

Bluetulip Associates Ltd

Home Instead Senior Care - Luton & Central Bedfordshire

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 

Overall summary

We carried out an announced inspection on 30 June 2015. Between this date and 13 July 2015, we spoke with care staff, people who used the service and their relatives or friends by phone.

The service provided care and support to adults in their own homes. People supported by the service were living

with a variety of needs including chronic health conditions, physical disabilities and dementia. At the time of the inspection, 32 people were being supported by the service.

The service has a registered manager, who is also the provider. A registered manager is a person who has registered with the Care Quality Commission to manage

Summary of findings

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.

There were risk assessments in place that gave guidance to staff on how risks to people could be minimised. There were systems in place to safeguard people from the risk of possible harm.

The provider had effective recruitment processes in place and there were sufficient staff to support people safely. Staff understood their roles and responsibilities to seek people's consent prior to care being provided.

Staff received supervision and support, and had been trained to meet people's individual needs.

People were supported by caring and respectful staff that went over and beyond expectations of their role to ensure that people lived happy and fulfilled lives.

People were supported to pursue their interests and hobbies.

People had been assessed, and care plans took account of their individual needs, preferences, and choices.

People were supported to access other health and social care services when required.

The provider had a formal process for handling complaints and concerns. They encouraged feedback from people and acted on the comments received to continually improve the quality of the service.

The provider had effective quality monitoring processes in place. They engaged external auditors to assure themselves that their systems were still fit for purpose.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

There was sufficient staff to meet people's individual needs safely.

There were systems in place to safeguard people from the risk of harm.

There were robust recruitment systems in place.

Good



Is the service effective?

The service was effective.

People's consent was sought before any care or support was provided.

People were supported by staff that had been trained to meet their individual needs.

People were supported to access other health and social care services when required.

Good



Is the service caring?

The service was caring.

People were supported by staff that were kind, caring and friendly. The staff went over and beyond expectations of their role to ensure that people lived happy and fulfilled lives.

Staff understood people's individual needs and they respected their choices.

Staff respected and protected people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People's needs had been assessed and appropriate care plans were in place to meet their individual needs. Quick action was taken to respond to people's changing needs.

People were supported to pursue their hobbies and interests so that they were not bored or isolated.

The provider had an effective system to handle complaints.

Good



Is the service well-led?

The service was well-led.

The provider was involved in the day to day management of the service to role model expected behaviours and values.

Staff felt valued and appropriately supported to provide a service that was safe, effective, compassionate and of high quality.

Quality monitoring audits were completed regularly and these were used effectively to drive continual improvements.

Good



Summary of findings

People who used the service and their relatives were enabled to routinely share their experiences of the service and their comments were acted on. The majority of people described the service as 'excellent'.

Home Instead Senior Care - Luton & Central Bedfordshire

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 30 June 2015 and it was conducted by one inspector. We contacted the provider the day before of our visit to ensure that there would be someone in the office.

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 also reviewed information we held about the service, including the notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the office visit, we spoke with the provider, who is also the registered manager and five staff, including the care coordinator, the client manager, the training coordinator and two senior care staff who had been attending a meeting. Between the date of the office visit and 13 July 2015, the inspector spoke by telephone with six care staff, and an expert by experience spoke with three people who used the service and relatives or friends of nine others. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We looked at the care records for seven people who used the service, the supervision records for five staff and the training records for all the staff employed by the service. We also reviewed information on how the provider managed complaints, and how they assessed and monitored the quality of the service.

Is the service safe?

Our findings

People told us that they felt safe, and had no concerns about the conduct of the staff when they visited their homes or their ability to provide care safely. One person's relative said, "[Relative] is supported safely because they always take their time and don't rush when providing care."

The provider had up to date safeguarding and whistleblowing policies that gave guidance to the staff on how to identify and report concerns they might have about people's safety. Whistleblowing is a way in which staff can report misconduct or concerns within their workplace. Information about safeguarding was displayed in the office and included contact details for the relevant agencies. Staff had also received training in safeguarding people and the ones we spoke with demonstrated good understanding of these processes, and were able to tell us about other organisations they could report concerns to. They were all confident that the manager would deal appropriately with any concerns they or people might raise.

