

Essex Senior Care Limited

Home Instead

Inspection report

Suite 3, Premier House
129-141 High Street
Epping
CM16 4BD

Tel: 01992666777

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Home Instead is a domiciliary care service providing personal care to adults who live in their own houses and flats. At the time of our inspection, 97 people were receiving personal care.

Not everyone who uses domiciliary care services receives 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

People's medicines were not always managed safely and the provider's processes for checking the accuracy of people's medicines records were not always robust.

The registered managers governance arrangements did not always provide assurance the service was well led. Quality assurance systems were not robust and had not identified the shortfalls we found during our inspection.

Effective arrangements were in place to ensure recruitment checks on staff were safe. Minor improvements were required to staff recruitment files. We have made a recommendation about the management of staff recruitment files.

There was limited information in the support plans we reviewed relating to people's end of life wishes. We have made a recommendation about end of life wishes.

We received positive feedback on the service. One person said, "The registered manager is very kind and considerate, and the staff always go above and beyond and treat [relative] like family".

Risks to people had been assessed, reviewed, and updated in people's care plans when their needs changed. Staff had access to personal protective equipment (PPE) and there were effective infection prevention control measures in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had a good understanding of people's preference of care, staff promoted people's independence.

People and their relatives were involved in the planning and review of their care. The registered managers had effective policies to respond to complaints and these were handled well.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was outstanding (published 27 October 2017).

Why we inspected

We undertook this inspection as part of a random selection of services rated good and outstanding.

The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection.

You can see what action we have asked the provider to take at the end of this full report

Enforcement and recommendations

We have identified breaches in relation to medicines management, good governance, and the notification of incidents. We have made a recommendation about staff recruitment files and end of life wishes.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Home Instead

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 Health and Social Care Act 2008.

Inspection team

The inspection team consisted of 2 inspectors and an Expert by Experience. The Expert by Experience completed telephone calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there were 2 registered managers in post. However, one of the registered manager's was on maternity leave as of the day of our inspection.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 September 2023 and ended on 21 September 2023. We visited the office on 18 September 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 16 relatives and 8 people about their experience of the care provided. We spoke with 9 members of staff, the 2 registered manager's, the client relationship manager and other senior members of the team.

We reviewed a range of records. This included 7 care records and plans. We looked at 5 staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People's medicines were not always managed safely. The registered manager told us they recorded when medicines were given on a medicines administration record (MAR). However, we found staff had signed that a cream had been applied to a person on 3 different days, but the staff had previously recorded in the daily notes, the cream had not been available.
- Additional concerns were identified with a person's cream which was recorded to be used as required [PRN]. Staff were offering this cream on a regular basis, and it was not being used as a PRN as prescribed.
- A person was administered PRN medication on multiple occasions. There was no explanation as to why this had been administered and went against the providers medication policy.
- A person was prescribed with medicine to be administered 3 times a day but the MAR indicated the person had not taken the medicine this month. This had not been reviewed or followed up with a GP.
- A medicine audit was completed weekly. However, the audits did not identify the shortfalls we found at the inspection. This meant the registered managers did not have clear oversight of the safe management of people's medicines.

We found no evidence that people had been harmed. However, systems were not robust enough to demonstrate medicines were managed safely or effectively. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered managers sent an action plan with details of training booked for office and care staff for PRN medication.

Staffing and recruitment

- Staff were safely recruited, and the provider had completed the relevant employment checks prior to them starting work. Minor improvements were needed to staff recruitment files to ensure they meet regulation. For example, reference received had not been verified.

We recommend the provider sought advice and guidance from a reputable source, about the safe management of staff recruitment files.

- There were enough staff to meet people's needs. Relatives told us care calls had not been missed and if staff were running late, they would be contacted by a member of staff at the office. One person said, "They always turn up on time, and have never missed a call."
- Staff were subject to Disclosure and Barring checks. (DBS) checks provide information including details

about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place which outlined everyone's responsibilities when reporting safeguarding concerns. Staff we spoke with understood the importance of raising concerns.
- Staff had completed safeguarding training and were able to recognise signs of abuse. A staff member told us, "I would immediately inform my manager if I felt someone was the risk of abuse or call 999 if I had to."
- Relatives we spoke with, confirmed they had no concerns relating to the safety of their family member. One relative told us, "Yes, [relative] feels safe because he can communicate with them if they've got a problem and the carers can usually deal with it. he's relaxed and comfortable with them."

Assessing risk, safety monitoring and management

- Risk assessments had been completed to provide staff with guidance on how to keep people safe and minimise risks. For example, assessments described risks to people's home environment.
- Risk assessments were reviewed and remained up to date to meet people's needs and reduce risks.
- People's care records helped them get the support they needed. Staff kept accurate, complete, legible records and stored them securely. The registered managers told us, "We involve families and health professionals when formulating and reviewing the care plans and work closely with them on a regular basis."

