

Purple-Bud Care Ltd

Home Instead - Gloucester and The Forest of Dean

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

About the service

Home Instead – Gloucester and The Forest of Dean is a domiciliary care service providing personal care to people in their own homes. At the time of the inspection 19 people were supported with their personal care needs.

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 reported that they felt safe when supported by staff. Staff and managers knew how to report allegations and concerns of abuse and understood their roles clearly and what was expected of them.

Safe medicines management and infection control practices were being used by staff who had been trained and assessed as competent in these areas.

People confirmed that they received person-centred and responsive care. Care plans and risk assessments were in place to direct staff on people's support requirements and preferences. The risk management and escalation plans for some people and protocols for medicines to be administered 'as required' needed more detail to guide staff on their actions if people became unwell. The provider has since taken action to address this concern.

There were enough suitably recruited and trained staff to meet people's needs. Staff received a comprehensive induction programme and completed regular training to support people's care needs. Staff told us they felt supported and valued by the provider.

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

People and their relatives were very positive about the service they received and the caring nature of staff. Staff had been introduced to people before they started to support them. It was clear from our conversations with people and their relatives that they had developed positive relationships with staff. We have recommended that the provider considers ways of demonstrating how they deliver an exceptional and distinctive service.

Systems were in place to gain people's feedback about the service they received and to manage any complaints. Records showed that appropriate actions were taken when incidents occurred. Communication between staff/managers and people and their relatives was timely and comprehensive to ensure all relevant

parties were aware of any changes in people's needs or additional support requirements. Staff worked in partnership with health care professionals as required to help people remain in their own homes.

The culture of the service was positive and open. People and staff felt the service was well managed and were confident in the provider's systems and policies to deliver good quality care. Regular quality assurance checks by the provider and representatives from the Home Instead franchise head office was carried out to ensure people's needs were being met and maintained

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

Rating at last inspection

This service was registered with us in July 2020 and this is the first inspection.

Why we inspected

This service had not been inspected since their registration; therefore, this inspection was carried out to gain assurances about the quality of care and systems used to monitor and the manage the service.

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?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Home Instead - Gloucester and The Forest of Dean

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had no manager registered with the Care Quality Commission, however a manager had been appointed and had applied to be registered with CQC who will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 12 August 2021 and ended on 18 August 2021. We visited the office location on 12 August 2021.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We also spoke to or received email feedback from six relatives. We also spoke with the nominated individual, manager, administrator and three care staff and received feedback from three staff by email. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and a selection of medication records. We looked at staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We also looked at training data and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Effective safeguarding systems and policies were in place which guided staff in identifying forms of abuse and reporting any concerns.
- Staff had been trained and were aware of their responsibilities to report any suspicions of abuse to the managers and to whistle-blow if they had any concerns about quality of care.
- People and their relatives confirmed that they felt safe when staff supported them and had no worries about the integrity of staff.
- There had been no safeguarding concerns raised since registration with CQC, however we confirmed that the managers were aware of their role to report any allegations or suspicions of abuse to the relevant safeguarding agencies and to notify CQC.

Assessing risk, safety monitoring and management

- People's risks associated their health, welfare and environment were assessed as part of their initial assessments.
- We found that risks associated with people's mobility and skin integrity had been assessed and were being managed by staff who were aware of people's risks and support requirements.
- Staff had access to people's care and risk management plans on an electronic care planning system. However, staff would benefit from more details in the management and monitoring of people's personal risks. This would ensure staff had all the information they needed to recognise changes in people's well-being and risks and where to escalate any concerns.
- The provider was implementing a hard copy summary of people's care plan which would be available to inform health care professionals and emergency services about significant and relevant information about people's needs such as their prescribed medicines.

Staffing and recruitment

- There were sufficient numbers of staff to ensure people received care on time and from staff who were familiar with people's needs and preferences.
- The provider's model of care guaranteed that people received a minimum of one hour of care per visit. This ensured that people's support and emotional needs were met without feeling rushed.
- Staff confirmed that they were allocated sufficient time to travel and deliver care in a person-centred manner. This was confirmed by people and their relatives. One person said, "They are rarely late and always here for the full amount of time."
- The provider's electronic care management system enabled the managers to plan and monitor the punctuality of staff. Staff confirmed that they were contacted by the provider if there were any discrepancies

in the check in/out times.

- The managers were all trained to deliver personal care and provided care when the service experienced staff shortages.
- Staff were safely recruited. The employment and criminal backgrounds and the character of new staff were reviewed as part of the provider's recruitment process.
- The provider was passionate about ensuring that staff with the right skills, attitudes and values were employed. The terms of staff employment had been enhanced to help recruit and retain staff.