There were effective arrangements in place for staff to access the homes of people who were unable to open the doors. Where necessary, key safe codes had been recorded in people's care records so that staff had the information they required to enter people's home. Staff we spoke with demonstrated that they knew how to keep this information safe so that access to people's homes was by authorised people only. They also said that it was important to visit as close as possible to the agreed times so that people would be expecting them. One member of staff said, "It might be frightening for the clients if we just opened the door when they would not be expecting us. I always knock on the door and announce my arrival, even if I am using a key to enter the person's home." In order to safeguard people from a risk of financial abuse, any cash handled by staff was recorded and the records had been audited regularly by the senior care staff.

The care records showed that care and support was planned and delivered in a way that ensured people's safety and welfare. An environmental risk assessment had been completed as part of the service's initial assessment process. This helped staff to identify and minimise any potential risks in the person's home. A record was also kept of all accidents and incidents, with evidence that appropriate action had been taken to reduce the risk of recurrence.

There were also personalised assessments for each person to monitor and give guidance to staff on any specific areas where people were more at risk. These assessments included those for risks associated with people being supported to move, falling, developing pressure area skin damage, people not eating or drinking enough, and medicines. The risk assessments had been reviewed and updated regularly or when necessary, to reflect changes in people's needs.

People or their relatives told us that there was enough staff to support people safely, at the right times and they stayed for the agreed duration. One person said, "I have had a bad experience with another care agency because they were always late. With this one, if they say a carer may be delayed by 20 minutes, it means 20 minutes. They are much more honest and I am assured that I would never go without the support I need." There was an effective system to manage the rotas and the provider had an ongoing recruitment programme so that they covered any vacancies as they occurred. One member of staff said, "I have never been late for people's visits because we are allocated enough travel time between visits." This was supported by other staff we spoke with who said that there was enough of them to support people at the times of their choosing.

The provider had effective recruitment processes in place to complete all the relevant pre-employment checks, including obtaining references from previous employers and Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed. The provider also demonstrated that staff retention was very good, with evidence that a number of staff had worked for the service for more than two years.

People told us that they or their family members managed their medicines and they therefore did not require staff support with this. However, the records we looked at indicated that some of the people were being supported by staff to take their medicines as prescribed. These indicated that people's medicines were managed safely and administered by staff that had been trained to do so. The medicine administration records (MAR) had been completed correctly with no unexplained gaps. Audits of MAR were completed regularly as part of the provider's quality monitoring processes and any issues identified had been rectified promptly.

Is the service effective?

Our findings

People felt that staff were well trained and knew what they were doing while supporting them. One relative said, “[Relative]’s care needs are well met.” Staff told us that they provided the care people needed to maintain their health and wellbeing. One member of staff said, “We get the right training to meet everyone’s needs.”

The provider had a training programme that included an induction for all new staff. The provider kept a computerised record of all staff training which made it easier for them to monitor any shortfalls in essential training, or when updates were due. This enabled staff to update their skills and knowledge in a timely manner. Staff were very complimentary about the training they received. They told us that this had been effective in helping them acquire the right skills and knowledge necessary to support people well. One member of staff said, “The training is so good. No matter how many times I’ve done it, I seem to learn new stuff each time.” Another member of staff said, “As this was my first care job, I had a really good induction. I was given a lot of information and all of my questions were answered.” Other comments about the training included, ‘We are very encouraged to develop and progress’, ‘The training is really good and ‘top notch’, ‘Training is excellent here’. Staff also told us that they were able to request additional training if this was necessary to meet people’s individual needs and the manager confirmed this. For example, we saw that some of the staff had completed the training necessary for them to support a person who required percutaneous endoscopic gastrostomy (PEG), a procedure in which the person’s food and medicines were passed into their stomach via a tube in the abdominal wall. Another member of staff told us that they had been recently trained to support people with catheter care needs.

