Laurel Tree Care Limited

Home Instead Senior Care North Oxfordshire

Inspection report

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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 inspected Home Instead Senior Care North Oxfordshire on 25 July 2016. The inspection was announced. Home Instead Senior Care North Oxfordshire is a domiciliary care agency based in Deddington and provides care to people in their homes in and around Oxfordshire. At the time of this inspection, the agency was supporting 39 people.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service felt safe. The staff had a clear understanding of how to safeguard people and protect them from harm. Staff had a good understanding of their responsibilities to report any suspected abuse. The service had sufficient numbers of suitably qualified staff to meet people's needs. People and staff were confident they could raise any concerns and these would be dealt with. The provider had systems in place to manage and support safe administration of medicines.

People had a range of individualised risk assessments in place to keep them safe and to help them maintain their independence. Where required, staff involved a range of other professionals in people's care.

People's needs were assessed and care plans enabled staff to understand how to support people. Changes in people's needs were identified through regular reviews. People's interests and preferences were discussed during assessments and these were used to plan their care. The service was flexible and responded positively to people's requests.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. People were asked for their consent before care was carried out.

People felt supported by competent staff. Staff benefitted from regular supervision (one to one meetings with their line manager) and yearly appraisals to reflect on their practice and develop their skills. Staff received training specific to people's needs.

People and their relatives described the staff as good and providing very good care. People felt they were treated with kindness and their privacy and dignity were always respected. Staff had developed positive relationships with people.

The registered manager informed us of all notifiable incidents. The service had quality assurances in place. The registered manager had a clear plan to develop and improve the service. Staff spoke positively about the management and direction they had from the registered manager. The service had systems to enable

people to provide feedback on the support they received.

The registered manager and director had a clear vision for the service which was shared throughout the staff team. The vision was promoting independence and allowing people to live a normal life. This was embedded within staff practices and evidenced through people's care plans. Staff felt supported by the registered manager and the director.

Leadership within the service was open and transparent at all levels. The provider had systems to enable people and their relatives to provide feedback on the support they received. The feedback was acted upon when required.

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.

There were sufficient numbers of suitably qualified staff to meet people's needs.

Staff knew how to identify and raise concerns about people's safety.

Risks to people were managed and assessments were in place to reduce the risks and keep people safe.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff that had the training and knowledge suitable for their roles.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act (MCA) and understood and applied its principles.

Is the service caring?

Good

The service was caring.

Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made. People were involved in their care.

The service promoted people's independence.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed prior to receiving any care to make sure their needs could be met.

Care plans were personalised and gave clear guidance for staff on how to support people.

People knew how to raise concerns and were confident action would be taken.

Is the service well-led?

Good

The service was well led.

The provider had systems in place to monitor the quality of service.

People knew the registered manager and spoke to them with confidence.

The leadership throughout the service created a culture of openness that made people feel included and supported.

Staff spoke positively about the team and the leadership.

Home Instead Senior Care North Oxfordshire

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection team consisted of one inspectors and an Expert by Experience in the care of older people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service and the service provider. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We contacted social and health care professionals who had professional involvement with the service. This was to obtain their views on the quality of the service provided to people and how the service was being managed. We also obtained feedback from commissioners of the service to seek their views.

We spoke with the company director, registered manager, and four members of staff which included care staff and office care coordinators. We reviewed a range of records relating to the management of the domiciliary care service. These included five staff files, quality assurance audits, minutes of meetings with staff, incident reports, complaints and compliments. We spoke with three people and five relatives. We looked at five people's care records including medicine administration records (MAR).

Good

Is the service safe?

Our findings

People told us they felt safe receiving care from Home Instead Senior Care North Oxfordshire. When asked if they were safe, people replied, "Very safe", "Yes always feel safe" and "Absolutely. When they do shopping for me they give me the receipt and keep good records of it". People's relatives told us their family members were safe receiving care from staff. Comments included, "Yes very much so. All the carers have been excellent" and "Of course I trust them otherwise I wouldn't let them come".

