

Southern Home Care Limited

# Home Instead Senior Care

## Inspection report

Prospect Business Centre  
Prospect Road  
Cowes  
PO31 7AD

Tel: 01983240015

Website: [www.homeinstead.co.uk/isle-of-wight](http://www.homeinstead.co.uk/isle-of-wight)

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## Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Home Instead Senior Care is a domiciliary care agency registered to provide personal care for people who require this due to old age, illness or disability. At the time of the inspection the agency was providing personal care for approximately 18 people living on the Isle of Wight.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

- We received very positive feedback from people or their family members about the service. All people who used the service spoke highly of the care staff and the management team.
- People told us they felt safe and secure when receiving care and family members felt their relatives were safe with care staff.
- People's risk assessments and those relating to their homes' environment were detailed and helped reduce risks to people while maintaining their independence. Daily records of care provided confirmed staff followed risk management plans when providing a care service.
- Safe recruitment practices were followed, and appropriate checks were undertaken. This helped make sure only suitable staff were employed to care for people in their own homes.
- There were sufficient numbers of regular care staff to maintain the schedule of visits.
- The provider and registered manager sought feedback from people on the service they were receiving, through the use of regular contact with them and formal reviews. People and their family members were all positive about the support they received from the management team who they felt they could contact with any questions or concerns.

The service met the characteristics of Good in both areas assessed. More information is in the full report.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service was registered with us on 14/06/2019 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the date the service was registered with CQC. Currently CQC is undertaking inspections to ensure services are safe and well-led. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. This means we are unable to provide an overall rating for the service however, we have rated the Key Questions safe and Well-led as Good.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Home Instead Senior Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was completed by one inspector.

#### Service and service type

Home Instead Senior Care is a domiciliary care agency registered to provide personal care for people who require this due to old age, illness or disability. At the time of the inspection the agency was providing a personal care service for approximately 18 people living on the Isle of Wight. Not everyone received a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service three days' notice of the inspection visit as we needed to be sure the inspection could be undertaken safely, and that relevant staff would be available in the agency office. We also requested that the service send us a range of information such as policies and procedures which we reviewed as part of the inspection.

Inspection site visit activity started on 1 September 2020 and ended on 4 September 2020. We visited the office location on 1 September 2020 to see the registered manager, nominated individual and office staff; and to review care records and records related to staff recruitment.

## What we did

Before the inspection, we reviewed information we had received about the service, including registration reports, and notifications. Notifications are information about specific important events the service is legally required to send to us.

We used all of this information to plan our inspection.

During the inspection, we gathered information from:

- Four people who used the service
- Five relatives or friends of people who used the service
- A director of the company, the registered manager and two office-based staff
- Four members of care staff
- Two health care professionals
- Three people's care records
- Recruitment and induction records
- Policies, procedures, audits and quality assurance reports

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Preventing and controlling infection:

- Safe systems were in place to protect people and staff from infection risks.
- Staff were trained in infection control. Additional training, risk assessments and procedures had been introduced in response to the coronavirus pandemic. These reflected current best practice guidance.
- Personal protective equipment (PPE) such as disposable masks, visors, gloves and aprons, were available for staff to use. The correct use of PPE was monitored during unannounced observational visits made by office staff. People and family members all confirmed staff used PPE and washed their hands appropriately.
- There was an up to date infection control policy and risk assessment in place, which was understood by staff. Staff said they had access to plenty of PPE. One care staff member said "We all have masks and there's lots of gloves and aprons in client's houses. If we need more, we just contact the office and they arrange to deliver it."

Systems and processes to safeguard people from the risk of abuse:

- Appropriate systems were in place to protect people from the risk of abuse.
- Everybody told us they felt safe and their property was respected. One person said, "Yes I do feel safe it's usually the same (staff) and they know me, and I know them." A relative told us, "I'm often here when they (staff) arrive, I can hear most of what's going on and they have a laugh with my (relative)." Another relative said "I know she's happy with the staff."
- Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. One staff member said, "I would tell (the registered manager) or (nominated individual), I know I could also go to you, CQC."
- Safeguarding incidents had been reported and investigated thoroughly, in liaison with the local authority safeguarding team. The registered manager was clear about their safeguarding responsibilities.
- Systems were also in place to alert staff, people and family members to potential scams which may target vulnerable older people.

Assessing risk, safety monitoring and management:

- Risks to people were assessed, recorded clearly in their care plans with information as to action staff should take to mitigate identified risks. Records of care provided showed that staff took all necessary action to manage risks and ensure people were safe.
- People's risk assessments included areas such as mobility; use of equipment; health and medicine; personal care and individual risks that may occur due to their needs. Some people were at risk of disorientation or becoming 'missing' in their local community. Specific individual information had been collected to aid Police or search teams should the need arise.
- Staff demonstrated they had a good knowledge of potential risks to people and how to mitigate them.

They told us two staff were always allocated when specific equipment to assist people to move safely, was required. This meant equipment such as hoists could be used safely.

- Staff also described how they would ensure people had sufficient drinks in hot weather and keys to people's homes were kept safe. In addition, if they were required emergency support devices were left within easy reach before they left people's homes.
- People's home and environmental risk assessments had been completed by the management team to promote the safety of both people and staff. These considered the immediate living environment of the person, including lighting, fire risks, the condition of the property and security. Where necessary advice and support with remedial action was offered. Systems were also in place to ensure staff working alone were safe.
- Business continuity plans were in place to ensure that people were prioritised in terms of risk during crisis situations.

