

South Bucks Senior Care Ltd

Home Instead Senior Care

Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

This inspection took place on 17 and 18 October 2016. It was an announced visit to the service.

This was the service's first inspection since changes to its registration in March 2014.

Home Instead Senior Care provides care to people in their own homes. At the time of our inspection, around 70 people received support with their personal care needs in the High Wycombe and surrounding areas. Most people who received a service were older people. Home Instead Senior Care provides a minimum of one hour visits.

The service had 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.

We received consistently positive feedback from staff and people who used the service. Comments from staff included "The best thing with Home Instead is it feels like an ideal service provider in an ideal world. It's almost perfect," "I wish I made my choice to work in the care industry years ago. They have supported me with full training and additional training courses on Alzheimer's and epilepsy, which I have been able to use with my clients. If I find any problems arise or need support, my senior and care manager are only a phone call away and they have always helped me where needed."

People who used the service told us care workers treated them with dignity, respect and were caring in their approach. General comments about the service included "They are very, very good," "They will help you out with whatever you need. I can talk to them all very easily," "I haven't met a carer that I don't like. I trust them" and "Everything I need they do. They are good at what they do."

A relative told us "Mum used to be fiercely independent and it was a struggle getting her to have the carers to help her. They helped her to stay in her home longer, which is what she wanted."

There were safeguarding procedures and training on abuse to provide staff with the skills and knowledge to recognise and respond to safeguarding concerns. Risk was managed well at the service so that people could be as independent as possible. Written risk assessments had been prepared to reduce the likelihood of injury or harm to people during the provision of their care.

We found staff had not followed safe practice for handling and managing people's medicines. For example, accurate records had not always been maintained of when staff administered medicines.

We found there were sufficient staff to meet people's needs. Staff told us support systems were effective and they could always obtain assistance when they needed it, such as in emergency situations. There was an on-going training programme to provide and update staff on safe ways of working. Recruitment procedures

used at the service were robust, to make sure people were always supported by staff with the right skills and attributes.

People's care needs had been assessed. This information was then used to develop care plans, which outlined the support people required. Information had been kept up to date as people's needs changed.

People knew how to make a complaint if they needed to. Two complaints had been received, both of which had been responded to by the provider. We saw numerous compliments had been made by people or their relatives.

The quality of people's care was monitored through spot checks, reviews of care and an annual quality assurance survey which was carried out by an external company. The findings of the 2016 survey showed the service was performing well.

We found a breach of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation management of medicines. You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not always safe.

People were at risk of harm as medicines were not handled safely.

People were protected from the risk of abuse because staff received training to be able to identify and report it. There were procedures for staff to follow in the event of any abuse happening.

People were supported by staff with the right skills and attributes because robust recruitment procedures were used by the service.

Is the service effective?

Good 

The service was effective.

People received safe and effective care because staff were appropriately supported through a structured induction, regular supervision and effective training.

People were encouraged to make decisions about their care and day to day lives. Decisions made on behalf of people who lacked capacity were made in their best interests, in accordance with the Mental Capacity Act 2005.

People received the support they needed to keep healthy and well. Assistance was provided to obtain healthcare support, when required.

Is the service caring?

Good 

The service was caring.

People were supported to be independent.

People were treated with kindness, affection and compassion.

People told us staff were caring and treated them with dignity and respect.

Is the service responsive?

Good 

The service was responsive.

People's preferences and wishes were supported by staff and through care planning.

There were procedures for making compliments and complaints about the service. People were able to identify someone they could speak with if they had any concerns.

The service responded appropriately if people had accidents or their needs changed, to help ensure they remained independent.

Is the service well-led?

Good 

The service was well-led.

There were good communication systems in place to make sure information was shared in a timely and effective way.

People's needs were appropriately met because the service had an experienced and skilled registered manager to provide effective leadership and support.

People's care and support was monitored to make sure it met people's needs safely and effectively.

Home Instead Senior Care

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 checked 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 17 and 18 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available to assist with the inspection process.

The inspection was carried out by one inspector. An expert by experience made telephone calls to a sample of people who used the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 reviewed any other information we had received since the last inspection.

We sent emails to 11 community professionals who have contact with the service, to seek their views about people's care. We also contacted 20 members of staff and spoke with nine people who use the service and one relative.

We spoke with the registered manager, the provider and two members of staff. We checked some of the required records. These included four people's care plans, four staff recruitment and development files, a sample of policies and procedures, records of compliments and complaints and the results of a quality assurance survey.

Is the service safe?

Our findings

People's medicines were not always managed safely. We found two people's medicines administration records had not consistently been completed, to show whether people received their medicines as prescribed. We also noted one person had been prescribed two antibiotics. Staff had written these onto the medicines administration record sheet. One antibiotic was to be given three times a day, the other four times a day. Where staff had written onto the record sheet, they had incorrectly worked out the dose times. The first dose was written to be given at 10:30 hours and the second at 11:30 hours. Records showed staff had then given medicines at these times. This meant the person did not receive their medicines in line with how they had been prescribed and given so close together would have been an overdose.