Preventing and controlling infection

- Staff told us they were provided with personal protective equipment (PPE) which was replenished whenever required.
- Relatives told us staff always wore PPE when undertaking visits to them at their homes. A relative told us, "[Staff] wear gloves, aprons, and take it all off before the next bit of the job, i.e., when changing from task to task."

Learning lessons when things go wrong

- The registered managers had systems in place to learn from accidents/incidents or untoward events and carried out investigations where required. Records showed action was taken to reduce the risk of reoccurrence. For example, we saw a recent incident had been shared with staff and additional training provided to improve the quality of the service.
- Lessons learned were shared with staff during handovers, team meetings and through staff supervisions.
- The registered managers had responded promptly to the feedback from the inspection and told us they had shared information with staff about how to make improvements to the service.

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- The registered managers had processes in place to ensure all staff received an extensive induction. Staff told us they were supported with an induction when they first started working. One member of staff told us, "The induction really helped me prepare for the role and I found it very helpful." We saw evidence of a completed induction kept on staff files which included a workbook, medication, CPR and recovery position, skin integrity and moving and handling and competency test's.
- All staff completed the Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received support in the form of continual supervision, spot check visits and recognition of good practice. A member of staff told us, "My manager is very supportive, and I have regular supervision."
- Staff were up to date with their mandatory training. Some staff had completed additional courses which were specific to people's needs. A relative told us, "Staff understand [relative] really well. They know what they are doing and have the right training to support [relative]."
- Feedback received from an occupational therapist was positive. They told us, "In terms of knowledge of manual handling ,staff have consistently demonstrated correct techniques in the joint visits I have had with them."

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

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

- Prior to the start of care provision an assessment of people's care needs and home environment was completed by one of the registered managers. A person told us, "One of the senior staff, came out to see me. She looked around and went through a list of questions to check what I needed, and explained what they could do for me. I was there and my family member was also present."
- People's support plans were detailed and personalised. They provided the necessary information for staff to meet their needs, in line with current guidance and standards. A person told us, "I had a recent meeting with staff, to discuss what I needed regarding my diet."
- Support plans were reviewed regularly, or, if there was a change in people's care and support needs. A person told us, "They're meeting my needs above what I expected; they're willing to do anything. Some [staff] are more proactive than others but they're all willing to do anything I need."
- People's protected characteristics under the Equalities Act 2010, such as age, disability, religion, and ethnicity were identified as part of their needs assessment. For example, 1 person's care plan recorded their

specific religious observance needs and how these were met.

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

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. A relative told us, "If anything is not going well, the office will phone me to discuss it. We have really good communication with them; we message back and forth a lot. They've helped me a lot. One of the carers went to the doctors with my [relative], to explain [their symptoms]. They have also contacted the district nurse for me on a given occasion."
- Staff had practical information to support people with their healthcare needs.
- An occupational therapist told us, "I have performed many joint visits with various members of staff and have found them to be knowledgeable, friendly, caring and professional. They are very concerned about the needs of their clients and will often refer requesting an Occupational Therapy Assessment to maintain their independence but also will refer when they do not have the correct manual handling equipment for the safety of the client and their staff."

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

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered managers understood their responsibilities under the Act. We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to not deprive a person of their liberty.
- People, and where appropriate their representatives were involved in all decisions related to people's care.
- Where people lacked capacity to make decisions for themselves their care plans identified who the decision maker was.

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.

At our last inspection this key question was rated outstanding. At this inspection this key rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. A person told us, "They treat me with absolute respect. What I would say is that they treat me as an equal. They are very nice people. They are kind and caring and caring is their job and they do it well."
- Staff were focused and attentive to people's emotions and support needs. A relative told us, "My [relative] really likes the carers. They are lovely people, and I am very grateful we have them. Staff always go above and beyond and treat [relative] like a family member."
- Staff were able to tell us about people's preferences and how they liked to be supported. A member of staff told us, "I enjoy talking to people and understanding what they like or dislike. I read the care plans and speak to families to see how I can support them."
- Feedback from relatives and people was positive about how caring staff were. A relative told us, "The carers are all so lovely [Relative] is quiet and reserved and they jolly [relative] along, talk about football etc. They're really good with him."

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

- The registered managers worked closely with people and their relatives to ensure their care was tailored to match their needs and we saw evidence of this in their care plans. They told us, "When taking on new referrals, we do thorough introductions. We spend at least a couple of hours getting to know the service user and put together a bespoke care package, then assign the right carers to the package. We discuss all care plans with families and health professionals."
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. A relative told us, "They involve us in all aspects of care planning. The manager visits often to see if there are any changes to [relative's] care package and updates the care plan accordingly."

Respecting and promoting people's privacy, dignity and independence

- The service ensured people's confidentiality was always respected. Records were kept securely.
- Staff treated people with dignity and respect. A relative told us, "Staff are kind and caring. They are very considerate and supportive. They always ensure they maintain [relative's] dignity at all times."

Is the service responsive?

Our findings

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

At our last inspection this key question was rated outstanding. At this inspection this key rating has changed to good. This meant people's needs were always met through good organisation and delivery.

