

AMZ Enterprises Ltd

# Home Instead Senior Care

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to 105 older adults. Not everyone using Home Instead received the regulated activity of personal care. 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.

People's experience of using this service:

People consistently described the service as being exceptionally caring, and able to meet their needs in a personalised and thoughtful way. Consistency with rota's enabled people and staff to develop working relationships which were meaningful. The registered provider looked at creative ways to meet people's needs.

People felt safe with the staff supporting them. Systems were in place to ensure people's safety and enough staff had been recruited to ensure people received a reliable service. Recruitment processes were thorough. People were supported to take their medicines safely.

Staff had a thorough understanding of people's needs. An induction was provided and staff could access a range of training which provided them with the level of skills and knowledge needed, to deliver safe care.

The registered manager looked at ways person-centred care could be provided, which met people's needs, wishes, preferences. Staff supported people to meet their nutritional and health care needs. Risk assessments were in place. These looked at a range of areas, but needed to be more detailed for people who were at risk of choking. We have made a recommendation about supporting people to eat in a safe way.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Some staff had been trained in end of life care and understood the specific requirements to meet the needs of people at the end of their life. We have made a recommendation about end of life care.

People and their relatives told us they were actively encouraged to share their views and provide feedback about the service. A robust audit system was in place. The registered provider worked in partnership with other organisations and took part in several good practice initiatives, designed to further develop the service.

This service met the characteristics of Good; more information is in the full report

Rating at last inspection: This service was last rated Good. (1 September 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we visit again in line with our inspection programme and scheduling. If any concerning information is received 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?

The service was safe.

Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

# 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** This inspection was carried out by one inspector and one 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. This person had experience with this type of service.

#### Service and service type:

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 24hours' notice of the inspection site visit because we needed to be sure the registered manager would be in. The inspection site visit activity started on 12 February 2019 and ended on 14 February 2019. We visited the office location on 12 February 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

**What we did:** Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed this information to help plan our inspection.

Before the inspection we sent out questionnaires to some people, so they could share with us their experiences of the service. We also spoke with three people, eight relatives, three members of staff, the deputy and the registered manager.

We inspected three care plans, and three staff files. We looked at audits and quality assurance procedures relating to the management of the service, which had been developed and implemented by the provider. Some of this information was received, following the inspection visit. Where commissioners or health professionals have given feedback, we have included this within our report.

# 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.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise and protect people from the risk of abuse. People told us they felt safe with the staff supporting them. One person said, "Oh yes, I feel absolutely safe with all of the staff."

Assessing risk, safety monitoring, and management

- Care plans had individual risk assessments which provided guidance for staff to know how to work in a safe way. For example, there was detailed information for staff to understand how to support people if they were at risk of falls, malnutrition, dehydration, or if they were at risk of developing pressure ulcers. For people who needed support to eat safely more detailed guidance was needed.

Staffing and recruitment

- Staffing levels ensured people received the support they needed safely and at the times they had agreed to. People told us staff turned up on time and stayed for the duration of the call. One relative said, "I can honestly say that in the months we've had them, the staff have never been late, I'm very pleased about that."
- Staff rotas were organised in a way to provide consistent support, enabling people to develop good relationships with staff.
- Recruitment processes protected people from being cared for by staff who were unsuitable to work in their home.

Using medicines safely

- People told us they received their medicines as prescribed. The registered provider followed safe processes relating to the administration, and management of people's medicines.
- Staff who administered medicines were trained to do so. Their competence had been checked by the registered manager on a regular basis, to ensure people received their medicines safely. One relative said, "We've never had any problems with his tablets, if they're running low they'll ring me to ask me to get some more."

Preventing and controlling infection

- People were protected from the risk of infection. Staff had been given infection control training and were provided with personal protective equipment to use. For example, disposable gloves and aprons.

Learning lessons when things go wrong

- The registered manager looked at ways the team could learn when things went wrong and how the service could be improved. For example, the registered manager checked trends to look at how incidents or accidents could be prevented from occurring in the future.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment, and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

People's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- When people needed support to eat and drink in a safe way, some care plans lacked evidence that professional guidance was being followed. For example, two people needed staff to assist them with a textured diet, because they had problems with swallowing or at risk of choking.
- Care plans had not considered if healthcare professional were involved, and if the texture of the food they were giving to people were safe. There was a lack of guidance for staff to know what to do if the person choked. One person said, "[Name] has difficulty in swallowing, so they have bought a blender. I did not even have to ask them, I noticed they started blending their food for them. The staff just use their common sense." Whilst this demonstrates that the staff and service was proactive in meeting people's needs. Guidance should be in place to ensure that staff have the correct information to support people in a safe way.

We recommend the registered provider obtains guidance from a reputable source, when a person is at risk of choking or has swallowing difficulties.