Where administration of medicines was shared with family members, it was not always clear what the responsibilities were for staff. For example, in one file staff had written under 'medication support' "puffer meds in yog." This referred to giving the person's inhaler in yogurt. We saw staff had written this or similar wording on more than one occasion. The registered manager told us staff would not have administered medicine this way and they would not have given the medicine covertly. They said this was how the family managed the person's medicines. This was not clear from what staff had written about the care they carried out and the care plan did not support what we were told.

These were breaches of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to manage their own medicines where possible, subject to risk assessment. There were medicines procedures to provide guidance for staff on best practice. Staff handling medicines had received training. People told us they received their medicines when they needed them. Comments included "They know what I have to take and they watch me take it. I can rely on them quite a lot" and "They don't give me the medication but they know what they are doing and they make sure I take it."

People were supported by staff who had been recruited using robust processes. We found the full range of required recruitment checks were in place in the files we checked. This included checks for criminal convictions and professional and personal references. We advised the registered manager to ensure a recent photograph was included in staff files, to complete the records. There were copies of personal identification documents to refer to in the meantime. We also mentioned one file did not contain any evidence that a gap in the person's employment history of twelve years had been explored with them and the explanation documented.

People we spoke with told us they felt safe and care workers left their properties secure. Comments included "I've never felt more safe. I sometimes forget to shut the windows, but they do that," "They're so good. They can come in with the key from the keypad and they always shut the door," "I haven't met a carer that I don't like. I trust them. They always lock the door when they leave and ask me if I want the windows closed" and "They make me feel very safe."

The service had procedures for safeguarding people from abuse. These provided guidance for staff on the processes to follow if they suspected or were aware of any incidents of abuse. Staff had also undertaken training to be able to recognise and respond to signs of abuse. Staff told us they would be confident raising any concerns they had about people's care.

Risk assessments had been written, to reduce the likelihood of injury or harm to people. Each care plan contained risk assessments individual to the person's needs. These included assessments of people's moving and handling requirements, their home environment, skin care, the risk of malnutrition and supporting people with their personal hygiene. Where risk assessments identified a need for two staff to support people, the service ensured two were allocated. For example, staffing rotas showed two staff supported a person who needed a hoist to reposition. This ensured they were supported safely.

Staff were equipped to respond to emergency situations. They received training in first aid and fire awareness. There were procedures for staff to follow if they failed to get a response when they arrived at people's homes. Staff consistently said they could contact the office if they had any concerns about people's care. One typical response was "There is always someone in the office to answer the phone and are able to help with any concerns we have." At weekends, an additional care worker covered as a 'float' to cover any emergencies. A senior care worker was also available as a back up.

There were enough staff to meet people's care needs. The service provided visits for a minimum of one hour's duration. Staff told us they had enough time to support people safely. Comments included "I feel that I always have time to carry out my calls and are able to assist my clients in their needs" and "We are given an hour with each client, which is plenty of time to cover the care plan as well as talking with the client and making sure they have everything they need and are comfortable." Another member of staff told us "I have time to carry out tasks and most important I feel, is that there is time to chat and perform to the best of my ability." People who use the service told us they were given sufficient time. No one had experience of a visit being missed and most said care workers arrived punctually. Comments included "(They are) very punctual in coming," "I don't remember a time they have been late so far," "They were late once a couple of weeks ago but I got a phone call and it was all sorted" and "Almost always on time. I think once or twice they may have been five minutes late. I think I got a call saying they would be late."

Is the service effective?

Our findings

People received their care from staff who were appropriately supported. Staff told us there were good systems to support them in their work. One member of staff said "I have always felt supported and if I require any advice there is always somebody to advise, even over weekends. Recently I needed to put support stockings on a client for the first time and struggled, afterwards I contacted the person on duty and they gave me some tips to help me the following day. They did this without making me feel inadequate and were only too pleased to advise which meant an awful lot." Another member of staff told us "I have always been supported and encouraged during my time here. Whenever I am out visiting clients, I feel as though I am never alone. I know that someone is always there at the end of the telephone." Other staff comments included "I know I can always pick up the phone if I have a problem and there would be someone there to help and support me" and "If I find any problems arise or need support, my senior and care manager are only a phone call away and they have always helped me where needed." An additional comment was "The office staff stressed the fact that care givers are to be honest in their needs and to always contact them with regards to any query, however trivial. I can say that this is 100% true in reality and the managers (particularly [name of registered manager]) have always been available and listened to any of my concerns. In an emergency it is always possible to phone the office number and speak to a colleague for advice."

