

Renbridge Associates Ltd

Home Instead Senior Care

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 

Overall summary

The inspection was announced and took place on 4 August 2015. The provider had short notice that an inspection would take place. This was because the organisation provides a domiciliary care service to people in their own homes and we needed to ensure that the manager would be available to assist us. At the last inspection in August 2013, we found the provider was meeting all of the requirements of the regulations we reviewed.

Home Instead Senior Care provides care and support to people living in their own homes. At the time of the inspection the agency were providing personal care for 37 people. The agency also provided companionship and support to a number of other people.

The agency did not have a registered manager in post at the time of our inspection. The manager had recently been appointed and confirmed they would apply to be registered with us pending a successful probationary period. A registered manager is a person who has registered with the Care Quality Commission to manage

Summary of findings

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 told us they felt safe with the staff that supported them and said staff were always respectful and spoke with them appropriately. Staff had a clear understanding of how to protect people from abuse and harm and knew how to report any alleged abuse or poor practice. The provider used safe recruitment processes to ensure only appropriate staff were employed to work with people in their own homes.

People were supported by staff that knew them well and were equipped with the skills and knowledge to meet their individual needs. Staff received training and on-going support to carry out their roles and responsibilities effectively. They understood how to promote people's rights, choices and independence.

People shared positive experiences about the care and support they received. They told us that staff were kind and caring and responsive to their needs and

preferences. People were introduced to new carers and were able to choose the times of their visits. People's care was planned and reviewed with them to ensure they received care which met their needs.

People had no concerns about the care and support they or their family member received, but knew they could raise issues directly with the provider.

Care plans detailed people's needs and preferences. People told us there was a minimum of an hour visit which meant staff had time to support people without rushing them and this helped to support their independence and maintain their safety. Staff promoted people's dignity, privacy and independence.

People found their care staff and the management team approachable and spoke positively about the culture of the service. The management team were committed to providing a high quality service to people. A range of checks were carried out to ensure that good standards of care were maintained. Feedback from people was sought on a regular basis to gain people's views and improve the service.

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.

Staff had received training and knew how to identify and report suspected abuse. Risks to people were identified, assessed and reviewed. There were enough staff employed to provide people with a consistent and flexible service. People were safely assisted with their medicines where required.

Good



Is the service effective?

The service was effective.

People were supported by staff that were trained in their work to undertake their roles and responsibilities effectively. People's health was monitored and they were supported to access to health services if needed and to maintain good nutrition and hydration.

Good



Is the service caring?

The service was caring.

People were supported by staff that were caring and treated them as individuals. They were involved in making decisions about their care and their independence was promoted and their privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive.

People were involved in planning and reviewing their care and received care that was flexible and responsive to their individual needs and preferences. People knew what to do if they were unhappy with the service provided.

Good



Is the service well-led?

The service was well-led.

The provider promoted a positive culture within the service. There was open communication within the team and people felt valued. People found the management team approachable and helpful. There were systems in place to gain people's views and regularly review the quality of the service provided.

Good



Home Instead Senior Care

Detailed findings

Background to this inspection

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

This inspection took place on 4 August 2015 and was announced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events. The provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority and commissioners for information they held about the service. This helped us with planning the inspection.

During the inspection we undertook telephone surveys with six people who used the service and five relatives. We visited the agency's office and spoke with the manager, the provider and six staff. We looked at four records relating to people's care and support, complaints, staff training, recruitment records and systems used for monitoring quality.

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe with the staff that supported them. They told us that staff were always respectful and spoke to them appropriately. One person told us, “I feel safe with the staff; they speak nicely to me and are very patient”. Another person said, “I was introduced to my carers and the office always send me a list at the start of the month so I know who is coming”. A member of staff told us, “I’m all for safe care. It’s got to be safe and it’s got to be right”.

The provider told us in their PIR, “We deliver outstanding care and keep our clients and staff safe by ensuring that we have the right level of resource to support both our clients and caregivers. Ensuring the safety of our clients and staff is our top priority”. We saw staff had received training and discussions with them showed they had a comprehensive awareness and understanding of potential abuse. They knew what action to take in the event of observing any poor practice to help protect people from potential abuse. Staff told us they had confidence to question practice and report any concerns. The management team demonstrated a clear understanding of safeguarding procedures and their duty to protect people and report any allegations of abuse to the local authority, who lead in such matters. Where an allegation of abuse had been made this had been appropriately referred.

