-led.

The registered manager and provider were very committed to the people in their care, the staff, and the service they provided.

The service was closely monitored to ensure high standards.

Staff said the agency was a good place to work and they were proud of it.

The agency was forming community links to benefit people using the service and the business.

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 2 December 2017 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was completed by one adult social care inspector and one 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. Their role was to ask people and their representatives their views about the service, which they did by telephone.

Before our inspection, we reviewed the information we held about the service. We reviewed any notifications of incidents that the provider had sent us since their registration. A notification is information about important events, which the service is required to send us by law. We had not asked the provider to provide information specifically toward this inspection.

During our inspection, we spoke with six people's family representatives and one person using the service. We spoke with four of the five staff, the registered manager and provider. We looked at two records, which related to people's individual care needs. We viewed two staff records, and records associated with the management of the service. We looked at letters of compliment about the service.

Is the service safe?

Our findings

The service was safe.

People said the service was safe. Their comments included, "Certainly I think (the person) is quite safe with (the care workers). They are all very pleasant with her, they seem to know what they're doing", "I think (the person feels very safe with (the care workers)", "Very safe. I have every trust in (the care workers)" and "Absolutely no concerns at all".

Recruitment arrangements protected people. There were recruitment processes in place coordinated through the provider organisation. These included pre-employment checks including references from previous employers and Disclosure and Barring Service (DBS) checks. A DBS check helps employers to make safer recruitment decisions by providing information about a potential staff member's criminal record and whether they are barred from working with certain groups of people.

People were protected from abuse and harm. Staff knew how to recognise abuse and report it. The service policy on Safeguarding Adults included local telephone numbers for the local authority safeguarding adults team and the Care Quality Commission. Staff said they would contact the registered manager if they had any concerns, or where necessary, take the concern to one of the agencies listed. No safeguarding concerns had been received. The registered manager had a good understanding of how to protect people from discrimination.

People said they received their visits when they expected them and knew the care workers who provided their care. Their comments included, "I know when they're coming, the same time every day" and "Consistent? Absolutely, which I would want to give them a gold star for. (A care worker) goes in for five days and every other weekend and another one for the two days." Staff told us, "We are not running from person to person. We are not having to rush". The provider said that, as the agency was growing they recognised that providing people with a list of which staff member would be visiting would be beneficial, and this was already being arranged. People said they did not mind not having a list because they knew each of the care workers anyway.

Hygienic practice was followed to protect people from infection. Staff said they had the personal protective equipment (gloves and aprons) they needed and people confirmed this was used when providing personal care. Staff received infection control training as part of their induction.

The agency had a medication policy and staff were trained to assist people with their medicines. Currently staff were only required to prompt people, as detailed in their care plan. People confirmed that this arrangement was working well. People received their medicines as prescribed.

Arrangements were in place to ensure people received their visits in difficult circumstances. Most of the people using the service lived rurally. To ensure visits would not be missed in bad weather the provider had purchased a four by four vehicle. People said, should a staff member be unable to visit, the registered

manager does that visit so people were not left without the care they required.

Each person had risks assessed relating to their needs and circumstance. These included any swallowing difficulties, allergies, hydration and environmental risks, such as an electrical cut off point.

People told us that staff did not handle their money on their behalf and staff were aware of how to access their home should there be a concern. Staff said they would contact the registered manager if they could not gain access to a person and were worried. The registered manager confirmed they had arrangements in place in such an event.

There were arrangements in place should a person have an accident. Staff confirmed that incident/accident forms were available in people's home records. There had been no accidents but an incident form had been completed when a person touched a hot container. Following this event, their care plan had been reviewed.

Is the service effective?

Our findings

The serviced was effective.

People complimented staff knowledge and skills. Their comments included, "Yes the two (care workers) who come in are excellent" and "Very confident. I'm very impressed."

Staff were very happy with the training they received. One said about their three day induction and how intense it had been. They said, "I was surprised how much training there was. I certainly was not thrown in." Another said, "The training has been fine. (I was already an experienced carer) but I was given first aid the first week and have just had a medicines update."

The provider organisation had produced a training programme which staff followed. The induction included the elements of the Care Certificate. The Care Certificate is an identified set of induction standards that health and social care workers should adhere to when performing their roles.

There were arrangements to ensure staff competence. These included closely monitoring new staff, who initially shadowed the registered manager. Staff confirmed that the registered manager often turned up to check the standards of care they were providing. One person's family said, "I have every trust in (the registered manager), she's amazing. She comes in with the carers, does it herself and they watch, next time they do it and she watches and if there's something she's not sure about she tells them in the nicest possible way."

A programme of supervision had been introduced and staff knew the date for their upcoming supervision. A staff member said they had been provided with a supervision form so they could include what was important to them on the agenda. This showed they were encouraged to be open about the work they were doing and any items they felt it was important to discuss.

People said the staff were knowledgeable and knew what they were doing. Their comments included, "(The care worker) said to me today that she is well aware mother can get agitated if she's rushed, that's why she remains calm. She's good at getting all the jobs done without making a fuss", "We use a stand aid. (The care worker) is very proficient" and "I speak to (the care worker) and she raises things. I feel confident they do know how to look after (the person)."

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA). The 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. We found the registered manager had a good understanding of the MCA, worked with people's family members in their best interest where necessary and protected people's legal rights.

Where there was a concern for a person's wellbeing, staff ensured food and fluids were provided, in accordance with the person's care plan. For example, one person was said to drink if staff sat and shared a cup of tea with them. People's care plans described their dietary needs, likes and dislikes. For example, '(The person) doesn't like modern foods, like pasta'. This helped to encourage people where diet was a concern.