Staff told us that they had regular individual supervision meetings, support through staff meetings and they could speak with the manager whenever they needed support. We saw evidence of these meetings in the records we looked at and they were used as an opportunity to evaluate the staff member’s performance and to identify any areas they needed additional support in. One staff member said, “I have had regular supervision meetings and have found them quite positive.” Staff also said that they worked well

as a team and there was good communication between the care staff and the office staff, with one member of staff saying, “The best office staff I have ever worked with. Everyone is smiling and really helpful.”

People were supported to give consent before any care or support was provided. Records showed that people had signed to indicate that they consented to the care being provided by the service, their medicines being administered by staff, and to their care information being shared with other health and social care professionals when necessary. Staff understood their roles and responsibilities in relation to ensuring that people consented to their care and support. One member of staff said, “People always tell us how they want to be supported. I know the people I support regularly very well, but I always check how they would like to be supported each time I visit them.” There was evidence that where a person did not have capacity to make decisions about some aspects of their care, mental capacity assessments had been completed and decisions to provide care in the person’s best interest had been made in conjunction with people’s relatives and social care professionals.

Some of the people told us that they required staff to prepare their meals and everyone was happy with how this was being done. The staff were mainly required to warm and serve already cooked meals, and prepare drinks for people. People told us that this was done with care and staff respected their choices. One relative said, “They ask [relative] what they would like them to cook. They know how they like their food.” Another relative said, “[Relative] makes comments like ‘what lovely food’, ‘too much food again’. It’s always complimentary.” Staff said that they always made sure that people had enough to eat and drink, and would always report promptly any concerns they might have about people not eating enough. One member of staff said, “We report such concerns to the office so that they can contact the person’s GP. It is always satisfying to see that our concerns are dealt with quickly and we get feedback from the office staff.”

People were supported to access other health and social care services, such as GPs, dietitians, and community nurses so that they received the care necessary for them to maintain their wellbeing. People told us that they had no problems accessing these services because there were normally visited at home. Their family members or friends also usually accompanied them to hospital appointments

Is the service effective?

and no one we spoke with relied on care staff for this purpose. Records showed that staff responded quickly to people's changing needs and where necessary, they sought advice from other health and social care professionals.

Is the service caring?

Our findings

People were very appreciative of the way they had been cared for by staff. When asked how they would describe the staff that cared for them or their relative, comments included, 'happy', 'professional', 'polite', 'friendly', 'caring', 'absolutely fantastic', and 'they will do anything for you'. A relative of a person who used the service also said, "They are always caring. One or two go the extra mile." Another relative said, "Every carer that comes is so lovely, so caring." People also said that there was a good rapport between them and the staff. One person said, "They are like family."

One member of staff described the care they provided as 'outstanding', adding, "We do not just provide the agreed care to only meet the assessed needs, we look after the whole person." They went on to tell us about the extra things that staff did for people, like going to the shops to buy milk if they had run out, visiting people in their own time when they were in hospital or taking relatives in their cars to visit people in hospital. Another member of staff told us that where possible, they also supported people to keep their homes clean and that some staff had also helped with gardening. Staff also told us that they at times, supported some people to meet their religious or spiritual needs by accompanying them to attend 'mass'.

People or their relatives said that they were involved in the planning of the care from the outset. They told us that they had been involved in developing the care plans and that staff took account of people's individual choices and preferences. One relative said, "The care plan has been reviewed twice and I have been involved. If there is any problem, the carer tells the office and they tell me. Communication is very good." People also said that they felt listened to and their views acted on. One relative said

that when they wanted something particular done, they left a note on the table and the staff always responded to say what they would have done. Staff demonstrated good knowledge of the people they supported, their care needs and their wishes. One member of staff said, "We go above and beyond people's assessed care needs. We do what might seem small, but important things like sending cards to people for their birthdays or other cultural or religious celebrations like Easter and Christmas."

