

Nicholson Care Ltd

# Home Instead Senior Care Basingstoke

## 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

This inspection was announced and took place on 25, 26 July and 1 August 2018. This was the first inspection for this service since it moved the head office in February 2017. The service was last inspected in November 2015 when it was rated Good overall.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger adults, people living with dementia, learning disabilities, mental health, physical disabilities and sensory impairments.

Not everyone using Home Instead Senior Care Basingstoke received regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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.

Staff were recruited safely as the provider obtained the necessary pre-employment checks. Once employed, staff were trained and supported with team meetings and supervisions. Staff told us they felt supported by the service.

People were treated with kindness and respect. They were matched to a member of staff and supported by a core group of workers. This gave people continuity of care which they appreciated. The service employed sufficient staff to cover the care packages agreed.

Staff were aware of the different types of abuse and how to report any concerns. They were confident that the appropriate action would be taken by management at the service.

Risks were identified and managed effectively to protect people from avoidable harm. Accidents and incidents were recorded and reported appropriately. The service took appropriate action in response to incidents. There was not a formal system in place to monitor accidents and incidents.

We have made a recommendation about the monitoring of accidents and incidents.

People received care and support following an assessment of their needs. The service put personalised care plans in place and reviewed people's needs regularly.

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

consent to care and treatment.

People's right to confidentiality was protected and records were kept securely. Staff kept daily records which were audited regularly. There were systems in place to monitor the quality and safety of the service. People's feedback was sought and acted on where appropriate.

Complaints were managed and records kept to demonstrate action taken. The service had received many compliments about the care and support provided.

Medicines were managed safely, care plans recorded the level of support people required with their medicines. Staff were assessed for their competence to administer medicines.

There was an open and positive culture at the service which people and staff appreciated. The management was visible and approachable. The service encouraged their staff to visit the office at least weekly or at any time they required help and support.

## 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.

People were protected against the risk of harm and abuse as staff knew how to report any concerns. Staff we spoke with were confident that senior management would act appropriately to deal with any concern.

The service completed all pre-employment checks to make sure suitable staff were employed. There were sufficient staff employed to meet agreed care packages.

Risks had been identified and appropriate safety measures were in place to protect against the risk of avoidable harm. Risk assessments were reviewed on a regular basis.

Medicines were managed safely. Staff were trained to administer medicines and assessed for competence.

### Is the service effective?

Good ●

The service was effective.

The service was working within the principles of the Mental Capacity Act 2005. People told us that staff sought consent to care and treatment.

Staff received regular training and supervision. Staff told us they felt well supported by the provider.

People's needs were regularly assessed. Where appropriate referrals were made to healthcare professionals.

People were supported to receive sufficient food and drink where appropriate and required.

### Is the service caring?

Good ●

The service was caring.

People told us that they were supported by a staff who showed them kindness, respect and treated them with dignity.

The service had a stable team of staff who provided people with continuity of care. This was appreciated by people and their relatives as relationships could be maintained.

Confidentiality was protected by the service and staff. Records were kept secure with only authorised staff having access.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People had a personalised care plan that was regularly reviewed. Care plans contained detail about how people preferred to be supported.

People and their relatives understood how to complain and told us they would do if needed. There was confidence that the service would address any concern.

Where appropriate people had the opportunity to discuss and record their end of life wishes.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Staff were happy working at the service. They felt supported by the management team who encouraged them to visit the office at least weekly.

People had regular opportunities to provide feedback about the service and the care provided. Where needed the service had acted to improve outcomes for people.

Quality assurance systems were in place to monitor the quality and safety of the service. Regular audits took place for all areas of practice.

# Home Instead Senior Care Basingstoke

## **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, 26 July and 1 August 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by an inspector, an evidence review officer and an Expert by Experience. The Expert by Experience made telephone calls to people and relatives to obtain feedback. 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 asked the provider to complete a Provider Information return. This is a form that asks the provider to give us some key information about the service, what the service does well and any improvements they plan to make. We looked at the information that we hold about the service such as statutory notifications. These are forms that the provider is required to send us by law about events that occur in the service such as serious injuries and safeguarding alerts.