End of life care and support

- There was nobody actively being supported with end of life care.
- There was limited information in the support plans we reviewed relating to people's end of life wishes.

We recommend the provider sought advice and guidance from a reputable source, about supporting people to express their views and involving them in decisions about their end of life care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided people with personalised, proactive and coordinated support in line with their care plans, relating to health, communication, likes and dislikes.
- People were supported by a team who knew them well and how they like to be supported. A relative told us, "Staff are extremely patient and always speak to my [relative] with respect. They are so attentive to all my [relative's] needs, they are just amazing."
- People's care was reviewed regularly, and people had the opportunity to shape the service they received. The registered managers told us they regularly amend or update the care plans with families as and when required.
- People were invited to attend regular community events which included, Dance, Sing, Tea Dance and memory cafes. A person told us, "They send this 'Sparkle' magazine round, which is for elderly people. They also send invitations to things like their dementia café, which a carer would take you to if you wanted to go."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, and staff had the information they needed to communicate effectively with people.
- Where needed, the registered managers confirmed people were offered information in a format they could understand to support them to make informed decisions about their care. For example, if they required information in large print, easy read or audio format.

Improving care quality in response to complaints or concerns

- The registered managers had systems in place to respond to any complaints or concerns raised. There

was a complaints policy that people, relatives, and staff could refer to.

- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and wider service. We found examples where staff had complained to the registered managers and what action had been taken to resolve the complaint. There was a process for complaints to be logged on the system and these were audited regularly.
- A person told us, "I have never had to make a complaint, but if I did have to, I would know who to raise it with and I am confident it would get dealt with."
- Compliments were readily available to capture the service's achievements.

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.

At our last inspection we rated this key question requires outstanding. At this inspection the rating for this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We were not assured the current governance arrangements and oversight of the service were robust or effective in identifying and following up actions needed. Particularly with regard to; medicines management, audits, completion of documentation including people's daily notes and the notification of other incidents in a timely way.
- Medicines audits were completed weekly, however the issues identified and our findings on the day of inspection highlighted systems were not robust enough to demonstrate medicines were managed safely or effectively.

Systems and processes to monitor, audit and improve the overall quality of the service were not robust enough. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

- Following the inspection, the registered managers sent an extensive action plan which addressed the concerns identified during the inspection.
- The day to day running of the service was managed by the registered managers. There was a clear staffing structure in place which included an operations manager, client relationship managers and care managers. The registered managers told us they would all be working closely with the service to make improvements.
- The service had been experiencing some issues with a new care management software system they had recently introduced to the service. Following the inspection, leaders told us that system providers were working closely with them to address their concerns.
- The registered managers had been raising safeguarding alerts with the local authority however, there had been occasions whereby statutory notifications had not been sent to CQC as required. Providers must inform CQC of all incidents that affect the health, safety and welfare of people who use services.

The failure to notify CQC of notifiable incidents is a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

- Following the inspection, the registered manager sent the relevant notifications retrospectively to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- People's equality and diversity characteristics had been considered and integrated into their care plan.
- The registered managers sought regular feedback from relatives and people they supported. The service used an external company to conduct annual surveys which people, relatives and staff completed. This feedback was used to improve the care provided.
- Staff received regular supervision to discuss their support needs and any practice issues. There were also daily office staff and regular care staff meetings. Staff told us, "We use our supervisions to discuss people and their wellbeing, the running of the service and how staff are progressing. I find the supervisions really valuable."
- The management had introduced a 'Recognition of Praise' scheme whereby any member of staff could nominate any other staff member and they received a certificate in the post with details of why they had been recognised for. This increased staff morale and staff spoke positively about this incentive.
- The management had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible. A person told us, "They are very flexible. If I were to contact them now and see if I could change the time of the visit for any reason, or if they could squeeze in an additional one, they would bend over backwards to try and accommodate me, and they usually can."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered managers and senior management team understood their responsibilities under the duty of candour, we saw evidence where incidents had occurred, and investigations had taken place the service had acknowledged this, and apologies were sent to people where needed.
- The registered managers worked closely with the local authority to investigate any safeguarding concerns and implement any learning from these.
- The registered managers and senior team recognised improvements were needed to ensure governance and leadership was more robust and effective in managing the day to day quality assurance of the service. This would ensure all actions identified in quality audits were followed through and sustainability was embedded into the service.

Working in partnership with others

- The service worked with other professionals to help provide people with joined up care. This included the local authority, speech and language therapists, occupational therapists, district nurses and GPs.
- The service recently booked a virtual dementia tour bus for staff to engage in a virtual reality experience. This gave staff an opportunity to learn and enhance their dementia training.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 Registration Regulations 2009 Notifications of other incidents</p> <p>The failure to notify CQC of notifiable incidents is a breach of regulation 18 of the Care Quality Commission (Registration) Regulations 2009.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found no evidence that people had been harmed. However, systems were not robust enough to demonstrate medicines were managed safely or effectively. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes to monitor, audit and improve the overall quality of the service were not robust enough. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.</p>