People's health was promoted. They said, "(The care workers) contact me. If I arrange a holiday, we have an agreement. If mum is ill, they will do the doctors' appointments or whatever is required to keep her safe" and "(The care worker) has been making appointments with the physios, flu jabs; she sorts all that out." Staff described how to respond if a person they visited appeared to be unwell, ensuring a person's family were informed, the registered manager or contacting a GP or ambulance directly.

Is the service caring?

Our findings

The service was caring.

People's comments included, "(The person) gets on very well with the carers. They are very pleasant with her, she doesn't seem to be agitated by it", "(The care worker) is very caring. When it's time for me to get into bed, she makes sure I'm tucked right in", "(The person) is allowing the care worker to help her wash, that is only something she has only ever let my daughter do" and "They are kind, they talk to (the relative) and treat him as a person."

The agency worked hard to ensure people have confidence and know they are in safe hands. One person told us, (The registered manager) actually came and interviewed mum and brought the (care worker) the first time. By being introduced, mum was more comfortable and because of that I feel confident." Staff confirmed that they were always introduced to people before providing them with care.

People confirmed that care workers promoted their privacy and dignity at all times, treating potentially embarrassing situations as if nothing untoward had happened, for example.

People's independence was promoted. One person's family member said, "They try to maintain (the person's) independence, but they're there if she needs help. They allow her to do as much as she can do." Other examples showed that care workers also encouraged people to spend time in the community; to regain their confidence and have something to look forward to.

Care workers sought people's views as part of their role. People told us, "(A care workers asks) 'Alright if I do this, or that'. They are very good in that way", "(The care workers) are good at asking (the person) what she wants to do" and "Very much getting (the person's opinion). She doesn't wear her hearing aid, but the care worker talks things through with her."

Is the service responsive?

Our findings

The service was responsive.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager said that currently no people using the service had profound communication difficulties but staff ensured, for example, that hearing aid batteries were working. The agency had also arranged for that person to visit their GP to have their hearing checked. The provider said there would be no difficulty in providing information in different formats if this was what people needed.

Each person had a detailed, comprehensive care plan in place. This had following a detailed assessment, with the involvement of the person and their family members if this was what they wanted. People praised the assessment, saying that the registered manager sought in-depth information from the person, including their history, aspirations, and how they wanted their care and support provided.

Care plans covered each aspect of the person's needs. Detailed information was in place for staff to follow and this showed sensitivity to the person's circumstance. Information about people's social, emotional, and day-to-day decision making were included, and any faith needs identified.

Care plans were well organised, easy to follow, current, and regularly reviewed.

Care workers encouraged people to benefit from social contact and activities of interest to them. People's family members said, "I know (the person) is not very keen to have the radio or TV on so (care workers) are talking to her most of the time" and "When I've been there, they have been talking to (the person)".

A staff member said, "We encourage people to get back into the community. It means that they can visit friends etc." A person's family member said, "(The care worker) talked to me, saying she would like to get (the person) involved in the community again as (the person) told her she was bored'...The care worker organised to stay with (the person) and bring them home. It was way past her hours she was very caring." This shows staff dedication to their welfare of the people they care for.

The provider said they were making contacts in the community, for example, with AgeUK, the intention being to expand their knowledge of the availability of activities in the local rural community.

Information on how to make a complaint was available to people. People said that they could definitely raise any concerns about anything that worried them, but there had been no need. Their comments included, "I certainly haven't made a complaint. I would know how to, part of the contact was with the husband of the head of the team. If we had a problem, I wouldn't have difficulty in dealing with him" and "No complaints. I would firstly go to (the provider). There is a thing in the folder about it if we have got a problem."

To date the agency had not been involved in providing end of life care to people and so no information was available about area of care.

Is the service well-led?

Our findings

The service was well-led.

The vision of Home Instead Senior Care was to 'Look after loved ones with care and compassion.' This the agency achieved.

The registered manager was working toward their level 5 diploma in leadership for health and social care and their back ground was as a registered nurse. They said about the service they provided, "It's about building relationships with people".

People said they were very happy with the service they received. Their comments included, "It's perfect, it's really good", "If something goes wrong, (the registered manager) puts it right; we have no concerns" and "Very well managed, they always seem to know what's going on."

Communication with the office worked well. Staff said the registered manager was always available. People said, "I text and they get back to me. I can speak to the (registered manager) on the phone and I have spoken a couple of times. I find text messages to be the most satisfactory way" and "You can phone the office and somebody is there all the time."

Staff said they felt supported and Home Instead provided a quality service to people and staff. Staff said, "They take care of their carers" and "I am proud to be working for this company."

The quality of the service was closely monitored, mostly by the registered manager visiting people or telephoning them. The record of one call showed that the person was asked how the visit had gone, the timing of the visit, were the person's needs met and whether there was anything else they would have liked done? The registered manager also did spot checks to observe the standards of care provided and check the records.

People were provided with care from trained, supervised, and supported care workers. People's independence was promoted and they were encouraged to following activities in the community. People expressed complete confidence in the service and were clear that any problems would be quickly dealt with.

Policies and procedures, some initially from Home Instead Senior Care UK National Office, were available to the provider and staff. Where necessary these were adapted so as to ensure information, such as local contact details, were included. The provider and registered manager kept themselves up to date and informed of best practice through local contacts and information from the provider organisation.

The registered manager understood and met their registration responsibilities.