During our inspection we spoke with four people, four relatives, the registered manager, the nominated individual, recruitment and training manager and five members of staff. We looked at four recruitment files, four care and support plans, risk assessments, training records and other records relating to the management of this service.

## Is the service safe?

### Our findings

People and their relatives told us they received safe care. Comments included, "I never feel unsafe", "I am really happy with them", "They are very good, always turn up on time", "I feel perfectly safe".

Staff we spoke with knew the different types of abuse and indicators to be aware of. They all knew how to report any concerns and were confident that a senior member of staff would take appropriate action. Staff also were aware of the whistleblowing policy and told us they would use this if they felt they needed to. Whistleblowing is when a member of staff reports suspected wrongdoing at work.

The service assessed and managed risks to protect people from avoidable harm. Care plans included risk assessments for people's home environment, moving and handling and physical health. The physical health risk assessments included risks that had been identified such as nutrition, medicines and tissue viability. There were detailed support measures for staff to follow to make sure people received the support they needed. People told us that the service had assessed their home and talked to them about risks. Comments included, "They [staff] have discussed hazards" and, "I am able to get around but the staff have talked to me about trip hazards." One relative told us, "They are mindful of any problems that affect [relative's] safety and will discuss if any changes are needed."

The service actively used a referral scheme to the local fire brigade who provided 'Safe & Well visits' free of charge to people who are vulnerable in the local community. A member of staff told us they had referred people, with their consent, to this service for advice and information. One person who had been visited by the local fire brigade was able to have free fire-retardant bedding, furniture throws and nightwear as they were a heavy smoker. This helped to reduce the risks involved with them smoking in their home.

Accidents and incidents were reported appropriately. The service kept records of what had happened and the action taken as a result. Care plans and risk assessments were updated where needed following any incident. Staff we spoke with had a good understanding of what their role was during any accident and how to report and record them. The registered manager told us that incidents were discussed at team meetings so that the staff could analyse them. This meant the service could review and reflect to share any learning. Whilst the service had measures in place to review accidents and incidents there was no monitoring system. This meant the provider was reliant on the office staff to notice any patterns or trends. This had not impacted on people's safety but it was not robust.

We recommend the service seek advice and guidance from a reputable source, about the monitoring of accidents and incidents to identify patterns, trends or repeated incidents.

People's medicines were managed safely. Staff were trained to administer medicines and assessed to make sure they were competent. They had an annual update to maintain their knowledge and skills. Medicines administration records (MAR) had all the required information for people and staff had signed to record administration consistently. Where people had topical creams prescribed the service used body maps to highlight where creams should be applied on the body. This made sure staff had the necessary guidance to

apply creams on the identified part of the person's body. People's needs and levels of support required with their medicines were recorded in their care plans and reviewed when there were changes.

Staff were recruited safely. The provider carried out all the required pre-employment checks. This included obtaining four references for each member of staff and a check with the Disclosure and Barring service (DBS). A DBS check helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups. The provider had asked staff for a full employment history and checked the reason for any gaps.

There were sufficient staff employed to meet people's needs. People, their relatives and the registered manager told us they had not missed any visits. One person told us, "They [staff] have never missed a call, if they are going to be late they always call me, they are always apologetic." Another person said, "They [staff] are very good, very reliable." Another person said, "I have never known such punctuality, if there is ever a delay, even 5 minutes they ring. They are absolutely amazing." If there was a time a member of staff was not able to complete a visit cover was provided by the office team. This ensured that people had the care and supported they needed.

There were 'on call' arrangements so that people, relatives and staff had access to management when needed and out of office hours. Lone working had been assessed and systems were in place to keep people and staff safe. The staff used a logging in system when they arrived at a visit and when they left. If this was not used appropriately the system would alert management so that they could check the reasons. This made sure the office knew of the staff's whereabouts whilst they were working. Records demonstrated that contingency planning took place where needed. For example, following heavy snowfall an urgent meeting was held so that planning could be done to ensure people's and staff safety.

