

Respect Our Elders Limited

Home Instead Senior Care - Shrewsbury, Ludlow and Oswestry

Inspection report

Suites 8 & 9, Leaton Forest Offices
Home Farm, Leaton Knolls
Shrewsbury
Shropshire
SY4 3HX

Tel: 01743387650

Website:

www.homeinstead.co.uk/shrewsburyludlowandoswestry

Date of inspection visit:
14 December 2016

Date of publication:
19 January 2017

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 was carried out on 14 December 2016 and was announced.

Home Instead is a national franchise. A franchise is when a franchisee (the provider) has bought the right to sell a specific company's (the franchisor's) products in a particular area using the company's name. Home Instead Senior Care Shrewsbury, Ludlow and Oswestry is a domiciliary care agency that provides personal care and support to people in their own homes. At the time of our visit the agency was providing a service to 43 people however, only 18 people were receiving the regulated activity of personal care. The frequency of visits and duration across the service varied dependent on people's needs.

There was a registered manager in post who was present during the inspection. 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 felt safe and comfortable with the care and support provided by staff. People received support when they needed from regular care staff who provided consistent support. The provider assessed and planned their staffing requirements based upon people's individual care and support needs.

People were protected from the risk of harm and abuse by staff who were knowledgeable about the different signs of abuse and knew how to report concerns. The provider completed checks on new staff to ensure they were suitable to work with people in their own homes.

Risks associated with people's needs and their environment were assessed and guidelines put in place for staff to support them safely. Accidents were appropriately recorded and action taken to prevent them happening again.

People received support to take their medicines as prescribed and accurate records were maintained. Staff monitored people's health and arranged health care appointments when required.

People were supported by staff who had the necessary skills and knowledge to meet their needs. Staff were positive about the training opportunities offered and the support they received to fulfil their roles. Staff felt valued and listened to.

Staff sought people's consent before supporting them and provided people with information in way they could understand to enable them to make decisions for themselves.

People were pleased with the care and support they received. People felt staff were kind and caring and had built positive relationships with them. People were given choice and felt involved in decisions about their

care and supported. Staff treated people with dignity and respect.

People's received care and support that was personal to them and took into account their preferences and routines. People were supported by staff that knew them well and were able to respond to changes in their needs in a timely manner.

People and their relatives were encouraged to give their views on the quality of the care and support provided. People felt able to raise complaints and were confident that any concerns would be dealt with promptly.

The registered manager had a clear vision for the service which was shared and worked towards by staff. There was an open and inclusive culture where the registered manager encouraged and respected the views of people, their relatives and staff.

The registered manager was committed to delivering good quality care and had a range of checks in place to monitor the quality and safety of the service. They used their finding to make improvements to the service.

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 and comfortable with the care and support provided by staff.

People were protected from harm and abuse by staff who knew how to recognise and report signs of abuse.

People received support when they needed it from regular care staff.

People were supported to take their medicine as prescribed to promote good health.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who received training and guidance to meet their individual needs.

Staff provided information to people in a way they could understand to enable them to make their own decisions.

People were supported to eat and drink enough.

Staff monitored people's health and arranged health care appointments as required.

Is the service caring?

Good ●

The service was caring.

People enjoyed positive relationships with staff.

Staff were kind and considerate and offered people choice.

People were treated with dignity and respect and were supported to remain as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was individual to them.

People were supported by staff who knew them well and were able to respond appropriately to changes in their needs.

People and their relatives felt and able to raise complaints and were confident that they would be promptly dealt with.

Is the service well-led?

Good ●

The service was well led.

People and relatives knew the registered manager and found them easy to talk with.

People, relatives and staff were positive about the culture of service and how it was run.

The registered manager had a clear vision for the service that was shared and worked towards by staff.

The registered manager had a range of checks in place to monitor the quality of care and make improvements.

Home Instead Senior Care - Shrewsbury, Ludlow and Oswestry

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 14 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for people in their own homes and we needed to make sure there would be someone in the office. The inspection was carried out by one inspector and an 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.

As part of the inspection we reviewed the information we held about the service, such as statutory notifications we had received from the provider. Statutory notifications are about important events which the provider is required to send us by law. We asked the local authority and Health Watch if they had information to share about the service provided. We used this information to plan the inspection.

During the inspection we spoke with three people who used the service and four relatives. We spoke with 10 staff which included the registered manager, the business manager, the administration worker, the care coordinator, the trainer and five care staff. We viewed two records which related to assessment of needs and risks. We also viewed other records which related to management of the service such as complaints, quality assurance processes and recruitment records.

