Espinas Group Limited

Home Instead Senior Care Crowborough

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 Senior Care Crowborough is a domiciliary care agency. The agency provides care to people living in their own homes. At the time of the inspection, care was being provided to 15 people. Some people lived with dementia and some had support needs relating to their mobility.

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
Systems and processes were in place to protect people from harm. People told us they felt safe and this was confirmed by relatives and loved ones. Potential risks to people had been assessed and documented and staff knew what steps to take to minimise risks. Staff had been recruited safely and people were supported with medicines when needed. Infection prevention and control measures were in place and government guidelines had been followed during the pandemic. Accidents and incidents were reported and recorded with any learning being shared with all staff.

The registered manager carried out pre-assessments with people and their relatives. Advice from professionals was sought when needed. The registered manager ensured existing staff had the necessary training and skills to support people. Ongoing support was provided to staff through regular supervision and appraisal meetings. Some people were supported with their nutrition and hydration needs. 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.

People told us that staff were kind and respected their privacy and dignity. People's cultures and beliefs were supported with some being regularly supported by faith leaders. People's independence was safely promoted. People were encouraged to do daily tasks and to mobilise independently but with the support of staff if needed.

People received person-centred care tailored to their needs and daily routines. People were supported to make and attend health and social care appointments and were supported out on short trips for shopping or to local cafes. Some people needed support with communication due to living with hearing issues. Staff sometimes used boards to write things down for people which people told us they found helpful. A complaints policy was in pace and easily accessible to people and relatives. Staff had completed end of life training and were able to tell us the important aspects of caring for people at that important stage in their lives.

Everyone spoke well of the registered manager who provided support to people and staff and demonstrated

visible leadership. People and relatives were provided opportunities to feedback about the service and people told us they were confident that issue raised would be listened to. Staff had daily conversations with the registered manager and regular supervision meetings where issues were discussed. Team meetings were held monthly. Auditing processes were in place and the computerised system for recording information meant that mangers could quickly access information. The registered manager had a clear vision of future development of the service and worked well with statutory partners.

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 on 23 December 2020 and this is the first inspection.

Why we inspected
This inspection was prompted by a review of the information we held about this service.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Home Instead Senior Care Crowborough

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 Health and Social Care Act 2008.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Home Instead Senior Care Crowborough is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection
We gave a short period notice of the inspection. The service is small and we needed to be sure there would be staff in the office to speak with us.

Inspection activity started on 12 July 2022 and ended on 18 July 2022. We visited the office on 12 July 2022.

What we did before the inspection
We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
During the inspection we spoke to five members of staff including the provider, the registered manager and three carers. We looked at four care plans and a range of documents relating to how the service was managed. These included risk assessments, four staff files, audits, quality assurance documents, accident reports and medicine administration records (MAR). We spoke with three people who used the service, three relatives and two professionals.

Good

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 of 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

- Systems were in place to safeguard people from risk and abuse. The service had a safeguarding policy and staff were able to tell us the steps they would take if they suspected abuse. A member of staff told us, "I'd complete an incident report and raise it with the manager. I know I can go to the local authority too and raise with police if urgent."
- The provider showed us the safeguarding policy which was clear and accessible to all staff. There had been no safeguarding reports raised by the service but the provider and registered manager were clear about the need and their responsibilities, to raise issues with the local authority and CQC if needed.
- People told us they felt safe. Comments included, "Yes, absolutely safe, all of the time" and "They make sure they check on me." Similarly, relatives told us their loved ones were safe when being supported by the service. A relative told us, "Yes, extremely safe. They take very good precautions."
- The service had a whistleblowing policy. Staff told us they knew about the policy and were confident to use it if needed. Whistleblowing allowed staff to raise concerns anonymously if they felt something illegal or immoral had occurred or people were otherwise at risk.

Assessing risk, safety monitoring and management

- Care plans contained risk assessments that were relevant to people and the support they received. For example, a person was at risk of falls. The risk assessment provided clear guidance to staff about taking time when moving and transferring from one place to another, to minimise the risk of falling. Professional support had been sought from the local authority falls team.
- People told us they felt safe. Comments included, "Yes, absolutely safe, all of the time" and "They make sure they check on me."
- Risk assessments were regularly reviewed and were updated following any incident or change in people's support needs. For example, an accident occurred where a person had hurt a part of their body. The service arranged a review from an occupational therapist who had recommended placing soft buffers in certain places around the person's home. This had been actioned and the risk assessment updated.
- A thorough environmental audit and risk assessment was completed during the pre-assessment process at people's homes. These included, security of medicines, smoke alarm and key safe checks and gas and electric cut off points. These were regularly reviewed by staff themselves during their care calls and any issues documented.

