

Radcliffe Care Services Limited

Home Instead Senior Care

Inspection report

40 Wollaton Road
Beeston
Nottingham
Nottinghamshire
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16 February 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We carried out an announced inspection of the service on 16 February 2018. Home Instead Senior Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It currently provides a service to older adults. Not everyone using Individual Homecare Services receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

There was a registered manager in post at the time of our inspection. 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.

At the time of the inspection Home Instead Senior Care supported 44 people who received some element of support with their personal care. This is the service's third inspection under its current registration. At the previous inspection the service was rated as 'Good' overall. At this inspection they maintained that rating.

People continued to receive safe care. The risks to people's safety were assessed and in the majority of cases regularly reviewed. Staff arrived on time for calls and people told us they stayed for the agreed length of time. Staff were recruited safely. People were supported safely with their medicines, although some records were not always regularly reviewed. Processes were in place that ensured accidents and incidents were monitored, reviewed and where needed, measures put in place to reduce the risk of reoccurrence.

People's care was provided in line with current legislation and best practice guidelines. People were supported by staff that had completed a detailed induction and training programme and had their performance reviewed. Staff felt supported by the registered manager. People were supported effectively with their meals when needed. Information was available to support the involvement of other health and social care agencies where further support was needed for people. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. However, there were a small number of examples where an assessment of a person's capacity may have been needed.

People praised the staff that supported them. They felt they were kind, compassionate and caring and provided them with care in a dignified and respectful way. The minimum duration of one-hour calls meant staff were able to build positive relationships with people. Staff were knowledgeable about people's needs. Where able, people or their relatives, were involved with making decisions about their care. People's diverse needs were respected and independence was encouraged.

Prior to starting with the service, people's needs were assessed to determine whether the service could meet those needs. People and relatives felt involved with the process of agreeing the care that was needed. Care

records contained detailed, person centred guidance for staff to provide care in the way people wanted. People were treated equally, without discrimination and systems were in place to support people who had communication needs. People felt able to make a complaint and were confident it would be dealt with appropriately.

The service was well led by a registered manager who was well liked by relatives, staff and the people they supported. Staff felt valued and enjoyed their job. Exceptional staff performance was rewarded. People and staff were encouraged to contribute to the development of the service. Effective auditing processes were in place to monitor the quality of the service. The registered manager carried out their role in line with their registration with the CQC.

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 remains safe.

Is the service effective?

Good ●

The service remains effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Good ●

The service remains well-led

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 comprehensive inspection took place on 16 February 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because we needed to be sure the registered manager would be available.

Before the inspection, we reviewed information we held about the service, which included notifications they had sent us. A notification is information about important events, which the provider is required to send us by law. We also contacted Local Authority commissioners of adult social care services and Healthwatch and asked them for their views of the service provided.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Inspection site visit activity took place on 16 February 2018. We visited the office location to see the registered manager and office staff and to speak with care staff.

The inspection team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience carried out the telephone interviews with people prior to the office based inspection. They spoke with 17 people who used the service and one relative.

The inspection was informed by feedback from the telephone interviews as well as questionnaires completed by a number of people using services, relatives, staff and community professionals. We sent 135 questionnaires out and received 44 responses. These responses highlighted a high quality of care was provided and people were satisfied.

We also spoke with four members of the care staff, a field supervisor, administrator, training and development officer, the registered manager and Owner & Operations Director.

We looked at all or parts of the records relating to eight people who used the service as well as three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

We asked the registered manager to send us a copy of their training matrix and various policies and procedures, which they did prior to this report being completed.

Is the service safe?

Our findings

All of the people and relatives who responded to our questionnaire or spoke with us felt they or their family members' were safe when staff supported them in their homes. One person said, "I feel safe, especially with the older carers." Another person said, "I don't have to worry." A relative said, "I know [family member] feels safe with the carers because they know and recognise them."

Staff carried out their role in accordance with the provider's safeguarding policy. Staff understood who to report concerns to. The registered manager could explain the process they followed if they needed to inform external agencies such as the local authority safeguarding team or the CQC. We noted a small number of staff required a renewal of their safeguarding adults training. The registered manager advised us that this had been booked. This ensured people were protected from avoidable harm.