The provider made sure staff had access to personal protective equipment (PPE) such as gloves and aprons. Staff we spoke with told us when they would wear PPE and how they disposed of it. Staff had received training on infection prevention and control and food hygiene.



## Is the service effective?

### Our findings

People and their relatives told us they received an effective service from staff who were trained. Comments included, "I can't fault them [staff]", "The staff are well trained", "They [staff] have the patience of a saint" and "Absolutely the staff have the right skills to look after me."

Staff were trained in a variety of areas such as medicines, moving and handling and first aid. Staff completed training on their induction using the Care Certificate. The care certificate is a set of 15 standards that care workers are expected to complete to make sure they can demonstrate the right skills, values, knowledge and behaviours to provide quality care. Once staff had completed their induction they were offered ongoing training and the opportunity to complete a work based qualification such as a level three apprenticeship in health and social care. The service used the local college to support staff to access more specialist training in areas such as diabetes and dementia.

The service supported staff with regular supervision and unannounced spot checks of their practice. Staff met with their supervisor either face to face or by telephone to discuss any concerns, training needs or personal issues. Staff told us they found this beneficial and supportive. One member of staff told us, "I feel looked after and supported, I find supervision is an emotional support for me." Another member of staff told us, "They give us feedback when it is needed, I find that helpful."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The service worked within the principles of the MCA.

People told us the staff always sought consent to care and treatment. Comments included, "They [staff] always ask me what I want", "They [staff] never do anything without asking first" and "Staff always ask my consent." Staff we spoke with had an understanding of the MCA and how it applied to their work. Where appropriate the service had completed assessments of capacity and had best interest meetings to support people to make decisions. We saw the service had involved other professionals where appropriate and recorded all outcomes.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For this type of service, applications to deprive people of their liberty must be made to the Court of Protection. The service was not supporting people with this legal authorisation but they were aware of the process.

The registered manager assessed people prior to the service starting to gain an understanding of their needs. This made sure they were confident the service could meet people's needs. One person told us, "My needs were assessed and continue to be re-assessed. They looked at the facilities and my abilities." The registered manager told us that they continually assessed people's needs to make sure the care provided

was suitable. One relative told us, "[Relative]'s package was recently increased, they [staff] constantly monitor her progress."

Where agreed as part of a package of care staff supported people with meals. This ranged from drinks and snacks to preparing a light meal. People's meal preferences were documented in their care plan with the level of support required. One member of staff told us how they ensured a person was able to access a drink if they were alone. They said, "[Person] can't mobilise very well so I leave her a flask of tea and snacks within her reach. It means she will have something to drink and eat before I return later in the day."

Records demonstrated that the service referred people to healthcare professionals if needed. Staff accompanied people to their appointments where needed and available. The service worked with the person's GP, district nurses, social workers and physiotherapists. Staff we spoke with told us some indicators of ill health and what action they would take. One person had been given an exercise plan by a physiotherapist to support their mobility. The service had recorded this in the person's care plan and were supporting them to do their exercises.

## Is the service caring?

### Our findings

People and their relatives told us they were supported by staff that understood their needs and were caring. Comments included, "The staff are very respectful and we are well matched", "I have excellent care and staff, I am very happy", "I have the same group of staff, they are very consistent" and "They [staff] go above and beyond." One relative said, "There is a young carer who has a lovely way about her, she makes a fuss of him, goes that extra mile." Another relative told us, "The staff are so caring, they even take notice of the cat if it is unwell, they take care of mum and the cat."

The service had received many compliments from people and relatives about the kindness shown by staff. One relative had written, 'Thank all mums' carers for their help, kindness and understanding whilst looking after her'. Another had written, 'We are overwhelmed with the sheer professionalism and humanity that your agency provides. You treat my mother with kindness, dignity and respect'. One person had written, 'I can't thank you enough for your kind support, it really is perfect'.

