

Jefferies Care Services Limited

Home Instead Senior Care

Inspection report

Unit 6, Apsley House
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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This report was created as part of a pilot which looked at new and innovative ways of fulfilling the Care Quality Commission's [CQC] regulatory obligations and responding to risk in light of the COVID-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the provider.

About the service

Home Instead Senior Care is a domiciliary care agency providing personal care to 96 people aged 65 and over at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were exceptionally well-supported. Staff and managers empowered people to be involved in their care and to express their individual needs.

Care was personalised and tailored to meet individual need, to ensure people had flexibility and choice. The provider was clear on people's communication needs and used innovative practice to ensure they responded effectively to people's care needs.

The leadership and governance of the service ensured high-quality care. Staff, people and relatives were exceptionally well supported by managers, who encouraged their involvement in the development of the service. Staff felt motivated and proud to work for the provider.

People were well supported to receive safe care and treatment. Medicines were well managed, and the provider had taken steps to ensure best practice was implemented. Infection control procedures were efficient and well implemented. Staff were safely recruited to ensure they were fit and proper and able to carry out their roles. Staff understood their responsibilities in recognising and reporting potential signs of abuse. Risk assessments were comprehensive and identified potential areas of risk and guided staff to prevent and mitigate harm.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Outstanding (published 05 January 2018)

Why we inspected

This was a planned pilot virtual inspection. The report was created as part of a pilot which looked at new and innovative ways of fulfilling CQC's regulatory obligations and responding to risk in light of the COVID-19 pandemic. This was conducted with the consent of the provider. Unless the report says otherwise, we obtained the information in it without visiting the provider.

The pilot inspection considered the key questions of safe and well-led and provide a rating for those key questions. Only parts of the effective, caring and responsive key questions were considered, and therefore the ratings for these key questions are those awarded at the last inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Home Instead Senior Care on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

At our last inspection we rated this key question Outstanding. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to effective.

Inspected but not rated

Is the service caring?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to caring.

Inspected but not rated

Is the service responsive?

At our last inspection we rated this key question Outstanding. We have not reviewed the rating at this inspection. This is because we have not reviewed all of the key lines of enquiry (KLOEs) in relation to responsive.

Inspected but not rated

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding 

Home Instead Senior Care

Detailed findings

Background to this inspection

The inspection

As part of a pilot into virtual inspections of domiciliary and extra-care housing services, the Care Quality Commission conducted an inspection of this provider on 20 October 2020. The inspection was carried out with the consent of the provider and was part of a pilot to gather information to inform CQC whether it might be possible to conduct inspections in a different way in the future. We completed this inspection using virtual methods and online tools such as electronic file sharing, video calls and phone calls to gather the information we rely on to form a judgement on the care and support provided. At no time did we visit the provider's or location's office as we usually would when conducting an inspection.

Inspection team

This inspection was carried out by three inspectors. CQC support services made calls to people and their relatives.

Service and service type

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

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

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 20 October 2020 and ended on 28 October 2020.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with sixty-three people who used the service or their relatives about their experience of the care provided. We spoke with eleven members of care staff and the registered manager.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at six staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures and quality assurance checks were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at satisfaction surveys and a range of other documents that reflected the care people received.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew how to recognise and report potential signs of abuse. Staff were clear about their responsibilities to safeguard people from abuse and followed appropriate procedures to ensure people were kept safe. One staff member told us, "If I have any worries or concerns, I have to report this to the office unless it's a medical emergency. I make sure everything's recorded. I would continue to make sure my concerns were being addressed, if they weren't I would whistle-blow."
- The provider had clear policies and procedures in place to ensure staff fulfilled reporting requirements.

