

Z and C Care Limited

Home Instead Senior Care Huntingdon

Inspection report

1 Ramsay Court,
Hinchingsbrooke Business Park
Huntingdon
Cambridgeshire,
PE29 6FY
Tel: 01480 454293

Date of inspection visit: 5, 6 and 7 August 2014
Date of publication: 09/12/2014

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 

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an announced inspection. This was to ensure that the manager knew we were visiting and that management and staff were available. At our previous inspection in January 2014 we identified that the provider was meeting all the Regulations we inspected them against.

Summary of findings

Home Instead Senior Care Huntingdon provides care and support to approximately 30 people living in their own homes. The service is provided for people living in the Cambridgeshire area.

At the time of our inspection a registered manager was employed at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People and their relatives told us they were happy and felt safe with the support that they received from staff. They said staff knew about their support needs, treated them with respect and kindness and maintained their privacy and dignity.

Arrangements were in place to ensure that only staff with the right skills and background were only recruited after all essential pre employment and criminal records checks had been satisfactorily completed. This was to ensure they were suitable to work with vulnerable people.

People's needs were assessed and care plans were based upon people's care and support needs. Risk management procedures were in place to ensure people's health risks were identified and plans were in place to manage those risks.

All of the people we spoke with told us they were involved in planning and reviewing their care. People we spoke with told us that they were provided with the same and consistent staff and that only this agency's staff were used.

There were appropriate policies and procedures in place to support people should they ever have a need to complain or raise concerns. People we spoke with knew how to raise concerns.

There were systems in place to assess and monitor the quality of support provided for people. People's views were sought at regular and frequent periods to ensure that issues were addressed before they ever turned into a complaint.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us they felt safe with the support they received and with the staff who provided their support.

Robust recruitment procedures were in place to ensure new staff were suitable to work with adults who could be at risk of harm. A sufficient number of staff were employed at the service to keep people safe.

Staff had taken steps to ensure people's rights were protected. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA).

Good



Is the service effective?

The service was effective.

People's health and welfare needs were met by competent staff who responded quickly to any changes in their care and support needs.

Care plans reflected people's needs, wishes and preferences. Staff demonstrated a clear understanding of people's needs.

Staff were inducted into the service and were provided with support, knowledge and skills to care for people effectively.

Good



Is the service caring?

The service was caring.

People's care was reviewed regularly which gave people the opportunity to express their views and opinions. Records we looked at demonstrated people's views and opinions were listened to and acted upon.

Staff cared for people with compassion, and treated them with dignity and respect.

Staff had a good understanding of people's needs, wishes and preferences and demonstrated a very caring attitude towards them.

Good



Is the service responsive?

The service was responsive.

People's care and support needs were assessed, planned and responded to in an appropriate way.

The service ensured that it monitored people's care needs using a monitoring system to ensure each person always received their care by the right number of staff in a reliable manner.

Appropriate arrangements were in place to ensure that staff addressed concerns before they turned into a formal complaint. People we spoke with confirmed that they had never had to raise a concern or make a complaint.

Good



Summary of findings

Is the service well-led?

The service was well-led.

People and staff told us the service was well-led. People were able to have their care provided at a time that met their needs.

A registered manager was in post who was supported by a senior management team. The managers and staff were clear about their roles and responsibilities and felt well supported in their individual roles.

There were appropriate arrangements in place to assess and monitor the quality of the service provided.

Good



Home Instead Senior Care Huntingdon

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

The inspection team consisted of an inspector and an Expert by Experience who had experience of supporting older people. An Expert by Experience is a person who has personal experience of using services or caring for someone who requires this type of service.

Prior to our inspection we reviewed the provider's information return (PIR). This is information we asked the provider to send to us to show how they were meeting the

requirements of the five key questions: Is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well-led? We also reviewed other information we held about the service including notifications sent to the Care Quality Commission. This is detailed information about events that affect the service that the provider is required to inform us about. We also spoke with the service's commissioners.