Regular assessments of the risks to people's safety continued to be carried out. Although brief in places, the risk assessments took into account factors that could pose a risk to people's safety. This included areas such as mobility, eating and drinking and medicines. The majority of these risk assessments were regularly reviewed to ensure they met people's current needs. The registered manager advised us they would carry out a review of the small number we identified. This will ensure people continued to receive the safe care and support they needed.

The overwhelming majority of all people and relatives who gave us their views told us staff always arrived on time. On the rare occasion staff were running late, they told us they received a call to inform them when they would arrive. One person said, "They are always punctual or if not the office will ring me to explain. I am kept informed." All of the staff we spoke with or who responded to our questionnaire told us their working schedule meant they were able to arrive on time and stay for the agreed length of each call. Records showed robust recruitment checks were in place for all staff prior to commencing working at the service. This included a criminal record check. These checks, along with the consistent punctuality of the staff, ensured people continued to receive safe and effective care and support from a dedicated team of staff.

The majority of the people we spoke with told us that they or their relative managed their medicines and did not need the support of staff. The people who did receive support staff told us they did so in a safe way. One person said, "I've asked them to check that I've had my medication and they always check and ask me." We looked at people's medicine administration records (MAR), used to record when people had taken or refused to take their medicine. We noted these had been appropriately completed. We did note that there was an inconsistent approach of staff in sending MAR back the provider's office once they had been completed. This needs to be done regularly to ensure they can be checked and errors addressed. The registered manager told us they would remind staff of their responsibility to return these in good time. However, they also said they were confident people received their medicines appropriately. The two medicine errors that had been identified in the last 12 months during the provider's quality assurance processes had been addressed with staff. This meant people continued to receive their medicines in a safe way.

All of the people who responded to our questionnaire told us staff did all they could to prevent the spread of infection. A person we spoke with said they felt safe because staff, "always wear gloves." Staff had completed infection control training, and training to ensure food was prepared hygienically and safely. This helped them to reduce the risk of the spread of infection within people's homes.

When any risks to people's safety had been identified through either assessment, accident or incident, processes were in place to ensure the service learned from any mistakes. The Owner & Operations Director told us they held regular meetings with the registered manager to discuss any risks to the service and then action plans were put in place to reduce the risk. The registered manager told us they were confident that the processes and training that were in place supported safe practice, however when mistakes occurred they addressed these with staff through timely supervision. This ensured people continued to receive safe care.

Is the service effective?

Our findings

People's physical, mental health and social needs were assessed and provided in line with current legislation and best practice guidelines. We noted that the internal training officer had recently undertaken a moving and handling 'train the trainer' course. They told us this would enable them to carry out moving and handling training internally, ensuring best practice guidelines were adhered to and the most up to date guidance was given to staff.

The majority of people and relatives we spoke with or who responded to our question felt the staff that supported them or their family member did so effectively. One person said, "I am very impressed with the way they are trained. They do everything in the same way." Another person said, "They are on top of the job." A third person said, "They keep an eye on you and will point out anything wrong (with the person's health)." Staff spoken with felt well trained and supported by the registered manager and provider. All of the staff we spoke with or who responded to our questionnaire told us they felt they had the training they needed to carry out their role effectively. Records showed staff had received a detailed induction with on-going training and supervision of their role. We did note that there were a small number of gaps in the training for some staff. After the inspection, the registered manager assured us this was in the process of being addressed.

Where people received support from staff with their meals this was provided in line with their personal preferences. People told us staff helped prepare meals with or for them and ensured they had enough to eat when they left the call. People also told us staff listened to their views and helped them to have the food they wanted. One person said, "On Fridays we like fish and chips and one of the carers fetches them for us." Another person said "I choose it and they [staff] make it." A third person said, "They get tea ready. [The staff member] looks in the fridge and checks the date on food. They always make me hot and cold drinks." Any associated nutritional risks were recorded in people's care plans to ensure staff supported them safely and effectively with their food choices.

The registered manager had ensured that positive relationships had been made with other healthcare agencies involved with people's care, to ensure they received effective care, support and treatment. To enable a smooth transition between health and social care services and to reduce the impact on people, care records contained information, which explained how people communicated, their personal preferences about how they liked their healthcare to be provided and any known risks that other agencies should be aware of.

People had access to their GP and other health and social care agencies. Where needed, staff were able to support people with attending appointments. The representative of the provider told us as all calls lasted for a minimum of one hour, this enabled staff to assist people with these types of visits.