Is the service safe?

Our findings

People we spoke with said they felt safe and comfortable with the staff and the support they provided. One person said, "Yes definitely. They are so careful when handling me. A new one [staff] came yesterday but another one with them to show my requirements." Another person said, "I am wheelchair bound and they have to lift me. I have a hoist. They are so careful and caring with me and make sure I am safely moved." Relatives were confident that staff kept their family members safe. One relative said, "Well I cannot speak highly enough about them. I live 100 miles away from [family member] and have full confidence in them. I trust them completely." Another relative said, "I have every confidence in leaving them [staff] with [family member]. It takes a weight off my mind." A staff member told us, "We encourage people to be as independent as possible and safe in their own homes. That is what it is all about."

Staff told us they had received training to enable them to identify how abuse might take place in people's homes. Staff were knowledgeable how to recognise and report signs of abuse and confirmed they would do so without hesitation. There had not been any concerns of abuse, however, the registered manager was able to demonstrate that they would follow procedure and report concerns to outside agencies.

People were involved in identifying risks associated with their care needs and their environment. One relative told us they met with registered manager before their family member started to receive support and they had completed detailed risk assessment to promote their safety. We saw that comprehensive risk assessments were in place. These included guidance for staff on how to support people and minimise the risks whilst maintaining their independence and choice. Staff told us they continually monitored people and the environment for any changes. One staff member told us, "You assess for any risk every time you go into their homes. Every activity you do you consider the risks that may be involved." They went on to explain that they reported and were made aware of changes in a prompt manner. They said, "All changes are filtered back to us very quickly." Another staff member told us they reported any faults with electrical appliances to people or their relatives in order for them to replace or repair them. The registered manager and staff told that each staff member was introduced to people and their competency assessed to ensure that they were able to meet the person's needs before they worked with them. Records we looked at confirmed this.

Staff were confident of what action to take when an accident or incident occurred. One person told us they had recently fallen and called for the assistance of staff who promptly attended. Staff reported incidents to the office who completed the accident form. They registered manager analysed the information and took relevant action such as contacting health care professionals for advice or equipment to help reduce the risk of reoccurrence.

People told us that they received their care when they needed it. People received support from regular care staff who let them know if they were going to be late. One person told us, "If held up in traffic they [staff] let me know." Another person said, "They [staff] are very good with timekeeping and never missed me." This was confirmed with relatives we spoke with. One relative said, "They [staff] are always on time, give or take a few minutes and even stay over sometimes." Staff told us they were allocated sufficient time to travel between calls and if they were delayed for any reason they would let the office know. The office staff would

let people know if care staff were running late or arrange alternative cover if required. The registered manager assessed and planned their staffing requirements based upon people's individual care and support needs.

Staff told us and we saw that the provider completed checks to ensure they were suitable to work with people before they started work with them. As well as references from previous employers the provider asked for two character references from people who knew them well. The provider also undertook checks with the Disclosure and Barring Service (DBS). The DBS holds details about criminal records and enables employers to make safer recruitment decisions.

Relatives we spoke with told us their relatives received the support they required to manage their medicines safely. One relative told us, "They do them all for [family member]. They give them tablets and everything is written down what they do. They have familiarity with them. Their tablets are kept in a safe place and they get them out and ensure [family member] has them as required. "

Only staff who had training on the safe handling of medicines could administer medicines. Staff demonstrated they would appropriate action in the event of medicine error. They said senior staff completed spot checks to ensure they continued to manage medicines safely. We looked at medicine records and found these had been appropriately recorded. We also saw that senior staff completed medicine audits to ensure that staff appropriately recorded when they had administered medicine.

Is the service effective?

Our findings

People who used the service and their relatives were confident that staff had the skills and knowledge to meet people's individual needs. When asked if they felt staff were well trained one person said, "Yes definitely. I have a hoist and they are very careful with me. They are all trained and know how to move me I can tell that." Another person told us "Certainly. They always check over me and are very careful with moving and washing me." A relative said, "They [staff] adapt to [family member's] needs. Also did you know they are training them shortly on end of life care as well which is in the pipeline. Yes the training is excellent in my opinion"

People were supported by staff who had the training and support to do their jobs well. Staff told us they had yearly appraisals and regular opportunities to meet with management on a one to one basis. They were able to access support and guidance as they needed it and found that the management team would listen and act upon any concerns or requests for information. A staff member who used to work for another provider told us, "I'm not used to having quite so much support. I can pop into the office when I've got a problem or just give them a call and there is always someone there to give advice."