During our inspection we spoke with seven people who used the service and four relatives. We spoke with the registered manager, three other managers, two care staff and three healthcare professionals. Prior to the inspection we contacted healthcare professionals to seek their views about the quality of the service. We also reviewed the results of the quality assurance questionnaires we sent to people prior to the inspection.

We looked at five people's care records which were held in the office. We looked at staff training and the supervision and appraisal process. We also looked at records and arrangements for managing complaints and monitoring and assessing the quality of the service provided by Home Instead Senior Care Huntingdon.

Is the service safe?

Our findings

People who used the service told us they felt safe and indicated that this was because they trusted the staff. For example, one relative said, "My [family member] felt safe". Another relative said, "My [family member] feels safe because they trust the carers." Other comments included, "Staff are very responsible." and, "I trust the carers and have known them for a long time. They are a fantastic service."

All staff we spoke with understood how to keep people safe and protect them from abuse. People who used the service also told us they would feel confident to report any situation which they felt was abusive.

All of the staff we spoke with were able to demonstrate their understanding of the Mental Capacity Act, 2005 (MCA). For example, what action staff would take if a person's capacity to consent to their care had changed and how they ensured that a valid consent to the person's care had been provided. We looked at records which confirmed senior staff had a higher level of training than other staff appropriate to their role. This showed us that staff who required a better understanding and actions to be taken regarding the MCA had the correct skills and knowledge.

Care plans viewed showed that assessments had been completed for the identified risks to people's health and welfare and plans were in place to safely manage the risks. One person's relative told us staff always carried out checks to ensure the environment was safe to provide the person's care. For example, ensuring that there were no slips, trips or falls hazards in people's homes and that equipment was checked before use to ensure it was safe.

We spoke with district nursing staff. They told us that the level of detail provided in people's daily activity records ensured that all health professionals were able to provide people with continuity of care. This meant people were able to live in their homes for as long as was safely possible. The same district nursing staff were also very

complimentary about how consistent the information was and that even when care staff were not in the person's home they [District nurses] knew precisely what care had been provided.

The registered manager explained how they assessed people's care and how the right number of staff were identified for each person. Records we looked at showed us how each person was supported by staff with the right skills to safely meet people's care needs. We found that there had not been any missed calls due to a shortage of staff. One person we spoke with told us that recently they had been informed of the reasons for the non-availability of staff due to exceptional circumstances and that they were happy with the explanation.

Care records showed that people were supported to safely administer their medication. This included topical creams and liquid drops. The information in people's support plans was clear on exactly what staff support was or was not provided. Records showed that all of the staff had received training about how to support people with their medication. This was confirmed to us by staff we spoke with.

We looked at the staff recruitment process. We saw that staff were only employed after all essential safety and criminal records checks had been completed. Three staff we spoke with told us that they had been required to provide three professional and three character references as well as photographic identity and their previous employment history. This meant that people could be confident that their care was provided by staff whose good character had been safely established.

We saw and were told that all of the staff followed good infection prevention and control practise. For example, by wearing the provided protective clothing and washing their hands before and after providing any personal care. Records we looked at showed us that staff had been provided with infection and prevention control training and all staff we spoke with had a good understanding of this subject.

Is the service effective?

Our findings

All of the people we spoke with told us the service provided effectively met their care needs and that it helped support their independence. They said the support enabled them to stay in their own home for as long as possible. People we spoke with confirmed that the service provided was very reliable.

People told us that they felt they had control regarding how and when their care was provided. For example, one person said, "They will help me with anything that I ask them to." A relative told us, "The carers always ask my [family member] if there's anything else they can do for them." Two other relatives said, "We are both involved in our family member's care and that we have a laugh with staff when this is appropriate." We were also told, "They check things out with [family member] but I advocate for them."