The registered manager and the staff gave us examples of how they provided support to meet the diverse needs of people using the service. The registered manager told us about one person who was from a different country. This person enjoyed food from their country which they liked cooked in a particular way. The staff supported this person to go shopping and cook their favourite national dish. We saw that equality and diversity needs were identified and recorded in people's care plans. There was a 'client profile and background' which gave staff an understanding of the person's life history. Staff told us this was important information for them to know particularly if they were supporting people with memory loss.

People, relatives and staff told us about how they promoted and maintained people's independence. Comments included, "Staff support me so I can keep my independence", "The staff encourage [relative] to do whatever she can for herself". Staff we spoke with were mindful that they might be the only person that people saw in a day. One member of staff told us, "I always make sure I am positive during the visit, I might be their [person] only visitor during the day." One person told us, "They [staff] are all very nice and friendly, they are the only people I see."

Staff were aware of the need to maintain people's privacy and dignity when providing care and support. They gave us examples of how they did this during personal care. Staff we spoke with told us they made sure people were covered, they closed doors and curtains and they respected people's wishes to be left on their own. Staff told us they stepped out of a room if a person received a phone call to make sure the conversation remained private. People told us, "I am confident with the carers, they are brilliant", "I cannot criticize them in any way, they close the doors and the curtains when I am in the shower" and "[Relative] has the same person every week to help shower".

People were given copies of their visits in advance so they knew who was visiting and when. People and their relatives told us they appreciated being able to have the same core group of staff supporting them. People said, "I know all the carers that come", "I normally have the same carer" and "If there are any changes they always introduce a new carer." The registered manager told us they matched staff to people

based on experiences and personalities. They monitored the relationship to make sure it worked. If for any reason it didn't arrangements would be made for a different member of staff to support the person. The service aimed to provide continuity of care so that working relationships could develop.

People told us that there was good communication between them and the service. The management regularly made sure people were happy with the care provided. Comments included, "They [management] have visited me and asked if everything is ok", "I have spoken to the head carer, they keep me informed by email and phone", "They frequently ask if I am ok, communication is very good, I have regular updates."

Staff we spoke with gave us examples of how they communicated with people where people had difficulties due to dementia, a hearing impairment or a stroke. One member of staff told us about a person they supported who had a hearing impairment. They told us they used a whiteboard to communicate with the person. They told us this worked well and enabled the person to communicate effectively. Another told us they used the person's diary to write down important appointments so they would not forget. The member of staff made sure the diary was open on the right page each time they visited.

People's right to confidentiality was protected. People's personal information was kept secure in locked cabinets. Where records were stored electronically these were only accessed by authorised staff. Staff we spoke with understood the need to maintain confidentiality.

## Is the service responsive?

### Our findings

The registered manager assessed people's needs and developed individual care plans giving staff information on how these needs were to be met. Care plans recorded information on how to support people to mobilise, what support was required for personal care, assistance needed to take medicines and how to meet social needs. Staff we spoke with all told us they could look at the care plan at any time to read about people's needs.

Care plans recorded people's needs if they had difficulties communicating due to hearing or visual impairments. There was specific detail about what support people required to use aids for communication such as hearing aids or glasses. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Where people might need alternative formats for information senior staff told us this could be arranged.

Reviews of people's care and support were regular and gave people the opportunity to review their agreed package. People told us, "I had a review not so long ago, they are regular", "I talk to them [the service] on a regular basis." One relative told us, "I am kept informed about everything, if there is the slightest concern I am told." The provider told us they aimed to make a phone call to people following their first visit to check all was well. They followed this with a call a month later to review the care package. The provider told us this gave them the opportunity to get things right for people from the start of the service.

People told us staff were not rushing during their visit and there was often time for them to sit and chat. One person said, "They [staff] give me a good hour, sometimes longer. They are very willing to do whatever I ask." Another person said, "They don't rush, they will sometimes stay longer than the time allocated." One member of staff told us, "I love that I have time to sit and chat with people, it is an important part of the job."

