

SGCS Care Limited

# Home Instead Senior Care

## Inspection report

Venture House  
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Letchworth  
Hertfordshire  
SG6 2HW

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 30 September 2016 and after our visit to the main office we spoke with people who used the service, their relatives and staff by telephone. This inspection was announced because we needed to be sure the manager was present and that all the required documentation was available for us to review. This was the first inspection of this service.

The service provides care to people in their own homes. At the time of the inspection they were providing support to people, five of which received the regulated activity of personal care. The people using the service had a range of needs, including physical disabilities and needs related to aging, including those associated with living with dementia.

The service had a registered manager. 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 & Social Care Act and associated regulations about how the service is run. The providers also had hands on managerial approach and worked from the main office alongside the registered manager.

Without exception, the feedback we received from people who used the service and their relatives was excellent. They expressed a high level of confidence in the management and individual staff to provide safe and compassionate care that met their needs in the way they liked to be supported.

Staff demonstrated a clear commitment to protecting people from possible harm, and were knowledgeable about how they should do this. Systems were in place to identify and minimise any risks to people.

Staff were well trained and had a very good understanding of people's care needs. The registered manager and the providers offered high level support to staff, ensuring they were familiar with people's needs, and had the skills and knowledge to meet them before they started to provide support. Each person was supported by a consistent team of staff to ensure that they received care from staff who knew them and that they felt safe with.

The provider demonstrated a compassionate and person centred approach to care and people told us they enjoyed positive relationships with staff that were friendly and respectful. They confirmed staff took care to protect their dignity and privacy.

The service provided to people was based on their individual needs and was flexible to accommodate any changes that were required. People felt able to express their views and the provider sought feedback from people to support continuous improvements to the service.

There were effective processes in place to monitor the quality of the care provided to people who used the service. The provider demonstrated strong values based on high quality person centred care,

and this was reflected by the staff who were proud to work for the service and were clearly motivated to do their jobs well.

## 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.

Staff understood their responsibilities to keep people safe from harm. People had confidence in the service and felt safe when receiving support.

There were enough staff to meet people's needs.

Staff had the knowledge, skills and time to care for people in a safe and consistent manner.

There were robust recruitment processes in place to ensure as far as possible that staff were of suitable character and shared the providers' values in relation to good care.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and supported effectively and people told us they did their jobs well.

Staff sought people's consent before providing support. The requirements of the Mental Capacity Act 2005 were met.

Where staff were involved in the preparation and provision of food, people had enough to eat and drink, and their health needs were supported effectively.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

People who used the service and their relatives were very complimentary about staff and the care they provided.

People told us the relationships they had with staff were positive and that there was a high level of trust. This was due to respectful and consistent care from familiar staff.

Staff worked at people's pace, built trust and supported them to maintain their independence for as long as possible.

### Is the service responsive?

Good ●

The service was responsive.

People told us the service was flexible and based on their personal wishes and preferences. Where there were changes in people's needs, these were addressed quickly and without any difficulties.

Staff knew people's needs and preferences very well and paid attention to important details to ensure support was delivered in the way the person wished.

People were actively encouraged to give their views and raise concerns or complaints. People's feedback was highly valued and people felt that they could raise issues in the knowledge that they would be listened to and swift action would be taken.

### Is the service well-led?

Good ●

The service was well-led.

The registered manager and the providers led by example promoting a person centred culture and values based on providing a high quality compassionate service.

Staff were supported very well, understood the values of the service and clearly showed pride in delivering good care.

There were effective systems to monitor quality including spot checks and observations of staff practice.

People and their relatives were frequently asked for feedback about their experiences of the service and this was used to learn from and make improvements.

# 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 was planned to check 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 30 September 2016 and it was announced. 48 hours' notice of the inspection was given because we needed to be sure the manager would be present and that all the required documentation was available for us to review. The inspection was undertaken by one inspector.

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 also reviewed information we held about the service including notifications and other information received from the provider. A notification is information about important events which the provider is required to send to us.

During our inspection we spoke with the providers, the registered manager, and office based staff. We reviewed care records for people using the service, four staff records and records relating to training, quality monitoring and to the management of the service. Following the inspection, we spoke with four people who use the service and relatives by telephone to gain their views of the support they received. We also contacted four members of staff by telephone.

# Is the service safe?

## Our findings

Many people or their relatives commented that they felt safe because they received support from a consistent small group of staff, which meant they got to know the care staff well and knew who was entering their home. A member of staff told us, "The fact that they get to know their carers helps people feel safe I'm sure. I wouldn't want someone I've never met to come to care for me."

