

P G Keohane Limited

Home Instead (Reading)

Inspection report

Beacontree Court
Beacontree Plaza, Gillette Way
Reading
Berkshire
RG2 0BS

Date of inspection visit:
16 February 2016

Date of publication:
16 March 2016

Tel: 01189099108

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

This was an announced inspection which took place on 16 February 2016. Home Instead (Reading) is a domiciliary care service which is registered to provide personal care to people living in their own homes. The service currently provides personal care to 26 people who live in the Reading and West Berkshire area. The agency, mainly, offers care to people who pay for their own care or who have a personalised budget.

There is a registered manager running the service. 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 safe when using the service because staff had been trained and knew how to protect people in their care. Care staff (called 'caregivers') had been recruited, using a robust recruitment process, to check they were suitable and safe to work in people's homes. Risks were identified, recorded and managed to make sure that people and staff were kept as safe as possible.

People were always asked for consent prior to care being undertaken. They were encouraged to make as many choices and decisions for themselves as they could. Staff understood and protected people's human and civil rights.

Staff were trained, well supported and had the knowledge and skills required to ensure people's health and well-being needs were met. The service respected people and staff's diversity by developing individualised care plans and appointing care staff who were able to meet any specific needs people had. The management team and care staff were committed to the people they cared for and often gave care over and above what was in the care contract or was expected from the service.

Staff and people described the registered manager as very supportive and approachable. Staff told us they could approach any of the management team, including the director, who were open and responsive, at any time. The quality of care provided was continually reviewed by the service and people who use it. Developments or improvements were made, as appropriate.

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.

Staff were trained to recognise all types of abuse, harm or poor care. They protected the people in their care and took any action necessary, to keep people safe.

The service checked that, as far as possible, staff chosen to work there were suitable and safe to work with vulnerable people.

Any risks to people or staff were identified and action was taken to make sure they were kept as safe as possible.

People were supported to take their medicines safely, the right amount at the right times.

Is the service effective?

Good ●

The service was effective.

People agreed to their care plans and were asked for their consent before staff undertook any tasks.

Staff were provided with numerous training opportunities and received effective support so they were able to provide high quality standards of care.

The service worked with other healthcare and well-being professionals, as appropriate, to ensure people were offered the most effective care to meet their identified needs.

Is the service caring?

Good ●

The service was caring.

People received care from a kind and caring staff team who were very committed to the people they care for.

The service made sure that they looked at a person as a whole and included their emotional and social needs in the care planning process.

The staff team built up exceptionally strong relationships with people and their families.

The service and staff members clearly demonstrated their compassion and care for people, in their daily work.

Is the service responsive?

Good ●

The service was responsive.

People's care was developed to meet their particular needs. Care plans were assessed regularly and amended, as necessary, to meet people's needs.

The service and care staff responded to people's requests and changing needs positively and in a timely way.

People were given information to make sure they knew how to make a complaint, if they needed to. They were confident to approach staff or the management team if they had any concerns or issues.

Is the service well-led?

Good ●

The service was well-led.

The management team valued, listened to and supported the staff team.

The registered manager, the director and the staff team made sure that the quality of the care they offered was maintained and improved.

There was an open management style in the service. People and staff found the management team approachable and responsive.

People, staff and others were asked for their views on the quality of care they were offered.

Home Instead (Reading)

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 16 February 2016 and was announced. The provider was given notice because the location provides a domiciliary care service. We needed to be sure that the staff would be available in the office to assist with the inspection.

The inspection was carried out by one inspector.

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. We sent a questionnaire to ten people who use the service, 43 staff, ten relatives and one community professional. We received responses from four people who use the service and seven staff members. We looked at all the information we have collected about the service. This included notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

On the day of the inspection we spoke with the registered manager, the director of the company and one staff member. After the day of the inspection we spoke with a further three staff members and received written communications from three more (seven in total). We received comments from four people who use the service or people who responded on behalf of people (at their request) and spoke with two others (six in total). We received written responses from two local authority and other professionals who did not have any concerns about the service. We looked at records relating to individuals and the management of the service. These included six people's care plans and records, a selection of policies and a sample of staff recruitment files and training records.

Is the service safe?