Staff had the knowledge and confidence to identify safeguarding concerns and how to act on these to keep people safe. One member of staff said, "I would report to the manager, safeguarding and Care Quality Commission (CQC) if I was concerned about any person's safety". Staff had received safeguarding training as part of their induction as well as annual updates. Staff had knowledge of different types of abuse and signs of possible abuse. One member of staff told us, "Signs of abuse can range from bruising, person being withdrawn or unusual comments". The service had a safeguarding policy and procedure in place. Records showed the registered manager took all concerns seriously, raised concerns appropriately with the local authority safeguarding team and notified the CQC.

Before the person's care commenced, the provider had risk assessments in place to support people to be as independent as possible. These helped to ensure people's safety and supported them to maintain their freedom. Risk assessments included such areas of the management of medicines, safe moving and handling techniques, environmental risks and what to do in the event of a fire at people's homes. Risk assessments included information about action to be taken to minimise the chance of harm occurring. Some people had restricted mobility and information was provided to staff about how to support them when moving people around their home. For example, one person was at risk of choking. The person's care plan had a detailed risk assessment on how to safely support them to have thickened fluids and staff had received training from the speech and language team (SALT) on how to support this person.

The registered manager recorded and reported accidents and incidents appropriately with a clear process of learning in place for each event that occurred. Any accidents or incidents relating to people were documented and actions were recorded. For example, one person fell twice in two weeks. This person was referred to the falls team and they were waiting for an appointment. In response, staff were supporting this person more closely to avoid further falls. Incident and accident forms were checked by the manager and audited to identify any trends and risks or what changes might be required to make improvements for people who used the service. Staff had a good understanding of their responsibilities for reporting accidents, incidents or concerns. One member of staff said, "We report all incidents to the office and complete the forms".

People told us there were enough staff available to meet their needs. People confirmed they did not experience any missed calls. One person said, "They (staff) are never late. Always spot on". Office records indicated no missed visits on their scheduling system.

Staffing levels were determined by the people's needs as well as the number of people using the service.

Records showed the number of staff required for supporting people was increased or decreased depending on people's needs. The registered manager considered sickness levels and staff vacancies when calculating the number of staff needed to be employed to ensure safe staffing levels.

The provider followed safe recruitment practices. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people. The DBS check helps employers make safe recruitment decisions and prevent unsuitable people from working with vulnerable people.

Peoples' medicines were managed and administered safely. Medicines assessments identified people who needed support with the administration of medicines. People had assessments to determine whether they were able to administer medicines independently or needed support. There were policies and procedures in place to ensure medicines were managed in accordance with current regulations and guidance. Staff training records showed staff had been trained in the safe administration of medicines and their competencies assessed. One person told us, "The manager has been three times and makes sure they are doing it right and recording correctly. I don't know the technical terms but I do know what I'm taking and why I am taking them". The registered manager completed regular audits of medication administration records (MAR) to ensure medicines were being administered in line with people's prescriptions.

Good

Is the service effective?

Our findings

Staff told us they were knowledgeable and skilled to effectively carry out their roles and responsibilities. Comments included; "We are trained enough for our roles" and "I asked for training and it was provided".

People told us staff were knowledgeable to carry out their roles. They said, "The care manager is an ex district nurse and she knows all about the medication and she teaches her staff well. There is a lot of paperwork that she goes through" and "Manager is good at training them for things like new medication". One person's relative told us, "I can't speak on their training but all of the jobs they do for [person] for example, she had special stockings which the carer didn't know how to do so she was trained".

New staff were supported to complete a comprehensive induction programme and a six month probation period. This included training for their role and shadowing an experienced member of staff. Staff could extend the induction period if they felt they needed to. This induction plan was designed to ensure staff were safe and sufficiently skilled to carry out their roles before working independently. Staff told us; "Induction included in-house training in medicines and safeguarding", "I shadowed a more experienced staff member until I was comfortable to go out alone" and "Induction included five days of training and prepared me for my role".

Staff records showed staff received the organisation's mandatory training on a range of subjects including the care certificate, safe client/safe care provider, safeguarding, data protection and confidentiality, building relationships and Mental Capacity Act 2005 (MCA).