Staff we spoke with were trained in how to protect people from avoidable harm. They had a good understanding of how to protect people from any risk of harm and understood their roles in identifying and reporting concerns. A member of staff said, "We get trained in safeguarding and would always report anything we were worried about. I am one hundred percent sure that [Registered manager and provider] would take the right action."

Before people's care commenced, the provider had risk assessments in place to support them safely to be as independent as possible. Risk assessments included areas such as the management of medicines, safe moving and handling techniques, environmental risks and what to do in the event of a fire at people's homes. Risk assessments included information about action to be taken to minimise the chance of harm occurring. The registered manager documented any accidents or incidents relating to people, and actions required to reduce the chance of any reoccurrence were recorded.

There were enough staff to meet people's needs safely. People and their relatives told us that staff were punctual and stayed for at least the time scheduled, and more if the person needed additional support on a particular day. This was confirmed by visit logs we reviewed. One relative said, "I can relax because I know they are reliable." Another relative said, "They turn up on time. Always."

The provider had effective recruitment processes and systems to complete all the relevant pre-employment checks, including references from previous employers, proof of their identity, confirmation of the right to work in this country and Disclosure and Barring Service (DBS) reports for all the staff. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

Some people required assistance with taking their medicines. For some people this was just a prompt by the member of staff to take their medicine. For other people, the member of staff administered the medicines to them. We looked at a sample of medicine administration records (MAR) and found they had been completed correctly with no unexplained gaps. Staff who supported people to take medicines received training and their competence was checked before they provided this support to people to ensure they knew how to do this safely.

## Is the service effective?

### Our findings

People and their relatives told us that staff were skilled and worked to a high standard. One relative told us, "They are fantastic. My [relative] is happy and they adapt to her always changing things! The staff appear to be very well trained, even down to the use of compression stockings!"

New staff were supported to complete a comprehensive induction programme and a six month probation period. This included training for their role and shadowing an experienced member of staff, as well as, learning about the values and the Home Instead model of care. This induction plan was designed to ensure staff worked safely and had sufficient skills to carry out their duties. Staff records showed they received the organisation's mandatory training on a range of subjects including the care certificate, safe care, safeguarding, confidentiality and the Mental Capacity Act 2005 (MCA). A member of staff told us that they were supported to develop new skills to support them to carry out their role effectively. They said, "One person I support has [medical condition]. I wanted to understand this better and so [provider] found loads of information and copied it for me."

Staff were supported to improve the quality of care they delivered to people through the supervision and appraisal processes. All staff had received regular one to one supervision with their line manager. This gave staff the opportunity to discuss their performance, raise concerns and identify any training needs they might have. Regular spot checks were also carried out on all staff to monitor the quality of care they provided to people who used the service. People and relatives confirmed that staff asked them for permission before providing any support. One relative told us, "They fit around my [relative] and do what we ask. They never take over."

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. The manager and staff were able to demonstrate an understanding of MCA. For example one member of staff said, "We always assume that the person has capacity to make their own decisions unless we are told otherwise. If we are not sure, we would speak to the person with their relative, and seek advice from the office."

Staff were aware of people's dietary needs and preferences. Staff told us they had the information they needed and were aware of people's individual needs and preferences which we saw were also clearly recorded in their support plans. Care records showed staff discussed people's dietary requirements with them on a day to day basis. Staff told us they were aware of the importance of encouraging people to have a good intake of fluids and food.

People were supported to have their healthcare needs met. Relatives told us that staff knew their family member well and noticed small changes. They went on to say that staff would call the family or GP if they noticed if they were unwell. A member of staff confirmed that where people did not have support from



family members to attend hospital or other health related appointments, then staff would accompany them if this was what they wished.

## Is the service caring?

### Our findings

The service was exceptionally caring. Based on companionship led care, the Home Instead model of care has recently won a national award for innovation. The service places a high importance on the building of genuine positive relationships between compatible people and staff, with a clear recognition of the continuing need for professional boundaries.

Without exception, people and their relatives said that management and staff were kind and compassionate. One person said, "Lovely. All lovely." A relative said, "They are absolutely brilliant. We could not find anything suitable to meet my [relative's] needs and then I found out about them. They came to see us both and found out more about what was needed. They then came back with [staff name] and introduced us. My relative got on with [staff name] straight away and it went from there. It's such a relief. It really saved my life too." Another relative said, "They have been excellent. They just take more care. It's like added TLC (tender loving care). I trust them that [relative] is receiving proper attention from someone who really cares about [them]."

Staff spoke with passion about their work and talked warmly about the people they supported. One member of staff said, "All the people I support are over 90. I love learning about people's lives and the things they have done. I learn a lot from them you know. It becomes more like a friendship and is enjoyed by both of us." They went on to say, "I go home happy that I have done a good job and I have left my client happy, safe and well."