People told us they were able to make their decisions for themselves and staff respected and acted on those wishes. One person said, "They will do what I ask. Like take the wheelie bin out." Another person said, "They always do what I want."

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. We checked whether the service was working within the principles of the MCA and found that they were. We did identify a small number of examples where a formal MCA assessment may have been needed to ensure all people's rights were protected. The registered manager told us they would review the processes for supported people with making informed choices and update care records accordingly where needed.

Is the service caring?

Our findings

All of the people and relatives who responded to our questionnaire and the overwhelming majority of the people we spoke with felt the staff were kind and caring. One person said, "They are willing and cheerful. We can talk to each other." Another person said, "We get on extremely well. We have a good time together." A third person described staff as "friendly and helpful."

The Owner & Operations Director told us a decision had been made to carry out calls for a minimum of one hour. They told us this was a business decision that was made to ensure that staff and the people they supported were able to build positive and meaningful relationships. This had clearly had a positive impact on people.

People told us they felt valued, respected and were treated with dignity by the staff. People told us staff took the time to sit and to talk and showed a genuine interest in them. We received numerous positive comments from people. One person said, "I have built up a relationship with all of them." Another person said, "They are all women with experience of life. That helps and we can chat." A third person said, "(Staff are) kind and thoughtful and they have time to talk."

People spoken with praised the way staff supported them with personal care and told us staff always treated them with dignity. All of the people and relatives who responded to our questionnaire told us they or their family members' were treated with dignity. One person said, "They do it (personal care) in a nice way." Another person said, "They treat me with respect. It doesn't bother me (personal care). I have never felt worried or embarrassed." When new staff were introduced to the service, all of the people, friends and relatives who responded to our questionnaire told us they were always introduced to new staff before they started to support them or their family member. People welcomed the fact they received a consistent team of staff to support them, which helped them feel at ease when personal care was provided.

People and their relatives were encouraged to attend an 'Alzheimer's and Dementia' workshop, with people and local businesses from the local community invited too. The registered manager told us this workshop was to raise awareness and understanding within the local community of dementia with the aim of improving social integration. A relative praised this approach and said, "They even offered me a two-day training course on dementia. One of the carers had personal experience of dementia."

95% of the people who responded to our questionnaire and all of the people we spoke with felt included in decisions about how they wanted their care and support to be provided. One person said, "Before leaving they (staff) ask if there is anything else to do. I say could you get my slippers by the bed, my feet are cold, and they do." People's care records showed their views were regularly requested and acted on. Regular review meetings and telephone interviews were carried out. The registered manager told us this process helped them to continually review and improve the quality of the service people received. People were also offered access to an independent advocate to speak on their behalf when decisions about the care were being made. The registered manager told us no one was currently using an advocate.

People were encouraged to do as much for themselves as possible. 95% of people who responded to our questionnaire told us staff supported them with being as independent as they wanted to be. All of the relatives agreed. One person said, "Some days I can stand and wash myself. They observe and listen to me. They only help me when I need it." People's care records contained guidance for staff to follow that enabled them to provide care in a way that respected people's right to independence.

People's care records were treated respectfully within the provider's office. Records were handled sensitively ensuring the information within them was treated confidentially. Records were stored in locked cabinets to prohibit unauthorised personnel from accessing them. The registered manager was aware of the requirements to manage people's records in accordance with the Data Protection Act.

Is the service responsive?

Our findings

Before people started to use the service, an assessment was carried out to ensure people could receive the support they needed. They, or where relevant an appropriate relative, were consulted and then agreed care plans were put in place detailing how they would like staff to support them or their family members.

Most of the people we spoke with knew they had a care plan or other documentation relating to their care. Most people were able to recall a representative from the provider's office coming to see them, discussing their care needs and scheduling their calls. People told us they felt involved with this process. One relative said, "We didn't want it (the visits) to be intrusive. The manager came out and did the assessment. [My family member] was included as far as they could be. It worked out well."

The staff we spoke with understood people's individual needs, preferences, likes and dislikes. Care plans provided detailed background information about each person including their life history and the things that were important to them. People's care records contained sufficient guidance for staff to support people safely and to respond to their needs. We did note some of the care records did require a review to ensure that they were fully reflective of people's current needs. The registered manager told us they would carry out a review to address this, but was confident that people's needs were being met.