Everyone told us they had been introduced to their carers before their care package commenced and if new carers had to be allocated, due to sickness or staff movement, these were also introduced before commencement of providing care. This ensured people were familiar with the carers supporting them. The provider told us people were matched to their carer based on certain attributes and if people were assessed as having a higher level of need; two staff were allocated to attend to them to ensure their safety. This was confirmed by the staff we spoke with.

People told us there were enough staff to meet their needs and keep them safe. They told us there were a minimum of an hour visit and said their carers arrived and stayed for the allocated time. This meant staff had time to support people without rushing them and this helped to support their independence and maintain their safety. One person told us, “I have a small team I think continuity is very important”.

There were procedures in place for managing risk. We saw risks to people were identified, assessed and reviewed and centred on the needs of the individual, for example, risk of falls or areas of sore skin. Staff we spoke with were knowledgeable about the potential risks to people and how these were managed in order to keep people safe from harm. We saw accidents and incidents were appropriately recorded and then used to identify any emerging trends.

We looked at a selection of staff records. These showed that thorough recruitment procedures were in place to ensure that prospective staff were suitable for their roles and supporting people in their own homes. Pre-employment checks were completed, including criminal records checks. We spoke with four staff that had recently commenced working at the agency. They confirmed that all relevant checks had been completed by the provider prior to them starting work. One member of staff told us, “It was definitely robust. They asked for six references and lots of other checks”. Another member of staff said, “They are very strict on who they appoint. They won’t just take anyone”. The agency had recently appointed a designated recruitment and retention co-ordinator who was responsible for dealing with all aspects of staff recruitment and ensuring the highest calibre of staff were employed. The provider told us, “We discuss applicant’s values, beliefs and drive to do the job. It’s not just about experience”.

The management team told us the majority of people being supported took responsibility for their own medicines. Staff told us they received training in medicines as part of their induction. They said their competency to administer medicines safely was regularly checked during observation visits carried out by the management team. A member of staff told us, “Most people self-medicate. Where people require prompting, we make sure they get their right dose at the right time and it’s recorded”. We saw where people required assistance with their medicine their consent had been obtained for care staff to provide assistance. We saw the provider had systems in place for people to retain their independence with their medicine. For example, one person had an alarm on their box of medicines that sounded to remind them it was time to take their medicines. One relative told us, “Mum can forget to take her tablets so the staff will check she has taken them when they get there and remind her if needed”.

Is the service effective?

Our findings

People we spoke with felt staff were well trained and knowledgeable to carry out their role. This varied from help to get up, dressed and washed to making beds, washing up and ensuring people had taken their medication. Some people explained that staff were helpful with their rehabilitation. One relative told us, "They (the staff) get on very well with my wife; they seem very competent they always take their time with her". Another relative said, "My husband needs hoisting and they are very competent with it". The agency had also received a recent compliment from a person, who stated, "I must thank you for the excellent way in which you handled the request to look after my needs over last weekend. The carer you supplied was absolutely first class!".

Staff told us they had the knowledge, skills and experience to carry out their work. They said their induction provided them with the skills and confidence to carry out their role and responsibilities effectively. We saw that staff attended a variety of training appropriate to their role, to keep people safe and meet their individual needs. We saw training certificates were held on staff files. One member of staff told us, "Training is very client focused and specific to each person as everyone has very individual and specific needs". Staff told us they were supported to obtain professional qualifications appropriate to their role. A member of the management team had designated responsibility for managing and training staff. They described their role and shared information about the training and support they provided. They told us they had sourced and provided staff with training to keep people safe and additional training to meet people's specific needs. Staff told us they had worked alongside experienced staff until they were confident and competent in their work. We spoke with four new staff that had completed their first day induction. They told us about what their training had included and showed us a copy of the training pack they were working through. They said they had been introduced to the management team, and had their roles fully explained. One person said, "We had to wear special glasses so that we could gain an understanding of what a person with a visual impairment has to live with and gloves to feel what a person with arthritis experiences. I've definitely enjoyed it so far". Another member of staff said, "We've met [names of management team] and they are all

very approachable and professional". One member of staff described their induction as, "excellent". The provider told us, "The induction includes ethos, care and expectations of the role".