Records showed staff had received additional client specific training from other health care professionals which included complex feeding, stockings application and catheter care. Staff were also provided with specific training. For example, a member of staff supported a person who used hearing aids but they still had difficulty to hear properly. Both the staff member and the person found communication difficult and the member of staff requested training in hearing aids. Following this training communication was improved. Staff were also provided with training in dementia care which enabled them to look after people better who lived with dementia.

Staff were supported to improve the quality of care they delivered to people through the supervision and appraisal process. All staff had received their one to one supervision meeting with their line manager every three months. This gave staff the opportunity to discuss their performance, raise concerns and identify any development needs they might have. Regular spot checks were also carried out on all staff to monitor the quality of care. Spot check records recognised good practice as well as identified any areas where practices could be improved. Staff spoke positively about their experience of spot checks and supervision and welcomed any feedback to improve their practice where they could. One member of staff told us, "Supervisions are an opportunity to discuss concerns with clients and how to improve care".

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA). The 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. Staff comments included; "It's about making sure people have a chance to make their own decisions even if they are unsafe decisions" and "We support clients to make decisions and own choices".

People's consent was always sought before any care or support was given. Staff told us they knocked on people's doors and asked for verbal consent when they offered care support. One member of staff commented, "We ask for permission before any support with personal care". People told us, "Yes, I have some pills before breakfast, then breakfast and then some more pills and they tell me exactly what they are doing" and "They (staff) usually say what they're going to do. They wouldn't just do anything". Records showed people or family members, on their behalf, gave consent for care they received and in line with 'best interest' decision guidance.

Staff were aware of people's dietary needs and preferences. Staff told us they had the information they needed and were aware of people's individual needs. For example, one person preferred a cooked meal at lunch time and a light meal for dinner. Records showed staff supported this person to have meals that way. People's needs and preferences were also clearly recorded in their care plans. Care records showed staff discussed people's dietary needs and support on a day to day basis. Some people preferred family members to support them with meals and the service respected people's choice. Staff told us they were aware of the importance of encouraging people to have a good intake of fluids and food. One member of staff said, "Clients are supported to choose meals".

People were supported with their healthcare needs. People had access to appropriate professionals when required. People and their relatives told us, and people's care records confirmed relevant professionals were involved in the assessment, planning and reviewing of peoples care. Comments included, "Staff took her to doctors for a blood test. It was perfect" and "She (staff) was here when my mother has had a home visit. She reported back to me what had happened". GP's, district nurses and occupational therapists were involved when concerns about people's wellbeing were raised.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received. Comments included; "Absolutely, I have so many laughs with them. After they have done the drugs then we have time to chat. If I'm upset they will talk to me and they are very reassuring. Turns my negatives into positives" and "Yes they are very caring". People' relatives were complimentary of the care their families received from staff. They said, "Oh yeah, all the way through they have been perfect. The one (staff) that comes most often is very calm and treats her (person) like her mum. It's lovely" and "Absolutely all of them never had any trouble on the front. It's always impressive how patient they are. My mother is always happy to see them".

Staff told us they were caring and treated people with kindness and compassion. Staff gave examples of when they showed kindness by being very patient and taking time to talk to people about things that mattered to them. One member of staff told us, "The families that I care for are so happy with the care. I would choose Home Instead to care for my own mum and dad".

People received care and support from staff that had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect was promoted at all times whilst maintaining professional boundaries. Staff comments included; "We have enough time to spend with clients", "Staff are matched with clients with same interests. Relationships with clients are brilliant" and "We get introduced to clients before we start working with them. It helps to build relationships". Staff knew, understood and responded to each person's diverse cultural, gender and spiritual needs in a caring and compassionate way. Staff told us it was important to treat people differently because they were individuals. The registered manager told us she was passionate about making positive differences to people's lives. Home Instead Senior Care only accepted visits for a minimum of one hour and most of their clients were private.

