

Thanet Lifestyle Care Limited

Home Instead Senior Care

Inspection report

Unit 1, Little Cliffsend Farm
Chalk Hill
Ramsgate
Kent
CT12 5HP

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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

About the service

Home Instead Senior Care is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of this inspection the agency was providing a service to 32 people. Not everyone who used the service received 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

The service was rated Outstanding in caring at our last inspection. The service continued to be Outstanding in the way they cared for people. Staff demonstrated a real empathy for the people they cared for. They had a clear understanding of people's needs and had developed positive relationships with them and their family members. One person told us their regular care worker was consistent and excellent. A relative said the provider offered a genuinely caring and outstanding service.

The service had safeguarding and whistleblowing policies and procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks had taken place before staff started work and there were enough staff available to meet people's care and support needs. People's medicines were managed safely. Risks to people had been assessed to ensure their needs were safely met. The service had procedures in place to reduce the risk of infections.

People's care and support needs were assessed before they started to use the service. Staff had the skills, knowledge and experience to support people appropriately. Staff were supported through induction, training and regular supervision. People were supported to maintain a healthy balanced diet and had access to health care professionals when they needed them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The provider had achieved positive outcomes for some people when they had been discharged from hospital. A relative told us after a month of support from the agency their loved one's health had dramatically improved and they hadn't looked back since. The service supported people to avoid social isolation and to take part in activities that were relevant to them. People and their relatives (where appropriate) had been consulted about their care and support needs. The service had a complaints procedure in place. There were procedures in place to make sure people had access to end of life care and support if it was required.

The registered manager had worked in partnership with health and social care providers to plan and deliver an effective service. The provider took people and their relatives views into account through satisfaction surveys. Staff enjoyed working at the service and said they received good support from the registered manager.

Rating at last inspection

The last rating for this service was Good (published 10 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Home Instead Senior Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 Care Act 2014.

Inspection team

A single inspector carried out this inspection.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 72 hours' notice of the inspection visit to ensure the registered manager would be present and ensure people's consent was gained for us to speak with them for their feedback. Inspection activity started on 22 July 2019 and ended on 24 July 2019. We visited the office location on 23 July 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We looked at four people's care records, two staff recruitment records, records relating to the management of the service such as medicines, quality assurance checks and policies and procedures. We spoke with three staff members, the registered manager and the director of operations about how the service ran and what it was like to work there. We spoke with four people using the service and four relatives. We visited one person at their home and spoke with them to gain their views about the care and support they received.

After the inspection

We continued to seek clarification from relatives, staff, a health care professional and the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe with the service. My carers come when they are supposed to, and they carry identification with them." A relative commented that staff were very conscious of [their loved one's] need's, and these were being met to ensure they were safe.
- There were safeguarding adults' procedures in place. Staff told us they would report any concerns they had to the registered manager, the local authority's safeguarding team and CQC if they needed to.
- The registered manager knew they had to report abuse to the local authority and CQC; however, there had not been any concerns of abuse since our last inspection of the service.
- Training records confirmed that all staff had received up to date training on safeguarding adults from abuse.

Staffing and recruitment

- Appropriate numbers of staff were available to support people's needs. One person told us, "The staff are very rarely late, if they are I get a call from the office." A relative said, "Staff turn up on time, we have a 15-minute leeway and there's never any problems."
- The provider used a computer system to allocate staff support to people. They showed us a staffing rota. and told us staff logged into the system using a telephone application when they commenced providing care to a person. This was monitored daily by staff at the office and the registered manager.
- The computer system alerted the office if there was a late or missed call. If a call was late the registered manager told us they would contact the member of staff, enquire on their whereabouts and let the person know when the member of staff would arrive. The registered manager told us the system helped them to ensure people received care at the right time.
- Robust recruitment procedures were in place. We looked at staff recruitment records. These included completed application forms, employment references, evidence that criminal record checks had been carried out, health declarations and proof of identification.

Assessing risk, safety monitoring and management

- Risks to people had been assessed to ensure their needs were safely met. Assessments included the levels of risk to people in areas such as falls, moving and handling and medicines. They included information for staff about the actions to take to minimise the chance of accidents occurring.
- Where people had been assessed as being at risk of falling guidance had been provided to staff on the prevention of falls. People had also been supplied with bracelets or pendants to call a helpline in an emergency. One person told us, "I have the office number, so I know how to contact the office if I need to. I also have a pendent to call for help in an emergency."

- Risk assessments had been carried out in people's homes relating to equipment and health and safety and the environment.