Using medicines safely

- People received their medicines as prescribed as safe medicines management processes were being used.
- The provider's electronic care management system prompted staff to administer medicines when they supported people who needed assistance with their medicines. Managers were alerted and took immediate action if staff failed to record the administration of people's medicines on the electronic system.
- Medicines care plans were in place for people who required support with their medicines. More guidance on the administration of 'as required' would help direct staff when to administer this type of medicines especially when supporting people who may not be able to express their need for 'as required' medicines.
- Staff had received medicines training. They described providing safe medicines support and confirmed their competency had been checked.
- Medicines audits were carried out daily to review any discrepancies in the management of people's medicines.

Preventing and controlling infection

- Safe infection control practices were being used to help mitigate the risk of spread of infection.
- Staff had access to a supply of personal protection equipment (PPE) and had received additional training and guidance in COVID-19 and the correct use of PPE.
- People's confirmed that safe infection practices were being used by staff during their care.
- Staff carried out weekly COVID-19 tests in line with government guidance.

Learning lessons when things go wrong

- Systems were in place for staff to record and report any accidents and incidents. Staff were aware of their responsibility to act on any concerns such as finding people unwell when they visited.
- They were confident that any concerns raised with the management team would be acted on in a timely and effective manner.
- Staff told us communication and sharing of information was good which enabled them to keep to date in the management of people's support.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to the delivery of care. An initial assessment explored people's physical and emotional wellbeing needs and areas of personal risk.
- People's diversity and communication needs were also identified to help ensure people received care that was centred around their individual needs.
- Systems were in place to ensure the provider and managers kept themselves up to date in health and social care guidance and legislation. Staff confirmed they were informed of any changes in practices or policies.

Staff support: induction, training, skills and experience

- People were supported by staff who had received a comprehensive induction programme at the start of their employment. They were given further opportunities to develop their knowledge such as catheter care and to gain national health and social care qualifications.
- Staff felt supported by the managers. They told us the managers valued their well-being and provided them with personal support as required. One staff member said, "The managers here are amazing, so supportive, the best".
- Records showed staff were provided with a wide range of training and received regular supervision and competence checks of their care practices.
- People and their relatives had no concerns about the staff skills and knowledge to support them. One person said, "They [staff] know what they are doing, so kind but always professional."

Supporting people to eat and drink enough to maintain a balanced diet

- Where required, people were supported to eat and drink well. People's meals, drinks and snacks were prepared in line with their choices or known preferences if they were unable to express their dietary wishes.
- Staff were aware of people's dietary requirements. Care plans helped to guide staff in prompting people to take fluids and make healthy life choices. Staff respected people's decisions about their meals and drinks.
- Staff explained that hourly care visits gave them the time to use different strategies to prompt people to eat and drink if they initially refused. Relatives confirmed that staff reported any concerns about people's appetite or limited drinking to them so action could be taken.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and their relatives confirmed that staff knew them well and were very attentive to their needs. This helped staff to detect any early changes in people's well-being.

- All relatives stated that communication from staff was consistently good and they were kept up to date. One relative wrote to us and said, "All of the team concerned with my mother's care have constantly and immediately been in contact with me with any issues that may arise with the care they give to my mother."
- Staff's daily notes were scrutinised in a timely manner to help identify any concerns or trends which needed to be escalated to the relevant health care professionals or relatives.
- Relatives who lived some distance away confirmed that staff accommodated their requests to support people to attend health care appointments.

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.

- People confirmed that they were supported and encouraged to make their own decisions about the care and support that they required.
- Staff were aware of the principles of MCA and how to assist people to make their own decisions such as what clothes to wear and to provide support in people's best interest if they had a cognitive impairment.
- We discussed the principles of the assessment and recording of people's mental capacity and consent to care with the provider. The provider recognised that consent to day to day decisions needed to be clearer in people's care plans. MCA assessments and best interest decisions around specific decisions were documented as required.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives highly praised the kindness and approach of the staff who supported them. They used words such as 'so kind', 'professional' and 'really good' to describe the staff. One relative said, "From the minute I contacted them until the current day they have been great. I can't recommend them enough."
- Relatives told us that staff understood how to communicate with people with dementia especially if they were becoming upset or agitated.
- The provider was passionate about ensuring people received high quality care from competent and caring staff. They said, "From day one, we tell staff they are the ambassadors for our clients. The clients always come first." The provider's compliments log was shared with us which demonstrated the responsiveness and kindness of staff.
- There was a consistent approach in delivering people's care. Systems were in place to ensure staff had the skills and time to provide person centred care. Time was taken to identify key staff members who were compatible with people and familiar with their needs.