Staffing and recruitment

- At the time of the inspection the service was supporting a small group of people and staffing numbers reflected this. There were enough staff to meet people's needs and the provider factored in more than

enough time for every care call. People were never rushed and no appointments had ever been missed. If staff were unavoidably delayed there was a process in place for the provider and for people to be called. If the delay was more than 30 minutes, another staff member would step in.

● People confirmed this. One person told us, "The traffic can be thick. They call us if running late but they are never much over." Another said, "They are never rushed. They always take time to do whatever I need them to."

● Care plans and daily notes were held on an electronic system. Notes were updated by staff during their care calls. The provider was able to remotely oversee these notes and would be aware if for any reason, a staff member had not arrived at a call.

● Staff had been recruited safely. Personal staff files contained all of the information and updates required. Documents included references, photographic identification and copies of driving documents. Disclosure and Barring Service (DBS) documents were in place and were dated correctly, checks being completed before a member of staff started their employment with the service. DBS checks provide information including details about convictions and cautions held on the Police National computer. The information helps employers make safer recruitment decisions.

Using medicines safely

● Some people were supported by staff to take their medicines and some were simply reminded to take them. Others were supported by relatives or other carers. Care plans clearly indicated the support required and staff knew people's routines well. A member of staff said, "I only help one person but I monitor the others."

● All staff had received training in medicines and we were shown records confirming this. Staff knew what steps to take if a person refused their medicines. A staff member told us, "You can't force them, they have capacity. I'd report to the manager and if it persisted, call the GP." Medicines were stored in dosset boxes which had compartments timed and dated. This made it clear if any medicines had been missed.

● Medicine administration was recorded on medicine administration records (MAR). These documents were recorded electronically and the registered manager was able to monitor people's medicines remotely each day.

● As required medicines (PRN), for example, pain relief medicines were sometimes given. PRN medicines were recorded on MAR charts but a separate protocol had been written to ensure staff knew what steps to take when PRM medicines were requested.

Preventing and controlling infection

● The service had plentiful supplies of personal protective equipment (PPE) and we were told by people and their relatives that staff always wore facemasks and full PPE when supporting with personal care or preparing food and drinks. A relative told us, "Yes they still wear masks and I know they test (for COVID-19) every week."

● All staff had completed training in PPE and infection prevention and control, this was confirmed in staff training records. The service had complied with government guidelines throughout the recent COVID-19 pandemic. Staff were taking regular tests for the virus and all staff had been fully vaccinated.

Learning lessons when things go wrong

● Managers were notified of accidents and incidents by staff and we saw that appropriate action had been taken. For example, following an accidental, minor injury a person's GP was consulted and the support of a district nurse was provided. People's relatives were notified as soon as was practicable.

● Accidents and incidents were recorded within people's care plans and where appropriate, risk assessments were updated. These were monitored and audited by the provider with any patterns or trends identified and learning shared with all staff.

Good

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

- The registered manager carried out pre-assessments. These were done face to face with people in their homes and involved relatives and where appropriate, input was sought from professionals for example, GPs and occupational therapists. A relative told us, "I was involved in the initial assessment, (relative) asked me to be involved." Another said, "They carefully worked out realistic expectations"
- The registered manager told us they made sure that their staff had all of the required training and experience to be able to support people. Before visits began, staff would visit people in their homes, with the registered manager, to introduce themselves and familiarise themselves with the environment of the home and to meet people and their families.
- Pre-assessment paperwork formed the basis of people's care plans. Risk assessments relevant to people were completed and details of any other professional support was recorded for example, regular support from district nurses.
- People's support needs were reviewed after three months or sooner if there was a specific need. People and relatives were again involved in these reviews and care plans had a clear heading: 'Does care plan need to be updated?' Rationales were then recorded for any changes made. A relative said, "They came out of hospital recently and we had a review. Just the medication was changed."

Staff support: induction, training, skills and experience

- All staff that we spoke with had previous experience of working in various care settings. Staff were required to complete an induction period regardless of their previous experience. This involved completing essential training, meeting people they supported and spending time shadowing the registered manager or other more experienced staff before being signed off to work independently. A staff member said, "They provide enough for us to do the job and feel comfortable."
- Ongoing support for staff was provided through regular supervision meetings and annual appraisals. Staff were given opportunities at these one to one meetings to discuss training needs and development as well as any personal support that might be needed. A member of staff told us, "The communications are good, I'm definitely listened too." Another member of staff told us, "[Registered manager] does come and watch our practice."
- We were shown training records that showed all staff had completed training and refreshers and that further training was planned. Training areas included safeguarding, dementia, catheter care and diabetes

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

- Some people were supported with their nutrition and hydration needs. Some people lived with diabetes.

Staff had been trained in the management of diabetes and were aware of what food and drink people could be provided. Staff were involved in the preparation of some meals for people. A person told us, "They cook some meals and help with shopping."