Staff told us they were supported in their work. A member of staff said, "There's always someone to help if you need it". They told us they had regular opportunities to see managers who were always available if they needed help or needed to share any issues. They said they found them approachable. One member of staff told us, "I absolutely love it here. Home Instead are definitely a recommended company and are great to work for".

People told us staff always gained their consent before assisting them with their personal care routines. Discussions held with staff showed they understood that care and support should only be given if the person consented and any decisions made were in the person's best interests. One member of staff told us, "I never do anything without gaining the person's consent first". They shared examples of how they supported people's choices and respected their rights. Care records we reviewed showed that people and others that mattered to them were involved in discussions about the care provided. The records were signed by the person or their representative to show they understood and agreed to the care provided.

No one we spoke with told us they or their family member needed support with eating, although a couple of people explained their carers would cook a meal. One relative told us, "I don't like a hot meal at lunch time but my husband does. His carer is brilliant she will make his meal and ensure he is able to get it". Staff we spoke with were aware of people with specific dietary requirements such as people who were diabetic in addition to the personal preferences of the people whose care we looked at in detail. For example, one person's records said, "Encourage to drink as much fluids as possible. Likes to have her meals at the same time each day". Care plans we reviewed detailed any specialist equipment people required, for example, cutlery and plate guards and the level of support each person required to eat and drink. Any risks were identified such as if a person was at risk of choking and precautionary measures required such as ensuring their food was cut up and staff remained vigilant when supporting the person to eat.

Staff told us they supported people to maintain good health and if they noticed any change in people's needs

Is the service effective?

they alerted the management team. One relative we spoke with told us that the carers would sometimes ring them to report that their family member was not their usual self. They said, "It gives me a lot of confidence knowing they are there. I can't get there every day but I know someone is keeping an eye on her". One person said, "I wear a hearing aid and they always make time for me to tune in". We saw evidence in people's care records that the agency had worked in partnership with other professionals, for example district nurses, physiotherapists and occupational therapists to meet people's needs. People's care plans detailed any specific health conditions and medicines prescribed and contained the details of external healthcare

professionals and their relevance to the person's well-being. One person's care records stated, "Carers to monitor and report any changes or concerns in health, level of confusion. Report to care manager or seek medical advice if needed". The provider told us in their PIR, "Our caregivers are given extensive training on recognising, reporting, and recording changes in the health, well-being and behavioural patterns of their client. Client journal logs are regularly audited. This helps us to monitor our client's health and well-being, ensuring that the support provided meets client needs". We saw this was reflective in the daily logs held on behalf of the people whose care we reviewed.

Is the service caring?

Our findings

Everyone spoke highly of all the staff they came into contact with. One person told us, “The staff are very caring; we are really pleased with the service”. A relative said, “My husband is very settled with his carer she is a very nice person she is very good”. I would say they meet all of his needs in a dignified manner”. One relative said, “The staff are really good; my husband has a lot of pain and it can make him difficult but they are very caring and patient with him”. A member of staff told us, “The care we provide is outstanding; we deliver care how it should be and the carers are genuinely caring”. Another member of staff said, “The team are very caring and whatever the client wants we do our upmost to provide. I’m privileged to work here”. The provider told us, “Caregivers [we employ] have to have passion, drive and commitment to make a difference and have a genuine desire to give people what they want and need. We deliver what we say we’re going to do”.

People told us they felt listened to and were involved in their care. People were supported by staff that knew them well and understood their needs and preferences. Staff we spoke with were able to provide a detailed account of the needs of the people whose care we looked at in detail. Staff told us they were provided with time to get to know and understand people’s needs and how they preferred their care. One member of staff said, “We do a minimum of one hour calls so we get the time to say more than hello and goodbye. We have the time to provide companionship and

chat with people. We’re not rushed and therefore we provide the care people need”. Staff shared examples of how they promoted people’s independence. One member of staff said, “It’s about getting the people to do as much as they can for themselves”. One relative told us, “My wife has exercises to do and the carers help and encourage her with them”. Another relative told us, “The girls are really good with my husband, he is having physio to help get movement in his legs back. The carers go through his physio regime with him and he is definitely improving. They triumph in his triumphs”.