#### Staffing and recruitment:

- There were sufficient numbers of staff available to keep people safe. The registered manager was clear that they would only accept new care referrals for people if they had enough staff available in their location, to ensure they would be able to meet people's needs. The service aimed to match staff to each person requiring a service and this was also considered when accepting new packages of care.
- People said they had the same 'group' of staff, who came on time, and always stayed for the correct amount of time if not longer. People told us the rota was sent to them in advance so they knew which staff would be attending and they were informed if staff were going to be late. Records of care provided confirmed staff arrived on time and stayed for the required length of time.
- Records of care showed that where people required multiple visits every day there was a high level of consistency in staff allocations. This meant people received support from regular staff who knew them well.
- The registered manager told us that short term staff absences were covered by existing staff members, including office staff who were all suitably trained to provide care for people.
- Staff received an induction into their role, which included the provider's mandatory training. New staff worked alongside more experienced staff until they felt confident and were competent to work directly with people. Newer staff members told us they had completed induction visits to everyone they subsequently attended.
- Staff were appropriately trained, and people were confident in the staff's abilities. A family member told us, "Yes, I do think the staff are very skilled, they know what to do and how to do it."
- Recruitment procedures were robust to help ensure only suitable staff were employed. A newer staff member confirmed all necessary pre-employment checks had been completed which reflected the records we viewed.

#### Using medicines safely:

- Safe systems were in place should people require support with their medicines.
- Most people said they or a family member managed their medicines. Where people were supported by care staff with their medicines, we were told this was managed safely.
- Risk assessments identified the level of support people required with their medicines.
- When staff were required to administer medicines, electronic records were completed. These could be reviewed 'in real time' by office staff to ensure that medicines had been correctly administered.
- Staff had been trained to administer medicines and had been assessed as competent to do so safely. This was reassessed yearly or following any medicines errors.

#### Learning lessons when things go wrong:

- Where an incident or accident had occurred, the provider had robust procedures in place to investigate



the cause, learn lessons and take remedial action to prevent a recurrence.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- People felt the service was well-managed and several people told us they had already recommended the agency to a friend or relative. One person said, "I would certainly recommend Home Instead, they're all very good." A family member said, "I've been so impressed by this agency, the staff are brilliant and the management team, nothing is too much trouble for them, they will sort anything out." All family members and people were able to name the registered manager and directors of the provider company, as well as other office staff members.
- Staff also felt the service was well managed. All were positive about the support they received from the management team and felt they could go to them with any issues or concerns.
- We contacted a range of health and social care professionals. One told us they had lots of confidence in the registered manager and wouldn't hesitate to recommend the service to friends or family.
- The company directors and management team had clear vision and values for the service. This included providing quality individual care for people, whilst promoting independence and choice, which put people in control of their care.
- The management team were aware of, and kept under review, the day to day culture in the service. This was done through working alongside staff, one to one meetings and observations.
- The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. The registered manager described how this would be used when required.
- The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: Continuous learning and improving care:

- The registered manager was clear about their roles and responsibilities. They were supported by an office team who all had clearly defined responsibilities; for example, training or scheduling of care visits. The service supported all staff to access further training and development opportunities. This included formal qualifications as well as attending relevant forums and local groups related to the organisation and provision of care.
- The service had two directors who worked daily in the office, meaning they were fully involved in the day to day running of the service. When necessary they would undertake a range of tasks including providing non personal care. One director attended the Alzheimer's Society, Dementia Friends Champion training and planned to provide dementia friends training in the community when current meeting restrictions are lifted. They had also recently completed the care certificate. This is a basic introduction to the principles required

to provide care. During the inspection they demonstrated an understanding of the service and a commitment to ensuring people received high-quality care.

- There were comprehensive quality assurance systems in place. The registered manager completed regular audits and told us they reviewed records of care provided and medicines administration records. The registered manager identified that the management team's involvement in the delivery of care helped ensure care plans remained up to date and people's needs were consistently met.
- The service was linked to a franchise provider. The franchiser national office awarded the service a "Think Big" award in February 2020 for their continued quality care delivery during their first year of operation. The franchise provider also monitored the quality of the service and provided support if required to the directors and registered manager. For example, the registered manager described the additional support they had received to identify and manage risks due to the coronavirus pandemic.
- Extensive policies and procedures were in place to aid the smooth running of the service. For example, there were policies on safeguarding, infection control and recruitment. Staff were able to access these within the office and the service was in the process of placing these in a computer format which would be accessible to all staff at any time.
- The registered manager monitored complaints, accidents, incidents and near misses and other occurrences. The registered manager told us they would, "check for patterns or themes," although as there had been few incidents none had been identified.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- There were opportunities for people to provide feedback. For example, people had regular individual reviews during which they could provide feedback about the care and the service received. Family members and people all felt able to contact the management team and were confident they would get a positive response to any issues or questions.
- Quality assurance questionnaires were sent to people. The registered manager monitored all feedback received. For example, information from the latest quality assurance questionnaires was collated and action was taken to ensure people received staffing rosters, due to changes to postal systems during the pandemic.
- Due to the coronavirus pandemic physical staff team meetings were no longer being held and had been replaced by on line meetings. A staff member said, "We had a (online) meeting not long ago, and we can always ask to speak with anyone in the office if we need to."

Working in partnership with others:

- The service worked well and in collaboration with all relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision. One external health professional told us, "I have had telephone contacts with the care (registered) manager, and I always felt listened to and information was shared professionally and if I asked for anything to be followed up this was done, and I was updated."
- The service had links with other resources and organisations in the community to support people's preferences and meet their needs.