

AMZ Enterprises Ltd

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

Home Instead Senior Care is a service that provides personal care and support to adults in their own homes. In addition to providing personal care, Home Instead also provides a companionship service, which supports people with activities and help with domestic duties. This element of the service, although provided by Home Instead Senior Care would not need to be registered with the Commission if this was their sole purpose. We focussed our inspection on the people in receipt of personal care only. On the day of our inspection there were 93 people using the service, 17 of which received personal care.

There is a Registered Manager at this location. 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 kept safe by staff that had a thorough understanding of their responsibilities to protect people they were caring for from harm or abuse.

People's needs were met and they were cared for by sufficient numbers of staff. The risks to people were identified and reviewed to ensure people remained safe.

People had positive relationships with their care workers and had confidence in the service. There was a strong value base to ensure workers were caring and compassionate. People who used the service felt they were treated with kindness and said their privacy and dignity was respected.

Medicines were managed safely and staff members understood their responsibilities.

The principles of the Mental Capacity Act 2005 (MCA) had been properly followed in regard to obtaining consent to care. Where people held either Enduring or Lasting power of attorney (EPA or LPA) documents were retained within the care plan.

People who used the service, family members and staff were regularly consulted about the quality of the service they received. The registered manager conducted regular audits and improvements were carried out when these had been identified. The quality of the service was monitored and assessed consistently.

Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs.

People who used the service, family members and visitors were made aware of how to make a complaint and there was an effective complaints policy and procedure in place.

The service regularly used community services and facilities and had links with the local community.

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.

The provider had systems in place to recognise and respond to allegations of abuse. Risks to people were identified and assessed.

Appropriate action was taken in response to incidents and accidents to maintain the safety of people who used the service.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people using the service.

Is the service effective?

Good ●

The service was effective.

Staff received regular supervision and appraisals.

People's dietary needs were understood and met and they had access to health care.

The registered manager understood the legal requirements of the Mental Capacity Act 2005 and the role of the Court of Protection.

Is the service caring?

Good ●

The service was caring.

People felt staff always treated them with kindness and were respectful.

People and their family members told us staff treated them in a respectful way.

People's privacy and dignity was supported and staff were aware of how to promote people's independence.

Is the service responsive?

Good ●

The service was responsive.

People felt the service promoted open and inclusive communication and had developed strong links with community services.

People were enabled to participate in activities with the encouragement of staff which focused on helping people to achieve their goals.

People knew how to make a complaint if required.

Is the service well-led?

Good ●

The service was well led.

People had confidence in the management of the service which worked effectively to ensure people's needs were met.

The management promoted strong values which were embedded in the service and demonstrated by staff from the beginning of their employment.

There were processes in place to monitor quality and understand the experiences of people who used 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 checked 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 the 5 July 2016 and was announced, which meant the provider knew we were coming. The inspection was carried out by one inspector and an expert by experience.

Before we visited the provider we checked the information that we held about the service, which included notifications, complaints and safeguarding concerns. A notification is information about important events the provider is required to send to us by law.

We looked at the care plans of four people and reviewed records about how the service was managed. These included medicine records, staff training, recruitment and supervision records, accidents, incidents, complaints, quality audits and policies and procedures. Reviewing these records helped us understand how the provider responded and acted on issues related to the care and welfare of people, and monitored the quality of the service.

We also spoke with the registered manager, three members of staff, ten people who use the service, eight relatives and one healthcare professional.

Is the service safe?

Our findings

People told us they felt the service was safe. One person said, "I feel safe, we have no concerns as the carers are punctual." A family member explained, "Mum feels safe when the carers are here. We have no concerns."

We checked records, and found safeguarding policies and procedures were in place and staff received regular training in safeguarding people from abuse. All of the staff we spoke with displayed a thorough knowledge of how to recognise signs of potential abuse. They understood the process for reporting concerns and escalating these to external agencies if needed. The provider produced a newsletter which was given out to people. There was a section within the newsletter, promoting safeguarding and giving advice about how to raise any concerns. We noted that a poster was also on display in the office which gave people information about how to report safeguarding concerns to the local authority. Whistleblowing policies were in place and staff told us they were confident to raise concerns with the manager.