Everyone felt that staff treated them with kindness, dignity and respect. One relative told us, “They treat mum like a queen, they can’t do enough for her. For instance, in the winter they will warm her clothes on the radiator so she doesn’t have to get into cold clothes. They are always doing little things like that”. Another relative told us, “They support my husband to his abilities and they do this with dignity”. Staff gave good examples of how they respected people’s dignity while providing personal care, such as ensuring people were covered up while being assisted with their personal care routines. One member of staff said, “I always cover people when providing personal care to protect their dignity”. Another member of staff told us, “I treat people as I would like to be treated. It’s not about the task; it’s about the person so I do as they want”. Staff told us people were supported by a consistent group of staff that allowed them to provide continuity of care for people.

Is the service responsive?

Our findings

People's care and support was planned in partnership with them and others that mattered to them. Everyone that could remember was able to tell us they had been included in their assessment when discussing the care package at the outset of receiving their service. One person said, "[Name of new manager] came to see me. We discussed my needs and she brought my carer and introduced her to me, it was all very nice. My carer is brilliant". A relative told us, "I thought the manager was really perceptive at the assessment visit. She chose a team to fit with my husband. I felt she handpicked the carers who would understand him. They have become part of the family". The provider reported in their PIR, "Our extensive care consultation allows us to discuss and record different aspects of the client's life; past, present and future, ensuring that we support the client with the service they require achieving their desired outcomes".

People told us they had been able to choose the times of visits. One person said, "We chose our times they were to suit us. If there is any time left over the staff will sit and talk to us, they get on well with my wife". Another person said, "The evening time can be flexible depending on availability but they always let us know. We have never been let down".

People told us they thought the agency was flexible and responsive to their needs and had choice about who provided their care. One person said, "If they finish off the tasks before time they will just sit and talk but they always ask if there is anything else I need". Another person told us, "If I needed to change the visit time I just have to let them know it is never a problem". A relative said, "I could only give them short notice after my husband was discharged from hospital but they really stepped up to the mark". A member of staff reported, "The continuity of care that people receive is fantastic". The provider told us they provided a, "very responsive service to meet each person's needs". They said, "We don't go in and take over; we do what the person wants". They also stated in their PIR, "By maintaining a high caregiver to client ratio, we are able to respond quickly to client requests for extra care in response to any given situation". They shared an example of how

they were responsive to the changing needs of a person who had become distressed due to a specific health condition and the action the team had taken to support them.

We saw that people's care needs were outlined in their care plans and they were provided with a copy to keep in their own home. The provider told us in their PIR, "We listen to what people want and positively encourage the creation of their own care plan". The four care plans we reviewed were detailed and demonstrated that people received a personalised service that met their identified needs. We found that care plans addressed people's needs in a personalised way. The support each person required during each call throughout the day was detailed and personalised. For example, one person's care plan stated, "Give lots of encouragement and praise to help her motivation. Write in [name of person's] diary to help with their memory". Where people's support needs had changed, their care plans were reviewed and updated in partnership with them and significant others so that staff had access to the latest guidance when supporting people. Staff we spoke with considered they had sufficient information to support people effectively.

Everyone we spoke with felt they were happy to speak to the manager if they had any issues they may need to raise. One person commented, "We have a good rapport with the staff that come and with the company. I can't honestly say a bad word against them. The people we spoke with told us they had never had cause to make a complaint about the service they or their relative received. One person said, "I haven't needed to make a complaint but I am happy to know there is a process if I needed to". Another relative told us, "If [name of relative] wasn't happy he would soon say". We looked at the complaints log and saw that the provider had dealt with matters of complaint quickly, appropriately and in line with their complaints procedure. We saw the provider had investigated issues raised and spoke with people to understand what had happened in order to prevent reoccurrences of issues. They told us, "We liaise very closely with the people we support so we are on to anything before things escalate".