Staff were complimentary about the training opportunities offered. One staff member told us, "We have lots of training, it's fantastic, really thorough." In addition to essential training provided staff were able to ask for training specific to people's needs and circumstance. For example, one staff member told us they had asked for training in 'end of life care' and this had been arranged. Another staff member told us that the provider had their own trainer who was 'really good' and they could approach them at any time if they had any worries about how to support a person. The trainer would go out and show them how best to support that person. They went on to tell us, "If you are working with a specific condition that you have not dealt with before, we get support to get up to speed." The registered manager told us they regularly had guest speakers at staff meetings in regards to specific conditions such as Parkinson's disease and Acquired Brain Injury (ABI). We saw where able people who used the service were invited to speak about their conditions and how they impacted on them. We also saw that the provider utilised the skills of the district nurse service. They provided training and assessed care staff competency to support people to test their blood sugars and monitor their diabetes.

New staff told us they were required to complete a four day induction prior to working with people who used the service. This included training on the standards and expectations, manual handling and infection control. They subsequently received specific training with people they supported to ensure that they could meet their individual needs. New care staff were also expected to complete the care certificate. The care certificate is a nationally recognised qualification which trains staff in the standards of care expected of them.

We saw that the registered manager had systems in place to ensure that staff training was up to date. They employed a trainer who provided group and one to one support for staff. They were responsible for monitoring staff practice and development needs. The trainer told us, "They are brilliant here." They explained that they were given the resource and opportunities to develop their own skills and cascaded

their knowledge to the staff. They ensured that training provided was tailored to staff's individual learning needs. For example, if staff were not comfortable in using a computer they were supplied with workbooks to allow them to complete the training manually. This meant people received care from staff who had the necessary knowledge and competencies to meet their needs.

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 and their relatives told us that staff supported people to make their own decisions where able and sought their consent before supporting them. The provider and staff we spoke with understood what the requirements of the MCA meant for their work with people. One staff member told us, "We don't make assumptions we encourage them to make decisions with a bit of assistance." Another staff member said, "You give information you think may help them to make a decision." They were clear that they would not force people to do something they did not want to do. They explained that if a person declined support they would walk away, let them calm down and go back a little later. Staff understood that if people were unable to make decisions for themselves these needed to be made in people's best interests. For example, one staff member told us they ensured people wore clothing appropriate to the weather conditions to ensure their comfort and wellbeing. The registered manager understood the principles of the MCA and their responsibility to ensure people's rights were protected. Where required they would arrange best interest meetings with people, their relatives and where needed the healthcare professionals involved in the person's care.

Not everyone we spoke with had support with meals however, those who did were satisfied with the support they received. One person told us, "They [staff] prepare all my meals on a Monday and then it goes in the freezer for the week. I always have fresh food, none of this synthetic stuff. That's how mum bought me up!" A relative told us, "They [staff] found that [family member] was leaving their meals so they now ensure they are fed. They make them sandwiches, microwave meals and ensure they have tea and drinks. They are wonderful with [family member]." Staff told us they always offered people choice of what they wanted to eat and drink and encouraged a healthy diet. One staff member also said they checked people's fridges to ensure their food was in date and ensured that people had drinks close at hand when they left.

Staff monitored people's health and responded appropriately to any changes. People were assured that care staff would arrange medical attention if required. One person told us, "They [staff] would call someone I have no doubt at all" Another person said, "I feel very confident they [staff] would call for help if I needed it." A relative we spoke with said, "They would definitely call me if they thought there was a problem I have no doubt at all about that." Staff we spoke with provided regular support to people and therefore were able to recognise and promptly respond to any changes in their health needs. Staff would arrange medical attention where necessary and inform the office of any concerns. One staff member said, "You can't be backward in coming forward when looking after clients." We saw that people's care records provided details of their health needs and the support they required to manage them.

Is the service caring?

Our findings

People and their relatives praised staff for the kindness and compassion that was shown to them. One person said, "They are very good with me and come over very caring in their attitude." Another person described staff as, "Very very good. I have been with them over a year now and no complaints. Like I said I toppled over and they responded very quickly and were so caring and thoughtful with me." Relatives also expressed positive feedback. One relative said, "I am extremely happy and like I say cannot speak highly enough about them from the administration to carers to management. They all seem so caring the whole team is excellent." Another relative told us, "They [staff] are amazing in what they do. So professional and caring." They went on to explain that their family member had complex needs and that staff adjusted to their needs." They said, "Nothing is too much trouble for them. They are so caring and respectful."

