Inspiratus Senior Care Limited

Home Instead Senior Care Swindon & Vale of White Horse

Inspection report

Unit 30c, Shrivenham Hundred Business Park
Majors Road, Watchfield
Swindon
Wiltshire
SN6 8TZ

Tel: 01793232585
Website: www.homeinstead.co.uk/swindon

Date of inspection visit:
12 October 2017

Date of publication:
27 October 2017

Ratings

Overall rating for this service	Good
Is the service safe?	Good

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service on 1 August 2016. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to a breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Home Instead Senior Care on our website at www.cqc.org.uk. At this announced inspection on 12 October 2017 we found improvements had been made.

Home Instead provides a range of services to people in their own home including personal care, companionship and shopping in Swindon and the surrounding areas. At the time of inspection there were 55 receiving care under the regulated activity of personal care.

There was not a registered manager in post. 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. The current manager was registering with the Care Quality Commission to become the registered manager.

People received their medicines as prescribed. Medicine administration records were accurately maintained by staff trained in administering medicines and staffs' competency to administer medicine was regularly checked and documented. A senior staff member had been appointed as 'Medicines lead' who managed all aspects of medicine management.

We were greeted warmly by staff at the service who seemed genuinely pleased to see us and were keen to show us the improvements they had made.

People told us they benefitted from caring relationships with the staff. There were sufficient staff deployed to meet people's needs and people received their care when they expected. The service had safe, robust recruitment processes in place.

People were safe. Staff understood their responsibilities in relation to safeguarding. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified.

Where risks to people had been identified risk assessments were in place and action had been taken to reduce the risks. Staff were aware of people's needs and followed guidance to keep them safe.

Staff visits were punctual and people told us there were no missed visits. People, staff and records confirmed this.

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 received their medicines as prescribed. Medicines were managed safely.

Systems were in place to ensure that people who used the service were protected from the risk of abuse. Staff were aware of procedures to follow to safeguard people from abuse and people told us that they felt safe.

The service employed sufficient staff to meet the identified needs of the people they provided services to. The service carried out appropriate checks to ensure suitable staff were employed.

Home Instead Senior Care Swindon & Vale of White Horse

Detailed findings

Background to this inspection

We undertook an announced focused inspection of Home Instead Senior Care on 12 October 2017. This inspection was done to check that improvements to meet legal requirements planned by the provider after our 1 August 2016 inspection had been made. The team inspected the service against one of the five questions we ask about services: is the service Safe, This is because the service was not meeting some legal requirements.

We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. This inspection was carried out an inspector.

We spoke with three people, four relatives, three care staff, an office administrator, a care leader, the registered manager and the trust domiciliary care manager. We looked at five people's care records and medicine administration records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the service and getting their views on their care. In addition we reviewed a local authority monitoring report.

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 looked at information we held about the service. This included previous inspection reports and notifications we had received. Notifications are certain events that providers are required by law to tell us about.

Good

Is the service safe?

Our findings

At our last inspection on 1 August 2016 we identified concerns relating to medicines management. These concerns were a breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found medicines were safely managed. The manager had appointed a senior staff member to be 'medicines lead'. This staff member had oversight of all medicines management and regularly audited medicine processes and records. They also supported staff in the field and dealt with all medicine queries. We spoke with this staff member. They told us, "This new way of working is really amazing. We now have a good culture around recording and monitoring and I am on call for staff so they can raise issues. I deal with all medicine queries and staff training and I am in charge of PRN (as required medicine) protocols.

People's medicine administration records (MAR) were accurately and consistently maintained and was regularly audited. These audits included medicine stock balances, staff signatures and, where appropriate the use of body maps. Body maps directed staff with the application of topical creams. Where people used medicines as required (PRN), protocols were in place that guided staff to safely administer these medicines. For example, the protocols contained the type of medicine, the dose and how it was to be administered. Maximum dose in 24 hours information was included. In addition, information relating to possible reactions to the medicine was detailed and included whether the medicine could or should be taken with food or drink.

Staff told us, and records confirmed they had received medicine training and their competency had been checked. Staff comments included; "I've had medication training and my competency is checked at spot checks. I have no problems with medication at all, I've always got someone to ask if I have a question" and "I was trained in medicines and I have done a refresher course. They come out and check me regularly".

People and their relatives told us they felt safe with the support they received relating to medicines. One person said, "They seem to manage my medicine well, no problem". Another person said, "Yes I'm safe with my medicine. I have them in the mornings and they (staff) record everything". Relatives comments included; "They (staff) are very good with medicines, no worries. They are very conscientious" and "They (staff) look after [Person's} medicine and they are very good. They are thorough so I have no worries at all".

People told us they felt safe. People's comments included; "Yes I do feel safe. They treat me nicely and are very friendly", "I feel safe in their care and I manage ok" and "Oh yes I do feel safe, they are just fine".

Relatives told us people were safe. Their comments included; "Yes [Person] is safe and I supervise. They (staff) know what to do no problem at all and the carers are wonderful", "They (staff) like mum a lot, they go out of their way to help her. She is safe as they know what they are doing", "[Person] is safe. We know the care worker who does a good job" and "Safe? Yes definitely safe".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us

they would report concerns immediately to the registered manager or senior person on duty. Staff were also aware they could report externally if needed. Staff comments included; "I'd ring the office and the manager. I would also contact social services", "I would go to my superior and let them know my concerns. I can call CQC (Care Quality Commission) as well" and "I'd inform the office and the local authorities". The service had systems in place to investigated concerns and report them to the appropriate authorities.

People's care records included risk assessments. Where risks were identified there were plans in place that guided staff how to support people to manage the risks. Risks identified included: pressure damage; choking; moving and handling and nutrition. For example, one person had difficulty mobilising independently and required a 'full hoist' to transfer them to the shower. The risk assessment identified two staff were required to support this person. The risk assessment also guided staff on the use of the hoist and sling with photographs for correct sling positioning. Staff we spoke with were aware of, and told us they followed this guidance.

Another person had a specific skin condition that could fluctuate. The risk assessment highlighted the risks to the person's skin associated with this condition. Staff were guided to monitor this person's skin and follow a detailed 'wash routine'. They were also guided to ensure the person's skin was 'completely dry'. Daily notes evidenced this guidance was being followed.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the home. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identify if prospective staff were of good character and were suitable for their role. This allowed the manager to make safer recruitment decisions.

There were sufficient staff deployed to meet people's needs. Where people required the support of two staff we saw they were consistently deployed. The staffing deployment system also monitored visits to people ensuring staff were punctual and visits were not missed. If a staff member was delayed the system alerted office staff who contacted the person and, if necessary arranged for another staff member to attend the person. We saw that no missed visits had been recorded.

People and their relatives told us staff were punctual. One person said, "Mainly on time, well usually well on time really. They have never missed a visit". Another person said, "Yes they are pretty punctual. If they are running late I get a call and they never miss any visits". A relative said, "They are on time and will fit in with our requests. I've not experienced a missed visit".

Staff told us there were sufficient staff deployed to support people. Staff comments included; "You can never have too many staff. We have a good amount and I am not pressured to do extra shifts" and "There is enough staff, yes. It can get tight if people (staff) go sick but we are ok".