Using medicines safely

- Some people looked after their own medicines and some people required support from staff to take medicines. Where people required support to take their medicines this was recorded in their care plans.
- People had individual medication administration records (MAR). We looked at a MAR when we visited a person in their home. This person told us, "The staff help me with my medicines. I couldn't do it without their help." Another person said, "I manage my own medicines, but the staff just check with me that I am not having any problems with ordering them or taking them."
- One member of staff had responsibility for ensuring MARs were up to date. Sometimes they collected medicines for people at short notice from their GP or the pharmacy.
- The registered manager monitored MAR to make sure people were receiving their medicines. This ensured that people were supported to take their medicines as prescribed by health care professionals.
- Training records confirmed that staff had received training on the administration of medicines and staff's competence in administering medicines had been assessed by the registered manager. This ensured that staff had the necessary skills to safely administer medicines.

Preventing and controlling infection

- People were protected from the risk of infection. The provider had infection control procedures in place.
- Personal protective equipment (PPE) was always available for staff. Staff said the service provided them with gloves, aprons and hand gel as required.
- Training records confirmed that all staff had completed training on infection control and food hygiene.

Learning lessons when things go wrong.

- The registered manager understood the importance of reporting, recording, monitoring and learning from accidents and incidents.
- Records showed that staff had identified concerns and accidents and had taken appropriate action to address them.
- Where appropriate, accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals when required.

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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments of people's care and support needs were carried out before they started using the service. These assessments were used to draw-up care plans and risk assessments.
- Care records documented the involvement of people, their relatives and where appropriate any health and social care professionals. This ensured all the person's needs were considered and addressed.
- People's care plans and risk assessments had been kept under regular review.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills required to meet people's needs. People told us staff were well trained. One person said, "I think the staff must be well trained because they all know what they are doing, and they are all very helpful."
- Staff told us they had completed an induction, they were up to date with training and they received regular supervision and annual appraisals.
- The registered manager told us staff new to care were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- Training records confirmed staff had completed training relevant to people's needs. This training included basic first aid, fluid and nutrition, infection control, food hygiene, health and safety, safeguarding adults, moving and handling, fire safety, medicines administration, equality and diversity, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

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.

- People were supported in line with the MCA. The registered manager told us the people they currently

supported had capacity to make decisions about their own care and treatment. However, if they had any concerns regarding a person's ability to decide they would work with the person and their relatives, if appropriate, and any relevant health care professionals to ensure appropriate capacity assessments were undertaken. They said if someone did not have the capacity to make decisions about their care, their family members and health care professionals would be involved in making decisions on their behalf and in their 'best interests' in line with the Mental Capacity Act 2005.

- Staff had received training on the MCA. They told us they sought consent from people when supporting them and they respected people's decisions.

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

- People's meal preferences and any support they required from staff with eating and drinking was recorded in their care files. One person told us, "I have frozen meals mostly. The staff just heat them up for me."
- Some people used adaptive cutlery to support their independence in line with health care professional's advice.
- Staff said they cooked meals for people when it was recorded in the persons care plan. One member of staff told us they supported one person on a regular basis. They said, "This person is a vegetarian. I make their breakfast and the other staff know what this person likes to eat."

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

- The registered manager told us, and care records showed, they and staff worked in partnership with health and social care professionals, for example GP's, district nurses, physiotherapists and occupational therapists to plan and deliver an effective service for the people they cared for.
- The service had a company car which they used to transport people home from hospital. The registered manager told us that one person had been able to leave hospital sooner than planned as they were not waiting to use hospital transport.
- One person told us, "I am sure if I wasn't feeling well the staff would contact my doctor for me."
- A member of staff told us, "The person I support has regular appointments with the podiatrist and audiologist. If they weren't well I would call their GP or an ambulance if need be and I would let the office and family members know."

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 the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People and their relatives told us that staff and managers were exceptionally caring. One person said, "My regular carer is consistent and excellent. All the carers do things to make life easier for me and they are always cheerful." Another person told us, "The staff are excellent. They have done so much for me. I don't know what I would do without them. They have really helped me since I came out of hospital."
- Staff demonstrated a real empathy for the people they cared for. Staff had a clear understanding of people's needs and had developed positive relationships with them and their family members. A relative told us the provider offered a genuinely caring and outstanding service. They said one of the outstanding features was the continuity of care offered by regular staff. This had enabled their loved one to build personal and genuinely warm and caring relationships. Office staff also visited their loved one regularly, including evenings and weekends to make sure they were happy and being well provided for. They observed on a regular basis that the interactions between their loved one and staff was genuine and sincere on both sides. They knew from both personal experience and from their loved one's feedback that they were being well cared for.
- The registered manager told us they often 'gifted' time to people helping them with tasks without charging for the time. A relative told us the registered manager and staff would often use their own personal time to help [their loved one] when they needed it. For example, attending appointments or trips out.
- People's care records included their background information such as their family life, medical and religious needs and personal history. The registered manager told us there was a matching process in place that ensured people were supported by staff with the appropriate experience and skills that would meet their care and support needs. For example, staff had received training to support people with catheter care. If staff were required to support people with other medical needs, the registered manager said they would arrange appropriate training for staff with the community nursing teams. A relative told us, "The registered manager introduced experienced staff with an understanding of my [loved one's] needs to them gradually, so they could get to know each other. My [loved one] trusts the staff and gets on well with them."
- Training records confirmed that staff had received training on equality and diversity. Staff were matched with people's interests and personalities. For example, one person was matched with a member of staff of the same religion. This member of staff explained how they supported the person with their spiritual needs. The person was no longer able to attend their place of worship however they had arranged for the minister and other church members to visit the person at their home.