People were cared for by regular staff who they were familiar with and had the opportunity to build positive relationships with. One person said, "I have a nice chat with them [staff] and a laugh. They don't rush off and leave me and always check to see if I want anything else before they go." A relative we spoke with told us, "I can't speak highly enough about them [staff]. They asked if [family member] had any Christmas decorations but they were in the attic. So what did they do? They bought them in a tree and decorated it for [family member]. How caring is that." Staff found that they visited the same people and felt this helped them build relationships with them. One staff member said, "I only have six clients, it's great as I have a good rapport with them. You get to know them better and build up trust." Another staff member told us, "We get to know people extremely well that's the beauty of it, they [provider] send you to the same the same people. It is important to people that they know the same staff are supporting them."

People were involved in decisions about their care and support and felt listened to. One person said, "They [staff] always ask me before they go if there is anything else I want or to do. They always listen to my talking to them." Another person said, "They [staff] all very good and do anything I ask of them." This was echoed by relatives we spoke with. One relative said, "They certainly do listen to [family member] and do anything they ask of them." Another relative told us, "They [staff] do listen and fully understand [family member's] complex needs. They treat them like one of their own." We saw evidence of people's involvement in care planning in the care records we looked at. Staff we spoke with recognised that everyone was different and in doing so always offered choice in what they wanted to do and how they wanted things done each time they visited them. One staff member said, "We treat them as individuals everyone has a different way of doing things." Where people had difficulty communicating their choice verbally staff told us they gave them visual prompts. For example, they would show them items of clothing or different food choices available to them. They would also observe people's body language to ensure that they were happy with choices made. Staff were also careful not to offer too many choices as they recognised that this could cause added confusion or frustration to people living with dementia.

All the people we spoke with felt staff were respectful to them and treated them with dignity. One person told us they were shown respect, "By all of them from the office staff to the carers themselves." Staff were mindful of people's feelings when supporting them. One staff member told us it was important to, "Always explain what you are doing so people are reassured and don't think you are taking over. Keep them as

independent as possible. Their respect and dignity have got to be considered." Another staff member told us that they addressed people in their preferred manner and ensured that they knocked on people's door before entering.

Staff protected people's confidentiality by ensuring that they did not discuss them outside of work. They made sure they put care records away after completing them. They also did not discuss people's needs with their relatives without their permission to do so.

Is the service responsive?

Our findings

People and their relatives told us staff provided support that was suited to people's individual needs, wishes and preferences. People and relatives said that the provider had assessed their needs prior to their care starting and completed subsequent reviews to establish if changes were required. People found the service both responsive and flexible. One person said, "I only have one call in the morning but they [staff] always ask me if I am alright and is there anything they can get for me." A relative told us, "[family member's] needs are complex and keep changing but they [staff] are excellent and change with their requirements."

The registered manager told us they had an initial consultation with people and their relatives before they started to provide support. They were motivated to provide a service that supported people's individuality. They asked people about their needs and preferences and tailored care to fit in with their routines. For example, one person they supported had their call times changed on alternate Sundays to allow them to attend meetings of their faith. The registered manager told us they managed risk according people's lifestyles and wishes, "It's their choice how they want to live their lives." This was confirmed by people and relatives we spoke with. They told us that the registered manager was mindful of people's choice and they were asked about their likes and dislikes and preferences such as, the gender of staff that supported them.

The registered manager felt that it was important to put the right staff in to people to ensure they felt comfortable and safe. They therefore made an effort to match people with staff of similar interests to help build up relationships of trust. This was an approach that people and their relatives found beneficial. One relative who had provided written feedback which read, "[care staff] are matched very well. The client is at the heart of it all and my [family member] is treated with the greatest of respect and is happy and content living in their own home which would not be possible without Home Instead." A staff member confirmed the registered manager liked to match staff with like-minded people and they felt this worked well. They found they were able to talk with them and enable people to maintain their interests. For example, one person had an interest in antiques and they had supported them to build a scrapbook with pictures of antiques which stimulated their mind and kept their interest in this pastime.