People received care and support from staff that had got to know them well. The relationships between staff and people receiving support demonstrated that dignity and respect was promoted at all times. Supporting people to maintain their independence and control over their own life was key. Several staff told us that due to all visits being a minimum of one hour, they felt able to provide good quality and compassionate support to people because they had the time allocated to do so. They said they never felt they were just there to complete a task and leave. One member of staff said, "I have the same three clients all week and they have just me and another carer. We cover for each other to keep the continuity. We don't have to rush around and there is time to spend with the clients. That is important to people." A relative said, "We only have two carers and they are both excellent. They never let me down and they are always on time."

Staff were aware of, and understood each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. Staff told us it was important to treat people differently because they were individuals. We found they took care to consider people's needs in relation to accessible information. For example, one member of staff told us about the support offered to one person. They said, "This person is living with dementia and could not always remember people with confidence. To help them feel at ease, we put a photograph of their two carers up by the front door. Then they could recognise who was at the door and not just let anyone in."

The provider demonstrated a strong empathy for people and spoke of the need to understand what is really important to the person receiving support. They told us about the support received by one person to attend

their daughter's graduation. A member of staff also told us about this, and said, "[Provider's name] really goes out of his way to care. One time he supported a [person] with a significant physical disability to go to their daughter's graduation in Dorset. He worked out the route, including suitably accessible meal and toilet breaks and took the person himself. This was really important to the person and there was no one else who could take them. That's an example of how they go out of their way to do good things for people."

Staff spoke about the importance of family relationships and their role in enabling people to maintain links with those who were important to them. A member of staff said, "The [relative] of [person] was in [overseas country] for a month. In that time, I went in to see them every day to cook a meal and spend time with them. I sent photos to the [relative] while they were away and arranged for person to face time [video link with] them so they could keep in touch." The provider told us about efforts that had been made to support a person to reunite with family members they had not seen since the second World War. At the time of the inspection arrangements were being made for the person to connect with their relative via a video link. Another member of staff spoke about the importance of building trust and engaging with family members. They said, "I love seeing my work progress and making a difference in people's lives. For instance, the person I am working with today, we have now built up such a good rapport that their [relative] has felt able to go out for the first time in a really long time today. That feels great!"

Staff wore their own clothes rather than uniforms. The registered manager told us this was because uniforms could create a barrier and make people feel uncomfortable. This put people and staff on a more equal footing. It also upheld their dignity when out in public places as it was not obvious to onlookers that the person was accompanied by staff. Staff were expected to dress appropriately and to carry a company identification badge so that people could easily check their identity.

## Is the service responsive?

### Our findings

People were involved with planning their care so that support plans took account of their individual needs and preferences. The registered manager carried out a detailed consultation with people who were considering using their service. These consultations involved the person who would be receiving care and any family members or friends that the person wished to be included. The registered manager told us that the consultation process could take as long as was needed for the person to feel confident about receiving the right support from the service. She gave an example of when she visited a person on several occasions because they needed a lot of reassurance about having care staff come into their home. She said, "It has to be done slowly, step by step, until the person builds trust in us that we are not coming in to take over. I will go as many times as it takes to give that reassurance."

Before care visits to a person started, each member of staff that was to work with the person had an introductory meeting. The manager explained this was to ensure that the person and member of staff were compatible and had something in common. This meeting was followed up by a courtesy call to check whether or not the person wanted to go ahead. If the member of staff was not a good match for any reason, the manager said they would always try to identify a different member of staff for the person. People told us about the care and attention the manager or senior staff took to find out about their needs and to ensure that a compatible member of staff was allocated to them. One relative told us, "They seemed to go out of their way to find the right staff for us." A member of staff said, "They match us with people which results in better relationships. We see a small number of people and they get the same two carers. This means we get to know their needs and how they like to be supported. We give all sorts of practical support, but it's companionship as well."

Following the consultation meeting, the information gathered was used to develop very detailed individual support plans that reflected people's needs and preferences. These were used to give guidance to staff about all the important considerations when supporting the person. People told us that care and support plans were reviewed regularly and that the manager was very responsive to requests for changes in support, even at short notice. One relative said, "They really were exceptional. They came in a crisis and really quickly." The manager confirmed that people's support hours were flexible to ensure they could make arrangements to maintain relationships, pursue hobbies and interests, and be part of their local community.

The provider listened to people's comments and complaints and responded to them proactively, using the information to support continuous improvements to the service. One relative told us, "I don't have any complaints. I can talk to the management about anything and they do everything the way we have asked them to." The provider had a complaints policy and a monitoring system in place, and we saw that this was set up appropriately to log concerns and complaints raised by people or their relatives.