People were complimentary of the relationships they had with the care staff. They said; "They know me and my close family, my daughter and her husband. I consider them more as friends than carers", "Yeah we know them quite well now. I think they treat us well" and "They seem to know what my mother likes and doesn't like. We have quite a good stability of carers and it's always one of the same four that comes". Staff wore their own clothes rather than uniforms. The registered manager told us this was to show no sign of authority and make people more comfortable with staff.

Staff were aware of people's unique ways of communicating. Care plans contained information about how best to communicate with people who had sensory impairments or other barriers to their communication. For example, one person could not communicate verbally. Their care plan stated 'Observe for body language. Groaning can mean unhappy and smiling can mean happy'. Daily records showed staff took their time to observe and effectively communicate with this person.

Staff were respectful of people's privacy and always maintained their dignity. Staff told us they knocked on people's doors before entering. One member of staff told us, "I treat clients how I would treat my parents. Respect their homes and choices". People and their relatives commented; "When I'm washing I usually wash

my self and they will do my back. If they take me to the toilet they will wait outside the door in case I fall or need help. Can't fault them in anyway" and "Sometimes staff help her in the shower and it's all been perfectly dignified".

Staff understood the importance of promoting independence and involving people in daily care. They explained how they allowed enough time for tasks and did not rush people. One member of staff said, "I give people a chance to do things for themselves". This enabled people to still do as much as they could for themselves with little support. One person was prone to falls and their goal was to maintain independence with mobility. Their care plan gave clear guidance for staff on how to give the person confidence and support them to use their walking stick and trolley.

Staff spoke about people in a caring and respectful way. Care records reflected how staff should support people in a dignified way and respect their privacy. For example, one person's care records stated a person wished to be supported with meals and staff not to takeover. Records showed staff supported this person in preparing meals and only assisted when necessary.

Staff knew the importance of maintaining confidentiality. They told us they only shared people's information on a need to know basis. Comments included; "We don't discuss clients outside work", "We keep all client documents confidential" and "We don't talk about clients with other clients". We saw people's care records were securely stored in locked cabinets in the office. Office staff told us they used passwords to safely access people's electronic care records. We observed staff logging in and out the system during our inspection.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to commencement of care to make sure these could be met. Personal details were recorded which included preferences, religion, preferred names and hobbies. A health and care needs assessment was also conducted which included eating and drinking, personal care, behaviour and communication. These assessments were used to complete personal care plans.

The director and registered manager carried out a full consultation with people who were considering using their services. These consultations involved the person who would be receiving care, relatives, friends, advocates as well as health and social care professionals. Records showed that the care and support planning was always completed before care or support was given. This allowed room for person centred support planning for each individual. One healthcare professional told us, "I have found them to be thorough in assessment and risk assessment before commencing a care package".

People or their relatives were involved in developing their care, support and treatment plans. Care plans were personalised and detailed daily routines specific to each person and visit. For example, people had care plans specific to preferred routines. People and their relatives commented; "With my daughter and the care manager we have made one (care plan). It's constantly reviewed, she (manager) comes and checks that everything is right. If I'm prescribed a new drug they (staff) all need to be told and shown how to do it", "The manager does regular review of the care plan with my mother present. They discuss any change as needed" and "I make that with the wife. Once a fortnight one of the carers come around and talk about it". Care plans were reviewed six monthly as well as whenever there were changes in people's needs.

The service responded in a timely way to people's changing needs. For example, one person lost their balance and injured a toe. Staff called for an ambulance and stayed with the person until they were taken to hospital. The family were informed of the incident and staff completed an incident form. When the person was discharged from hospital, the risk assessments, care plans and required staff support were updated to meet the person's needs. People told us staff were very proactive.

Health and social care professionals were complimentary about the service and told us, "They (service) seem to be caring, well led and quick to respond to changes and to communicate any concerns or changes to social worker".

Staff completed records of their visits to each person. These provided key information on the care provided and the person's condition. Where complex care was provided the notes reflected this. The language used in care records was respectful.