Four people's care plans we looked at showed us that people's health care needs were recorded. There was clear guidance and information for staff to follow in order to meet people's needs. Staff told us that people's care plans and support guidance was easy to follow, comprehensive and also assisted them to provide people with the right support. This included what food the person liked or disliked and any allergies the person had. Where people had been identified as being at an increased risk of choking or they had a health condition such as diabetes, their food was offered in a format and of a type that the person preferred. One relative told us, "They were very effective and efficient and asked me what help I needed to ensure my [family member] had all the care they needed."

One staff member told us how staff training was matched to the care people were provided. For example, managers made sure staff received training about people's needs such as diabetes awareness, before they started caring for the person. This showed us that the service responded to changes in people's health conditions by providing appropriate training.

We were told by the registered manager that visits of less than one hour were not provided and that this helped ensure that people were given time to have their care

provided in the most effective way possible. People we spoke with told us that they were never rushed and that the staff prepared their meals and always offered drinks they preferred in the way they liked.

Health care professionals commented how efficient, tidy and competent all of the staff were. They also told us staff responded quickly to changes in people's needs and made referrals where appropriate. They felt the communication systems were very effective and this helped provide people with the assurance that their changing needs would be managed appropriately.

People told us staff supported them to access their GP or other health professionals whenever necessary. The registered manager told us and relatives we spoke with confirmed that if ever a GP or other health care professional was required that this was actioned straight away. Records of people's health needs had been changed to reflect additional support from health care professionals. In addition, people with complex needs were supported to ensure they always had sufficient quantities to eat and drink. This was confirmed in records we viewed. A relative we spoke with said, "They are just so wonderful. I don't know what I would have done without them. They have supported me as well as my [family member] through some difficult times."

We looked at records which showed us that all of staff had completed training in line with Skills for Care. (This is a nationally recognised training standard). Staff told us that they were supported to gain health care related qualifications.

Staff told us they had a period of induction which included a combination of training and assessments followed by shadowing more experienced staff. Staff confirmed to us that their induction supported them to do their job effectively. Staff told us, and records showed, that staff had received training in subjects such as moving and handling, medication administration and infection control.

Staff we spoke with told us they were supported with on-going training at a pace they were comfortable with. This ensured that staff continued to increase their knowledge to help them become more effective care workers. All seven people and four relatives we spoke with confirmed that they felt staff were competent. Comments included, "All of them are very, very calm and gentle." And, "They just know what to do. They are like a family to me."

Is the service effective?

All of the staff told us that the service had procedures and policies in place for staff supervision and appraisal. The registered manager and staff confirmed they had received individual supervision at least every three months with an annual appraisal where appropriate. The registered

manager showed us records where regular unannounced spot checks had been completed by them to observe staff whilst carrying out their roles to ensure they performed their role to the required standard.

Is the service caring?

Our findings

All of the people who used the service and relatives we spoke with confirmed that staff were very kind and compassionate. For example, one person said, "They just help me when and where I need help." "They are genuinely very, very caring." Another person said, "They are caring because of how they care for my [family member]. A relative said, "They are very kind and pleasant and they always makes a fuss of me as well as my [family member]."

Complimentary comments we viewed about the service which had been submitted to the provider for a period of eight weeks prior to our inspection, included, "My family member has dementia. All their care was arranged by me through Home Instead. The care they provide is outstanding." This was confirmed by what we saw and found.

All of the people we spoke with including their relatives told us that care staff respected people's privacy and dignity. For example, one relative said, "When they wash [family member] they leave the towel on when they come out of the bathroom." Another told us that they [care staff] always made sure that their [family member] was wrapped in a towel or they made sure their [family member] had a dressing gown on during any personal care.

When we visited people in their home we noted how staff introduced themselves and enquired if the person was alright and if they were in any pain. People told us staff were kind and caring and respected their dignity and privacy. Comments included, "The care staff are all polite and respectful of me and also whilst in my house" and "When they needed to give me a lot of personal care they were careful to do things with a lot of dignity and to respect my feelings and privacy."