## Is the service well-led?

### Our findings

There was a registered manager in post who was supported by a team of office based staff including the providers who were based in the main office. People, their relatives and staff were all very positive about the management of the service. A relative told us, "I would definitely recommend them. They are way better than the others we have used. The office staff are great. Always polite. I have rung [registered manager] in the past with a request and she sorted things out and rang me straight back. Nothing is a problem. They put themselves out to help."

A member of staff said, "I love this company and I get up every day happy to go to work. They always have time for us. It's second to none. They really do care about both the clients and about us as well. I would recommend it to anyone and would use it if a relative of mine needed care at home." Another member of staff said, "I really enjoy working for them. I always feel supported and I have enough time between visits to arrive on time, and enough time scheduled to do proper care because all calls are for a minimum of an hour."

Person centred care and the core values of kindness, compassion, involvement, dignity and respect were clearly embedded in the service, promoted by both the provider and the registered manager, and understood clearly by staff. Staff told us they were proud to work for the service and this was clearly reflected in their discussions with us about their work and the compassion with which they spoke about the people they supported.

Through our discussions with the registered manager and the providers, we found they had strong values and leadership skills. They had a high expectation that staff would share their values as well as comply with the policies and procedures of the service. They looked to recruit staff that showed these qualities. One of the providers told us they looked for the right attitude in applicants above all else because they believed skills could be taught, but a person's values had to be in line with those of Home Instead. They had identified innovative ways of recruiting to assist them in finding staff with the values they were looking for. For example, they showed us a poem about caring which they used to recruit staff. If a person read the poem and it resonated with them in some way that led them to apply for a job, it was felt more likely that the person had the attributes they were looking for. A member of staff told us, "[Provider's name] would never employ someone that he wouldn't be comfortable with supporting his own family. That's what makes them special."

The provider and registered manager were open and transparent about the service and the improvements they could make towards being a better service. They continuously sought ways to develop and improve the quality of the service people received. The provider told us, "Creating a great working environment is key to providing a great service." They went on to say that staff who felt valued and recognised for their efforts were much more likely to have high standards in their work. One of the ways in which the provider had done this was to show staff the impact of the support they gave to people. They worked with people who used the service to create a video giving feedback to staff about their experiences of the support given. We viewed this video and saw that, not only was it a positive message for staff, it had clearly been a highly valuable and

enjoyable experience for the people who were involved in making the video. There were other, more conventional processes in place for people to give feedback to the service, such as surveys and questionnaires. People and relatives we spoke with confirmed that management listened to their views and kept them up to date with any action being taken to make improvements to the service. Recent survey results showed a very high level of satisfaction with the service with 96% of people rating it good or excellent.

In creating an open office with a dedicated corner for care giving staff, the provider encouraged staff to be involved with the development of the service. In this area staff had access to all policies and procedures, training information and articles relating to care which may be of interest to them. The provider said, "We want staff to come into the office. We want them to be involved and also to have somewhere to drop in for support as well as coming for staff meetings or supervision."

There were effective systems in place to manage the service and to monitor its quality. The provider used technology to support the smooth running of an almost paperless office. Real time schedules were displayed on a screen to enable office staff to monitor that visits were taking place on time and for at least the duration planned. The registered manager said, "For us, 9am means 9am, and one hour means one hour, or more if needed on occasion." This enabled the staff in the office to pick up on any missed or late visits immediately. Out of office hours, an alert was sent to the on call manager's telephone if a visit was late. Staff had to log in to the system when starting the scheduled visit and log off when they had finished. Mobile phones with satellite navigation were used for this so that office staff could know for certain the member of staff was in the correct location. A member of staff said, "If we haven't logged in for any reason, we will be called within 15 minutes of the scheduled visit. This to check we have arrived but also to check that we are safe and that nothing has happened to us, such as an accident."

The manager carried out regular audits to check the quality of care and looked at records such as care plans and medicines administration records. Spot checks on staff and practice observations were carried out on a frequent basis to ensure the expected standards of care were maintained. Throughout our visit, management and staff were keen to demonstrate their practices and gave us unlimited access to records. The provider, registered manager and staff spoke openly and honestly about the service and the challenges they faced. Staff told us they felt the service was open and transparent and that they were always encouraged to put their views forward.

This service is a franchise of the Home Instead brand. In order to operate under the name of Home Instead, the providers have to meet the standards set by the national organisation. A robust system was in place to support the service to do this and to monitor their continued compliance. Within the system there were three levels of standards that were to be met, the legal standards, standards of good practice and company standards. Failure to meet these standards meant that the service would no longer be able to operate as 'Home Instead'. This supported the service to maintain high standards and to identify ways to continuously improve.