Is the service well-led?

Our findings

People we spoke with were positive about how the service was managed. They considered it was well-led, organised and efficient and felt the management team adopted an open and inclusive culture. One relative told us, “I believe they are well managed to make sure they suit people’s needs”. Another person said, “So far we are very happy with everything. The carers are all very nice”. The provider told us in their PIR, “Our culture is open, fair and transparent encouraging our caregivers to follow by example. It’s important to us that our office team and caregivers all believe in the same ethos and values, as we are one team”. We saw the management team promoted a positive culture and were readily available and welcomed people who visited the office during the inspection. People told us that they either would or had already recommended the service to other friends and family. One person said, “I would definitely recommend the company they have been excellent”. Another person said, “We are very happy with the company and care that we get”. We saw the organisations core values and the mission statement were shared and discussed with staff during a meeting held. The provider told us, “Our vision is to be the best we can through continuous improvement. We promote an environment that people can speak up and we ensure we deliver quality care”.

There had been a change to the management structure to support people and staff on a daily basis. At the time of the inspection there was no registered manager in place. A manager had recently been appointed and they confirmed they would apply to be registered with us pending a successful probationary period. Not everyone we spoke with was aware there was a new manager in post. One person said, “I am not aware of any change of management but the office staff are always very helpful”. People who were aware of the recent change in manager shared very positive feedback about the new manager. One relative said, “I do feel informed if there are any changes. I know I can ring and bring up any issues if I needed to”. Another relative commented, “We have a good rapport with the staff that come and with the company. I can’t honestly say a bad word against them.

We found the management structure of the service provided clear lines of responsibility and accountability. Staff we spoke with had a good understanding of their roles

and responsibilities and spoke positively about working for the provider. One member of staff told us, “I feel really valued and supported. They don’t just see me as a number. The reason I joined the agency is because the ethos here is totally different. We really do provide quality care”. Discussions with staff showed they knew what was expected of them and were motivated in their work. The provider told us, “The staff are as important as our clients. We operate an open-door policy and all staff are aware of their responsibilities and accountabilities”. We saw there was a positive culture within the office that was open and inclusive. The management team were available to staff to offer guidance and support. The management team had a clear vision for the service. The provider told us, “Our vision is to be the best we can through continuous improvement and living our values”. There was a strong emphasis on continually striving to improve in order to provide a high quality service and staff told us this was shared with them during their initial training and a team meeting day held in February 2015.

We saw there were a range of ways for people to feedback their experiences of the care and support they received. One relative told us the manager had telephoned them after the first two weeks of receiving a service to check all was going well. They said, “The manager seems to have a handle on things. She rang a couple of weeks ago to make sure everything was going alright. I got the impression she would keep a check on us”. People who had been with the service for more than a few months, told us they had received questionnaires regarding the service. These were undertaken by an external independent company and the provider was awaiting the outcome of the most recent survey. They told us the results would be shared with staff and people who used the service, and used to continually improve the service. Minutes of the meeting held with staff showed they were asked by managers for suggestions on continually improving the service. A member of staff said, “They listen to us and take on board any suggestions we make for improvement”. The provider regularly produced an informative ‘newsletter’ for staff advising them of new colleagues, important dates for the diary and contact details of the local teams and newsletters twice a year to people who used the service.

There were systems in place to monitor the quality of the service provided. The provider employed two quality assurance supervisors who also provided care and support to people in their homes. One of the supervisors told us

Is the service well-led?

about their role and how they monitored quality. We found that regular reviews of people's care plans and risk assessments were undertaken. The provider told us in their PIR, "By completing regular client quality assurance visits, calls and service reviews we are able to monitor our clients, to ensure they are receiving a consistently high quality service and ensuring they are receiving their care as they wish to do so". Staff attended one-to-one meetings, annual appraisals and monitoring support checks were undertaken to review their practice and identify any

training needs. The service undertook a comprehensive range of audits to monitor the quality service delivery. These included daily electronic call monitoring checks undertaken on staff to ensure people received their care at the times required, checks with people about the care they received, daily logs completed by staff, medicine administration records and health and safety checks. We saw there were suitable arrangements in place to deal with incidents.