One relative told us, "This is an amazing service, I can't fault them. My [family member] can't speak up for themselves and I am really pleased to be involved."

Health care professionals told us staff knew the people well and considered their wishes and concerns. They also said that staff had a good rapport with people who used the service and displayed sincere concern for their welfare.

Records showed that staff received training about how to promote and maintain respect for people's needs including those with complex or diverse needs. Care and support plans reflected people's wishes and preferences and how staff should support them. We saw that the registered manager was taking steps to ensure that they recruited both male and female gender staff to meet people's preferences. This showed us that people's equality and diversity was considered and acted upon

We viewed minutes of meetings which had been held with people who used the service. This was from May 2014 to June 2014 and showed people were able to express their views and opinions and what action had been taken to address issues identified. For example, one person decided that their care was better provided in a downstairs room and this is what we found.

We saw staff interacting with people in a respectful manner. Staff used people's preferred names and demonstrated a positive and very caring attitude towards people. This was by spending time talking with them about matters which were important to them and having a laugh about things in a respectful way.

Records we viewed showed us that the provider considered and put into action people's end of life care wishes. This was by involving people, their families and friends and palliative health care professionals. Examples we saw included end of life planning and involvement of palliative care services to ensure people would have a dignified death.

Is the service responsive?

Our findings

All of the people we spoke with and their relatives told us they were provided with information about their care and also if any changes were made. For example, one relative said, "My family member's care package was reviewed when I moved in with them as there were changes that were required." A person said, "They increased our care package to support [family member]." People also told us that they were always kept well informed about their care and also about any relevant changes on a regular basis.

People told us that staff got to know them and what was important to them. This was by spending time seeking people's views including those by visiting people in their home. For example, one person said, "They know me and they go that extra mile." Another person said, "I like the way they sit and chat with me." Other people we spoke with said, "Although they know me quite well they still ask me what I need help with each time they review my care to ensure they are providing the right care."

We asked people if staff had sufficient time to provide their care and are they able to respond to your requests for change. For example, One person said "If I need to change the timing of the visits they will always accommodate it." Another person said, "They were able to accommodate every other day from three days per week."

Two people said they were able to choose the care workers they preferred, their preferred time of care and what was important to them, such as the gender of their carer provided. We were told that on the majority of occasions their request were met. Another person told us that staff were very good with their time keeping and that they could choose the staff they liked. They went on to say that staff sorted things out if ever there were concerns. The registered manager told us that they provided care only where the service could do this reliably and effectively to ensure people's needs were met.

We found that people's needs had been assessed before they used the service and their care plans reflected this assessed information. We saw staff had regularly recorded care plan reviews with people, and their relatives where appropriate. We saw that people's care plans had been

changed in response to the changes in the person's needs. For example where a person's mobility had deteriorated the care plan had been updated to include details of the new equipment.

The managers told us how they responded to short notice requests for changes, or additions to, people's support. For example, they told us how they had made increases to support hours and staff to enable a person to remain at home during their end of life care. This ensured staff had the knowledge required to provide care and support to each persons identified and assessed needs.

Health care professionals we spoke with told us all of the staff acted promptly on any advice they were given and the staff were frequently observed involving people in discussions about their support and what was important to them. This included interest in people's life histories. We found that this was the case by all the people we spoke with.

Records we looked at included a service user guide. This provided people and their relatives with details of the organisations they could contact if they had any concerns about their safety. This included the local authority and an independent mental capacity advocate (IMCA). This was for those people who could not speak out for themselves and who also required such support.

We saw the provider's complaints policy and procedure was available to people who used the service. This was available in the service user guide and included information of the procedure and timescales in which people could expect their complaint to be dealt with. The service had not had received any complaints. There were records to show how staff managed issues raised informally, generally as a telephone call or during the assessment of people's care needs.