People told us that staff provided care with respect and dignity. Staff also demonstrated that they understood the importance of respecting people's dignity, privacy and independence. They gave clear examples of how they would preserve people's dignity while providing personal care. One member of staff said, "I always make sure that people do not feel uncomfortable or embarrassed during personal care. We have to protect their dignity as much as possible, while supporting them to wash and get dressed." They also enabled people to maintain as much independence as possible, by allowing people to do what they could for themselves. One relative confirmed this when they said, "We try to make [relative] do what they can for themselves." Staff were also able to tell us how they maintained confidentiality by not discussing about people who used the service outside of work or with agencies who were not directly involved in the persons care. We also saw that the copies of people's care records were held securely within the provider's office.

Information was given to people in a format they could understand to enable them to make informed choices and decisions. Some of the people's relatives or social workers acted as their advocates to ensure that they received the care they needed.

Is the service responsive?

Our findings

People who used the service had a wide range of support needs and these had been assessed, and appropriate care plans were in place so that they received the care they required. One relative said, “The service is arranged around [relative]’s needs.” Another relative said, “I am extremely satisfied with the care that [relative] gets.”

There was evidence that care plans were reviewed regularly or when people’s needs changed. Staff told us that they regularly supported a small group of people which meant that they had got to know those people’s needs very well and knew how they wanted to be supported. This enabled them to provide consistent care or to identify when people’s needs had changed and we saw that prompt and appropriate action had been taken so that people got the care and support they required quickly. The senior care staff met with the client coordinator at the beginning of each week to plan the week ahead. At the meeting held during our inspection, they had identified that one person now required two staff to support them with their personal care and prompt action was taken to make this adjustment to their care provision.

Staff told us that they always chatted with each person about things that interested them while supporting them with their personal care or preparing meals. One member of staff described how they usually supported people to decorate their homes during festive times, such as, Christmas. Where required, staff also supported people to have holidays away from their homes. Staff had been given the time they needed to ensure that they supported people

safely, effectively and in a compassionate manner because none of the people who used the service had agreed visits of less than 30 minutes. The provider confirmed that providing good quality care that met each person’s needs was their main reason for not agreeing to provide care of less than 30 minutes duration. Staff also worked flexibly so that they provided cover for colleagues on leave. One member of staff said, “I do not mind working extra hours occasionally to ensure that people are always supported by staff they know.” The provider’s ‘on call’ system ensured that any staff changes were monitored and dealt with quickly so that there was minimal impact on people’s care.

The provider had a complaints policy and procedure in place and people were aware of this. There were no recorded complaints in the last 12 months, but we saw various compliments that indicated that people were mainly satisfied with the service they received. People told us that they would feel comfortable raising any concerns they might have about the care provided. However, everyone we spoke with told us that they had never had any reason to raise a complaint about the care provided by the service. One person said that they had not got on well with one or two staff and preferred not to be supported by them. They were happy that this had been dealt with as soon as they had mentioned it to the provider. Although two relatives mentioned that they sometimes had to call the office to ask if the rota was the same for that week and they had not received it at the start of the week, they both said that this was not a problem as the rota was usually the same. One relative also said, “It’s comforting to know that there is no change.”

Is the service well-led?

Our findings

The service has a registered manager, who is also the provider. The registered manager was supported by a number of office staff to effectively manage the planning of people's care. Everyone spoke highly of the manager and also named two other members of office staff who they said were friendly and approachable. Most people or relatives had been involved with the manager from the beginning, when the care package was being planned. They also told us that the manager was proactive in visiting people in their homes to review their care. One relative said, "I have no concerns at all. Should I have any concerns, I would have no hesitation to talk to the provider. They are very approachable."