● Staff told us they checked that people had eaten their meals and made sure that there were food and snacks available for people before they finished their calls. A relative said, "They help with lunch and will leave a sandwich out for later in the day."

● Some people had weight charts that were completed by relatives or loved ones that were monitored by staff. Professionals, for example dieticians, had made recommendations that were followed by people and records were kept. Staff knew what steps to take if people's weight or food and drink intake suddenly changed.

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

● People were supported by staff with health and social care appointments. Some people used calendars to record when they had appointments with for example, the dentist, GP and hospital. People were supported by staff to make these appointments and then to take them to them. The provider told us the service always made contact the day before to confirm appointments and then to remind people.

● The provider told us of positive professional relationships that had been established and how people were supported. A professional said, "We work well together."

● Staff also liaised with services and provided practical support to people for example, helping people with domestic correspondence and ensuring rubbish bins were collected. A relative told us, "They (staff) sometimes stay over their time to help, so kind."

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● Most people supported by the service had capacity but some were living with dementia or had medical conditions that meant they needed some support with decision making. Care plans contained decision specific, mental capacity assessments. For example, decisions about receiving personal care.

● Where people lacked capacity, we saw documents in care plans relating to best interest meetings and decisions made to support people. Meetings were held with people and their relatives and where appropriate other professionals. People were encouraged to make their own decisions and were supported by staff when decisions were made presented risks to people.

● Staff understood the importance of consent. Staff told us, "Some people's dementia has got worse over

time and they need more support. I'll always ask 'do you want a shower' for example. I'd never force anyone; they have a right to say no." Staff also told us they worked with relatives to help people understand routines and tasks. A relative said, "They encourage but will always ask first."

Good

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 told us that staff cared for them and were kind to them. Comments included, "I can't fault them," "Very nice indeed" and "They are so kind and helpful, they do everything on my list." Similarly, relatives comments included, "I wanted them to have the best care. We wouldn't still be with them if we were not happy."
- People told us they got to know the staff team very well and all had regular carers that supported them. Similarly, relatives spoke highly of the staffing team. A relative said, "Our regular care is great. Others do step in and they are excellent too."
- People's faiths and cultures were documented in care plans and celebrated by staff. Some people were supported to attend church and during the recent pandemic visits were arranged from local faith ministers. A relative told us about support received in the community from a local faith group who provided some support to the staff during the pandemic.

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

- People were offered choices each day. For example, what clothes to wear, what food they wanted and if they had preferences relating to bathing or showering. Staff were aware of the importance of providing choice to people. A member of staff told us, "I'll always give people a choice. Sometimes people need time to think so I'll ask again a bit later."
- People were at the centre of any review process. These included small changes to the support provided and complete reviews of the care given. A person said, "They often review things. A few times a year. I'm always kept informed and involved." Another said, "I'm briefed about what I want. I asked for extra help and I got it."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. Care plans were held on password protected computers that only staff could access. Any documentation containing personal information was kept in locked cupboards in a locked office.
- People and their relatives told us that people were treated with respect and dignity. Comments from people included, "They are courteous, friendly and respectful" and "certainly they respect my dignity, never any issues." A relative added, "I've met both carers, they are very caring and respectful." A staff member said, "Some people just need more time. I'll always treat them in a dignified way and simply ask again if I need too."

● People's independence was promoted without compromising safety. Some people liked to be as independent as they could and staff told us they stood back and let people wash, prepare food and drinks but were close enough to help if they were needed. A person said, "They know I like to be independent around my house but they are there and check on me." A relative told us, "They (person) have poor mobility but they still encourage them to move around their home."

Good

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.

This meant people's needs were met through good organisation and delivery.

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

- People received person-centred care that meet their support needs, personal choices and daily routines. The provider told us that part of the pre-assessment process considered people's routines including the times of day they preferred to get out of bed, the timing of their meals and any activities they were involved in for example, attending church services.
- Carers spent time with people, getting to know them and building trust and confidence before starting to support them.
- Care plans had a 'needs assessment' section which provided the latest information about people and any recent changes to their support needs. A staff member told us, "I always make time before going in to read the latest updates on the needs assessment."
- Staff worked with relatives and loved ones to make sure the right levels of support were provided. Most people lived with relatives who provided day to day care for people and this was complemented by staff to ensure the whole family were supported.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans clearly described people's levels of communication. Some people lived with dementia which meant they needed more time to process information when for example, they were asked a question by staff about their support. Staff knew people well and told us they took time to speak clearly, repeated sentences if needed and waited as long as necessary for replies.
- Some people lived with hearing loss and not everyone liked to wear hearing aids. Staff introduced a board on which messages and questions could be asked and responded to by people. People and their relatives found this an effective way to communicate.
- Some people were supported to use diaries and calendars to keep both domestic and health appointments. Staff told us they helped people to keep diaries up to date so that people could read and see what important events were happening soon.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

● Most people did not require support with activities and hobbies as part of their support package. However, staff did support people to attend places of worship and supported with some trips out to cafes and for shopping.