Efforts had been made to ensure that the diverse needs of the people supported by the service were met by staff. People's religious and cultural needs were discussed with them prior to starting with the service. Where people required specific support, this was provided. We noted bi-lingual staff had been employed to further improve communication between staff and the people they supported. For example, some staff could speak Punjabi and Polish and this helped the registered manager to plan rotas to meet people's diverse needs. This meant people were not discriminated against.

The registered manager and the Owner & Operations Director had a good understanding of the Accessible Information Standard (AIS). The AIS requires that provisions be made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. We noted the provider's service user guide had been provided in a variety of formats such a braille and in audio. This enabled people who were partially sighted, visually impaired and hard of hearing to have the same access to information about their care as others. This ensured people were empowered, treated equally and not discriminated against.

People told us they did not all receive regular support with their hobbies and interests from staff as part of their care package. However, many commented on the reassurance the visits offered them. People told us they looked forward to visits which prevented them from becoming socially isolated. One person said without the visits, "I would be all on my own." Another person placed a higher importance on the social aspect of the visits rather than the care they received. Staff spoke warmly and positively about the people they visited. One staff member described people as "friends" and told us they "love making people smile."

People told us they knew how to make a complaint, but the majority had never felt the need to. One person

said, "I would know who to contact if I needed to." Another person said, "I would have no hesitation in making a complaint and they do check anyway every so often by phone. 94% of people who responded to our questionnaire told us staff responded well to their complaints or concerns. This number dropped slightly to 84% when asked if office staff did the same. We reviewed the provider's complaints policy. Effective processes were in place that ensured when a complaint was made it would be responded to quickly.

Due to the type of service provided end of life care was not currently provided, however the registered manager told us they were planning to provide staff with training. They told us this would help staff awareness, should people's health deteriorate and care was needed in this area

Is the service well-led?

Our findings

A registered manager was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was aware of their responsibilities to inform the CQC of any notifiable events such as a serious injury or allegation of abuse.

People told us they had met the registered manager and other office based staff and felt able to talk with them about their care needs. One person said, "The lady in charge came out to see me. She was very pleasant." Another person said, "I have met the office staff and the supervisor. They have all been and introduced themselves."

The service was well-led by a caring and passionate registered manager. Staff spoke highly of her and she was well regarded by the Owner & Operations Director. She was supported by a dedicated team of staff within the office environment who worked together to ensure people received high quality care. The office based staff were covering the role of a member of staff who was not currently at work. Although staff told us this has been difficult at times they had ensured this had not affected the people who used the service. This was reflected in the overwhelmingly positive feedback from people and their relatives. All of the people, relatives and staff who we spoke with, or responded to our questionnaire told us they would recommend this service to others.

People were encouraged to give their views on the quality of the service they received and how the service could be developed and improved. A variety of formats were used. These included, annual surveys, regular telephone interviews and one to one discussions. One person said, "We had quality control visits a couple of times. The trainer came out and did a review." Another person said, "They come out with forms and then they ask you if everything is going all right." Staff felt empowered to give their views via supervisions but also felt the registered manager was approachable and listened to their views. Staff told us they felt valued and enjoyed their job. This contributed to the high quality care people received.

Staff development and high quality performance was encouraged and rewarded. An internal award scheme was in place to reward exceptional care and one staff member had been nominated for a regional award run by a local newspaper. This was for their approach to encouraging people to lead independent lives. The registered manager told us they were proud of all of their staff and how they worked together to give people the quality of life they deserved.

The Owner & Operations Director and registered manager ensured the service was an active part of their local community and wherever possible involved the people who used the service. Coffee mornings and special events for Christmas and Easter were put on for people, relatives and the community to attend. Where people were unable to attend, staff picked them up and then took them home. The service also regularly held a 'Random act of kindness day'. This is where staff would do something positive for the

community whilst also raising the profile of the service. This included giving people in the community free chocolate at Easter. The registered manager told us this made their staff feel good but also made the local community aware of who they are and what they do for people living in the area.

Quality assurance systems were in place that helped to drive continued improvement at the service. The registered manager told us the minor issues we have raised during this inspection would be addressed immediately. This would include amending quality assurance process to reduce the risk of these issues developing into more serious, sustained problems. The Owner & Operations Director assured us that the regular meetings they held with the registered manager addressed known risks and action plans were put in place to address any identified areas of improvement. This organised and effective approach ensured people would continue to receive high quality care and support.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed both on the provider's website and their office.