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

- People (or their relatives) were encouraged to be involved in the decisions about their care. People were empowered to express their views and choices and direct staff on the support they required.
- Where people had limited mental capacity, staff provided them with choices such as what to wear or supported people in their best interest based on their knowledge about people's preferences.
- The use of electrical devices supported people to communicate and monitor their needs and for staff and managers to share key information about people's needs in a timely manner.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. One person told us they were treated with the utmost dignity.
- Staff told us how they preserved people's dignity such as ensuring people's clothes were clean and giving people privacy when supporting people with aspects of their personal care.
- Staff recognised the importance of helping people to retain their independence and encouraging people to do things for themselves.

We recommend the provider consider current guidance on how they can demonstrate how people are empowered as partners in their care by an exceptional and distinctive service.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

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

- The initial assessment of the person and their first care visits was carried out by the manager to ensure people's needs were fully understood and met. A small staff team were identified and introduced to the person before they started to deliver care.
- People received care which met their individual needs and preferences. They told us staff were sensitive to their needs and always ensured they were comfortable and had everything they needed before they left.
- The provider's shared with us a record of examples of how staff had been responsive to changes in people's well-being to ensure they remained safe.
- Staff had access to people's digital care plans on their mobile devices. Care plans described people's risks, preferences and how they should be supported.
- Staff were required to record the care they provided on the electronic care management system which was reviewed daily by the managers. Relatives were given the option to access their relative's digital care records and notes which gave them real time information on people's well-being. One relative described this as being "extremely useful."
- Staff worked closely with people and their relatives to ensure they received support in line with their needs.

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.

- People's communication needs had been assessed and recorded in their care plan.
- Information was available in different formats should people require these.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints procedure which was made available to people as part of their welcome pack.
- People and their relatives told us they felt comfortable raising any issues with the service and were confident that their concerns would be addressed.
- Since registration, the provider had not received any complaints but described how complaints would be investigated, recorded and followed up in line with the complaints policy.

End of life care and support

- Nobody was receiving end of life care at the time of inspection.
- The provider told us they planned to ensure that all staff had received end of life training and were assessed as being competent before they supported people during the final stages of their lives.
- End of life care policies were in place to help to guide staff when required, with the aim of delivering compassionate and sensitive care and to work jointly with people, their families and key health care professionals.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider's values and vision for the service were clear and embedded across the service. There was a drive from the provider to deliver high quality care and to consistently evaluate the service being delivered and to make improvements as required.
- This was confirmed by people who used the service, their relatives and staff. One staff member wrote to us and said, about the provider "100% confident they value their staff and the clients." Relatives told us the service was reliable and gave them 'peace of mind' that their loved ones were being safely cared for.
- The nominated individual (owner of the service) was highly involved in the running and management of the service including delivering the induction programme to all new staff. This allowed them to reinforce their values and expected standards of care and address any concerns about the new staff from the onset.
- The manager had been supported to professionally develop and had applied to be the registered manager of the service with CQC. They spoke of the strong focus on the well-being of staff at every level as well as the passion to deliver high quality care.

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; Continuous learning and improving care

- The provider and the manager understood their responsibility in relation to duty of candour. Systems were in place to review accidents and incidents and to address any shortfalls when things went wrong.
- Records showed how the service had responded to incidents and changes in people's welfare. Comprehensive policies were in place to guide staff on the actions they should take if they found unwell or missing from their home. These procedures were known and understood by staff.
- The provider took every opportunity to learn from all incidents and feedback. The provider said "We have a willingness to learn and always reevaluating what we do but also consider whether the process would be safe and effective if the service expanded. It needs to be fit for purpose".

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

- We checked that the manager was fully aware of their legal responsibilities and when to submit notifications to CQC for significant events.
- The manager and provider worked closely with all staff, people and their relatives which gave them a good oversight of the service and standards of care being provided.
- Effective and regular quality and assurance systems were used to monitor the quality of care being

provided to people and the staff who supported them. The provider's audits and daily reviews of the information logged on the electronic care plan system by staff such as medicines administration, helped the manager to identify and action any areas that required further improvement.

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

- People, relatives and staff told us they found the management team and office staff to be approachable and helpful.
- The provider sought feedback from people who use the service such as regular telephone calls and care plan reviews to ensure they were satisfied with the service being delivered.
- One relative said, "The service is very well led with nothing being too much trouble."
- There was evidence of regular communication and staff meetings to ensure staff were kept informed of any changes. This was confirmed by staff.

Working in partnership with others

- The service regularly worked in partnership with people's relatives, other health and social care professionals to ensure people received ongoing support to meet their needs and to remain in their own home.
- The provider told us there was a strong working relationship with the head office and other franchise owners of Home Instead which helped to maintain the quality of care being provided.