Assessing risk, safety monitoring and management

- Risks to people were appropriately assessed and there was clear guidance in place for staff to follow to prevent and mitigate harm.
- Risk assessments included indoor and outdoor mobility, cognition, nutrition, health conditions and medication. Environmental risks were also reviewed to ensure that people and staff were safe in people's homes. Out of hours and emergency support was available to people at all times.
- For people with specific care needs, guidance from health care professionals was available to staff, to ensure staff had the information they needed to support and manage people's needs safely.

Staffing and recruitment

- Staff were safely recruited. The provider had carried out appropriate checks to ensure they were safe to work with vulnerable people. Staff were also required to provide suitable references, employment history and proof of identity.
- People and their relatives told us staff arrived on time. Comments included, "Always. Absolutely spot on with time in fact, as I'm convinced they get here early and wait outside until they need to come in."

Using medicines safely

- Staff managed medicines safely. One staff member told us, "Yes I do administer medicines. We recently were advised to read through the new medicines policy. If there is a medicines error, we have the incident form to complete. I would call the office or on-call to inform them and ask for advice. Ascertain what happened and what medicines it was and if we need to contact the G.P."
- Medicines administration records clearly showed that people had received their medicines at the right time, and in line with their care needs. Each person had a detailed medicines list in their care file which informed staff of the medicines each person was prescribed and when they needed to take them.

Preventing and controlling infection

- There were effective measures in place to prevent the spread of infection. The provider had implemented enhanced infection control practices to meet the requirements of government guidance to prevent the spread of COVID-19. A relative said, "I know that they wear face masks and disposable aprons and gloves. As soon as they arrive, they wash their hands and disinfect his surfaces. They write all this down in their notes. I'm reassured that they are minimising any risks".
- Staff were clear about their responsibilities regarding infection control. Comments included, "I think the PPE (personal protective equipment) has been managed ever so well. [The provider has] managed to get it in difficult circumstances. We have gloves, aprons, foot protectors and masks as standard. We can get shields as well" and "Honestly the service are brilliant, they give us enough PPE and there's always more we can collect. Or the office will sometimes drop it off to us. We have had training in donning and doffing PPE."

Learning lessons when things go wrong

- Incidents and accidents were well-managed. The registered manager / provider ensured any occurrences and near misses were reported, recorded and investigated. Action taken was clearly recorded and shared amongst the staff team for discussion, to review any lessons learned and to prevent reoccurrence. One staff member told us, ""If someone had fallen over, I would call an ambulance and sit with them and reassure them. I would notify the office and relatives. I would complete an incident form on the care planner app" and "We do have people we can contact in the office if there has been an incident. They will then manage things and will make a decision"

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Outstanding. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- Staff understood the importance of seeking people's consent and ensured people were supported to make decisions that were in their best interests. Staff told us, "We have a set list of things we need to do; however I don't just assume I know what the person would like or how they would like to be supported" and "Sometimes you need to show them items [for example clothing] to support them to make a decision. You must always ask them to make a decision, most of the people I support know what they like and want. There are also notes to guide you in the care plan."
- Policies and procedures were in place to guide staff in adhering to the principles of the MCA when making best interests decisions.
- Care records clearly identified where people had provided consent, or where they did not have the capacity to do so for decision specific situations.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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

- Staff consistently provided compassionate and high-quality care. They put people at the forefront of all that they did. Everyone we spoke with told us they received exceptional care that met their individual needs. Comments included, "Oh yes, they are very professional. We have had the senior carer coming, we have known them for up to seven years and she knows everything, I have nothing but praise for them" .
- The provider had taken steps to meet people's diverse cultural and spiritual needs. For example, people benefitted from staff who knew them well and were able to communicate in their preferred language. One staff member told us, "It's important to know people's preferences and cultural and religious needs." Another member of staff told us they had learned out to cook a particular recipe for one person with specific food allergies and dietary requirements.