To ensure positive relationships were maintained between the person and their care worker, the registered manager matched staff to people with same interests. For example, one person was matched to a member of staff with the same faith. They both enjoyed attending church services.
People and their relatives were encouraged to provide feedback about the service through service visit reviews, quality assurance interviews, spot checks and care reviews. People told us; "I have a three monthly

visits from the office, to make sure I am ok and discuss the carers" and "When they first started, someone came over after a fortnight. Now we have someone call in at least once a month" and "When manager comes around for the three month review she asks 'Are you happy with the care plan? Happy with the person? I sent an email as feedback". This feedback was used to make positive changes.

People and their relatives knew how to make a complaint and the provider had a complaints policy in place. People were provided with information of how to make a complaint or compliments as well as contact information for the local authority and CQC. People commented; "I wouldn't like to complain as they are all very nice. If I did have a complaint I would go to the care manager or her husband", "First instance we would talk to manager. She told us about it last week" and "Yes but I haven't needed to. I would be surprised if I had to. Manager is quite good and I think any problems will be dealt with well before it got to the stage of a complaint". Records showed all raised complaints had been resolved quickly.

We looked at the written complaints that had been received in the last year and saw they had been responded to in a sympathetic manner and in line with the service's policy on handling complaints. The registered manager discussed concerns with staff more widely at team meetings to ensure there was learning and to prevent similar incidences occurring. The service had also received many written compliments.

Good

Is the service well-led?

Our findings

Home Instead Senior Care was managed by the registered manager who had support from the director. They both were actively involved in day to day management of the service. They demonstrated strong leadership skills and continuously sought ways to develop and improve the quality of the service people received. The director and registered manager were open and transparent about the service and the improvements they could make towards being a better service.

Throughout our visit, management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. Both the registered manager and staff spoke openly and honestly about the service and the challenges they faced. Staff told us they felt the service was open and transparent. Comments included; "Management encourages our input. They are transparent and honest all the time" and "We learn from our mistakes and improvement follows. I am involved in the growing of the service and feel part of the team". One healthcare professional said, "The director and manager are always reliable, approachable and professional". The registered manager told us their biggest challenge had been finding good staff with great motivation to support their ethos.

People and their relatives knew the director and the registered manager and were complimentary about them and the management team. Comments included; "Yes seems very efficient to me. Very committed to doing a good job and not just ticking the boxes" and "Definitely very well led. The paperwork seems to be first rate".

Staff felt the director and the registered manager were supportive and approachable. They said; "Very supportive managers. I love working here and would never want to change employers", "Management is fantastic. Any problems and its sorted. Great sense of humour" and "I feel part of the company and appreciated. My views are taken on board". The director and registered manager often worked alongside staff.

The registered manager spoke with us about their vision for the service. They told us one of their greatest achievements was getting people to be more relaxed and comfortable around staff. This was crucial to succeed in building meaningful relationships. The director and the registered manager aimed to put people at the centre of their achievements.

There was a strong emphasis on continually striving to improve. The registered manager was committed to continuous learning for herself and for care workers. She had ensured her own knowledge was kept up to date and was passionate about providing a quality service to people. Additionally to her nursing background she had thrived to ensure staff were trained to an acceptable level to perform their roles.

Staff described a culture that was open with good communication systems in place. Team meetings were regularly held where staff could raise concerns and discuss issues. Staff told us, "We have regular team meetings and minutes are available to us" and "We discuss how best to improve care during team meetings. The service had effective communication with staff through secure emails, phone calls and staff newsletters.

Communication between people and staff was of good standard. People were provided with scheduling of their care calls a month before care delivery and changes could be made as required.

The provider had quality monitoring systems in place to review the care and treatment provided by the service. This included regular audits of care plans, quality support audits, observing care practice and gathering people's experience of the service through annual surveys. Action plans were created from audit results to improve the service.

There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening. Staff were confident the management team and organisation would support them if they used the whistleblowing policy. They told us; "I can whistle blow to safeguarding or CQC", "If I had concerns I would speak to the office, social services or police. I see whistle blowing as a way to get a positive outcome which can be change".

The director maintained strong links with the local community. They told us they were aligned with 'Action fraud' which is an organisation fighting against scam mail. They were also involved with community family dementia training to raise awareness and prevent the isolation of people.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.