Staff told us that the registered manager provided stable leadership, guidance and the support they needed to provide good care to people who used the service. They also said that they benefited from the day to day support provided by the senior care staff which meant that they received prompt advice when they needed it. They said that this enabled them to provide good quality care to everyone who used the service, as well as, supporting their relatives or friends to deal with any problems that might arise during the course of the person's care. One member of staff told us that they provided a 'great service', adding, "That's how care should be." This was supported by a comment from the expert by experience that suggested that people they spoke with were happy with the quality of the service provided. They said, "From all the telephone interviews I have carried out as an 'expert by experience', this one stands out as a provider that provides a very good service. It is notable that everyone spoke very highly of the staff and manager."

The provider promoted an 'open culture', where staff, people or their relatives could speak to them at any time, without a need to make an appointment. Staff told us that they were encouraged to contribute to the development of the service so that they provided good quality care that met people's needs and expectations. We saw that regular staff meetings were held for them to discuss issues relevant to their roles, including providing additional training. A dementia specialist had been booked to provide training during the next planned staff meeting. Also, these meetings were held in the morning and evening of each planned date in order to enable as many staff as possible to attend

and benefit from them. This was an innovative way of ensuring that all staff were able to participate in the meetings, so that they had up to date information that enabled them to provide care that met people's needs safely and effectively.

Staff said that they all worked well as a team and they felt that their views were valued. One member of staff said, "We are given the freedom to express our views. I feel that I can do this anytime. I can just phone or visit the office if I have something to share." The provider promoted the welfare of their staff by encouraging and facilitating social events. We saw that a 'picnic party in the park' was planned for 13 September 2015, for staff to socialise and relax. The staff we spoke with were looking forward to this. Staff also said that the way the service was run and how they were supported, led to them to being motivated and enjoying their job. One member of staff said, "I love it, it is the best company I have ever worked for." Another member of staff said, "Brilliant service, enabling me to provide very good care to people. I am happy."

The provider fostered engagement with the local community when they held a coffee morning in aid of MacMillan Cancer Support in September 2014 to raise public awareness of community care services, whilst raising money for charitable causes. This also enabled them to showcase their values and approach to care provision. It also gave the people who used the service the opportunity to visit the office, meet and build relationships with some of the office staff they had only ever spoken to by telephone. The provider was also involved in forums aimed at improving the quality of care for people who used local services. They had recently been nominated to chair the local dementia action alliance from July 2015. They told us that this would enable them to share good practice and learning with other local care providers, local commissioners and professionals so that they could continually improve the quality of the service they provided.

There was evidence that the provider worked in partnership with people and their relatives, as well as, health and social care professionals so that they had the feedback they required to provide a service that met people's needs and expectations, and was continually improving. The provider completed quarterly quality assurance surveys of people who used the service and they also regularly sought the views of the professionals that

Is the service well-led?

supported people. The results of these were collated and prompt action was taken to address any issues people were not particularly happy about. However, we saw that the majority of the comments were positive and mostly, people had said that the service they received was 'excellent'. In addition, they also completed annual surveys and the questionnaires for 2015 had just been sent out to people and their relatives, staff and professionals that worked closely with the service at the time of our inspection.

People's positive comments were supported by the comments we saw on a website the provider subscribed to. The report at the time of the inspection had given the service a score of 9.8 out of 10. The comments we saw included: 'Home Instead have been and continue to be an extension of our family. They provided amazing care to our parents....Thank you' and 'The quality of care provided to my mother is consistently excellent.....'.

A number of quality audits had been completed on a regular basis to assess the quality of the service provided.

These included checking people's care records and staff files to ensure that they contained the necessary information and this was up to date. Where issues had been identified from these audits, the manager took prompt action to rectify these. For example, when a concern was raised about whether a person was always being given their medicines as prescribed, the provider agreed to provide additional support with the ordering of medicines, collection of prescriptions from the GP and collection of medicines from the pharmacy. This meant that the person had the medicines they required at all times. Also, following any concerns being raised or investigations, the provider gave feedback to staff during team meetings or supervisions to enable learning and continuous development in their roles. An independent survey of the service had also been completed by an organisation commissioned by the provider in March 2015, and the report showed that they were a highly performing organisation.