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

- People reported that staff delivered care in line with their required care needs. Comments included, "Yes, wonderful very compassionate person [staff] knows all about my illness, knows I have to be managed in a certain way and know how to do this" and "I think they have built a level of trust that they care for someone and feel that my dad has that care and they are not just going through the motions. I feel the carer has those certain qualities".
- A staff member said, "There's a fine line between supporting people to make decisions and taking over. You have to be careful with the language you use as some clients are fiercely independent. You have to tailor how you provide care to people. If someone was making a decision that could place them in harm's way, I would immediately report it to the office for advice."
- Staff understood the importance of ensuring they provided care that suited people's needs and preferences. One said, "The care plan also tells you about the background of the person, their interests as well as the support they need. It's a holistic view of the person and is a conversation starter."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Outstanding. We have not reviewed the rating at this inspection. This is because this inspection was carried out as part of a DCA pilot inspection and only part of this key question was reviewed.

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

- People continued to receive individually tailored care. People and relatives told us staff had an outstanding understanding of people's needs and ensured people's needs were met. Comments included, "Staff all wonderful and very happy, couldn't want more, cannot believe our luck, transformed my life. [Staff member] should have an award of some shape or form. Carers changed my lifestyle as have to be careful with certain products as I have complex needs and complex illness" and "This is because of consistency; his caregiver has been with him two years and she has never not turned up or anything like that she has been absolutely brilliant. She does his shopping she knows him well."
- People were supported to access activities that met their preferences. A relative told us, "The agency pre-covid had different classes they ran for clients and for anyone so I would attend those with my dad and have met loads of them. They are caring and really good fun because I think it's important for them to bring warmth and care and fun".
- People and relatives had access to their care-records in real time and could check people's records reflected their preferences and that their needs were being met. Staff recorded their care notes using an electronic system at the point of delivery. One relative told us, "In the app it has a little bit of background for my dad, his job, where he has lived etc, they will also have he likes weak coffee, no sugar that type of thing. The app took a little bit to get access to but now I have it I use it daily".
- The provider had taken the time to understand people's specific needs and how each person presented differently. Where one person had a particular health need, their care plan was clear and concise in defining how this presented for them and included clear step by step guidance for staff as to how to care for the person. This included how to provide effective emotional support.
 - Each care plan reflected people's backgrounds and social histories. This included input from people and their relatives to help staff to best support people in their activity choices. For example, where one person had previously followed a particular religion, their care plan expressed their desire for staff to read to them, which staff had done.
 - Staff supported people to use communication aids that worked for them, and that supported them to remember day to day tasks or events. This included the use of white boards to serve as reminders for people. A relative told us, "Yes – they use whiteboards for leaving notes and communication."

Meeting people's communication needs

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

impairment or sensory loss and in some circumstances to their carers.