People had support to access their local community or to engage in an activity. People told us they had support to go shopping or access local services such as the library. The service held a range of resources for activity provision. The provider told us that these resources could be used by staff on their visits to aid communication for example with a person who had dementia. The provider showed us reminiscing resources that were tactile and designed for people to see and feel. The service supported people to access 'Singing for the Brain'. This is an activity for people living with dementia run by the Alzheimer's Society. With support from staff people could attend every week which supported their well-being.

People and relatives, we spoke with were aware of how to make a complaint and were confident their issues and concerns would be addressed. People said, "If I ever have a query it is dealt with immediately", "I would certainly have no qualms to complain if needed" and "It has never been necessary to complain, but I would if I needed to." One person told us that they were being supported by a member of staff who did not suit them. They told the management and it was swiftly addressed. They were happy with their new care worker.

Staff had received training on providing end of life care as they supported people at that stage of their lives. People had the opportunity to explore their wishes for end of life care, recording what their preferences were and who they wanted to be involved. The service had received many compliments, some of which were about their end of life care provision. One relative had written, 'I want to take this opportunity to offer my thanks to all your staff for the kind attention and consideration shown. The carers were regarded as friends as well as carers'.

## Is the service well-led?

### Our findings

People were happy with the service they received. They told us, "I would not want anyone else to provide my care", "I am so impressed with the service" and "We have had experience of other service, we don't think we could get better than Home Instead, it is the Rolls Royce of care."

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, their relatives and staff told us they thought the service was well managed. Comments included, "The management are excellent, they keep us informed at all times", "I have a good rapport with the management and the staff in the office", "The management are very efficient" and "I think the management are great, they are very hands on."

There was a positive and open culture at the service. The registered manager was approachable and available to people, their relatives and staff. People told us, "[Registered Manager] is very accessible and very accommodating, I am always kept informed" and "[Registered Manager] never lets me down, good over the phone and communicates with me via the computer." Comments from staff included, "I feel valued, I am not afraid to ask for help", "We get praise and recognised for what we do" and "There is an open office policy here, we can take any concerns in and office staff will help us sort things out."

Without exception all the staff we spoke with enjoyed working in their roles and for the provider. Comments included, "I love what I do, this organisation cares about me", "I am proud to work for Home Instead", "I love it, I feel I am doing something to help people, I find it really rewarding" and "I love the job role, going into people's homes and building up trust."

Records demonstrated that staff had the opportunity to attend monthly team meetings. Minutes were kept and recent meetings discussed items such as changes in legislation, training and confidentiality. The service had started a weekly afternoon support session for staff. All staff could visit the office for a coffee and chat. Staff told us this gave them the opportunity to meet with the team and gain peer support. One member of staff told us, "I really enjoy coming to the office on a Thursday, gives us the chance to talk to each other." Another member of staff told us, "I feel I have landed on my feet working here, the teamwork is so good."

Systems were in place to monitor the quality and safety of the service. There were regular audits and people's feedback was sought regularly. One person told us, "They ask for my views regularly, I tell them it is very good." Another person told us, "We have regular questionnaires, they know my opinion." Another person said, "They are lovely people and give a quality service." In addition to the service level regular surveys the provider used an independent company to gather the views of people, relatives and staff on an annual basis. A summary was produced and where needed action taken.

There was regular auditing of care plan documentation, daily notes and MARs. Records demonstrated that action was taken and the service put into place measures to improve the service provided. For example, one person had made a comment about experiencing loneliness in one of their surveys. This was identified and discussion was had around what the service could do to improve the situation for the person. Following a review, the service extended a visit to include a weekly trip out. This provided the person with an opportunity to have a longer visit which supported their social needs and aimed to improve their well-being.

The provider organised 'Memory cafes' at various locations in and around Basingstoke. This was offered free to people who used the service and the wider community. The provider told us this gave people the opportunity to meet others for a chat, companionship, moral support and it was an activity for people. The provider organised the venue, refreshments and the staff to support the activity. The service worked in partnership with a local foodbank acting as agents. They were authorised to give out vouchers to people and staff where they believed there was a need to access the foodbank. This meant that people and staff could use this service to top up their food supplies where needed.