People we spoke with told us there was enough staff on shift and that they turned up on time and stayed for the duration of the visit. One person said, "The carers are always punctual."

We checked records relating to staffing levels and found there were sufficient numbers of staff on shift. We looked at rotas and the providers approach to allocating work. The provider used an electric call monitoring system to track and allocate work. This system required staff to call a free phone number on arrival to clock in and then repeat the procedure to clock out at the end of the care call. The manager explained the system had helped to reduce the risk of potential fraud by time theft. We spoke with staff and they told us there was enough staff on shift to enable them to carry out their role, and when people were absent due to sickness, permanent staff were flexible and covered absences.

We found risk assessments were in place, as identified through the assessment and care planning process. Risk assessments included information for staff on how to reduce identified risks.

Accidents and incidents had been recorded and copies were kept in each person's care records and in a master accident forms file. Each report recorded the details of the person who had the accident, where and when it occurred and the outcome. The registered manager also carried out a monthly analysis of accidents and incidents which looked at themes and trends and any common occurrences so that this could be addressed.

People told us they received the support they required with their medicines and we checked records and systems and found the service managed medicines well. We looked at records and found they described the type and amount of medicines people needed. Record stated when people were encouraged to look after their own medicines and care plans were in place. We checked Medicine Administration Records (MAR) records and found these had been completed correctly. The registered manager audited MAR records on a regular basis with any recording errors or concerns promptly followed up. Staff members were trained in the administration of medicines and had their competency assessed every three months.

We looked at recruitment records and found that appropriate checks had been undertaken before staff began working at the service. Checks were undertaken through the Disclosure and Barring Service (DBS). These checks are used to assist employers to make safer recruitment decisions.

Is the service effective?

Our findings

People told us they received effective care and support from staff. One person said, "We have not had to raise a concern, when the carers come, believe me, they are on the dot. I am so pleased because we have had people who were terrible. With Home Instead my husband feels the treatment he needs is good."

The manager told us about their passion to provide a good dementia care which they felt helped people to stay in their own homes for longer. We saw evidence the service had staff signed up as dementia friends and two dementia friends champions were in place. Dementia friends champions are trained people who encourage others to learn about dementia. The aim of Dementia friends is for champions to run information sessions in their community and inspire others to help those living with dementia live well. We checked records and found the provider trained staff in dementia; this course was accredited with City and Guilds.

We spoke with a staff member who had recently joined the team and they told us they were working towards obtaining the care certificate and had received a good induction. The care certificate is a set of standards that social care and health workers stick to in their daily working life. It is the new minimum standards that should be covered as part of induction training of new care workers. We checked records of people who had recently been employed by the provider and found they were either working toward or had completed an induction and were enrolled to complete the care certificate. One staff member told us, "I have been a carer for a long time, and I learned things in the induction, I hadn't realised I needed to know. It really prepared me for the role."

All of the staff we spoke with told us they had received training which enabled them to be confident in their role. One staff member told us, "I have had all of the mandatory training; if we have someone who has a particular care need we receive additional training. Recently I have done Parkinson's and stoma care training."

We checked records, and found staff had a training plan in place which was individual to their needs. We noted a number of staff were either currently completing or enrolled to complete level 2 or 3 qualifications in Health and Social Care. When training had been given, competency tests were carried out by the registered manager to ensure the staff member was able to transfer the learning into practice. We noted at the time of our inspection, the provider had recently introduced a new online system to record training completion, and was in process of transferring staff records across to this system. The service had an in-house trainer and facilities to train staff on site. External training around specialist subjects was also available for staff and was delivered by a variety of different training providers.

All of the staff we spoke with told us they were well supported by their manager and had regular meetings to discuss their progress. We checked records and found staff had received regular supervisions and appraisals. This meant that staff was fully supported in their role.