● Care plans provided a section with details of people's like and dislikes and the way they enjoyed spending their time each day. Staff knew people well and respected their routines and daily wishes.

Improving care quality in response to complaints or concerns

● A complaints policy was in place and was accessible to people and their relatives, a copy was kept in people's homes. The policy was clear and provided timeframes that people could expect their issues to be dealt with within.

● People told us they were confident in raising concerns. A person said, "I would have no problem." Another added, "I have raised an issue, a comment rather than a complaint and I got the response I needed." Similarly, relatives told us, "I've got a copy, it's included. I'd speak to the manager."

● The registered manager discussed the process with us and how they explained to people raising concerns, how the process worked and the timeframe for a resolution. Documentation confirmed that all issues were resolved to people's satisfaction with 14 days, as stated in the service policy.

End of life care and support

● At the time of the inspection no one was in receipt of end of life care however all staff had been trained and all had experience of supporting people at this time of their lives. Training records confirmed this.

● Staff told us they were confident in supporting people and their families and they knew the important aspects of care for people who were towards the end of their lives. A staff member said, "It's a holistic approach. Oral care is important. Making people comfortable and working with relatives. Work out what makes them comfortable like religion or family."

Good

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 registered manager had created a positive culture at the service where people, relatives and staff all told us they felt they could raise issues, concerns or suggestions about the service. Comments from people included, "They always find someone or something to help" and "They (registered manager) is very good, keeps us informed."
- Similarly, relatives and loved ones told us, "Yes it's well run," "Teething issues at first but it's all ok now" and "I'm very pleased with the service and the way it's run."
- The registered manager and provider shared on call responsibilities so there was always a senior member of staff available to support staff if needed. Staff spoke well of the registered manager, one told us, "Both provider and (registered) manager are very positive. I feel supported." Another added, "She's (registered manager) very good. I definitely feel listened to."
- Care plan reviews showed how people's health and wellbeing had improved after receiving support from the service. For example, people's continence had improved, people's weight had returned to previous levels before hospital stays and people's confidence and independence had returned.

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

- The provider and registered manager were open and honest with us throughout the inspection. They were aware of their legal responsibilities to inform the CQC of certain significant events that occur that affect their service. This legal obligation had been fulfilled.
- At the time of the inspection the service had a small staff team of carers who were supported by the registered manager and provider. Staff were dedicated to support certain people but contingencies were in place to cover leave and sickness absence.
- The service used a computerised system to record most aspects of care provision. This included medicines administration, accidents, incidents and staff training. The registered manager was able to analyse inputted data each day and would be alerted to any new incident including missed or late provision of medicines. A documented audit of these systems was done each week.
- All systems and processes were audited by the registered manager every three months. Any actions identified were documented and addressed and any learning from trends or incidents were shared with all staff. An annual audit was carried out by the service's provider.

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

● People had regular opportunities to provide feedback about the service. This was done daily during care calls which were often supported by the registered manager and formally through questionnaires. A person said, "Forms are sent to us, we fill them in and send them back." Another person told us, "Regular surveys. [Registered manager] comes over and asks questions." The registered manager did 'courtesy calls', telephone calls to people the day after care calls, to ask if staff had arrived on time and provided the support needed.

● Relatives told us that although there was no questionnaire process that they had regular opportunities to feedback and communicate with the registered manager and make their views known. One said, "It's a small service, they contact me through e-mails or telephone if needed."

● Staff were given daily opportunities to speak to managers to raise issues and provide feedback. There was a regular supervision process and staff annual appraisal. A staff member said, "I'm asked about my views, I can input the care plans and I feel listened to." Monthly team meetings were held. We saw minutes from these meetings with action points and previous issues addressed.

● People's equality characteristics were acknowledged and celebrated with people being supported to live their lives how they wanted to. For example, a staff member told us, "Equality is definitely highlighted. The importance of religion to some people and visits from the vicar."

Continuous learning and improving care

● Business continuity and contingency plans were in place. The registered manager had a clear vision of service development which centred on employing appropriately trained and experienced staff to support people as the service grew.

● The registered manager had kept up to date with government guidelines during the pandemic and bulletins circulated by the local authority, CQC and the UK Health Security Agency. Key messages and guideline changes were communicated to all staff.

Working in partnership with others

● Some people were supported by live-in carers from other services and relatives. The registered manager told us they had a positive working relationship with other services and that they supported each other when required. A member of staff said, "We have a good face to face relationship with other agency workers and the doctors and nurses."

● The registered manager and staff had developed working relationships with other professionals and statutory partners. Professionals told us that the staff worked well with them but that communications between them and managers when making appointments could be improved.