New staff completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers need to demonstrate in their work. They include privacy and dignity, equality and diversity, duty of care and working in a person-centred way. One member of staff said about the induction "The four day Induction course was extremely well led and highly informative, with particular emphasis on matching a client to a care giver, who has similar interests. I completed the training well equipped to meet my first client."

Staff told us there were good training opportunities at the service to help them meet people's needs. Comments included "They have supported me with full training and additional training courses on Alzheimer's and epilepsy, which I have been able to use with my clients," "We have regular training updates" and "Training is on going and I was offered dementia training very early on in my job which was tremendously helpful and continues to be as I frequently refer to the hand outs and folder obtained during the course." Another member of staff said there was "A well-established training programme which is undertaken before any client visits. It is intensive, but has material to 'go over' for consolidation. Additional courses are run through the year when possible on subjects such as Alzheimer's and dementia, diabetes, end of life care, along with the required moving and handling etc. The Alzheimer's course is undertaken before visiting any client with those needs." Training included moving and handling, safeguarding people from abuse, infection control and first aid. The training on dementia care was accredited by City and Guilds.

Staff received regular supervision from their line managers. Records showed staff met with their managers to discuss their work and any training needs. Appraisals were also undertaken to assess and monitor staff performance and development needs.

Care plans documented people's needs in relation to eating and drinking. This included assessment of

swallowing, dietary requirements and any allergies. Records documented the meals prepared by staff where they supported people with meals. These showed people were given their preferences and supported with lifestyle choices, such as vegetarian diets.

People were supported with their healthcare needs. Care plans identified any support people needed to keep them healthy and well. We read a compliment which referred to care workers supporting someone to obtain medical assistance: "Each of them made phone calls to get a doctor to make a home visit and their insistence made it happen." Other people's records provided examples of where the service supported people with their healthcare needs. For example, making a GP appointment for one person and contacting a social care professional to arrange assessment for equipment to help with mobility.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Application procedures for this in domiciliary care services must be made to the Court of Protection.

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 were being met. Where relevant, we found information was contained in people's care plans about who had lasting power of attorney and hence could make decisions on behalf of people who were supported by the service. Records were kept where attorneys were consulted about people's care.

All the people we spoke with said care workers asked for their consent before any personal care was carried out. Comments included "Everything they do, they always say something like 'Is it alright if I do this?' or 'Do you want to do that?'" "Anything she does is always my choice, I can say no" and "She is very good, she asks me before doing it. If I said 'don't do it' she won't do it."

Is the service caring?

Our findings

We received positive feedback from people about the staff who supported them. Comments included "The carers I have seen have all been wonderful, I couldn't ask for more," "All of them are fantastic," "If I feel down I can tell her and she listens and tries to cheer me up. She is patient with me" and "I think the Home Instead staff were very caring." We read compliments which also referred to the caring nature of staff. One compliment included "It is evident your staff are all selected for care, compassion and understanding of others." Another compliment included "Could you please pass our thanks to all the girls who are treating (name of person) so warmly and are very caring, not just to her, but to the whole family."

We asked people whether staff were respectful towards them and treated them with dignity. Comments included "I was asked if it should be 'Mrs' or (first name) and I said 'Mrs' which is what it should be because of age and they do (use that)," "They won't go through my things unless I ask them to and always speak to me in a friendly, respectful way," "Yes, everyone treats you like a friend" and "So far so good."

Staff respected people's confidentiality. The employee handbook contained guidance about confidentiality, data protection and use of personal mobile phones whilst at work. None of the people we spoke with raised any concerns about how their or other people's personal information was managed.

The service promoted people's independence. Care plans contained information about what people could manage themselves. For example, if they could get themselves in and out of bed, manage their personal hygiene and dress themselves. People said care workers encouraged them to be independent. For example, "She helps me go out shopping and encourages me to do things" and "If I ask them to do something they will do, but sometimes I want to do it on my own. Like I made a cup of tea for myself. She stayed with me to make sure I don't fall, but I did it all myself."

People's views about their care were sought during initial assessment of their care needs. Relatives were involved where people could not provide this information themselves. Review meetings and quality audit visits provided further opportunities for people to comment about their care and how they were supported.

Care workers actively involved people in making decisions about their care and support. Information was provided where people needed support with decision making. For example, the service provided people and their families with a book about Alzheimer's disease and other dementias. This contained useful and practical information. In another example, we read the service had signposted one of the people who used the service to a community car scheme. This enabled them to arrange transport to a healthcare appointment. In a further example, staff had directed a relative to the Age UK website for information.

Is the service responsive?