Our findings

People told us they were safe when they were being offered care. They told us they never felt uncomfortable or worried when care staff were in their homes. Staff had been trained to recognise signs and symptoms of abuse and told us what actions they would take if they suspected abuse. Staff understood whistleblowing and told us how they would follow the service's policy should it be necessary. However, staff were confident that the registered manager or director would take immediate action to ensure people were safe. Safeguarding training was included in induction and up-dated every year. The local authority told us they had no safeguarding concerns about the agency at this time.

People and staff were kept as safe as possible by the service. People's homes were assessed for any environmental risks and the service had generic risk assessments for issues such as, pregnancy and lone working. Copies of relevant risk assessments were kept on the computer, in staff and people's files, as appropriate. The franchise company supplied health and safety advice and kept the service up-to-date with new legislation, as necessary. Staff were provided with generic and specific health and safety training, as required. Examples included basic life support and moving and positioning training, with regard to individuals.

People's care plans included the identification of individual risks. The risk management plan was incorporated into the area of the care plan which may present a risk. The plans described how care staff were to minimise risk to themselves and people using the service. Identified risks included swallowing, psychological well-being and sensory loss.

Accidents and incidents were recorded and monitored by the registered manager or other senior staff. The service had recorded three staff but no people related accidents or incidents during the previous 12 months. The registered manager confirmed that the records were accurate.

People's medicines were administered safely and according to their individual needs. The service had a robust medication policy and procedure in place. This described three levels of support which could be given. Each level was detailed and explained to staff exactly how they should help people. The level of support people needed was noted on their care plan and further detail of the individual's need was supplied. Staff had been trained in medicines administration, which was up-dated every year. Additionally, staff's competency to administer medicines was checked a minimum of annually.

The service's robust recruitment procedure ensured people were supported by staff who were suitable to work with vulnerable people. It checked on prospective staff members by asking for up to six references, requesting criminal records checks and checking people's identity. References were validated by telephone and E-mail if necessary. Application forms were fully completed, there were no gaps in work history and notes from interviews were retained. Recruitment records were detailed and well kept.

Is the service effective?

Our findings

People told us, "they (Home Instead (Reading)) have been very reliable" and "we have been extremely happy with the care that Home Instead have given us for approximately one and a half years".

People's needs were met by care staff who were well trained and had the knowledge and skills required. A staff member told us, "I enjoyed my induction with home instead, training is provided regularly and I know if I feel I need any extra training I can ask and it will be provided. Home instead is currently helping me through my diploma level 2 and I am grateful for that". New staff are completing induction training developed to meet the standards of the care certificate. They 'shadow' experienced staff members and were not expected to work alone until they were competent and confident to do so. The decision about when staff were competent and confident was made by the staff member and their supervisor.

Staff members told us they had very good opportunities for training and their mandatory courses were completed at the scheduled times. For example, moving and positioning and safeguarding training were refreshed annually. Specialised training was provided to meet people's individual needs. This included dementia care, end of life care and specific healthcare needs such as artificial feeding methods. Qualified nurses provided some of the specialised healthcare training to ensure care staff could offer safe care to particular individuals. A staff member commented on the overall training they had been given by the service, "it is by far the best training I have ever had".

People were cared for by a staff team who received effective support to enable them to offer people a high standard of care. Staff had regular one to one meetings, their performance was randomly 'spot checked' and they received an annual appraisal with senior staff. Spot checks involved senior staff members observing care staff's work to assess their competence and skills and identify if any learning or development was needed. Staff told us they felt very well supported by the management team and were therefore able to offer a very high standard of care. They told us that any extra training or development they asked for was provided, as quickly as possible. A staff member said, "If I have a new client to visit, a supervisor or manager will introduce me and talk through the care plan with me, so I can feel confident I'm aware of the client's individual needs".

People's health and well-being needs were detailed in care plans according to their individual needs. Staff told us that they would call the office, doctor or other health professional, if necessary. Staff said they had recently received up-dated basic life support training and would call emergency services as appropriate. Any concerns about people's health or well-being were recorded as was the action taken as a result of the concerns. For example one person's record noted that they had been suffering from vomiting but refused to see the GP. The notes instructed subsequent staff to monitor and persuade the individual to seek medical advice the following day if there was no improvement. The instructions had been followed and appropriate action taken. Care staff worked closely with community health professionals to ensure they gave a safe and effective service to individuals, as appropriate.

If people needed support with food, this was assessed and noted clearly on their care plans. Staff received

the relevant training and kept appropriate food and fluid charts, if required. Staff were generally trained in nutrition and hydration and could explain how they encouraged people to stay hydrated even if not specifically noted on plans of care.