- Staff encouraged and supported people to have a nutritionally balanced diet in line with their assessed needs, and respected people's right to make their own decisions. One relative said, "The staff cooked them a lovely roast dinner the other day. They loved it. They haven't stopped talking about it."
- Staff had received training in food handling and nutrition. Care plans detailed what support people need to maintain their nutrition and hydration needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People told us they had been fully consulted when an assessment of their needs had been carried out and were involved in regular reviews. People were asked their views about how their care and support should be delivered and they were encouraged to make their own decisions wherever possible.
- Care plans explored people's needs in a holistic way and focused on outcomes for people. For example, we saw personal interests, backgrounds, hobbies, likes and dislikes, religious and cultural needs had been explored in detail.

Staff support: induction, training, skills, and experience

- Staff told us they received a programme of thorough training which enabled them to understand and meet the needs of people who used the service. One staff member said, "The training you get here is excellent."
- Regular supervision was carried out with staff throughout the year, along with an annual appraisal.
- The service promoted the use of champions. Champions are staff who had shown an interest in particular



areas and were responsible for sharing their learning and acting as role models for other staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services, and support

- The registered provider supported people to access healthcare services.
- Staff worked with a range of healthcare professionals, such as social workers, and GPs.
- Care plans contained information and provided guidance to staff about people's health needs and professional's involvement. One relative said, "I have asked the staff to move the times occasionally because of hospital appointments. They've always been very accommodating, and got it just right."
- People were supported to look after their health needs. One relative said, "The staff had to call an ambulance for [Name] once. They stayed with them until I could get there. That was very kind, and it showed how they valued their safety and peace of mind."
- Staff supported people to be healthy by being observant and proactive. One staff member explained, "[Name] stopped eating their sandwich. I cut the crust off, but that did not help. When I was tidying up I noticed empty Fixodent bottles. We arranged for this person to see a dentist, and found out their dentures were broken. This was why they weren't eating anything."

Ensuring consent to care and treatment in line with law and guidance

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 the mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered providers approach to obtaining signed consent in relation to people's care arrangements was comprehensive. Everybody or their representative/s had signed to agree to the care being delivered within their care plan. When people had others acting on their behalf, there was detailed information to show if people had a Lasting Power of Attorney or a Court of Protection agreement in place.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity, and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity, and independence

- People benefitted from the reassurance of receiving their care and support from staff who understood them and knew how to motivate and involve them in meaningful activities. One person said, "The staff are very good. They pay attention to every detail. They are excellent. They go above and beyond what I would expect of them." One staff member explained, "We can really regard the person. [Name] love to sing and dance and we have been so silly, singing and dancing."
- Staff looked at the way people's independence could be promoted and supported. People told us staff helped them where they needed it "but did not take over" and allowed people to continue to manage aspects of their personal care and daily lives that they were able to.
- Staff confirmed the importance of maintaining people's skills and independence and supporting them to complete tasks they needed assistance with only after asking the person if they wished staff to do so. One staff member said, "[Name] loves to clean but can struggle to coordinate, but we prompt and guide. The other day we took all the books from the book case, dusted them together and put them back. It's a small thing to you and me, but it helps to give them a purpose."

Ensuring people are well treated and supported; equality and diversity

- Both staff and management were fully committed to ensuring people received the best possible care and people received care in a way that exceeded their expectations. Staff were matched to people with similar characteristics, hobbies, or beliefs. One person said, "I can't praise the staff highly enough, they are excellent with my relative. I would give them an A star."
- Staff empowered people to be at the centre of the care they received, and was described as being exceptionally kind, patient, and sensitive to people's individual needs. One relative said, "[Name] rarely wants personal care. The staff try very gently. Sometimes it works, sometimes it does not. On bad days they will make a cup of tea, sit with them, and try again."
- Information staff gathered about people's backgrounds was used in creative ways, to plan reminiscence activities to effectively support people who were living with dementia. For example, one person enjoyed poetry, and this was recited to the person when they were feeling anxious. One relative said, "[Name] knows they can be a bit aggressive, but I know staff are able to care for them in a calm, and caring manner."

Supporting people to express their views and be involved in making decisions about their care

- People told us they felt fully consulted when the registered manager met with them to explain how the agency operated and assess their needs. The care plans showed that people were asked for their views about how their care and support should be delivered and they were encouraged to make their own decisions wherever possible.
- People had developed, meaningful relationships with the staff who supported them. They told us the staff

had gone above and beyond to meet their needs. One person said, "The girls love them so much. To me, they are my angels."

- Care plans explored people's needs in a holistic way. For example, we saw that personal interests, hobbies, likes and dislikes, religious and cultural needs had been explored. People were asked if they wished to receive their personal care from the staff of the same gender and their wishes were respected. One relative explained, "[Name] didn't like having a man, it was worth a try, to see if they responded better. We changed back to their regular ladies without a fuss. They'll try anything they can if they see a problem."