Our findings

People told us the service was responsive to their changing needs. A relative commented about the support they had been given: "They gave me very good treatment and they listened to me and took on board what I said. They also gave me advice as they knew a lot more than I do. Things like the medication box. The manager was very knowledgeable as she used to be a nurse and she helped us with the pill box. They would ring me and we would discuss all of mum's problems and it was therapeutic for me to discuss this. I think they went over and above. Towards the end they used to call me a lot as my mum had a multitude of problems. I would definitely recommend them." One person told us they had needed more support from the service over time. They said "I have three calls now, it used to be only two. It was sorted out really quickly." Another person commented "Sometimes I go out with my kids and have to change or cancel a visit and that has never been a problem. The people in the office sort it straightaway."

We saw the service was responsive to feedback from people or their relatives and made appropriate changes where required. For example, notes from a review meeting recorded the person was not happy with one of the care workers who supported them. We saw that member of staff no longer provided any support to them.

The service had put measures in place to show when care workers arrived at the homes of particularly vulnerable clients. If care workers were late, an alert was sent to the office so that they were aware and could make alternative arrangements if need be. We saw such an alert came in whilst we were at the service. This showed the service had put appropriate arrangements in place to respond to the needs of vulnerable people.

The service was responsive to the needs of people who lived alone, to try and avoid social isolation. For example, the service arranged for care workers to take people to a lunch club in a nearby town, where they could have a light meal and meet other local people. We also heard how the provider had arranged Christmas lunch in a local church hall for people who would otherwise have been alone.

A social care professional told us it was clear from their perspective that the service provided person centred care. We saw people's needs had been assessed before they received support from the service. Assessment documents were detailed and information was used in formulating care plans. We saw care plans took into account people's preferences for how they wished to be supported. Information included people's preferred form of address, any communication issues staff needed to be aware of plus their next of kin and GP details. Care plans were personalised and detailed daily routines specific to each person. Assessments included information about other services which provided care and support to the person. The care plans we looked at had all been kept up to date. This helped ensure staff provided appropriate support to people.

Accidents and incidents were recorded appropriately at the service. We read a sample of five recent accident reports. These showed staff had taken appropriate action in response to accidents, such as falls.

There were procedures for making compliments and complaints about the service. We looked at records of

how two complaints had been managed. We were able to see the provider took reasonable steps to try and resolve issues. People who had made complaints were aware they could contact the local government ombudsman if they were not satisfied with how the service had dealt with their complaint. People we spoke with told us they had not needed to make any complaints about standards of care. They said they would contact the office if they needed to or speak with a family member.

Is the service well-led?

Our findings

The service had a registered manager in post. They and the provider had created an open culture and an atmosphere where staff enjoyed coming to work. For example, comments from staff included "I can honestly say that I love working for Home Instead" and "From the very first week of training I was made to feel very valued and very welcome as a member of a close knit team... everyone pulls together, listens out for each other, and steps in to help in whatever way they can. I have never worked in such a united environment before with a genuine passion and concern for our clients and care givers shown by everyone." Another member of staff told us "The best thing with Home Instead is it feels like an ideal service provider in an ideal world. It's almost perfect. The induction was good. The introductions are good. The clients I have in my portfolio all seem very happy. They are treated very well. They all feel that they know the office staff, especially our care manager (first name). There is a good connection with families, personal touch."

Staff told us they would have confidence in raising any concerns. One comment was "I don't have any concerns about how care is delivered and would be confident in raising any concerns I may have with any other care giver, manager or provider." Another member of staff said "We have regular supervision and can talk about any worries we have about our clients and can find out if they have any concerns about us."

We identified there were some issues with medicine administration records. Other records were well maintained at the service and had been kept up to date. Staff had access to a range of policies and procedures on areas of practice such as safeguarding, restraint, whistle blowing and entering clients' homes. These provided staff with up to date guidance.

The provider regularly monitored quality of care at the service through systems such as reviews of people's care and spot checks made to people's homes. An external company had been used to carry out an annual survey which sought the views of staff, stakeholders and people who used the service. The findings showed the service was performing well; particular areas of positive feedback included management, leadership, staff support and overall quality of service. Where any issues had been identified, measures had been put in place to address these. For example, an additional member of staff had been recruited to schedule staff rotas and provide administrative support. An additional senior care worker had also been appointed to the team.

Records of compliments also showed the service was performing well. One person commented "From the moment I first met you I felt that I was dealing with a thoroughly professional organisation who selected their staff carefully and trained them properly." Another person said "The care we experienced from your company...was all we could have hoped for."

We found there were good communication systems at the service. Staff and managers shared information in a variety of ways, such as face to face, via text alerts and open afternoons which staff were invited to. The service had arrangements for people to contact out of hours, such as at weekends and bank holidays. This ensured people could keep in contact with the office when they needed to.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The service did not ensure the safe and proper management of people's medicines. This was because accurate records were not maintained of when medicines were given or gaps explained, dose times were incorrectly written on a medicines record sheet by staff and responsibilities for administration were not clear where staff handled some medicines and family members handled others.</p> <p>Regulation 12(2)h.</p>