People and their relatives felt staff knew people and their needs well and shared information as necessary. One relative told us that staff shared information on how best to meet their family member's changing needs and they felt this worked well. Staff we spoke with demonstrated they knew people's needs and interests well. One staff member told us that they never went out to support people without first being introduced to them and told about their needs. "You are fully informed about their needs. The care plans are very detailed, they tell you what the client would like, what the family expectations are and what you are expected to do." Staff told us they reported and were informed of any changes in people's needs in a prompt manner to ensure consistent and safe care.

People and relatives we spoke with had not had cause to raise a complaint but felt confident and able to do so should the need arise. One person told us, "I have numbers for the office but have never had a concern at all with them so far." Another person said, "I would speak to my carer but I haven't had to for anything." A relative we spoke with told us any concerns they had raised with registered manager had been dealt with in

a prompt and effective manner. The provider had a clear complaints procedure that was followed by staff. Where complaints had been received we saw that these were dealt with appropriately.

Is the service well-led?

Our findings

All the people and relatives we spoke with knew the registered manager and found them and the management team friendly and approachable. One person said, "They are all so nice, polite and nothing is too much trouble." A relative told us, "The staff in the office are so polite. They all have a knowledge of who we are and show genuine concern." Staff we spoke shared similar views. One staff member told us, "[registered manager] is great. I don't hesitate if I need to ask anything, they are very welcoming. If you want to talk with them they are always at the end of the telephone." Another staff member said, "I've always been happy with the support I get. They really are a great bunch of people, the office and other staff I get to cross paths with."

All the people and their relatives we spoke with were pleased with how the service was run. One relative told us, "The management is hands on and if I call them with anything they respond very quickly. Nothing is too much of a trouble to them. It is wonderful." Another relative said, "Absolutely first class. Like I have said I cannot praise them enough throughout the whole team." Staff were confident in the management of the service. One staff member told us, "The service is extremely well led."

The registered manager told us their aim for the service was to create care as they would provide for their own relatives. They worked to support people's independence and enhance people's quality of life. They felt their strength was to be able to build a good rapport with people. They said, "I'm very hands on and involved. I really do care." Their vision was supported by staff who told us they focussed on maintaining people's independence so that they could remain in their own homes for as long as possible.

The registered manager promoted an inclusive culture within the service. They encouraged and respected the views of people, their relatives and staff. People and their relatives told us and we saw they were given opportunities to express their views on the quality of support received. For example, people told us that the management did 'spot checks' on staff to ensure they were doing what they should. Another person told us the office staff had called them to see if they were happy with the support they received. We saw that the provider sent out surveys to people, their relatives and staff. The registered manager told us they analysed the findings to drive improvements in the service and provided feedback to people through their newsletter. They showed us that they had presented a power point presentation of the outcome of survey to staff. This included recognition for what they had done well and where there was room for improvement.

Staff enjoyed a positive working environment where they were encouraged to give their opinions on the development of the service and felt valued. One staff member told us, "[registered manager] is really approachable they listen and put things into action. It's such a lovely office to work in. When something needs to be done [registered manager] will do it. We all complement each other." Another staff member told us, "You do feel that you're not just a name on a page. They [management] do interact with you." The registered manager told us, they recognised their staff as their most important asset and in doing so liked to give them recognition for their contribution to the service. They rewarded care staff in the form of "CAREGiver" of the quarter awards. Staff who were nominate were also put forward for "CAREGiver" of the year award. We saw that one of the care staff had been nominated as "CAREGiver" of the year.

There was a clear management structure in place where the registered manager was supported by their management team and the provider. They considered the provider's model of care to be "brilliant" as it was in keeping with their own ethos. They said if they ever had a problem, the provider had got a good support team who were able to assist. The provider came into the service a couple of times a year. They audited care records they provided clear feedback and identified any areas that required improvement.

The registered manager had a range of checks in place to monitor the quality and safety of the service. These included audits of care records and staff competency assessments. They told us they monitored staff practice through 'spot checks' completed at people's homes and through telephone reviews with people who used the service. They provided feedback to staff and used one to one meetings to support staff's development needs. They also had systems in place to manage poor practice.

The registered manager was keen to forge links with the local community. They had completed an accredited train the trainer course in dementia and were working with Age UK who planned to run dementia day centres. They were a member of Dementia friends and had gone out into the community and got local businesses to become Dementia friends. They had attended Women Institute meetings as a guest speaker for dementia care. They had also arranged a Christmas party for the people that used the service and their relatives and if proved successful they would hold similar events. This was confirmed by a staff member who said, "They [registered manager] are organising a Christmas lunch or people next week and have invited family. It does engender a nice atmosphere."