All of the people and their relatives said the manager took steps to ensure things never got to be as serious to require a complaint. People, their relatives and district nurses told us that they had never had to complain, but they knew how to complain if they ever felt this was needed. This demonstrated that people who used the service and their relatives were provided with information on how to complain and can be confident they would be listened to and action taken where appropriate.

Is the service responsive?

Where people moved between services such as hospital and their home, up to date information about them was available including an accurate record of all their care and support that had been provided. This also included support for people who required nursing support. Nursing

staff we spoke with were very complimentary about how easy the service was to work with because of the accurate and relevant records they kept. This ensured that people received consistent and co-ordinated care where their service was provided by more than one organisation.

Is the service well-led?

Our findings

All of the people we spoke with told us that they knew who the registered manager was and also who to contact if they ever had any concerns about their care or support that was provided. One person said, "They are just so helpful. I don't know what else they could do."

The registered manager and other managers and team leaders we spoke with all demonstrated that they understood their roles and responsibilities well. We saw during our observations and talking with people how well people's needs were met and that only the highest standard of care was acceptable. This was also because all staff were accountable for their decisions, actions, behaviours and performance. This was demonstrated through an effective appraisals and supervisions process.

All staff we spoke with were happy or very happy in their work, what their individual roles were and who was part of the management team and. They said they felt supported by managers at all times, including during out of hours. They told us their contributions to team work, their views and opinions were respected, listened to, valued and acted upon.

All staff we spoke with told us there was an 'open door' policy which the management team fully supported. This promoted a team work culture within the service. Staff told us they got real job satisfaction from working for the service. All the staff we spoke with were aware of their role in reporting any concerns and they told us they would report concerns in accordance with the service's whistleblowing policy if this was required. (Whistleblowing is a phrase used where staff alert the service or external agencies if they were concerned about any care practices).

Staff were able to access records for accidents and incidents held in an electronic format. We looked at these records and saw that there were arrangements in place to regularly assess and monitor all incidents. It was clear from these records who was responsible for managing and ensuring that the action had been taken to prevent any potential reoccurrence had been effective.

The registered manager gathered the views of as many staff as possible. For example, all of the staff were supported to

attend meetings which due to geographical locations were held at various venues near to where staff worked and or lived. This helped ensure that information was shared across the organisation in a consistent and reliable way.

The service regularly and consistently considered the quality of care it provided and took appropriate action where required. This was by speaking with a whole range of people, their relatives, staff and health care professionals such as district nurses' views were sought regularly. Unannounced checks of staff's competence also ensured that the quality of care was monitored.

Audits were also completed twice yearly by senior managers of the provider. These audits included things such as observations of support being provided, discussions with people who used the service and staff and health and safety arrangements. Again, the action plans identified who was responsible for carrying out the plans but did not include any dates for completion. This meant there was a risk that actions that had been identified may not be completed in a timely manner.

A system was also in place to reward staff whose performance had been recognised as being of a

very high standard. This included where staff received compliments about the care they provided. Recent comments we viewed included, "I have never come across such remarkable, dedicated and caring staff." This showed us that the management recognised outstanding care provision and those staff who had provided this.

Management and staff were aware of the key challenges that they faced such as being able to meet and exceed people's care expectations reliably where they had set themselves a high target to meet. Where positive compliments had been received from people about the high quality of their care the management used this information, such as how a lack of missed calls had been appreciated by people who used the service, to extend best practice across the service.

The service worked well with and in partnership with other organisations. For example, this was confirmed by positive comments from health care professionals we spoke with. These included "This service above many others provided outstanding leadership." Evidence of this we saw included the well-kept records, the development and training staff were provided which had lead to the provision of high quality of care.

Is the service well-led?

The CQC is required to be notified of incidents that affect people or the service. A notification is information about important events which the service is required to send us by law. We found from the information the provider had sent to us, the records we looked at that the registered

manager and the provider were meeting their legal obligations. This showed us that there was honesty and transparency, from the agency's staff when incidents occurred.