- The provider was clear about their responsibilities to meet the needs of those with a sensory impairment.
- Care plans clearly defined whether people had any sensory impairments, such as hearing or visual needs and where people needed support in these areas. For example, where people needed visual aids within easy reach. When assessing people's needs, the provider had considered how they would share, and support people to understand information. This included the use of pictures, images and whiteboards to display and share information.
- The provider was able to produce any documents or information in Braille, large print and in different languages. Staff had made cards for people, with images of items that they might want so that they could easily and quickly request them.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has now remained the same. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received exceptional care from a well-supported, consistent and motivated staffing team who put people at the heart of the service. The registered manager told us, "We work from an outstanding basis on the daily, we're a very hands-on team and I'm in the office on a day to day basis." A member of staff commented in a feedback survey, "[I am] proud to work for a Home Instead Senior Care franchise owner who strives to remain outstanding and the best in our Community Care Service."
- People and relatives told us they felt the service was exceptionally well-led. Comments included, "Yes, I do [think the service is well-led] because it comes back to consistency and they build trust. They know [Name] limitations and they show an interest in [Name]. I think they must be employing the right people because they don't have carers leaving constantly. I think the provider must be supportive of the staff too"; "Very well organised" and "They have really been very good – no issues at all, couldn't fault them. Have recommended to other people also."
- In order to ensure good, positive outcomes were a focal point the registered manager told us, "We're a very experienced team with heads of department, we've made sure over the last year that everyone is very responsible for parts of the business and clear on expectations. We have upskilled the field care supervisors in being professionals, to know what they're doing in client's homes and know what they are looking for."
- The provider had ensured people had access to meaningful engagement which helped to achieve positive outcomes for people. This included, virtual 'love to move' sessions to keep people active, Memory Cafes, pop up Supper Clubs, Singing for the Brain and Love to Sing singing classes.
- Managers promoted inclusivity amongst teams and offered high- support to staff. Staff told us, "I do believe the [registered manager] is fantastic. It is a privilege to work for this company and I really do mean that. The quality of care is so good, I just wish everyone [who needs care] got this standard of care" and "[The registered manager] is very supportive. I don't feel on my own at all. I feel as though I always have support. I have regular one to one's and I get along with everyone and the [registered manager]. I can always ask for support and for the [registered manager] to explain things to me."
- The provider sent a regular newsletter to staff which included upcoming training, social events, pictures of the team, new staff and support on offer. Staff also participated in charity fundraising, team get-togethers and farewells and a dementia conference.
- Staff had access to an employee assistance programme, Care Workers Charity (to support with one-off crisis grants), mindfulness courses, exercise classes, an annual conference, remote cocktail parties and events. Staff also received support to access fruit and vegetable delivery during lockdown, cards for occasions and gifts to boost staff morale.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered was open and transparent with people, relatives and other professionals. This included reacting promptly to complaints, apologising where necessary and responding promptly with appropriate remedial action.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager ensured quality assurance systems were in place to support continuous service improvements, and that good governance practices were embedded. They conducted regular audits of the safety and quality of the service. This included regular checks of people's care files to review consistency and that people's care needs were met.

- The registered manager kept up to date with current legislation and requirements. This was especially relevant to updates in relation to the COVID-19 pandemic. The registered manager ensured people, relatives and staff were kept up to date with any changes to practice or care delivery.

- Staff were subject to regular spot checks and competency assessments, to ensure they were skilled and compliant in carrying out their duties.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives told us they were continually provided with opportunities to express their views. Comments included, "Yes, the lady at the top asked for feedback, we have regular checks, supervisors come to the house asks us if there is anything more, we can do and what I suggest is added to the app that day", "Yes, we have offered to give feedback as we are so impressed with them as they are so good" and "Yes, we have regular review meetings with head office."

- The provider regularly conducted surveys to seek people's and their relatives views on the service. All the surveys we reviewed were wholly positive. One response said, "My mother's caregiver have made a real difference to her quality of life - by lifting her spirits and encourage her to keep up with things which bring her pleasure and satisfaction. [sic] We found the support we received is life changing."

- Multiple relatives expressed to us the reassurance the electronic system offered to them. That their family members had received the right care and support and of their well-being, as well as ensuring any changes were updated promptly.

Continuous learning and improving care

- The registered manager had developed innovative ways to make improvements to service delivery. This included a training presentation on the use of nourishment drinks to reduce malnutrition. This was newly developed training implemented by management to support staff to understand the importance of nutrition. The registered manager had reviewed specific service needs and tailored a unique training package,

- People benefitted from access to specialist equipment to assist people who may have fallen in their own homes. This minimised the use of emergency service or other support team call outs as suitably trained care staff were able to respond to, and safely lift people in their own homes. A robust protocol and post fall assessment was always completed where this equipment was used.

Working in partnership with others

- The provider ran intergenerational projects with a local school supporting people with loneliness. At the time of the inspection this was a pen pal scheme where the school was sent postcards, which the children then designed with a message. These were then sent to people using the service, who would respond with

their own card for the child.

- The provider worked alongside other professional agencies to ensure continuity of care when supporting people. Staff sought advice and support from those such as GP's, district nurses and emergency services when required.