People's ability to make decisions and choices was clearly noted on their care plans. Consent forms were signed by people and included areas such as care, medicines and information sharing. People told us care staff listened to them and respected their wishes and choices.

People's rights were upheld because the service had a clear understanding of the Mental Capacity Act (2005). 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 whether the service was working within the principles of the MCA. The service did not, currently, offer a service to anyone who lacked capacity. However, some staff had received mental capacity training and were able to describe how they would identify a person's deteriorating decision making ability. Other staff were being provided with MCA training in 2016 as the service had recognised this was a training need for the future.

People told us that care staff, "only exceptionally" did not arrive on time and they always stayed the correct amount of time or longer. They said that staff or the office always let them know if they were going to be late or change care staff. The service had installed a new comprehensive computerised scheduling system which was reported as being much more efficient than the previous system. The computer programme was able to identify carers' skills such as language and 'match' them with people's needs and preferences. The registered manager checked staff availability and made the final adjustments to schedules. Staff and people who use the service received their schedules 12 days in advance. One missed call, which had not resulted in any harm, had been reported in the previous six months.

Is the service caring?

Our findings

People told us they were, "more than happy" with the service. They described staff as, "extremely helpful" and one person said, "I'd gladly recommend them to anyone". The staff team were highly motivated to give kind and compassionate care. Some staff had worked in other domiciliary care agencies and described Home Instead as, "the very best, it really cares" and, "Home Instead in my opinion genuinely care for our clients". Additionally they described how the service shows its concern for staff. They described a difficulty they had on the way to a call and the, "amazing" support they received. A staff member who is a parent described how "family friendly and understanding" the service is. Staff told us of incidents where the registered manager or director had covered their calls because of a short notice emergency. Another staff member told us, "everyone in the office genuinely cares about the level of service we provide". The registered manager or director of the service send cards, letters or flowers to both staff and people they feel have endured some difficult times. These included cards of condolence to bereaved people and flowers to staff that needed support. A representative of the service always attended people's funerals.

The service had received a number of compliments. These included, "thank you for very, very much for your truly caring and loving help in [name]'s last weeks. He so enjoyed the help that [carer] gave him so willingly and gently", "we were delighted with the care and by the humanity and humour of her carers" and "her carers went beyond what was called for and we count ourselves very fortunate to have had the privilege of meeting each of them". Numerous other compliments commented on the caring nature of the service and one noted, "the care shown by Home Instead has been exemplary as well as the relationship carers formed with all of us". The external quality assurance survey summary noted that 95% of people who used the service said that care staff, "go the extra mile".

People told us staff respected them and their privacy and dignity was maintained at all times. Staff explained the relationship between dignity, respect and person centred (individualised) care. They described the everyday methods they used to preserve people's dignity such as pulling curtains and using towels for covering parts of them. Additionally they said they allowed people time to complete as much of their personal care independently, as possible. They talked about respecting people's opinions and following person-centred care plans.

People's needs were met by care staff who had established a strong relationship with them. To ensure, as far as possible, continuity of care people were allocated a team of care staff with one or two 'main carers'. The team got to know people so that when the main carer(s) were not available someone who knew them would be. People and staff told us the care was very consistent with the 'main carer' completing the visit whenever possible. A staff member and the management team gave an example of a person who only related to one staff member. However, the service had worked hard to introduce other care staff who had built relationships with them. They were now happy to be visited by any member of the team, which had reduced their dependence on the individual staff member. Staff members confirmed that they had people who they visited regularly.

Staff told us they had time to provide care in a relaxed way and they were given enough time to meet all

people's needs. They said they are able to provide additional care in emergency situations and were supported by managers and senior staff to do this. The director of the service told us they generally do not make calls of less than one hour, unless part of a package involving multiple calls a day. They told us that this enabled staff to use a 'holistic' approach and they were able to meet emotional and social needs whilst supporting people with personal care. Staff told us they had time to chat to people and do other 'bits and pieces' which may not specifically appear on the plan of care. Care plans noted people's emotional, cultural and spiritual needs, as appropriate and relevant to the care offered by the service.

The service made sure there was information available, in the appropriate format, about the service and what it offered. They also provided information about other services and where people could obtain other support. People knew what was in their care plans and told us that they had been involved in the assessment process (or their relatives had been if that was their preference).