- The registered provider looked at ways they could ensure their staff was well supported. They provided an employee assistance programme which offered counselling support.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives, consistently said, the registered provider maintained very close and effective communication with them, informing them of both emergency situations but also of minor changes in people's health. One person said, "The staff keep me in the loop about how [Name] is. It is very helpful. Another person said, "The office is very good. I know them all. They are very efficient and always helpful."
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded, and highlighted in care plans. These needs were shared appropriately with others. Information was provided in large print, and care plans assessed what other resources may be needed to help people to understand information.
- The registered manager gave examples of where care had been provided which met people's needs and preferences. The feedback from people reflected this. Staff had provided support to people to achieve their goals and areas of interests, such as skydiving, going with people on holiday, or attending fitness classes.
- Staff had an in-depth knowledge of the people they were supporting and could describe in detail things that were important to them. Staff had been matched to people with similar characteristics, hobbies, or beliefs. People told us positive and trusting relationships had formed between themselves and the staff that supported them.
- Care plans contained information about people's needs, preferences, and interests. The care plans gave staff specific information about how the person's care needs were to be met and what staff needed to do to deliver the care in the way the person wanted.
- Care plans were regularly reviewed and people had their needs assessed before receiving a service.

Improving care quality in response to complaints or concerns

- People told us they were encouraged to give their views and raise concerns or complaints. However, none of the people spoken with had had cause to raise concerns and were happy with the service they received. The registered manager confirmed any concerns or complaints were taken seriously, explored, and responded to.
- Compliments about the service had been received.

End of life care and support

- Where people had been supported at the end of their life, care plans lacked detail. These did not consider how to enable people to engage with their religious beliefs and consider how this may relate to their preferences at the end of their life. Emergency information did not specify if the person had requested a do not resuscitate.
- At the time of the inspection, the registered provider was not delivering care to anyone who was at the end of their life. However, when the service had previously supported people around the end of their life, we

were told staff had worked closely with family members and other professionals.

- Eleven staff had been trained in end of life care and understood the specific requirements that may be needed to ensure people received good end of life care.

We recommend the registered provider obtains guidance from a reputable source, considering ways to implement good practice when people are nearing the end of their lives.

# 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.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements

- 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.
- Providers of health and social care services need to inform the Care Quality Commission, (CQC), of key events which happen in their service. The registered manager had not informed us of two events but did submit these notifications after the inspection.
- People continued to speak positively about the management and leadership of the service. One person said. "[The registered manager] was very helpful. They run a good, tight ship. There never seem to be problems that they can't fix."
- People knew the registered manager and spoke positively about them. People told us they were confident in the way the domiciliary care agency was managed. One person said, "Sometimes [the registered manager] will give me good advice. They just listen. They are fantastic. I think they deserve over and above."

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

- People who used the service, family members and staff were regularly consulted about the quality of the service they received. The registered manager conducted regular audits and improvements were carried out when these had been identified. The quality of the service was checked and assessed consistently.
- The vision, aims and objectives of the service was 'to change the face of aging, and wanting to be the best.'

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

- Staff consistently described the registered manager, as being friendly, caring, and approachable.
- People had opportunity to express their views and be listened to in the annual management and monitoring review. We saw this included people's views on all aspects of the service. The registered manager analysed this information to look for any areas that needed improvement.
- Regular staff meetings were held and staff were encouraged to have a say on how the service could be improved, reflect on, and share best practice.

Continuous learning and improving care

- Systems continued to be in place to check the quality of the service. Spot checks were carried out on a regular basis, to ensure the quality of the service people received was good. They reviewed if staff were competent to carry out their role.

- The registered manager spoke at length about the future of the service. They explained they were planning to deliver extended care packages to people with more complex needs. They explained this would be offered to people as an alternative solution to residential care.
- The registered manager promoted person-centred, high-quality care and good outcomes for people. One relative said, "There's not a single thing I can think of that they could improve on. They have given us everything they promised when they first came to visit us a few months back. I would recommend them without hesitation."

#### Working in partnership with others

- The registered manager had links with the local community and worked in partnership with other organisations. They had taken part in several good practice initiatives designed to further develop the service, including Dementia Friends, and the Dementia Pledge.
- The service was an important part of its community and had developed connections within the local community. For example, the registered manager had developed links with the district nurses and local memory clinics. They gave local community education workshops, regularly raised money for the Alzheimer's society and gave free fraud and dementia awareness talks. The registered manager spoke about their plans to deliver nutritional awareness talks over the coming year. They also supported the local community kitchen and supported seasonal activities, such as, be a Santa to a senior.
- The service had been highly commended and had recently won an award after being rated one of the top 20 recommended home care providers in the East of England.