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

- People and their relatives, where appropriate, told us the registered manager was exceptional when

supporting them to make decisions about the care and support they received. This had led to positive outcomes for them and their loved one's.

- One person told us, "The registered manager asked me about everything I needed when I started to use the service. I have a care plan, and everything is done how it should be." A relative told us their loved one had been discharged from hospital and they were unable to walk. The registered manager worked closely with them, their loved one and health care professionals to improve their loved one's mobility, so they could get around their home and back out into the community. Their loved one was now able to get around with the use of a Zimmer frame and has been able to get out into the garden and regularly attended coffee mornings run by the provider.
- Another relative told us, "My [loved one] was in hospital, they were on pureed food and they were being hoisted everywhere. I asked the registered manager to come to a meeting with me. At the meeting people said my [loved one] would never walk again. When my [loved one] came home from hospital we met with the registered manager. Together we planned for my [loved ones] needs. After a month my [loved one] was back on normal foods and was walking with a Zimmer frame. We haven't looked back since then."
- A third relative told us they and their loved one had been involved in planning for their care needs regularly and consistently. Their loved one was very aware of the support they required. They said, "All parties go to great lengths to ensure [their loved one] is engaged and involved in their care and, more formally, through their care plan. I see on all occasions I visit the care plan is being implemented professionally, appropriately and carefully."
- The provider supported people to maintain their independence. The registered manager told us there were sometimes delays in people being discharged from hospital due to the time taken to obtain equipment they needed to mobilise around their homes. They had a stock of equipment such as Zimmer frames they could provide to people free of charge so that they had what they needed to maintain their independence. The registered manager told us they worked with the hospital discharge team including occupational therapists to ensure the equipment they provided to people was suitable and appropriate for meeting their needs.

Respecting and promoting people's privacy, dignity and independence

- We observed a member of staff providing support to a person in a sensitive way. They responded to the person politely, allowing them time to respond and make choices.
- One person told us, "The staff respect my privacy and dignity at all times. My regular carer is the most discreet person ever." Another person said, "The staff are kind and yes they respect my dignity."
- A relative said, "The staff respect [my loved one's] privacy and dignity. They close the curtains and doors when they are providing them with their care needs. If we are in the room the staff politely ask us to leave the room." Another relative told us staff were genuinely warm and always conscious of their responsibility in relation to [their loved one's] dignity.
- A member of staff told us, "I try to support the person I care for to be as independent as possible. I get them to do whatever they can for themselves and help them with what they can't do. It is also important that I make sure people's privacy and dignity is always respected. If family members are around when I am supporting the person with personal care I politely ask them to leave the room before I start." Another member of staff said, "The person I support can do a lot of things for themselves. I merely prompt them when they need to have a shower and to take their medicine. I offer them choices of clothing, I always listen to their opinions and encourage them in making decisions about all the tasks they require support with."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People had care plans that described their health care and support needs and included guidelines for staff on how to best support them. For example, there was step by step guidance for supporting people with personal care, their medicines and with eating and drinking.
- People told us their needs were kept under regular review. One person said, "They [staff] make sure I get everything I need. They are always asking me if everything's alright and if I need anything else." A relative told us they spoke with the registered manager on a regular basis about their loved one's care plan. They said, "If there is something that has changed or not quite working then we will discuss and amend [the care plan] accordingly." Another relative commented, "The service can be flexible with staffing arrangements. Staff will come when we need them to, so that we can get to do the other things we need to do."
- Staff understood people's needs and were able to describe their care and support needs in detail. For example, one member of staff explained how they supported a person living with dementia. They told us an ongoing training course in dementia awareness was helping them understand how to support this person effectively.
- The registered manager told us they had purchased technology for one person which would alert their loved ones if they went out late at night.
- A health care professional told us it was a pleasure to work with the registered manager. There was always good communication, the service was organised, and it provided well-co-ordinated person-centred care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager told us people had expressed an interest in various activities such as crosswords, bingo and singing groups etc. They held a cancer charity coffee morning in a room beside their office and invited people. The registered manager said they were amazed at the interaction between people. Two people had exchanged telephone numbers, so they could keep in contact. They now hold 'Hub' coffee mornings (twice weekly) where they collect people who come to enjoy quizzes, crosswords and themed events.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing them. People's communication needs were recorded and highlighted in their care plans.
- The registered manager told us where people had been assessed as having poor eyesight they had been provided with information in larger print. Information could also be provided in different formats to meet people's needs, for example Braille or different languages.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. The complaints procedure was available in different formats to meet people's needs.
- People told us they were aware of the complaints procedure and knew how to make a complaint. One person told us, "I would complain to the registered manager if I need to but have never needed to. When I have spoken with the registered manager they have been very nice and very engaging." A relative commented, "I can call the registered manager anytime if I have any concerns and they respond immediately, from that point of view I have no worries."
- Complaints records we looked at showed that no complaints and 15 compliments had been received since the last CQC inspection. The registered manager told us they had not received any complaints, however if they did, they would write to any person making a complaint to explain what actions they planned to take and keep them fully informed throughout