Is the service responsive?

Our findings

People told us that care staff were very responsive to them and their needs. One person told us, "the agency and its' staff are responsive to our needs". A relative of a person who uses the service said, "they bend over backwards to respond to the requests for help, even at short notice". Another person said, "when we had an emergency, they sent someone to help us within 20 minutes. Very much appreciated". A comment (written for an external quality assurance survey) said, "Everyone I've met from Home Instead has responded helpfully and positively to our needs, sometimes beyond the care contract". A staff member said, "I have worked for other care providers and feel Home Instead has a better approach to the needs of the clients we support". During the inspection the service organised additional care for a person who had fallen and consequently had higher needs than usual. Another incident involved a person being provided with an alternative carer because they were not happy with the original carer (who they felt were unwell).

People's needs were assessed prior to them being offered a service. In the case of emergencies senior care staff made the first visit and completed an assessment at that time. Care was planned with people and other professionals, as appropriate, to meet the needs of the individual. They were person - centred and contained all the relevant information to enable staff to deliver the agreed amount of care in the way that people preferred. Care plans were re-assessed a minimum of six monthly and whenever people's needs changed, to ensure that the service being offered was effective and current. The office used a visual system to remind staff when reviews were due. If a staff member reported a change of need the person's name was added to the review board.

Care staff were kept up-to-date with any changes to people's plans of care. Staff were advised of any changes or new needs by telephone or text from office staff. People told us staff met their current needs and responded to any changes to the care plan they requested. A new computer system was being used which was being further developed to give people and staff access to areas such as rosters, daily notes and care plans. The information will be appropriately secured by the use of passwords and other data protection features.

The service had a robust complaints procedure that people were provided with their 'information about the service' pack. People and staff told us they had no concerns about the service. The service followed their complaints procedure when they received a complaint. The service had recorded two complaints in the previous 12 months. These had been recorded in detail and appropriate action had been taken. The service had recorded 25 compliments in the same time frame.

The service operated between 7am and 10.30 pm for seven days a week. They did not, generally, provide overnight or live-in care although they had done so as a response to individual need. The on-call system was available at all times as the usual number (called a virtual landline) linked directly to the mobile phone number of whichever senior staff member was covering for emergencies.

Is the service well-led?

Our findings

The registered manager and director of the service were noted by staff and people who use the service as being approachable and caring. Staff told us they felt the service was well managed and organised in the best interests of people who use it. A staff member commented, "The Communication between owner (director), to manager, to supervisor and carer is exceptional". One said, "Home Instead (Reading), in my opinion, provides the best domiciliary care of its kind". Another told us, "I think my managers are very approachable and I always feel confident that I can contact them if I have any concerns or am unsure what to do". Staff members told us they felt valued and were part of a committed and caring staff team. A family member complimented the service by writing, "we were delighted by the efficiency of the organisation and the values and ethos which guide you".

The quality of care people were offered was assessed and monitored regularly. The service used an external company called Pursuing Excellence by Advancing Quality (PEAQ) to send and collate quality assurance surveys. People and staff's views were listened to and taken into account in the way the care was provided. People's views and comments on the quality of the service were sought in a variety of ways. These included, regular individual quality assurance forms, annual quality assurance questionnaires sent from PEAQ and the registered manager and director providing direct care to people, on occasion.

Staff were included in the annual quality assurance survey carried out by PEAQ. Staff meetings were held regularly, as time permitted. Staff were provided with a bi-monthly newsletter and the service had a Facebook and twitter account to keep staff up-to-date with any developments or news items. Staff could 'post' their views and opinions on the websites.

The quality of care was ensured by a variety of management audits. These included files and paperwork, staff files and people's records. Additionally the service had to meet the standards of the Franchise agreement. These standards were checked by an agent of the franchise company, prior to a continuing franchise agreement being granted. Improvements made as a result of the quality assurance processes included offering increased opportunities for staff to make contact with colleagues and introducing a care assessment and planning tool.

The service worked closely with other agencies and professionals. Examples included, care staff working with and being trained by district nurses to enable them to safely meet people's specific needs. The service had been accredited by City and Guilds to deliver Alzheimer's care training. The service offered this training free to family members.

People's individual records were up-dated in a timely way. They were of good quality, accurate and regularly audited. Records related to other aspects of running a regulated service were up-to-date and of good quality. All records kept, supported the quality of care provided to people who use the service.