We checked care records and found information regarding dietary needs, preferences and food allergies were recorded. Entries included people's preferences. When support was being provided to people to help

with dietary needs, we noted that support was given to cook and prepare a meal, and drinks and snacks were left out for people when this was required. This meant that people's dietary choices could be understood by staff.

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. 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.

We checked records and found consent was obtained and recorded within each care plan. Where a person had a lasting power of attorney in place, it was recorded clearly. A lasting power of attorney (LPA) is a way of giving someone the legal authority to make decisions on a person's behalf if they lack mental capacity. When a person did not have a lasting power of attorney in place, records relating to the court of protection was retained within the file. We noted that when Independent Mental Capacity Advocate (IMCA) had been involved, their involvement was recorded within the care plan. An IMCA provides statutory advocacy and gives some people who lack capacity a right to receive support from an IMCA.

People's care records showed the involvement of health and social care professionals and we saw evidence staff had worked with various agencies and made sure people accessed other services in cases of emergency, or when people's needs had changed. For example, GP's, occupational therapists, mental health team and social workers. Records reflected the advice and guidance provided by external health and social care professionals. This meant staff had the correct information available to work with professionals to ensure the individual needs of the people were met.

Is the service caring?

Our findings

People and relatives we spoke with were pleased with the care and support they received from the service. They told us they felt staff listened to them and treated them in a respectful way. One family member told us, "I feel very comfortable with the support to look after my parent. They respect us and overall my opinion is that we are very happy with our Home Instead care package."

People told us staff were polite and communicated with them effectively. One family member we spoke with said, "If there have done everything for [Name,] the carer will spend the rest of the time, sitting and talking to them. All the staff are wonderful, there is no need for improvements, and they are kind and respectful."

People we spoke with told us about regular care and support review meetings they had with the provider. One family member said, "Mum does not feel rushed, if anything workers are here a little bit longer. Mum's care plan is there at all times so we can read it whenever. Somebody comes to review it at the house. We are involved when this is reviewed, the managers talk through it with my mum."

People and relatives told us staff treated people with dignity, respect, and upheld their rights to privacy. Staff told us about the importance to treating people respectfully. One staff member explained, "I help one person to have a shower, afterwards they washed their own hands. They have already been washed but it makes them feel like they are in control of the things they can do themselves."

One family member explained, "Home Instead treats my mum with respect and dignity. I would say that they are definitely a very good company. They have been so kind and gentle with my mum and I know they think the world of them too. It's wonderful and they make a difference."

Staff was able to explain to us how they treated people respectfully. One staff member described how they maintained people's privacy and dignity when providing personal care. They said, "I ensure blinds and windows are closed." Staff members told us how they maintained people's dignity by keeping them covered with towels whilst providing personal care.

We checked records and found staff received guidance during their induction in relation to dignity and respect. Staff we spoke with understood the importance of promoting people's independence and how to encourage people to do as much for themselves as possible. One staff member told us, "I always follow the care plan, but the client can change their mind at any time, and this is okay."

We checked records and found that advocates were not involved with anyone using the service at the time of our inspection.

Is the service responsive?

Our findings

People using the service and relatives told us they felt the provider was responsive to people's needs. One person said, "When I phoned the office the response is always lovely and they always speak in an appropriate manner. The staff is so friendly and it's lovely to speak to somebody who understands our situation." One family member told us, "If [Name] needs anything we speak about it together and ask the staff to do it, they make changes on a daily basis."

We checked care records and found care plans were regularly reviewed and people had their needs assessed before receiving a service. People and their family member's told us they were aware of their relatives care plan. One family member said, "We have a logbook stating everything that happens on shift. My husband thinks workers are excellent and I've never had this before." Another family member told us, "I'm 100% involved in meetings with the provider, as I have power of attorney."