End of life care and support

- The registered manager told us no one currently using the service required support with end of life care. However, they would use their previous experience of working with people, family members and health professionals to make sure people were supported to have a dignified death. A care plan for end of life would be developed when it was required.
- The registered manager told us they were reviewing their care planning to include people's wishes for their end of life care. The review would include cultural, religious and spiritual needs and any funeral preferences. We will check on this at our next inspection of the service.

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 the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager demonstrated a good understanding of people's needs and the needs of the staffing team. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. They were also aware of the legal requirement to display their current CQC rating which was displayed at the office and on the provider's website.
- There was an organisational structure in place and staff understood their individual responsibilities and contributions to the service delivery.
- The registered manager and senior staff wrote monthly and quarterly newsletters to share important information with staff and keep them informed of any changes and plans for the future,
- The provider recognised the importance of regularly monitoring the quality of the service. Records confirmed that regular medicines, care file, incidents and accidents check's, and audits were being carried out at the service.
- People's care plans, risk assessments and daily notes were quality checked every three months and people's placement with the service were also kept under review.
- Unannounced spot checks were carried out by the registered manager on staff to make sure they turned up on time, administered medicines and completed medicine records correctly and completed all the tasks recorded on people's care plans.
- Someone independent had completed an audit of the service 10 months before our inspection. An action plan had been produced and areas of improvement that had been identified had been actioned.

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

- The registered manager understood their responsibilities under the duty of candour. They told us they would be open and transparent with people, their relatives and professionals if things went wrong.

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

- A relative told us the registered manager was, "Exceptional in their role. [Name] is always available to call even if I have only a minor issue and is always able to help and provide advice due to their vast experience." Another relative said their dealings with the head office had been professional, efficient and effective. "When they [the registered manager] say things will be implemented they are. I can't really ask for more. Overall, an

outstanding quality experience."

- Staff told us they received good support from the registered manager. One told us, "I can see the registered manager or the director of operations anytime I need to. They are very supportive." Another member of staff said, "I get on fine with the registered manager. I get weekly updates on my duties so always know what I am doing. The provider always has someone available to speak with for advice and support out of hours." A third member of staff said, "I get a good level of support from the registered manager. I can also contact the on-call team if in need any help."
- The provider sought people's views about the service through surveys and asking for people's views about the service during spot checks.
- Feedback from people following a recent survey indicated they were happy with the service. Comments from people included, "I think it is wonderful you are all angels. I get everything I need when you come. The service is brilliant and exceeds my expectations. I couldn't manage without you and feel so much better since you started coming to see me." And "[named member of staff] is fantastic and I really enjoy going out for coffee with her. I feel relaxed when we go out together and I've gained confidence in walking again."
- Where issues had been identified actions were taken to drive improvement. For example, some people said their visit times or allocated staff were sometimes changed without them being informed or updated by the office. Action was taken to make sure people were contacted to inform them of any changes in allocated staff or visit times.

Working in partnership with others

- The registered manager had worked in partnership with health and social care providers to plan and deliver an effective service. They said they welcomed their views on service delivery.
- A health care professional told us they had worked with the registered manager on several occasions with people of varying needs. They had always found the registered manager to be professional, they treated people with respect, they recognised people's needs, and met people's needs to the best of their ability.
- A training provider also told us they had a positive working relationship with the service. They commented, "Having worked with many care providers, Home Instead have a refreshing approach in that they don't see training as a tick box exercise and want staff to enjoy their learning and develop skills over and above the baseline."