Family members told us the provider had good communication with them and kept in regular contact. One family member said, "Home Instead always ring me if there are any potential problems and then I take further action. For example, if they are concerned for any reason, when mum was very poorly, the carer phoned me and said they had called the doctor. I joined them both as soon as possible."

Each person's care record contained information about the person details. This included the person's preferences, interests, and details of individual daily needs such as mobility, personal hygiene, nutrition and health requirements. The care plans gave staff specific information about how the person's care needs were to be met and what staff needed to do to deliver the care in the way the person wanted. People we spoke with knew about their care plan. One staff member said, "The care plan is in the log book and I read it every day, If some ones needs change we carry out a review."

One person who used the service explained, "Carers adapt really well to changes so I'm really happy with this care company and the choices I can make." When we spoke with staff, they told us about the importance of people being supported to maintain their independence. One staff member said, "We encourage independence, not, by taking over. We get to know people and do what they want us to not, without taking over." Another staff member told us an example of when they had worked with someone to achieve their independence, "One lady told me they used to enjoy going to the gym, so I did some research and found a low impact gym class and we went together."

The service offered a companionship service and staff told us of an occasion when they were responsive to someone needs. The staff member explained, "One person I worked with was in the second world war and had been a prisoner of war, he had not been given any medals, so I worked with his son to get these issued to him. He was made up; it meant so much to him, and me."

The service had links with the local community, they explained about Contact the Elderly, and explained that a member of staff was part of the set up group. Contact the Elderly organises volunteer-led monthly Sunday afternoon tea parties for older people across England. Tea parties were organised and clients were

encouraged to help.

The provider told us that they offer information telling people about how to stay safe in their home. A booklet was provided called Senior Fraud Protection and included information about scams to be aware of and reasons people can be targeted. It also included a checklist for people to scam proof their home, post, computer, and telephone.

We checked the provider's complaints process and found a system was in place for people and relatives to provide feedback about the care and support being provided. When complaints were made these were processed in a timely way, with outcomes clearly recorded. Compliments about the service were also recorded in the same way. We noted that a significant number of compliments had been received about the service.

One person told us, "I've made no complaints but I have made comments that have been attended too quickly. The service is overall, very good and yes I would recommend them to others."

Is the service well-led?

Our findings

At the time of our inspection we found this service was well led and people were complimentary about the registered manager. One member of staff told us, "[Name] is a good manager, they are really approachable." The registered manager was held in high regard. People, relatives, staff and healthcare professionals all described the management of the service as open and approachable. "[Name] really cares about the clients and the staff. They are flexible too." Another staff member told us that the manager was, "Always on the end of the phone if you need her."

We saw the service had a well-defined management structure that provided clear lines of responsibility and accountability. For example, the various sections of the business were managed by different care leaders. This was supported by administration support and a lead for training and development. The registered manager had overall responsibility for the service. The provider's values and philosophy were clearly explained to staff through their induction programme and staff told us there was a positive culture where staff felt included and consulted. One staff member said, "It's a good team, and we are all really pleasant people, who want to the best job and see our clients happy." Another person said, "This is the best job I have had, it gives me a lot of satisfaction."

We checked records and found staff meetings took place on a regular basis but that this was not always recorded. We spoke with the manager about ensuring all meetings were routinely documented and they told us they would ensure this happened in the future.

There was a stable staff team and staff told us morale was good. Staff told us they were supported by management and were aware of their responsibilities to share any concerns about the care provided at the service. Staff told us there was a positive culture in the service. For example, The provider looked at ways in which staff could be recognised for their achievements. People receiving the service were encouraged to nominate staff member's they felt may have gone the extra mile, with a monthly award being given. This then linked to the franchise's annual staff award evening.

We looked at records related to the running of the service and found the provider had a process in place for monitoring and improving the quality of the care people received. This included seeking people's views and staff views about the service they received. For example, an annual survey called the PEAQ was carried out to obtain people's views. A quality assurance framework was in place. Where areas of improvement had been identified we found remedial action was quickly taken.